



Program Information Document (PID)

Concept Stage | Date Prepared/Updated: 25-Mar-2020 | Report No: PIDC220100



BASIC INFORMATION

A. Basic Program Data

Country Indonesia	Project ID P173843	Parent Project ID (if any)	Program Name Indonesia: Emergency Response to COVID19
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 15-Apr-2020	Estimated Board Date 20-Apr-2020	Does this operation have an IPF component? No
Financing Instrument Program-for-Results Financing	Borrower(s) Republic of Indonesia	Implementing Agency Ministry of Health	Practice Area (Lead) Health, Nutrition & Population

Proposed Program Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Indonesia.

COST & FINANCING

SUMMARY (USD Millions)

Government program Cost	500.00
Total Operation Cost	500.00
Total Program Cost	500.00
Total Financing	500.00
Financing Gap	0.00

FINANCING (USD Millions)

Total World Bank Group Financing	250.00
World Bank Lending	250.00
Total Government Contribution	250.00

Concept Review Decision



The review did authorize the preparation to continue

B. Introduction and Context

Country Context

- 1. Indonesia has made significant progress in recent years with a steadily growing economy and declining poverty rates.** Supported by a sound macroeconomic framework, real GDP expanded by an average of 5.5 percent annually between 2010 and 2019. This saw the country's GDP almost double from US\$641 billion in 2007 to US\$1.1 trillion in 2017 (constant 2010 US\$) – making Indonesia the largest economy in Southeast Asia and the 15th largest economy in the world. Strong growth also helped contribute to a decline in poverty from 35.5% to 4.6% between 2001 and 2018 pulling more than 64 million people out of poverty at the \$1.90/day poverty line. However, 25.1 million Indonesians still live below the national poverty line and many remain vulnerable to economic and health-related shocks as well as natural and climate-related disasters. Currently classified as a lower-middle-income country with a GNI per capita of US\$3,840 (Atlas method, current US\$) in 2018, Indonesia had been projected to reach upper-middle-income status within the next 5 years – an outcome that is now threatened by the impact of COVID-19.
- 2. However, economic growth was not accompanied by increases in government expenditure on health and pandemic preparedness.** At 14.9% of GDP in 2018, total government expenditure is half the average of other emerging markets, making Indonesia a small spender compared to its peers. Even during the commodity boom, total public spending never passed 20% of GDP. This has significant implications for investments in health and pandemic preparedness. Public expenditure on health – at 1.4 percent of GDP, or 7.8 percent of total government expenditure – is half of what countries with a similar level of income spend on average. The current health spending (in 2018) amounts to just USD 49 per capita. To put this in perspective, per capita health spending would have to more than double to USD 110 to finance a minimum package of essential UHC services. Preliminary estimates on health security expenditures show significant fluctuation from year to year. Most spending on health security at the Central level was also focused on the procurement of vaccines with more investments needed for systemic improvements in “One Health¹” surveillance, infection prevention and control, and laboratory testing capacity.

Sectoral (or multi-sectoral) and Institutional Context of the Program

- 3. The COVID-19 epidemic is progressing fast with community transmission already appearing to be widespread.** The GOI announced its first positive COVID-19 case in early March – 8 weeks after the epidemic first became known. Since then, Indonesia has identified 790 confirmed cases and reported 58 deaths, as of 25th March, 2020.
- 4. Indonesia's capacity to prevent, detect, and rapidly respond faces several challenges.**
 - a) Inadequate service readiness:** The Ministry of Health has expanded the network of designated COVID-19 referral hospitals from 100 to 359 hospitals, including military and state-owned enterprise hospitals, in response to the growing number of suspected and confirmed cases. More broadly, Indonesia has 2,877 hospitals with more than 300 thousand bed capacity². However, the capacity to provide care to severe acute respiratory cases and critical care cases is limited. There are around 7,000 ICU beds but only around 800 ventilator machines across the entire country. The availability of health workers, especially specialists and epidemiologists, remains problematic in remote areas. Only 8 districts (out of 492) had at least 1 doctor per 1,000 population and 215 districts at least 1

¹ Human health and animal health together seen as ‘one health’, given the risk of infectious diseases spreading from one to the other.

² By end of 2019, around 85 percent of registered hospitals were accredited by the National Commission of Hospital Accreditation (KARS) – a national independent body – and around 40 percent of those have received the highest two levels of accreditation *Paripurna* (Prime) and *Utama* (First).



nurse per 1,000 population. Front line providers have reported a lack of adequate personnel and protective equipment (PPE), clear protocols on the patient flow, protocols on use of appropriate medicines and supplies, and availability of equipment such as ventilators and oxygen meters.

- b) **Need to expand laboratory capacity:** Testing was expanded from the National Institute for Health Research and Development's (NIHRD) biosafety level 3 (BSL-3) laboratory to a broader network that now includes nine regional MOH laboratories and six non-government laboratories. All laboratories have either the minimum Bio Safety Level certification (BSL2) or BSL-3. However, the Government has identified gaps in implementation including limited supplies for laboratory testing (e.g. reagents), and capacity to respond to the surge in demand. The expansion of the network will also require a strong quality assurance mechanism and integration with surveillance information systems – linkages that do not currently exist.
 - c) **Limited testing ability:** Polymerase chain reaction (PCR) test kits only arrived in the country in early February and the capacity to conduct this test was limited. Projecting the right level of needed kits and being able to secure them amidst high global demand remain challenging. However, Indonesia may be able to use its 900 GeneXpert machines using COVID-19 cartridges to rapidly scale up testing.
 - d) **Low rated surveillance preparedness:** In past assessments, Indonesia was found to have limited capacity in conducting ongoing event-based surveillance and analysis for infectious diseases.
5. **Additional government action has included the establishment of a national task force to address COVID-19 and emergency response financing.** The multi sector 'COVID-19 Mitigation Acceleration Task Force' led by the National Disaster Risk Management Agency (BNPB) aims to improve coordination and increase the intensity of the national COVID-19 emergency response. The MOF has already provided additional resources to the MOH for PPE, test kits, additional intensive care equipment, and contingency funds to cover incremental costs for COVID-19 patient care and treatment.

Relationship to CAS/CPF

6. **The emergency operation will provide immediate support to emergency preparedness, but also benefit longer term commitments in health and pandemic preparedness in line with the country partnership framework.** The emergency nature of the COVID-19 outbreak and its potential negative impacts call for swift support by the Bank to enhance the health sector emergency preparedness in Indonesia and protect vulnerable and high-risk populations, in line with the World Bank's strategic priorities to end extreme poverty and boost shared prosperity. The project contributes to Engagement Area 4 of the World Bank Group's Country Partnership Framework (CPF, 2016-2020) on the Delivery of Local Services and Infrastructure by supporting the readiness of critical health facilities across the country, and improving quality of health services, which is the second pillar in this engagement area of the CPF. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing the international framework for monitoring and evaluation of IHR. The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the World Organization for Animal Health (OIE) international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

Rationale for Bank Engagement and Choice of Financing Instrument

7. **The World Bank brings global knowledge, technical expertise, and financial support at this critical juncture to Indonesia's emergency response.** World Bank financing focuses primarily on the immediate response. It is designed as a Program for Results (P4R) operation. The government has already advanced resources to the Ministry of Health and the financing will help to quickly replenish resources for other critical aspects of the emergency response including



further fiscal stimulus via social assistance and private sector support.

C. Program Development Objective(s) (PDO) and PDO Level Results Indicators

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Indonesia.

PDO Level Results Indicators

8. The PDO will be monitored through PDO level outcome indicators. At the concept stage, the indicators being considered are:
 - (a) Designated Covid19 hospitals with personal protective equipment and infection control products and supplies per MOH guidelines (Number/ Percent)
 - (b) Designated laboratories with COVID-19 diagnostic capacities established per MOH guidelines (Number/ Percent)
 - (c) Suspected cases of COVID-19 cases reported and investigated per approved protocol (Number/ Percent)
 - (d) ICU beds fully equipped and operational for serious respiratory cases (Number)

Other indicators that may be more appropriate for monitoring at intermediate indicator level could include:

- (a) Diagnosed cases treated using the approved protocol (Number/ Percent)
- (b) Beneficiaries using the COVID-19 hotline (Number)
- (c) Health workers that have received modules/training on the new COVID-19 care protocols (Number)

D. Program Description

PforR Program Boundary

9. **The PforR will focus on strengthening key aspects of Indonesia's emergency response by i) addressing the immediate needs of designated COVID-19 referral facilities, ii) strengthening the laboratory network and surveillance system, and iii) ensuring communications and coordination across sectors and levels of government.** While longer-term support will be needed to respond to the socio-economic impact of COVID-19 on households, businesses, and the economy, this project focuses on the immediate health sector needs. As the program is intended to support the GOI's COVID-19 emergency response, the duration of the program is projected to be 18 months (April 2020 to October 2021). The scope will be nationwide, benefiting the entire population of 268 million and covering all 514 districts. The primary beneficiaries will include suspected patients visiting hospitals and health facilities, the community at large, especially vulnerable and high-risk populations such as the elderly and those with chronic conditions, and health care providers who will be providing care to COVID-19 infected and other patients.
10. **The program will achieve the objectives with the following results areas:**
Results Area 1 – Addressing Hospital and Health System Readiness Needs: The program will support a network of MOH-owned health facilities in becoming fully functional in providing services, including the necessary trained human resources, medicines, equipment (PPE, ventilators, pulse oxymeters, oxygen), and standard treatment protocols needed to manage severe respiratory illness (SARI) patients and critical care patients. The result area will also support the strengthening the implementation of optimal treatment protocols and infection control measures in healthcare settings.



Results Area 2 – Strengthen Public Health Laboratory and Surveillance Systems: The program will support the development of national guidelines for laboratories adhering to Bio Safety Level 2 or higher standards, that covers sample collection, transport and laboratory testing procedures for suspected SARI or Corona viruses. Support will include technical assistance in the development and implementation of laboratory quality assurance mechanisms for those in the network. The program will also support the surveillance hotline for community-based reporting of outbreaks and new illnesses among humans and animals.

Results Area 3 – Communication and Coordination For Pandemic Response and Preparedness: The program recognizes the need for MOH to coordinate with other sectors and subnational governments and will support the development and establishment of mechanisms for communication of COVID-19 test results.

E. Initial Environmental and Social Screening

11. **The overall environmental and social outcome is expected to be positive.** The PforR is expected to strengthen health service system response, including preventing and containing COVID-19 transmission to the broader population and healthcare workers, ramp-up the capacity of health facilities to ensure provision of proper treatment and care, and enhance GOI’s capacity for case detection and investigation through contact tracing and surveillance. In the longer-run, the PforR also seeks to promote further reform in Indonesia’s health system and enhance its resilience and preparedness for future pandemics. The program is not envisioned to support infrastructure investments and/or infrastructure-financing instruments for the construction and rehabilitation of healthcare facilities (HCF).

12. **The same institutional arrangement for the ongoing World Bank-funded PforR Indonesia – Supporting Primary Health Care Reform Program (I-SPHERE, P164277) is being proposed and hence the project will build on prior experience and capacities implementing the program.** Potential issues of concern include:

- Environmental risks are related to suboptimal management of medical solid waste and wastewater during hospitals operation.
- Public/community health and safety concerns related to existing capacities to contain COVID-19 and provide safe transportation, treatment and isolation to patients and suspects as well as protection to surrounding communities where treatment facilities are being established.
- Current Occupational Health and Safety (OHS) risks for medical workers and staff are high. Issues related to highly infectious diseases which require additional protective gear for medical health workers.
- Social risks are related to patient consent and civil rights to privacy in the context of COVID 19 testing and surveillance.

13. Further assessment of the existing GOI’s instruments, systems, resources and capacity (both at the national and sub-national levels) will be made through the Environmental and Social System Assessment (ESSA) process prior to the Program’s appraisal.

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