Evaluating the COVID-19 Pandemic Responses

Dear respected colleagues,

The coronavirus disease 2019 (COVID-19) pandemic has been ongoing for almost two years worldwide, leaving a considerably broad impact on the economic, educational, health, social, and psychological fields. Joint efforts have been made at the international, national, regional, and local levels to limit the spread of COVID-19. These have included public health campaigns, international travel restrictions, and mass screening, all of which have proven effective in reducing the number of active cases. Southeast Asian countries have different strategies for controlling the pandemic by managing trade-offs between the economy and public health. At the start of the pandemic, Malaysia and Thailand implemented strict national lockdowns. Indonesia implemented health protocols[1]; wearing masks, maintaining distance, and washing hands.[2] Nevertheless, Indonesia has now added avoiding crowds and reducing mobility to these precautions.

The policies are always dynamic, from wearing masks, maintaining distance, washing hands, avoiding crowds, and avoiding mobility. The enforcement level of regional restrictions has changed from "*Pembatasan Sosial Berskala Besar (PSBB)*" or Large-Scale Social Restrictions (LSSR)[3] to the enforcement of community activity restrictions "*Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)*."[4] Both *PSBB* and *PPKM* are enforced in certain areas and at certain times, and not all areas are subject to the same policy. Even at the provincial level, governors issue particular policies for their regions, including DKI Jakarta, East Java, Bali, and any provinces or subdistricts. Policies have been made, disseminated, and socialized, but people are still not disciplined in implementing them. In some public places, such as traditional markets, the requirement for masks is still not wholly obeyed.

The clinical characteristics of mild and asymptomatic cases were similar, but moderate cases with symptoms of pneumonia were common in this study. Most confirmed asymptomatic, mild, and moderate cases of COVID-19 have recovered. Only a tiny proportion of COVID-19 patients develop severe and progressive disease requiring further hospitalization. However, COVID-19 emergency care for mild/asymptomatic/moderate cases is still necessary to monitor patients for progressive disease and stop community transmission in resource-limited settings.

The characteristics of hospitalized patients have been studied, including clinical symptoms, laboratory test results, chest X-Rays, SARS-CoV-2 immunoserology, and RT-PCR results from nasopharyngeal/oropharyngeal preparations. Some of the deaths from the virus were accompanied by comorbidities, such as diabetes, heart disease, malignant uterine tumor, cancer, asthma, pulmonary TB, cardiomegaly, hypertension, chronic obstructive pulmonary disease (COPD), and renal failure. It is hoped that people, especially those with comorbid conditions, are more alert and careful and remain disciplined in implementing health protocols.

In addition to COVID-19's threat to health, impacts of the pandemic are seen on mental health and sleep quality. The impacts include anxiety, depression, stress, post-traumatic stress disorder, psychological distress, somatization symptoms, suicidal ideation, high risk of severe mental illness, anxiety, and insomnia. A high prevalence of various psychological problems and sleep disorders was reported in most studies, both for medical workers, non-medical workers, and the public. These psychological problems have not been thought about much because the general focus has been on health and the economy, even though these problems are all related to the economy and public health.

The COVID-19 is generally transmitted through droplets and contaminated surfaces and can also be transmitted through aerosols. While the level of transmission through aerosols is still in debate, COVID-19's ability to survive and be transmitted in indoor air must be considered. Thus, administrative controls related to indoor activities are needed during the COVID-19 pandemic.

Climate plays a role in the spread of COVID-19 in Asia. A review found a positive relationship between COVID-19 cases and a region's temperature (mean, minimum, maximum, and ambient), humidity, wind speed, average rainfall, and the number of sunny days. Indoor air must also receive attention, considering that the virus can be present in aerosols and droplets within a room, especially a closed one. Therefore, it is necessary to study how to manage indoor air quality, especially in rooms with air-conditioning, to avoid risk factors leading to COVID-19 transmission.

There is a healthy city concept where exercise is essential, especially outdoor sports. This new urban model encourages increased cycling, running, and walking to reduce pollution and improve physical, psychological, and social fitness. Running has become one of the most popular recreational sports worldwide and is still frequently practiced during this COVID-19 pandemic. Of course, the use of masks is still mandatory. Outdoor physical activity positively affects the parame-

ters of psychological, physiological, biochemical, and social health. However, this activity requires clear rules so that the benefits obtained can be significant while minimizing the risk of transmission of COVID-19 infection. "How physical activity becomes a protective measure or an open window for upper respiratory tract infection (ARI)/COVID-19". A healthy city strategy to manage the COVID-19 pandemic is a challenge and may include planning and action.

Indonesia's current strategic response has not reduced the transmission of COVID-19. The leading causes of this failure include the limited response to case management, LSSR, and the slow development of drugs and vaccines. Case management faces incurable challenges to date, namely inaccurate datasets, a low number of tests, limited contact tracing, high positivity rates, and a high case fatality rate (CFR).

Various government policies made during the COVID-19 pandemic must be analyzed. Also, local governments are responsible for empowering the people who are most at risk of developing COVID-19, including people with disabilities. Implementing COVID-19 prevention policies in social institutions is not easy enough. Some studies recommend a combination of reasonable control with solid law enforcement and the provision of cash transfers and other social assistance programs as a strategy to save lives and livelihoods. These recommendations are considerate of people with disabilities, who so far have received little attention.

Good communication is an important aspect that can reduce the level of panic and infection rates significantly in many developing countries. COVID-19 knowledge, attitudes, and practices were found to vary based on sociodemographic factors. Literacy is also crucial in particular environments, such as workplaces, offshore workplaces, schools, Islamic boarding schools, shopping centers, and public places. Studies show that controlling COVID-19 in Islamic boarding schools requires a leadership commitment to form an internal COVID-19 task force.

Scientists, health professionals, religious leaders, and recovered patients and their families have a role to play in the fight against disinformation; therefore, they must actively address this issue. The literacy provided is about maintaining distance, washing hands, using masks, and other applicable policies and essential information related to COVID-19, such as vaccines, vaccinations, isolation, quarantine, comorbidities, and more. Also, monitoring the vaccination program, including vaccine availability, distribution, local development, and side effects, is necessary to achieve herd immunity.

Strategies to evaluate policies or programs have been implemented, including the creation of Strategic and Operational Responses for Reducing COVID-19 Transmission, which pays attention to outputs, outcomes, and implications. A strengthening strategy aims to evaluate the strategic response for reducing transmission of COVID-19. These responses mainly consist of case management, large-scale social restrictions/*Pembatasan Sosial Berskala Besar* (*PSBB*), micro-scale social restrictions/*Pemberlakuan Pembatasan Kegiatan Masyarakat* (*PPKM*), and drug and vaccine development. The strategic evaluation also needs to address the impact of COVID-19 pancemic on any related diseases such as dengue hemorrhagic fever (DHF).

With the publication of this special edition, we have all contributed to our capacity to respond and fight the COVID-19 pandemic, especially in Indonesia.

Thank you. I hope this special edition can be beneficial for all.

On behalf of the Editors,

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