

May 14, 2020

Southeast Asia Regional Office

EDITORIAL NOTE:

It is with great pleasure that I share with you the first issue of this Newsletter, developed by the Association of Academic Health Centers International ([AAHCI](#)) Southeast Asia Regional Office ([SEA](#)).

AAHCI-SEA is commendably led by AAHCI Regional Ambassador [Prof. Dr. dr. H. Ari Fahrial Syam](#), who oversees an outstanding team that encourages opportunities for shared knowledge, capacity-building, and collaborative initiatives and efforts across regional academic health centers. The SEA office is committed to working with academic health centers within the region to identify and respond to pressing issues that challenge academic health centers, to unify the discussions on these matters, and to exchange experiences and best practices.

As you may know, AAHC was founded in 1969 to advance health and well-being through the dynamic leadership of academic health centers in the United States. AAHCI was founded in 2008 as an integral part of AAHC to bring together institutions around the world that serve the academic health center mission and share a global

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vision of enhancing health and well-being worldwide.

In October 2014, AAHCI announced the opening of the SEA Regional Office hosted by National University of Singapore ([NUS](#)) in Singapore, to facilitate an important change in the way health care is delivered in the SEA region through innovative models aimed at advancing best practices. The Faculty of Medicine Universitas Indonesia ([FKUI](#)) in Indonesia, became the next host of this regional office in April 2018 with the continued objective of bringing together academic health centers and promoting regional activities and programs that are of particular interest to the area.

UPCOMING MEETINGS

2020 Annual Meeting
[October 7-9, 2020](#)

Southeast Asia Regional Meeting
Universitas Indonesia
[2020](#)

In this inaugural issue, AAHCI-SEA will share how members in the region have responded to the ongoing coronavirus pandemic.

Future issues will highlight activities in the region and share important news to facilitate collaboration among members.

Thank you for advancing the missions of academic health centers in the SEA region and around the world!

Enjoy the read.



Steven L. Kanter, MD
*President and CEO
Association of
Academic Health
Centers/International*

AAHCI-Southeast Asia | Regional Perspectives on COVID-19

BAYANIHAN: THE SPIRIT OF THE FILIPINO COMES ALIVE DURING THE COVID-19 PANDEMIC

*Charlotte M. Chiong, MD PhD
Professor and Dean
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COVID-19 came to the Philippine shores with news of a 38-year old woman who travelled from Wuhan along with her husband, who eventually was also diagnosed with the virus and was the first reported mortality. From this initial report on January 30, 2020, the first reported local transmission was documented on March 7, 2020, in a Filipino, again with both husband and wife being infected but with no history of travel abroad. However, the man frequented a mosque in a popular shopping area. There have been subsequent reports of several people being infected, suggesting a cluster such that this mosque had to be closed and disinfected along with the whole shopping area.

As of this writing, a phone app run by the DOH (Department of Health) (DOH PH COVID-19) with 1.3M subscribers reported on 10 April 2020 (about 33 days' post first local transmission) a total of 4195 COVID-19 cases in the country, 221 mortalities, and 140 recoveries. It should be noted that the Commission on Higher Education (CHED), in order to mitigate and suppress the spread of the virus, ordered a suspension of classes on 11 March 2020, which included the postgraduate year (PGY)

1 interns and, in our case, the Level Unit 7 interns (senior year medical students). Within 24 hours of this declaration, 130 of our interns in our 1500 bed national university hospital, the Philippine General Hospital (PGH) volunteered to stay. They were assigned to less risky areas of the hospital to assist in the work of residents, who now man the frontlines. Two weeks later, UP Manila Chancellor Carmencita Padilla opened the UP Manila Bayanihan Na Operations Center where the volunteer interns respond to questions from the public with a hotline 155200 provided by the telco PLDT (Philippine Long Distance Telephone Company led by President Manuel V. Pangilinan).

On March 14, 2020, the DOH, with the support of the National Government, imposed a community quarantine or lockdown with the closure of schools, malls, and physical or social distancing measures; and all foreigners were given until March 16, 2020, to leave the country. Filipinos working in Wuhan were repatriated and quarantined for 14 days at the Clark City's Athlete's Village, the site of the last Southeast Asia Games held last November 2019 and where a satellite clinic is run by the PGH.

For universities and schools, there was a sudden shift to alternative learning schemes. The University of the Philippines College of Medicine (UPCM) survey showed 30-50 percent of the medical students in our college did not have stable internet service so, in the spirit of equitable access to learning sessions, online classes and evaluation were given, but made non-mandatory. Reading assignments and non-graded self-assessments, a

video demonstration of clinical skills, and other forms of a video-return demo for all the courses became the norm. There was a sudden rise in the blended learning modules, with UP Manila's Virtual Learning Environment (UPMVLE Learning Platform) showing that all courses for medical students could be accessible 24/7. The PANOPTO software that we obtained for the college in October was a big help.

The challenges facing UPCM did not just revolve around ensuring continuing education for its students. Our faculty members, particularly in Internal Medicine, Infectious Diseases, Pulmonary Medicine, Anesthesiology, Family Medicine, Emergency Medicine, and even Otolaryngology, were particularly at higher risk among all medical professionals. Sadly, we lost a number of our alumni and revered faculty members in this fight against COVID-19.

This battle became more crucial when the bigger, private hospitals could no longer cope with the number of COVID-19 patients and PUIs (Persons Under Investigation) that flocked to their emergency rooms. The private hospitals put out a position paper asking the government and the DOH to assign more COVID-19 referral hospitals, other than the two previously considered referral hospitals for infectious diseases (Research Institute of Tropical Medicine and San Lazaro Hospital), to be identified.

Led by its Neurosurgeon Director, Dr. Gerardo Legaspi, the PGH, true to its moniker of "People Giving Hope", was chosen to be one of three COVID-19 referral hospitals in Metro Manila, which has a population of 13 million. Our hospital's

architectural design has not changed much from its 1910 opening, where an open pavilion design was utilized as a way of ensuring infection control in a tropical climate. Four wards had to be transformed by one of the most reputable construction companies in charge of building the 11 story UPCM- Henry Sy Sr. Medical Sciences Building, DMCI (David M. Consunji, Inc.). "Negative pressure" wards were developed with the installation of blowers and enclosures boarding up these wards and installing Hepa filters; and these "HOT COVID-19" zones were isolated from the rest of the hospital. The front liners in the hospitals were provided hotel accommodation gratis by hotel establishments and the city government as well as van or shuttle service to bring them to and from the hospital.

Part of the decision to declare it a referral hospital for COVID-19 also emanated from the early response of the UP Manila (University of the Philippines Manila) National Institutes of Health (NIH) after the publication of the whole genome sequence of SarsCov2. An RTPCR test (GenAmplify) was developed by UPM-NIH scientists, led by Dr. Raul Destura, and is now manufactured by Manila Health Tek, Inc. with funding coming from the Department of Science and Technology. This was validated and finally approved by the FDA on April 3. This is now under field implementation, and two laboratories both within PGH and the NIH are now being capacitated to be able to process 2000 samples daily from a baseline of 130 at the start of the pandemic. This will also be timely in utilizing about 20,000 A*STAR Fortitude kits donated to the University hospital by private company Monde Nissin and its president Henry Soesanto and

general counsel atty. Helen Tiu. Some of our faculty members have been serving in the Technical working groups for the IATF (Inter-Agency Task Force), which was convened to tackle the pandemic. Some have taken charge of a command center (Head: Dr. Anthony Perez) for donations of PPEs and ventilators to PGH.

Our college (through Dr. Ana Melissa Hilvano-Cabungcal) participated in putting out a position paper recommending a 'whole of society' approach, pushing for grassroots and community-based intervention, knowing fully well that the battlefield in the hospital should be ameliorated dramatically with strict quarantine measures and isolation of symptomatic patients in community isolation hubs, while not ignoring the need for food, shelter services to be extended to urban poor communities.

As I write this, there are three mega isolation facilities (World Trade Center, PICC, and Rizal Coliseum) that can each accommodate 150 Persons with mild symptoms of COVID-19 under construction and soon to be managed by military doctors and partner hospitals. The economic measures to mitigate the effects of this pandemic and the support for the movement of essential goods and manpower to service the population needs were put in place with inputs from scientists from different institutes, such as the Asian Institute of Management along with epidemiology experts from UPCM. Our own UP Medical Foundation, in partnership with TOWNS (Ten Outstanding Women of the New Society, Inc.), raised more than PhP 37 Million pesos for the procurement and distribution of more than 500,000 PPEs.

The dire lack of personal protective equipment at the start of the pandemic was met by: engineers who pooled together their 3D printers to make face shields; designs for ventilators from open source; using patented designs of neonatal ventilators (Ostreavent) for modification into adult ventilators, decontamination; and disinfection; as well as telemetry with the repurposing of the RxBox (developed by the National Telehealth Center, UP-NIH led by Dr. Portia Marcelo with Prof. Luis Sison of Electronics and Engineering Institute of UP Diliman). The RxBox was used for Maternal and Child Health community clinics, and is now being deployed for use in isolation rooms at the Philippine General Hospital. The collaboration of engineers with clinicians under the UP College of Medicine SIBOL (Surgical Innovation and Biotechnology), set up in 2019 that received an initial PhP 30 Million from PCHRD (Philippine Council for Health Research Development), was instrumental in mounting over the weekend of March 20-21, a SIBOL COVID-19 response team (with Project leader Dr. Edward Wang). Well over ten projects (PPEs, telemetry, tracking and decontamination) are soon to receive additional funding from DOST-PCHRD along with ten other projects undertaken with the UP College of Engineering (under Dean Ferdie Manegdeg) being fully funded by the UPERDFI (UP Engineering Research and Development Foundation headed by its President Rico Trinidad) with about PhP 3.5 Million from 87 donors.

The University President Danilo Concepcion recently issued an administrative order creating a Collaborative Research Structure between the two constituent universities UP Diliman and UP Manila

to provide a stronger framework by which cooperation and collaboration can be fostered as a culture in science, discovery, and innovation for the public good. The university's COVID-19 research team, led by Drs. Marissa Alejandria and Aileen Wang, have identified and prepared many projects with multidisciplinary teams of microbiologists, virologists, data scientists, social scientists, epidemiologists, MD-PhD students, and clinical experts. They pushed for the country's inclusion as part of the WHO Solidarity Trial, thus gaining access to some otherwise unavailable therapies, such as redeliver (from the U.S.) and favipiravir (Avigan from Japan). Among these studies were the use of convalescent plasma therapy for patients, for which a classroom at Paz Mendoza has now been converted for the donation from COVID-19 survivors.

This pandemic served as the inflection point and catalyst for this "Bayanihan" spirit to prevail, and in true Filipino fashion, not only in the local but global arena (with organizations such as the Philippine American Association of Scientists and Engineers and the UP Medical Alumni Society of America) in a climate for compassionate care driven by highest scientific evidence and not unduly restricted by a litigious society mostly encountered in other countries. The creativity and ingenuity of the Filipino have indeed come to fore in this global pandemic crisis.

My gratitude goes to the members of the Dean's Management Team who all have helped and continue to help the college in countless ways. Thanks also to our alumni and friends of the college who have been most willing to extend their much-

needed help during this difficult time.

COVID-19 CHALLENGES AND OPPORTUNITIES

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On 30 January, the World Health Organization declared the 2019 coronavirus disease (COVID-19) outbreak as a pandemic, meaning that Indonesia also needed to prepare for the situation. No country feels prepared in advance, the challenge requires an integrated approach from different sectors. An academic health system (AHS) can serve as an appropriate model for tackling multidimensional changes. The mission of our AHS is to improve community health status through excellent education, research, community development, and health services based on local wisdom, ethics, professionalism and evidence-based science integrated within the academic health system. The COVID-19 pandemic brings challenges as well as opportunities to implement and achieve the mission.

The challenges in education raise how we can achieve competencies without compromising the safety of students. Due to physical distancing recommendations, we must change and adapt our learning process to an online platform. In the undergraduate program, we modified our Community and Family Health Care-Interprofessional Education program. In normal conditions, our students from the 1st year to the 4th year visit their partner families/ communities.

In this COVID-19 pandemic, we instead assigned our students to educate their partner families online. Each group consists of 4-5 students and 3 families and is facilitated by one faculty member and a field lecturer to support an interactive discussion. This program shows how education activity can be integrated with community empowerment. Providing accurate, updated, and culturally sensitive information is an essential component to prevent and address misleading information and stigma, and reduce panic among communities. Our media team—a multidiscipline team consisting of clinicians, public health experts, psychologists, sociologists, and health information and media experts—is working to gather, develop, and disseminate information. Regular scientific national webinars involving a community of practices (COPs) are also conducted to provide evidence-based information.

Other challenges and opportunities include how the AHS can support and strengthen the Provincial health system. According to the WHO, one strategy to combat COVID-19 is strengthening the surveillance system. Since the first confirmed case was discovered in the Province on 15th March 2020, self-screening tools were launched. The screening results showed who needed further assessment for COVID-19. Our surveillance team is proactively contacting people, based on the self-screening results, and tracing those who had close contact with confirmed cases of COVID-19.

A rapidly increasing number of COVID-19 cases yields a surge capacity in term of hospital facilities, diagnosis tools, human resources, and logistics—especially personal protection equipment. This

challenge requires close collaboration among AHS members (university, hospital and governments) as well as other partners. We are collaborating with the government to strengthen the hospitals COVID-19 care networking and referral system. Our collaborators including alumni, professional organizations, NGOs, and volunteers. Diagnostic testing for COVID-19 is critical to tracking the virus, understanding epidemiology, informing case management, and to suppressing transmission. We have established COVID laboratory testing, collaborated with other laboratories in the University and other partners, such as Word Mosquito Program laboratory, and with the Coordinating Maritime Affairs and Investment Ministry for providing the reagent kit and the Health Ministry's Environmental Health and Disease Control Center (BBTKLPP) Yogyakarta for HRD training.

Furthermore, we have been developing some innovative-collaborative research, from a IgM-IgG rapid test for COVID-19, Clinical trial of Convalescent plasma and Solidarity Clinical trial for COVID treatment, up to produce hand sanitizer, Chamber for Swab, and ventilator personal protective equipment, by utilizing the appropriate technology and local materials.

The "new" situation ensures that working together through the AHS concept can help achieve many targets faster than usual.

Resources available:

1. Health Promoting University UGM
<http://hpu.ugm.ac.id/berita/covid-19/>

2. [INAHEALTH YouTube Channel](#)
3. <https://tropmed.fk.ugm.ac.id/media-edukasi/>
4. <https://manajemencovid-dirs.net/>

ENDCORONA APPLICATION: COVID-19 RISK ASSESSMENT

*Ari Fahrial Syam, MD, PhD
Dean of Faculty of Medicine,
Universitas Indonesia (FKUI)*

Students from the Faculty of Medicine, University of Indonesia (FKUI) and Faculty of Computer Science, University of Indonesia (Fasilkom UI) collaborated to create an app titled EndCorona as a platform for Covid-19 Risk Assessment. The platform aims to detect the risk of someone infected with Covid-19 independently and provide education related to Covid-19. EndCorona's soft launch was April 1, 2020 through live streaming on FKUI's official Youtube Account [here](#). EndCorona can be accessed via computer or mobile phone through the following website [here](#).

The EndCorona app has several features to help the community, one of which is an assessment feature for the condition of individuals and their risk of being infected with Covid-19. The assessment feature classifies users according to the vulnerability of the person to becoming infected with Covid-19: low risk, cautious, vulnerable, and very vulnerable.

The EndCorona app was initiated by Arya Lukmana (FKUI class of 2018) who collaborated with several colleagues from Fasilkom UI including Muhammad Fawwaz Syarif (Information System batch 2016); Albertus Angga Raharja (Computer Science batch 2016); Ricky Chandra Johanes (Information System batch 2016); Windi Chandra (Computer Science batch 2016); Muhammad Ashlah Shinfain (IK 2016); Adyanissa Farsya Kirana (Information System batch 2016); Eugene Brigita Lauw (Computer Science batch 2018); Amrisandha Pranantya Prasetyo (Computer Science batch 2018) along with a team of FKUI students, namely Lubna Djafar (2018), Sarah Latifa Raharja (2018), Sania Zahrani (2018),

Violine Martalia (2019), Irene Audrey DP (2018), Alifia Maharani (2018), and Aditya Parawangsa (2018).

Arya said that "The features in EndCorona include: Covid-19 vulnerability assessment; Complete hospital hotline information in Indonesia and regional health offices throughout Indonesia; a FKUI helpline; Trusted educational and news content; daily statistics; and tracking data for research. The advantage of this platform is that it uses Cloud technology so that it will be fast with almost no downtime. We hope that through this application, the public can realize their risks of Covid-19 and act according to their individual vulnerabilities."

The assessment was based on an in-depth study with the FKUI-RSCM advisory team from trusted scientific journals and evidence-based national and international recommendations. In addition to this, EndCorona's goal is to provide a forum for

information and education with accurate data based on medical science, and to provide up-to-date information so that unreliable reports about Covid-19 for the Indonesian people can be prevented.

The Dean of FKUI, Prof. Dr. dr. Ari Fahrial Syam, SpPD-KGEH, MMB said that: "In the current situation and conditions, the community needs information about Covid-19 disease. Hopefully this application can be one of the solutions and efforts for the community to break the distribution chain of Covid-19".

The Dean of Fasilkom UI, Mirna Adriani, Dra., Ph.D, added that "We appreciate the time and effort that has been provided by our students. EndCorona can be an example of multidisciplinary cooperation between faculties and shows that information and communication technology can be the backbone of society to help reduce public anxiety. It is hoped that through this application, UI will also contribute to helping countries solve problems related to the Covid-19 outbreak. "

The collaboration was supervised by doctors and lecturers from FKUI, including Prasandhya A. Yusuf, S.Si, M.T., Ph.D (Department of Medical Physics FKUI / Medical Technology Cluster of IMERI), dr. Eric Daniel Tenda, SpPD, FINASIM (Department of Internal Medicine FKUI-RSCM), dr. Anindya P. Susanto, B.Eng, MM (Department of Medical Physics FKUI / IMERI Medical Technology Cluster) and dr. Dewi Friska, MKK (Department of Community Medicine, FKUI).

EndCorona is funded by the UI - IPTEKS Community Service Grant for the 2020 Community as FKUI's participation in providing solutions to stop the COVID-19 outbreak. The EndCorona platform can be accessed via Android, iOS, and the Site by opening (endcorona.fk.ui.ac.id and / or endcorona.id) as well as through the Instagram social media channel (@endcorona).

EndCorona was first released on February 28, 2020 in the form of social media on Instagram, then continued into development until its launch. It is hoped that EndCorona will prove beneficial to society during this Covid-19 pandemic.

THOROUGHLY INFECTIOUS: THE COVID-19 CHRONICLES

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Laughter is the best medicine

COVID-19 has been dominating world headlines since the start of 2020. With a deluge of information (and misinformation) about the disease contributing to mounting global fear, public health education about the novel coronavirus is crucial. It prompted the NUS Yong Loo Lin School of Medicine to team up with the Global Outbreak Alert and Response Network at the World Health Organization (WHO) to calm feverish minds and help sort out fact from fiction. The treatment plan? A strong, sustained dose of comic strip humor.

The Challenge: Explaining COVID-19

In the face of this unprecedented crisis, clear public health messages are critical to inform, educate, and even calm people, not only so that they keep in good health, but so that everyone understands and complies with evolving precautionary health measures aimed at breaking the chain of transmission and preventing new cluster outbreaks in communities. Said Professor Chong Yap Seng, Dean of NUS Medicine, "This is a global crisis and because it's a novel coronavirus, there is little precedent for us to build on. I think it is important that people get real facts and evidence from experts and not rely on hearsay."

Given the depth and breadth of experience presented by NUS Medicine's Infectious Diseases clinical faculty (for example, Professors Dale Fisher and Paul Tambyah quickly became go-to experts for journalists in search of expert analysis and comment on the evolving epidemic that became a pandemic), and the increasingly apparent need for a simple, clear explanation of important facts and important precautionary health tips, the novel idea for a comic strip was born.

The idea gestated in Prof Chong, after he emerged from a meeting with Singapore Minister for Health Mr Gan Kim Yong in February. "He suggested that we use infectious disease expert Dr Dale Fisher as a public voice so that people would get good authoritative information. And I thought the best way to portray Dale was in a series of comics, which would have universal appeal.

"We wanted to tap on the experts that we have access to, so they could give accurate, timely advice

to the public; and get everybody to act responsibly and correctly. We wanted to reach everybody, most of all laypeople, and of course, we wanted to reach out to those in the field—the healthcare workers, the researchers—so that they know that we are behind them."

The first COVID-19 Chronicles comic strip was put out on the School's web and social media platforms on 14 February. Published three times a week, the Chronicles steadily gained traction and caught the attention of social media users and various news media organisations. The comic strips soon gained the interest of the Global Outbreak Alert and Response Network (GOARN) of the World Health Organization, which now shares the Chronicles strips with territories and countries that it deems require a simple and appealing way of communicating with the public.

The comic strips use light humour to bust myths, share reminders of health and hygiene precautions, and provide pertinent updates relating to the novel coronavirus. Every strip concludes with a health tip from its resident infectious diseases advisor, Prof Dale Fisher, who jokes that he has become a "cartoon character".

The Expert Voice: light-hearted touch to a heavy topic

"Messages to the community are hugely important. In fact, solutions are with the community and we need to keep them engaged in the response," said Prof Fisher, who is with the School's Infectious Diseases Division in the Department of Medicine and has been working in this field for almost 30 years. He has been the Chair, Steering Committee

of the WHO's Global Outbreak and Alert and Response Network (GOARN) since 2013. Under the auspices of the Director-General of WHO, Prof Fisher was part of the WHO technical experts mission to review China's response to COVID-19.



Prof Dale Fisher points to one of the comic strips, "Second Family". It describes how healthcare staff keep COVID-19 patients in good spirits while they are in isolation wards.

He has also been the Chair of Singapore's National Infection Prevention and Control (IPC) committee since 2013.

While he initially thought it was "really crazy" to be a cartoon character, Prof Fisher sought feedback from a host of colleagues and friends who unanimously gave their thumbs-up for the pilot comic strip. The rest is history.

"As we had more and more iterations, I realised how talented the team is and how important the messaging is. There are so many ways to

communicate—this is one way. I know WHO wants to pick it up and translate them."

A spokesperson for GOARN, Ms Sameera Suri, affirmed that GOARN and WHO are building on a longstanding partnership with NUS, where NUS has been actively involved in responding to outbreaks, supporting the training of responders, and more recently participating as a member of the GOARN Steering Committee represented by Prof Fisher.

"This outbreak is as dependent on community compliance and leadership as it is on treatment and access to healthcare services," Ms Suri said, "'The COVID-19 Chronicles' get essential messages out in an easy to understand, and visually effective manner, connecting peoples, contexts and realities to the response. The strips bring difficult public health realities alive with humour and compassion and connect each reader to the interdependent and connected response community. They will be of interest to everyone who can read and access the internet. Besides the public, the strips reach GOARN partners who can encourage and educate their staff and communities with useful advice."

The Travelling Comic Strips

The series has been warmly received on social media, with more than 3 million reached on Facebook alone by the end of March. Besides CNN, news outlets in Australia, New Zealand, Europe, North America, and closer to home in Malaysia and Indonesia have taken notice of the comic strips. It has also inspired creative social media content from individuals, particularly from the strip titled "Alternative Handshakes", which featured greetings

using elbows and feet, as well as the palm-to-palm Thai wai.

The creative hand behind The Chronicles

As interest in the comic strips grew online and on social media, followers were curious to know the identity of their illustrator.



Andrew with "Airborne Fears".

Art school teacher and freelance illustrator Andrew Tan is the creative hand that brings the Chronicles to life, working on ideas and themes provided by the NUS Medicine Communications team.

"I was naturally interested in this because I like creating stories and because there is a good cause behind it—educating the public. So there is value in it.

"I like to use the comic medium to depict real life, stories about real people, and it's a lot more fun for people to read. It's visual: this appeals to kids and adults alike, with a simple and clear message. COVID-19 is a complex topic and we want to reach

out to all walks of life, even across countries, with some humour injected."

Read the strips here:

Website: nusmedicine.nus.edu.sg | Facebook @NUSmedicine | Instagram @nusmedicine | Twitter @NUSmedicine | LinkedIn NUS Yong Loo Lin School of Medicine

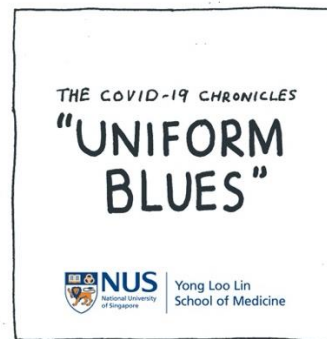
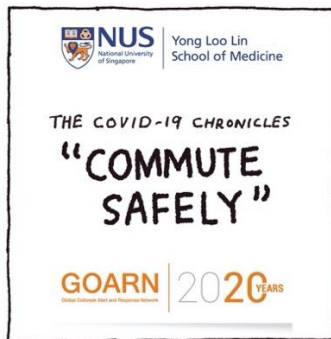
Scan QR code for a video on The Making of the COVID-19 Chronicles:



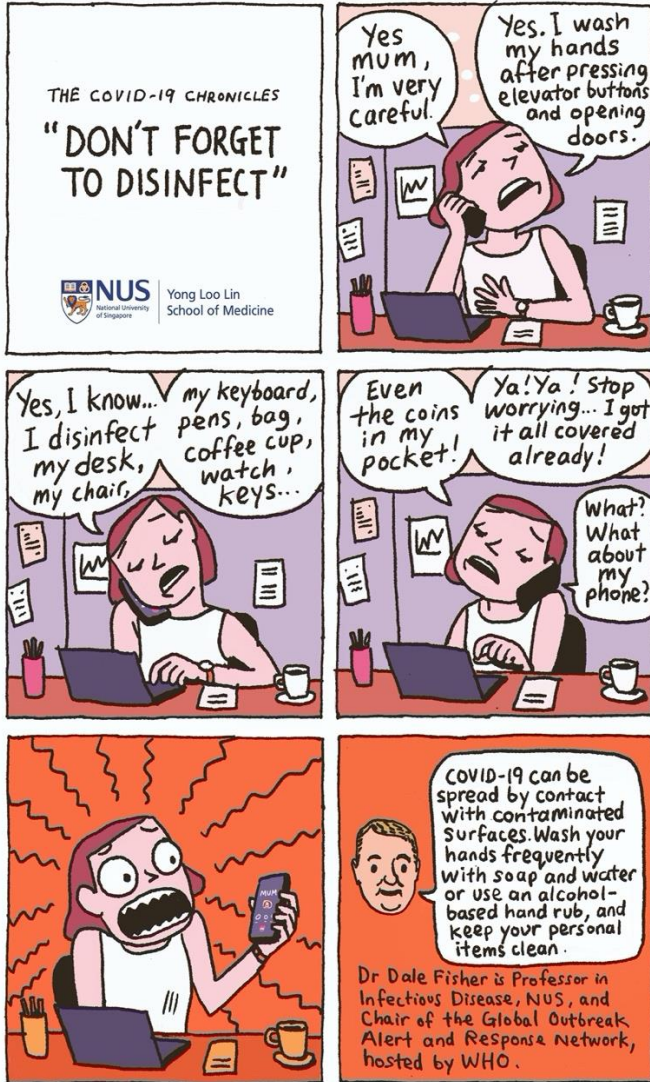


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ADVANCING HEALTH AND WELL-BEING **WORLDWIDE** Newsletter



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KEEPING OUR HEALTHCARE WORKERS SAFE

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The COVID 19 pandemic has been unprecedented in so many ways. Millions of people infected and

thousands of deaths in just a matter of six months, and the economic devastation that it has caused to rich and poor countries alike are just some of the catastrophic effects that we are witnessing. But what has stood out and made this pandemic distinctly different from many that came before it is the toll that it has taken on healthcare workers (HCW), the very people needed on the frontline to provide services as the number of infected rise.

It is difficult to know exactly how many HCWs have been infected globally as there is currently no systematic reporting of HCW associated infection to the World Health Organization (WHO). As of April 8, 2020, 22,073 cases of COVID-19 among HCWs from 52 countries had been reported to WHO(1), at least 788 have been reported to have died(2). In an April report from Italy, more than 1500 or 11 percent of infections in the country were among HCWs(3).

Personal protective equipment (PPE) consisting of masks, gowns, gloves, face shields, and goggles has been the cornerstone of preventing infection from patients to HCWs. However reports of shortages of these equipment have been seen in many countries around the world, including in the US and UK. Although key in ensuring that HCWs do not become infected, keeping hospitals and HCWs safe entail much more than ensuring adequate supply and the correct use of PPE.

Our hospital is a large tertiary care centre with more than 1600 beds which can be classified as a hybrid hospital caring for both COVID and non-COVID patients. Following reports of infections locally, a multidisciplinary Task Force was

established to oversee the planning and response to the outbreak in January 2020. Crowding in the hospital was reduced by rescheduling outpatient clinic appointments and cancelling elective surgeries. As mixing infected and uninfected patients poses one of the biggest risks to patients and staff alike, one of the first steps that was undertaken was to rezone the Accident & Emergency department, wards, operating theatre, and ICU into COVID and non-COVID zones. Non-COVID wards were transferred to other parts of the hospital, and zones were clearly demarcated. Dedicated teams were assigned to manage COVID patients in each of these specialized areas with training in the use of PPE, including donning and doffing and care of patients. Detailed guidelines and standard operating procedures for all units and departments were drawn up encompassing areas such as testing policies, infection control procedure, and PPE requirements. These were accompanied by extensive education and training via social media, small group face to face sessions, electronic messaging, and the hospital website.

A HCW surveillance system was implemented consisting of a team that conducted risk assessment, contact tracing, and surveillance for HCWs who have been exposed to COVID-19 patients. Testing, isolation and quarantine decisions were made based on the level of exposure and risk to the HCW. To minimize the risk of HCW to HCW or patient transmission, an early detection system consisting of a daily roll call of symptoms and possible exposure was instituted. This has since been turned into an electronic self assessment system via the hospital website. Those found to

have symptoms were referred to the Occupational Health & Safety team for assessment.

Practicing social distancing is a big challenge in a hospital environment such as ours. Nevertheless, reducing the number of individuals on ward rounds and in common areas such as lifts and pantries were some of the measures taken, in addition to making wearing face masks mandatory for all staff, patients, and visitors alike.

With these measures, we have witnessed very few infections amongst our HCWs despite working in a very challenging environment in a hospital that is located in an area considered a “hot zone” in the country.

Resources available:

1. World Health Organisation. Coronavirus Disease 2019 (COVID-19) Situation Report 82. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411-sitrep-82-covid-19.pdf?sfvrsn=74a5d15_2
2. In Memoriam: Healthcare workers who have died of COVID-19. Medscape https://www.medscape.com/viewarticle/927976#vp_23
3. Integrated surveillance of COVID-19 in Italy : 10 April 2020. https://www.epicentro.iss.it/en/coronavirus/bollettino/Infografica_10aprile%20ENG.pdf

COLLABORATION IN INDONESIA

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Indonesia announced the first two confirmed cases of COVID-19 in March 2020. We believe this made Indonesia the first country in Southeast Asia and 22nd country in the world to be infected by this virus. As the oldest medical school in Indonesia, FMUI has already taken actions in order to give clear messages to our society and to counter the many hoaxes and rumors that arise and mislead the Indonesian public and cause mass panic. So far, we have held a seminar for our community and streamed it through YouTube. Our experts have also shared their knowledge through the national television network.

We have also sent our team to Natuna Island to educate people about COVID-19. Numerous Indonesian people who just came back from Wuhan were quarantined there. We also held a forum discussion group with related hospitals—not only from Jakarta but also from other regions—to conduct multicentre research focused on comparing clinical symptoms, laboratory tests, and x-ray results between suspected and non-suspected coronavirus patients. It is hoped that the result of this multicentre research can support our government in overcoming the coronavirus outbreak. To prepare for and respond to this situation, we are ready to facilitate screening tests. The FMUI Clinical Microbiology Laboratory is currently one of the regional laboratories for influenza-like illnesses. Almost every week, we conducted influenza A and B, H3N1, and H1N1

screening tests on the throat and nasopharyngeal swabs. COVID-19 and influenza are both RNA viruses, and the samples are the same. So, technically, we can also check for the COVID-19 virus. The government agreed that FMUI Clinical Microbiology Laboratory is to become one of the network laboratories for COVID-19 specimen examination. Our research laboratory, the Research Centre for Virology and Cancer Pathobiology, is ready to collaborate with the government in conducting COVID-19 screening tests under the guidance of our Ministry of Health.

In other actions, our university has announced a precautionary protocol for coronavirus prevention for our staff as well as for incoming guests. This precautionary protocol is based on the advice of the World Health Organization. Those who have symptoms should be immediately referred to the UI Satellite Clinic.

We have applied some measures in telework protocols implementation. These include applying long-distance teaching and learning for all courses and also terminating teaching and learning activities, such as laboratory practicum, clinical practice, and other field-based learning. Research related to thesis/dissertation in places with a high risk of COVID-19 transmission is postponed, and all seminar or oral examinations are conducted online. The Hippocratic oath for new doctors who passed the national exam (UKMPPD) is given online through a Zoom application. We also applied special academic policies and special financial policies for students who must take an additional semester of studies due to the COVID-19 outbreak. With the new protocols, we have conducted

training in implementing long-distance teaching and learning for our staff who never used this method before. Feedback from our students is that the implemented method of long-distance learning is not so different from face-to-face learning and that they are getting the same value of education. For bachelor education programs, we have made few adjustments. In the Academic Year 2020/2021, student recruitment for the international class is conducted through Talent Scouting in each high school, and further testing includes the MMI test via teleconference without the MMPI test, as it is not possible to do it online. Learning in the form of lectures and discussions is carried out with online-based Teaching and Learning Activities (KBM), through the E-learning Management System UI, Zoom application, and/or other supporting applications, facilitated by the faculty.

Implementation of professional clinical practice modules, practicum, and/or laboratory practice will be adjusted to the existing conditions in accordance with the decision of the Chancellor and the Dean. Research that is delayed and must be completed in the 2019/2020 Academic Year could be modified so that it meets the criteria for making the final thesis project.

For master and doctoral education programs, prospective students who have passed the first stage of the SIMAK UI exam will take part in an online interview for further selection. Learning in the form of lectures and discussions is carried out with online-based Teaching and Learning Activities (KBM), through the E-learning Management System UI, Zoom application, and / or other supporting applications, facilitated by the faculty. The final

evaluation of student studies can be carried out online, while thesis and dissertation exams can use the online system by following the applicable rules and regulations.

For specialist and subspecialist education programs, there have been few changes due to the COVID-19 pandemic. Resident assignment for learning in educational hospitals can be adjusted to the conditions and policies of each study program by coordinating between the Chair of Study Program (KPS), the hospital's education coordinating committee, and the Dean. All students in a state of disaster emergency, when with patients are required to use the highest standard PPE. Each Study Program and coordinator Chair must monitor and report on the development of PPDS students' health conditions, and collect data on PPDS students who have completed a rotation at each relevant hospital. KPS is asked to support the implementation of research in accordance with each relevant field related to COVID-19 and communicate with the Dean to accelerate the ethic approval process. For study programs that require passing a board exam before the evaluation of the final results, change of regulatory provisions can be done after coordinating with the relevant collegiate to avoid delays of resident graduation.

Other measures we implemented include postponing or cancelling events that result in mass gatherings, such as conferences, sports events, and art events. Public spaces, such as the library and mosques, are closed. Lecturers and students are prohibited to go abroad, and for those who just returned from abroad, we developed a special protocol.

In regards to COVID-19 research, we reallocated funds to support multi-disciplinary research related to screening, diagnostics, and treatment, as well as to develop a vaccine for COVID-19. FKUI has some ongoing research with COVID-19 related areas such as; Development of COVID-19 Diagnostic Kit and Vaccines, The Role of Guava Supplementation in Clinical Improvement of COVID-19 Patients, The Role of Mesenchymal Stem Cells in Reducing Inflammatory Reactions in COVID-19 Infection, Clinical Trial: COVID-19 Therapy Combination of Oseltamivir and Hydrochloroquine, Avigan and Hydrochloroquine, Grading Severity Index for Oxygen Treatment of severe COVID-19 patient, and COVID-19 Prevalence at Various Case Criteria Levels.

We also have social engagement, such as medical support and volunteer activities. For medical support, the UI Teaching Hospital, which is Cipto Mangunkusumo Hospital, is assigned as a referral hospital and referral laboratory for COVID-19 by the Indonesian Government. For volunteer activities, we mobilize our students from postgraduate specialization programs to support our three main hospitals. Funds donated by the UI Alumni Association are being directed to help hospitals fight the outbreak. Additionally, IMERI-FKUI Medical Technology Cluster has made PPE such as 3D printed NP305 respirator mask, 3D printed face shield, and non-woven 75 gsm spunbond Hazmat. FKUI has also collaborated with Delft Imaging to use Artificial Intelligence (AI) for COVID-19 detection in triage using Chest X-Rays and CT Scans.

FKUI collaborated with the Faculty of Engineering, University of Indonesia (FTUI) to produce portable hand washers and disinfection chambers. These facilities will be distributed to institutions who need it, such as hospitals, dormitories, canteens, and other public places across Jakarta, Bogor, Depok, Tangerang, and the Bekasi area—and hopefully across the nation.

FKUI and the Faculty of Computer Science, University of Indonesia (Fasilkom UI) collaborated to create a symptom assessment and education application for COVID-19. The application titled "EndCorona" had a soft launch on April 1, 2020. The idea behind this application is the panic that occurred in the community due to the COVID-19 pandemic, rise of hoax news, lack of education, and the absence of a risk self-assessment platform for COVID-19. Features contained in this application include education, important links, the COVID-19 hotline, and news about COVID-19. FKUI also appointed numerous young doctors to help answer customer's questions through the EndCorona Helpline.

Moreover, FKUI and Fasilkom UI also collaborated to create another app to help healthcare givers receive adequate Personal Protective Equipment (PPE) when caring for patients. The application is entitled "Sigap UI", and serves as a platform for data collection and distribution of PPE to various hospitals across the nation. Lastly, FKUI has a youtube channel that helps share information to viewers regarding COVID-19. Some videos that have been released include two seminars, #FKUIPeduliCovid19 online discussion sessions, Easy and Independent Way to Prevent Corona

Virus, How to Address the Corona Virus Rapid Test Screening Results, and What the Public Needs to Know about Rapid Test. These videos can be accessed through the "MedicineUI" channel and hashtag #FKUIPeduliCovid19.

Contact

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