



March 2020



Active Aging Consortium Asia Pacific Special Issue on COVID-19

From the President

Kathryn L. Braun
University of Hawai'i, USA

What a difference a few months make. In the Jan-Feb 2020 ACAP Bulletin, we were planning our exciting March conference at Thammasat University. Now, all gatherings have been cancelled as we practice social distancing and isolation to reduce the impact of the COVID-19 around the world! Here are some of my favorite websites:

- Tulane University daily report <https://outbreakdaily.wp.tulane.edu/>
- Dr. John Campbell daily report <https://www.youtube.com/watch?v=WExIqWUvQyY>
- Johns Hopkins University map of cases/deaths <https://coronavirus.jhu.edu/map.html>
- Resources for Coping with Social Distancing
<https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf>

I also salute the UK, where citizens shout “thank you” out their windows at 8pm every night to thank health care workers for their service and dedication. People are doing this in Belgium and Canada too.

In this special issue of the ACAP Bulletin are reports from our ACAP representatives about the situation of COVID in their countries. Many thanks to our correspondents from Japan, South Korea, Hong Kong, Myanmar, Singapore, Indonesia, New Zealand, Canada, Slovenia, and Belgium.

Stay Healthy, Stay Safe!

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During these unprecedented times they need to know that we are grateful.
Please join us on: **26th of March at 8pm** for a big applause (from front doors, garden, balcony, windows, living rooms, etc) to show all who are working at the front line, our appreciation for their ongoing hard work and fight against this virus.

Please share this message, so we can make sure, the word spreads and reaches all to join!



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On and Beyond COVID-19 in Japan

Takeo Ogawa, PhD

President, (NPO) Asian Aging Business Center

Emeritus Professor, Kyushu University and Yamaguchi University

Prelude. The first case of COVID-19 in Japan was discovered in 15 January 2020. Japanese public health professionals found the patient had direct contact with people in Wuhan, China. Fortunately, the client recovered. The Japanese government started to screen returnees from Wuhan, and 3.4% (978 persons) tested positive. Then, the government opened the Health Follow-up Center of New Corona Flu.

On 3 February, the Japanese government accepted the “Diamond Princess” cruise ship into Yokohama. The cruise ship is owned by UK and managed by USA. These international backgrounds created difficulties. Japanese government and Disaster Medical Assistant Team (DMAT) made efforts to enforce social distancing on the cruise ship. However, the boundary strategy caused a cluster of cases among the tourists, cruise ship crew, and the staff of the Japanese quarantine venue.

In this phase, the Japanese government took a strategy of triage, determining the priority of patients’ treatments based on the severity of their condition. The primary targets for treatment became ‘those with the most severity and the most possibility of surviving.’ All person on board left the cruise in 1 March; 3,711 persons were tested, and 712 persons were positive (19.2%) at 19 March.

The First Stage of Countermeasures to Domestic Infection: On 13 February, the Japanese government started to take measures for social distancing. Residents were told to cancel or postpone social gatherings, for pupils to stay home, for workers to engage in telework and flex-time work, for patients to contact clinics/hospitals by phone or internet, and for older persons to stay in home. Everyone made an effort to wash hands frequently and maintain etiquette when coughing.

Japanese professionals referred to the epidemiological theory in 1918 Spanish flu pandemic. This pandemic, more than 100 years ago, affected 500 million people worldwide, about a quarter of the world’s population. It is estimated that between 20 million and 50 million died. We can learn from the experience of 2 US cities—St. Louis (in Missouri) and Philadelphia (in Pennsylvania).

St. Louis started to intervene in the infection process earlier than did Philadelphia. The Mayor of St. Louis declared an emergency situation immediately and required social distancing. The Mayor of Philadelphia waited. Because of this, St. Louis avoided a medical collapse, while Philadelphia suffered one. See Chart 1 on the next page.

Chart 1: Death Number of Spanish Flu in 1918, at St. Louis and Philadelphia

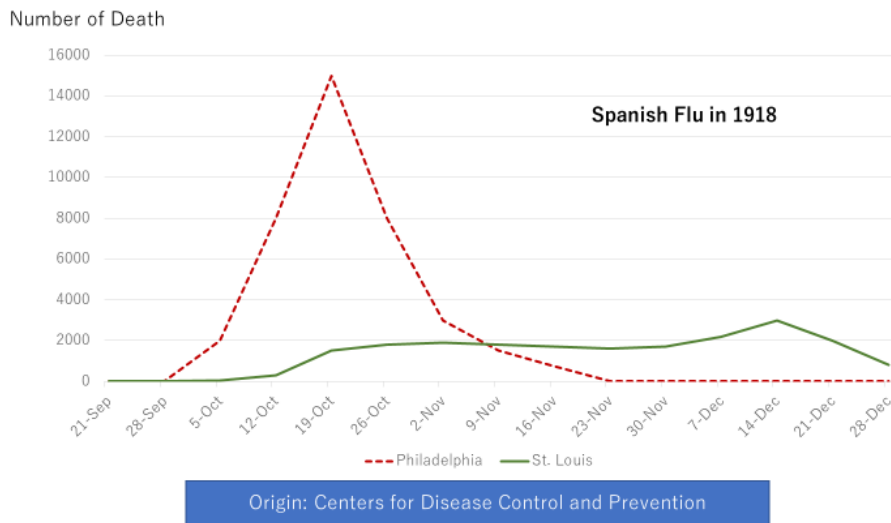
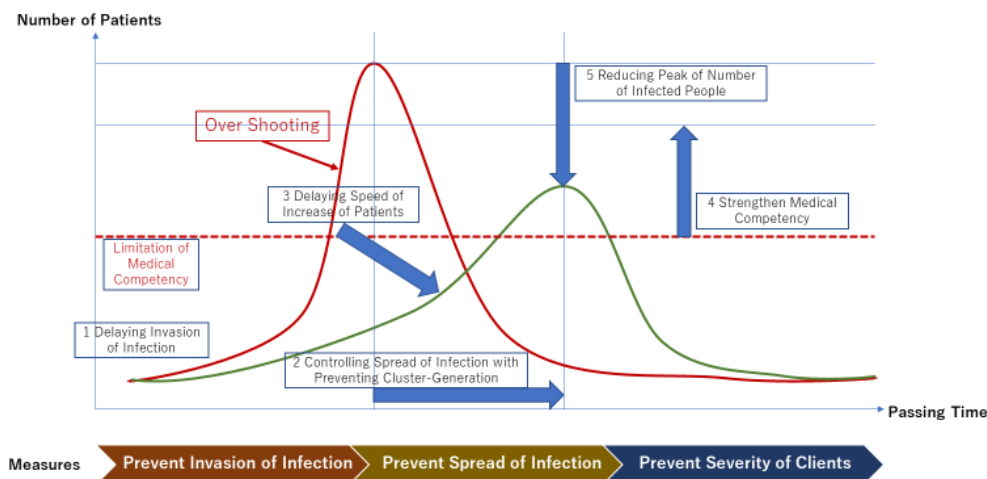


Chart 2: Japanese Government Measures against COVID-19 in 2020



The Second Stage of Countermeasures to Domestic Infection: On 25 February, the Japanese government established a fundamental strategy against the infection. Measures were taken to control clusters, to delay of speed of infection, to reduce a peak of number of infected patients, and to improve medical competencies by developing testing methods and medications, by training medical staff, and by improving facilities.

In spite of social distancing, some patients may catch COVID-19 in some anonymous place, at some anonymous time, from some anonymous person. In these cases, health professionals cannot trace the trajectory of infection. Therefore, the national government and local prefectural governments have made an effort to control human mobility.

On 10 March, the national government declared the 2nd emergency measures for enforcing social distance internationally and domestically. Of course, this is causing economic deflation, and the national government is preparing economic policies, including postponing tax payment, allowing for lay-offs, providing cash allowances, etc.



Teleworking in Japan

How can older persons survive these difficulties? The symptoms of COVID-19 usually are more severe in older persons than in the younger generations. So, older persons are afraid of the infection. They also fear a financial crisis and limitations in the global supply chain. Fortunately, in Japan, older persons have pensions and universal health coverage. Not only medical staff, but also many employees, are being trained to support older persons.

Shifting towards Society 5.0. People are changing their behavior in Japan. For children schooled from home, e-learning may become more familiar than classroom schooling. For workers, they may find that telework is preferred to congregate office work. For tourists, virtual reality may feel safer and just as enjoyable as an actual tour. For older persons, tele-medicine and tele-pharmacy may be more convenient than making outpatient visits. It may be a time to convert from society 4.0 to new society 5.0. The society 5.0 will integrate virtual realities with physical realities in utilizing ICT and robotics and new health sciences.

We will have to co-create more active aging strategies beyond COVID-19. It may be our next mission of ACAP.



Coronavirus 19 in the Republic of Korea

Donghee Han, PhD

Research Institute of Science for the Better Living of the Elderly
Busan, Korea

Coronavirus 19 has attacked Korea since January 2020. Now it is spread to the whole world.

At first, most people who got sick in Korea just thought they had a strong flu. We never expected a pandemic. Starting in mid-February, everything was different. People started worrying and recognizing the seriousness of this illness. As we watched the number of cases increase, the government declared a national emergency and ordered residents to respect physical distancing.

In Korea, over 60% of the first infections were among members of the Shincheonji Church in Daegu and Gyungbook. The founder and leader of this church is a self-proclaimed messiah. The Korean government did a complete enumeration of Shincheonji followers and tested all of them. Those with the infection were isolated. By testing, we found many cases otherwise hidden in society.



Testing in South Korea

Korean Coronavirus Cases and Deaths by Sex and Age
http://ncov.mohw.go.kr/bdBoardList_Real.do (Mar 22, 2020)

		Positive		Death	
		N	%	N	%
Sex	male	3,430	38.6	55	52.9
	female	5,467	61.4	49	47.1
Age	0-9	101	1.1	0	0
	10-19	460	5.2	0	0
	20-29	2,396	26.9	0	0
	30-39	909	10.2	1	1.0
	40-49	1,221	13.7	1	1.0
	50-59	1,691	19.0	7	6.7
	60-69	1,132	12.7	17	16.3
	70-79	595	6.7	37	35.6
	80 over	392	4.4	41	39.4

Now we are in the second stage, trying to prevent widespread infections from residents returning from other countries. See the table to the left for our cases and deaths from January 3 to March 22, 2020. You can see that the virus is less prevalent in older adults, but the death rate is much higher. For example, less than 5% of cases have been in people age 80 and older, but almost 40% in people in this age group with the virus died.

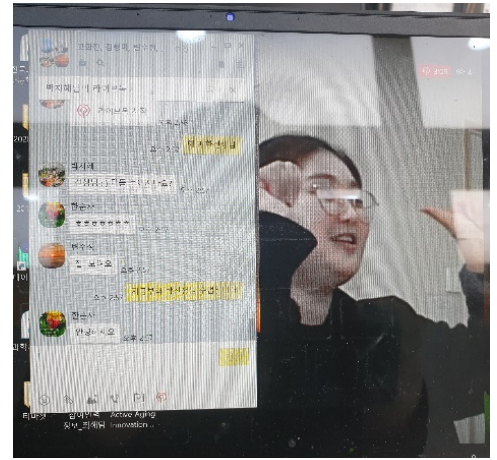
At first, the nation was in chaos, with different voices and arguments because the national

Election Day was scheduled for 15 April. However, the government didn't lose its way in its goal to protect the people of Korea and in other countries. We received accurate reports about the virus through broadcast news and from the Korea Center for Disease Control & Prevention in Ministry Health and Welfare, Central Accident Investigation Headquarters, and Central Discharge Countermeasures Headquarters.

Another best practice is the Korean public health system. Each ward and county in a city has its own Public Health Center to promote and improve local public health. By law, the role of the Public Health Center is to prevent and manage infectious diseases, manage health statistics, plan and evaluate programs, provide health education, improve nutrition and food hygiene, cooperate with school health, and provide clinic services for maternal and child health to geriatrics, oral health care, mental health care, rehabilitation, and so forth.

The Public Health Centers are assisting the National Health Center with testing. Administration and Clinic systems are working together, and digital control towers are delivering information to all people. Every pharmacy in the community has is working on solutions to the chaos around mask availability and distribution.

Without technology, we cannot solve all the chaos around the Coronavirus 19. RISBLE has been conducting training online, and we are developing techniques to take part in teaching and discussions by using response chat, live broadcasting by Zoom and Kakataalk's group talk, and other live systems. We are training trainers across the country.



RISBLE teaches online.



An 83-year-old man is a trainer with RISBLE.

Last my comment is about ageism and racism. Many people are looking to blame others for the virus, and I have heard people blame the elderly and blame Asians. Remember: the virus is not caused by age or by being Asian. Fear and blame are not the answers. We must work together to overcome this war against the Coronavirus. When we talk and listen together, we can increase our current and future safety and survival.



COVID-19 Measures to Support Older Adults in Hong Kong
Teresa Tsien
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Hong Kong Polytechnic University

In Hong Kong, the first case of COVID-19 infection was confirmed on 23 January. Two days later, on Lunar New Year, the Hong Kong government declared COVID-19 viral outbreak as an "emergency," the highest warning tier. On 25 March, Hong Kong closed its borders to all incoming nonresidents arriving from overseas. All returning residents, regardless of point of departure, are now subject to the Compulsory Quarantine Order.

In addressing the COVID-19 virus outbreak, Hong Kong took some of the most comprehensive steps to implement "social distancing." Schools were shut, events were cancelled, and public venues were closed to minimise contact among people. The authorities produced a digital map of confirmed cases to allow people to avoid potentially infected areas.

Now we are dealing with the second wave of cases – from residents returning from overseas. Gatherings of more than 4 people are banned in public places from March 29 for 14 days. Residents are advised to stay indoors, avoid public events, wear masks, and practise good hygiene.

Most government and business offices are closed, with employees working from home. Activities at the senior centres and day care services are suspended. Most NGOs are conducting telephone support to those who are feeling distressed and isolated. Staff and volunteers also deliver face masks, personal hygiene products, and food to those who are homebound or disabled.



99% of people in Hong Kong wear face masks, including police.

All non-emergency medical services such as follow-up checkups, physical therapy, and occupational therapy training are suspended. Limited telemedicine services are provided in primary care settings for repeat patients with stable and chronic conditions, such as high blood pressure, high cholesterol or diabetes. Telehealth services also benefit those bedridden patients and the elderly in residential care homes.



Older man talks to his son via Facetime.

Most of the residential homes have stopped all visits from family and friends. Using video conferencing enables the elderly and their families to be connected online.

The Institute of Active Ageing (IAA) of the Hong Kong Polytechnic University continues to provide lifelong learning activities via talks, courses, and seminars. Due to the social distancing policy, all talks are online, rather than face-to-face, with interactive question and answer sessions.

In daily life, some supermarkets have special hours for the most vulnerable, including customers age 65 and older, the disabled, and pregnant women. The Hong Kong government is distributing HK\$10,000 cash to all permanent residents who are age 18 and above. This cash aims to provide much needed support to the elderly and low-income families. Hopefully, it will increase spending and giving the economy a boost.

To all ACAP members, we are distanced by mountains and oceans, but our hearts are connected. We are one family under the sky, together we fight the virus.

TAKE CARE AND BE WELL!



Report from Myanmar

Banyar Aung, MBBS, MSc, PhD ©
University of Hawai'i at Mānoa

I am a physician in Myanmar studying for my PhD at the University of Hawai'i. I am sponsored by the East-West Center, and my wife and I live in the dormitory in Honolulu. However, on mid-March, the East-West Center advised international students to return to their home countries. We had a few days to pack up and fly back to Myanmar.

The day before I returned home, my country was designated by the US as a high-risk country for COVID-19, along with all EU countries, China, Korea, and Japan. Returnees from these countries are required to stay in a quarantine facility for 14 days.

I am okay with getting quarantined, but Myanmar does not have enough facilities with proper quarantine measures for a huge influx of returnees (mostly students). At the same time, they cannot let us go back to our homes and into the community.

So for now, they are pooling people returning from high-risk countries. I am with 11 other male returnees from the UK, US, and EU countries. We are in a unit of a hospital, with shared rooms, eating space, restrooms and showers. The idea is if one of us is a carrier, the government would rather risk 12 of us than the entire community. This way, they can effectively manage/contain cases (if there are any).

My wife and I are in separate units, as it is common in Myanmar to segregate patients and hospital units by gender. But I can still communicate with her by phone.

I am regarding this as an opportunity to experience a real healthcare crisis and its management in Myanmar and to learn more about the health care system of my country.



Report from Thailand

Kaysorn Sumpowthrong
Professor
Thammasat University, Rangsit Campus, Thailand

On 20 January 2020, Thailand reported 2 confirmed cases of COVID-19. On the same day, Japan confirmed 1 case and the Republic of Korea confirmed 1 case. From January to early March, the number of cases in Thailand has slowly increased. In the middle on March, there was the serious outbreak of the disease from the boxing stadium, drinking venues, and night spot entertainment in Bangkok.

Now, Bangkok has the highest number of local cases. The Governors of Bangkok and the five neighboring provinces have imposed urgent measures to ensure social distancing, including closing a range of retail business. People living in these areas are requested to remain inside their homes and to limit all social contacts.

The Ministry of Public Health (MoPH) has urged workers of retail businesses in Bangkok not to travel to their hometowns in order to prevent the spread of coronavirus to their families. At this time, some provinces are seeing their first cases. Testing, isolating positive cases, and tracing contacts to limit ongoing transmission of the virus have been applied. We hope that these measures, combined with strict social distancing, are effective, as they are the best tools currently available to combat the epidemic.

On 31 March, 127 new cases of laboratory-confirmed COVID-19 were announced by the MoPH, bringing the total number of cases to 1,651. Cases are reported in 60 of 76 provinces of Thailand. We now worry that the COVID-19 outbreak will turn into a "Stage 3" full-blown epidemic in Thailand. The Thai Government therefore proposed the Emergency Decree and a partial lockdown until the end of April. Measures are also being taken to ensure availability of drugs, medical supplies, and equipment.



Citizens donated face masks for monks.

In Bangkok, usually shopping areas are quite busy. But after the outbreak and the state of emergency, there are few people and fewer cars in the street, as people stayed home. We are working from home and going out only for essential activities like buying food. Most people wear a mask when they go out. Family members who work away from their home town are informed not to visit their parents and senior family members to avoid giving them the virus. Social contact via mobile phone is very helpful.

There are many helping hands during this difficult time. Donations and volunteer work are on the increase in Thailand.

Thammasat University has established a field hospital for COVID-19 patients with mild symptoms. The dormitory in Rangsit Campus was modified to a Thammasat Field Hospital on 26 March 2020. We also have initiative activities such as ThamMask (mask producing for health personnel), ThamGel (alcohol gel producing), and so on. All university staff work from home, and we teach online. We also support our students with book delivery, a free sim card, and COVID-19 health insurance.

We are hoping that we can get through this difficulty situation and gain deep learning to obtain a better living in the future.



Thammasat Field Hospital: Opening Day



COVID-19 Update from Singapore

Thelma Kay

Consultant

ACAP Representative in Singapore

The first case of Covid19 in Singapore was confirmed on 23 January 2020. He was a Chinese national from Wuhan. Subsequently in February, the first cases of transmission to locals were reported. Several clusters were identified, some linked to contact with Chinese nationals, such as a shop serving Chinese tourists, and a church.

The next phase of transmission was within the community, many clusters associated with entertainment events, workplaces and learning centres. As the virus started to spread to more countries, the next phase was found mainly in imported cases of returning residents.

To date, there are 926 confirmed cases, of which 240 have been discharged, and 3 deaths. Stringent contact tracing measures have led to the identification of cases linked to clusters of infection, but the growing number of “unlinked cases” is disconcerting.

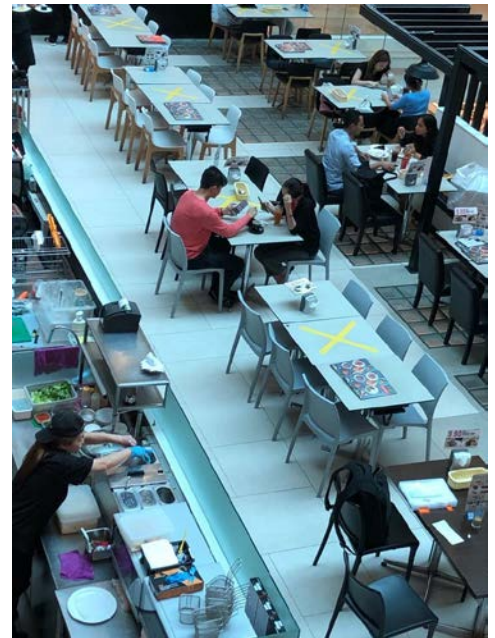
Singapore’s response to the outbreak has been swift and robust.

Travel controls have been instituted. Borders have been closed to all travelers entering or on transit. All travelers, including citizens, must submit a health declaration through the Singapore government arrival card e-service and spend 2 weeks in isolation. Upon arrival, all travelers are given a “stay home notice” and must stay in a designated hotel for 14 days. Over 7,500 hotel rooms have reportedly been booked by the government to accommodate these cases. This measure also provides the beleaguered hotel sector some financial relief.

In addition to public health facilities, private hospitals were mobilized to receive patients so as to free up space in public hospitals. Public Health Preparedness Clinics, in the private sector, were activated, and doctors were advised to give 5 days of medical leave to patients with respiratory symptoms.

A very significant measure taken is contact tracing of people who have come into contact with someone who has tested positive. This is to enable follow-up testing and monitoring

A new measure is a high-tech surveillance tool called Trace Together, which uses a smartphone app to tracks users’ locations and proximity to other people using Bluetooth, alerting those who come in contact with someone who has tested positive.



Meetings and events with high risk of transmission, including religious services and Senior Activities Centres, have been suspended. Gatherings outside of work and school are limited to 10 or fewer. Some venues and businesses remain open, but are subjected to stringent restrictions.

Social distancing has been elevated from a vague concept to specific sets of guided measures. To facilitate this, diners may only sit one per every other table, and lines are drawn on the floor to distance people waiting in queues.

Where reasonably practical, workers are teleworking and teleconferencing from home. Businesses that need employees to come to work are employing staggered working hours and splitting work teams in different locations. Companies have also been advised to let workers find a second job to compensate for lost or reduced income



Panic buying, also seen in other countries, ensued following 2 significant announcements. The first was the raising of the DORSCON level from yellow to orange, which led to panic buying and hoarding of essentials. The second was following the Malaysian government's "movement control order" effective 18 March preventing Malaysians from leaving the country. As 10% of Singapore's labour force is from Malaysia, the lockdown was expected to adversely impact Singapore, especially sectors providing essential services. Although the panic buying has subsided, some stores have now imposed purchase limits and announced specific shopping hours for the more vulnerable, such as older persons. The government is also reassuring consumers about supply chain continuity and stockpiles, while ramping up local production.

On 1 February, the government distributed 4 surgical masks per household, meant to be used by the unwell. However, the usage of masks has not been encouraged by the government (except for those unwell) on the grounds that masks had not been proven to be effective in preventing viral spread, and widespread usage would result in shortage for medical personnel. The usage of masks remains controversial, but the issue is probably being evaluated.



Strict enforcement measures have been put in place. For example, the passport of a Singaporean was cancelled for breaching Stay-Home Notice Requirements. Punishment for those breaching Stay-Home Notices (SHN) also included jail terms of up to 6 months, fines of up to Singapore \$10000, or both. Work passes have also been revoked for to enforce social distancing, “Safe Distancing Ambassadors” monitor venues to ensure adherence.

Thus far, Singapore has avoided island-wide curfew and widespread business closures. Even schools have not been suspended and have started staggered “home-based learning,” whereby different kinds of learning institutions undertake learning at home only once a week. This policy is being monitored and evaluated.



On 2 March 2020, Singapore \$48 billion (the “resilience” budget) was added to the \$6.5 billion outbreak relief/stimulus package announced in February 2020. This represents about 11% of the country’s GDP. The purpose is to mitigate the pandemic’s impact on business and the workforce. These cover wage support for workers, in the most-affected sectors, such as aviation and tourism), cash payouts to citizens and low-income workers, support for the self-employed, rental relief, tax reductions for hotels and restaurants, etc.

The community has stepped up to help. Funds have been established by various bodies such as local philanthropic organizations and corporations to support those affected by the outbreak, and fund-raising platforms have reported a spike in giving. An increase in the number of volunteers and an outpouring of contributions continue unabated, signaling the willingness of Singaporeans to help others during these challenging times.

Singapore’s drive to be a smart nation is gathering impetus with the move towards more teleworking, teleconferencing, online education, tele-surveillance etc. Telehealth is also receiving a big boost with the approved usage of government-administered funding for online video medical consultation.

Another point to consider is the role of the state in this crisis situation. The government has been widely praised for its efforts in responding to the outbreak. The whole of government approach, led by a multi-ministerial taskforce and the reassuring communication of government ministers and the Prime Minister deserve credit. False statements and rumours have been clamped down under the Protection from Online Falsehoods and Manipulation Act (POFMA). However, on the flip side, the increased prevalence of control measures, tracking and surveillance can be perceived by some to be the erosion of civil liberties and enhanced state control.

ACAP can contribute in responding to COVID-19 in several ways:

- Share the responses of countries to this global challenge, and identify good practices especially those that impact the vulnerable with special focus on older persons.

- Make every effort to combat ageism, such as standing up against using chronological age as a sole criterion for access to testing and treatment, social isolation etc.
- Seek appropriate response to the needs of developing resource poor countries that cannot afford the luxury of some of the key measures advocated, such as testing, social distancing, and treatment
- Condemn anti-Asian discrimination, especially since ACAP covers Asia and the Pacific

Through our ACAP network, we can be influencers of policy, practice and action that can help address the challenges of this pandemic.



COVID-19 in Indonesia

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Respati Yogyakarta



"By the time a COVID-19 death is reported in a newly affected country, it is likely that there are already hundreds or thousands of cases in the population"

Preface. On February 2, 2020, the Indonesian government evacuated 243 Indonesian nationals from Wuhan, China. The repatriated Indonesians were placed under quarantine in the Natuna Islands, but were not tested as they were asymptomatic. On February 24, 9 Indonesians on board the *Diamond Princess* tested positive for the virus and were moved to treatment facilities in Japan. The Indonesian government repatriated and then quarantined the remaining 68 crew members, along with the 188 from the *World Dream*, onto the uninhabited Sebaru Kecil Island in the Thousand Islands off the coast of Jakarta.

In early March, President Joko Widodo confirmed the first 2 cases of COVID-19 in the country in a televised statement. According to the Minister of Health Terawan Agus Putranto, the patients contracted the virus from an infected Japanese person in Depok who later tested positive in Malaysia. Both Indonesian patients were subsequently hospitalized at Sulianti Saroso Infection Center Hospital, North Jakarta. As of 22 March, the pandemic had spread to 20 provinces..

Indonesian Prevention Program Related to COVID-19. The risk of death from COVID-19 is higher among older people. However, the policy on eradication nationally and locally, especially in Jakarta is still in general, and older persons have not been a policy focus.

Recently, the Indonesia government released official protocols for dealing with COVID-19. President Joko Widodo formed a COVID-19 Task Force, coordinated by Indonesia National Disaster Mitigation Agency (BNPB) that involves the Indonesian Health Ministry, Indonesian National Police, and Indonesian Armed Forces. Doni Monardo has been appointed to lead this team. On the same day, Indonesia Interior Minister Tito Karnavian urged all of

Indonesian regional leaders to suspend all non-essential travel to a foreign country.

Although the President is in charge of this crisis and announced the first 2 confirmed COVID-19 cases, the government needs a strong and effective communication strategy. It needs professional help from communication and public relations experts on conveying messages related to COVID-19 without triggering mass panic or misleading the public.



COVID-19 graffiti in Indonesia.

Joko Widodo announces 7 critical points: Mass rapid tests; incentives for medical personnel; involvement of religious people; halting of medical equipment exports; stopping of holidays; incentives for small and medium enterprises, and increased food stocks. He also instructed his officials to shift budgetary priorities so that funds can be reallocated from to combat the coronavirus pandemic, increase the safety net for Indonesians, and incentivize small and medium businesses. He promised to begin deploying rapid coronavirus testing, prioritizing South Jakarta as the worst-hit area.

On 14 March, the government of Indonesia declared the coronavirus outbreak in Indonesia as a national disaster, and on 15 March, Joko Widodo called on all Indonesians to practice social distancing to slow the spread of COVID-19 in the country. Joko Widodo has come under increased pressure to impose a partial lockdown on virus-plagued areas, with scientists saying the country is racing against time to curb the spread of COVID-19 before Eid al-Fitr. A community quarantine may be the only solution. On 16 March, Jokowi stated that lockdown policies is the authority of the central government, and warned the local government to not impose lockdown without the consent of the central authority.

The Minister of Foreign Affairs also has imposed travel restrictions. Entry or transit is restricted for individuals who have traveled to specific regions of Iran, Italy, or South Korea in the last 14 days. Visitors/travelers without health certificates are not permitted to enter or transit Indonesia. For Indonesian nationals who have recently traveled to one of the abovementioned countries, especially in affected regions, an additional health examination is required upon arrival at the airport. The Ministry of Health directed the installation of thermal scanners for at least 135 airport gates and port docks and announced that provisioning over 100 hospitals with isolation rooms (to WHO recommended standards) would begin.

Starting on 4 March, Jakarta MRT, hotels and other public places also began scanning the temperature of entering people and denying access to those with high fever. After the first victim died, the Indonesian government admitted that they have difficulties detecting incoming imported cases on airports and doing contact tracing.

The Ministry of State-Owned Enterprises instructed employees aged 50+ to work at home. The Education Minister Nadiem Makarim announced the readiness to assist schools

in online learning by providing free teaching platforms, as schools are closing in all regions. The Minister of Finance Sri Mulyani announced shifting of 1 trillion IDR into healthcare and pandemic prevention. On 18 March, she announced that Wisma Atlet Kemayoran, a building block built to house athletes during Asian Games 2018, will be used to house COVID-19 patients.

Indonesian Labour Minister Ida Fauziah mandated that all Indonesian companies provide employees with virus prevention equipment, such as face masks and hand sanitizer.

The Indonesian Air Force is flying to Shanghai to pick up approximately 9 tonnes of medical equipment. The equipment includes disposable masks, N-95 masks, protective clothing, goggles, gloves, shoe covers, infrared thermometers, and surgical caps.



COVID-19 supplies from China

DKI Jakarta. On 2 March, DKI Jakarta governor Anies Baswedan halted the issuance of permits for large gatherings. On 13 March, after 69 positive COVID-19 cases, several tourist destinations in Jakarta. On 14 March, Anies Baswedan suspended all school activities and exams for 2 weeks. On 15 March, Jakarta provincial government prepared 500 to 1,000 beds for patient under investigation for COVID-19. 16 March, Jakarta public transit lines started to reduce the number of trips, corridors, and timetables, however, this policy was retracted due to long queues in many bus stops and train stations. On 20 March, a state of emergency was declared through 2 April. Businesses were urged to suspend operations, and citizens were asked to take drastic actions to prevent the spread of the disease.

Central Java. On 13 March, the city of Solo in Central Java closed primary and junior high schools for at least 2 weeks, after 3 positive cases are found in the city. Solo Mayor F. X. Hadi Rudyatmo declared the area to be under an "extraordinary event." On the same day, the Regency of Sragen decided to close all for at least a week, while the closure of the senior high school in the regency would be decided by the provincial government. On 14 March, Central Java Governor Ganjar Pranowo decided to close all kindergarten to junior high schools in the province. High schools would remain open during the exam season. The city of Salatiga followed the same decision on 15 March. The city government would also provide a total of Rp. 3 billion for medical support.

East Java. On 16 March, the city of Malang closed all schools for two weeks. On the same day, the Governor of East Java Khofifah Indar Parawansa ordered the closure of all schools throughout the province. Educational institutions were advised to cancel all student exchange. However national exams have not been postponed. On 16 March, the Mayor of Malang Sutiaji closed access to the city starting on 18 March. On 20 March, Governor Khofifah declared a state of emergency for East Java, after 9 positive cases of COVID-19.

West Java. On 14 March, the city of Depok and Bogor closed all schools until 28 March 2020. This decision was also followed by the city of Bandung. On 15 March, a West Java COVID-19 distribution map was released to the public. The Regency of Bogor implemented "semi-lockdown" on tourist areas.

West Kalimantan. On 15 March, the governor imposed quarantine for all students from kindergarten to senior high school level in the province. During the quarantine period, students study in their homes. The exception is given for final year senior/vocational high school students on their respective national final exam dates.

Action by Universities. Universities across Indonesia have replaced conventional face-to-face lectures with online classes. Graduations and gatherings are canceled. Students and lecturers who have returned from countries with confirmed coronavirus cases should self-isolate at home.

Conclusion. Indonesia only confirmed its first two cases of coronavirus on March 2, after weeks of suspicion that the virus was already spreading rapidly and undetected across the archipelago.

Currently, Indonesia has a 9.3% death rate from coronavirus—the highest in the world. Experts say the virus as a whole is expected to have a death rate of around 1%. An explanation for the high death rate in Indonesia is that there are many more cases than have been detected, because people have not been tested. In fact, the rate of testing for COVID-19 in Indonesia is among the lowest in the world. It is believed that once more testing kits become available — 150,000 arrived from China — and the number tested for COVID-19 goes up dramatically across the country, the 9.3% mortality rate will come down.

The lack of testing means the COVID-19 virus has likely been spreading unchecked for months, during which time health authorities continually dismissed suggestions the virus was in Indonesia.



COVID-19 Update from New Zealand

Brian Findsen

ACAP Representative in Singapore

In New Zealand, the government instituted a 4-level classification system on the COVID-19 situation— with 1 as mild to 4 as very serious. Recently, we found that some of the first cases of COVID-19 in New Zealand were from community contagion, and the country was declared at level 4.

This has resulted in a lockdown, with only essential services still operating.

Unfortunately, despite the Prime Minister's pleas not to panic, many people are flooding the supermarkets. New Zealand does not have a supply problem, as we are a major producer of food. But the demand for food and supplies is very high.

From Wednesday April 1 midnight, most people will be in their homes for at least a month. We hope the virus numbers will decline steadily as we endeavor to control the spread.



COVID-19 in Canada

Pat Spadafora (left) and Margaret Young (right)
Pass It On Representatives in Canada



The first confirmed case of Covid-19 in Canada was on January 25th. As experienced in other countries, there was a slow start before confirmed cases of the virus began to escalate. The hockey stick effect started around March 10th and from there, we ascend up the curve. The following is what has been happening as of March 26th nationally and locally, in British Columbia (BC) and Ontario, where the two authors of this article reside.

Nationally – as of March 26th

- 4043 confirmed cases at 0.01% of the total population.
- All 10 provinces and 3 territories have declared state of emergency or public health emergency; federal or national state of emergency has not been declared.
- Federal government proposed an \$82 billion support package to workers, businesses and individuals with Parliamentary approval pending end of the month.
- Federal government is partnering with local companies to develop and produce COV-19 vaccines.

Provincially, in Ontario and BC, some troubling behaviors are fueling fear and distress:

- Adoption of physical distancing is not strong amongst the public and governments are considering the need for strict enforcement measures, including fines.
- Misinformation and disinformation in social media is heightening fears and anxiety
- Scams for money, cyberattack for personal information, phishing emails and profiteering have the advantage despite [warnings](#) by various anti-fraud agencies.

Thankfully, there are many examples of extraordinary kindness and innovative action during these challenging times. Here are some examples from BC and Ontario, and there are many more across Canada.

- Good Samaritans are helping others, especially older or vulnerable individuals, or those who have posted a piece of red paper on their window indicating help needed.
- Individuals, community organizations, the corporate sector and all levels of government are coming together to share [resources](#) and promising [practices](#) about how to help self-isolating older adults

- Two community centres in one city are converting into shelters for the homeless.
- “Caremongering” groups go head to head against fear mongering by giving each other moral support via Facebook chats and extending a helping hand where needed.
- Books in neighborhood “Free Little Libraries” stands are replaced by food for anyone in need.
- Support for healthcare workers is growing - neighbours cheer from their balconies and windows every night at 7pm; some restaurants offer discounted meals or free delivery. One city opened a daycare for children of working healthcare employees. One hospital group has drive-through COVID-19 testing station for the healthcare workers. Retired doctors and nurses are returning to work.
- Some breweries are switching to making much needed hand sanitizers and keeping staff working.
- Clothing manufacturers are switching to make masks and gowns to protect health-care workers
- Most grocers are keeping their early morning shopping hours for older adults and individuals with disability. One national grocer offered employees temporary pay raise. Many grocers are introducing physical distancing in store via floor markers and protecting cashiers with plexiglass.
- Fares for buses in one city are suspended indefinitely and buses are disinfected daily.
- Health ministries developed [COVID-19 symptoms self-assessment](#) tools to help the public determine whether further testing is required.

It’s hopeful to see the list of positives out weighing the negatives. Remembering that we are in this together and thinking of others as much as ourselves will have more of us standing strong after the roller coaster ride ends.



Report from Belgium
 Els Messelis
 Gerontologist/Author
 Flanders, Belgium

In Belgium (population 11.5 million), we stay in close contact with the World Health Organization and Europe for the latest news and recommendations about COVID-19. We are continuously assessing the possible risks for our country in a Risk Assessment Group (RAG) and Risk Management Group (RMG). The Risk Assessment Group (RAG), composed of experts from Sciensana and the health authorities, conducts public health risk assessment based on epidemiological and scientific data.

Conditions as of March 30, 2020. The Belgian health authorities regularly publish reports on cases. See the epidemiological bulletin from March 30 2020 as an example

<https://epidemiowiv-isp.be/ID/Documents/Covid19/Meest%20recente%20update.pdf>

As of March 30, 2020, Belgium had 11,899 confirmed cases and 513 deaths. To date, 4,524 COVID-19 patients have been hospitalized, of which 927 have been admitted intensive care. The total number of patients released from the hospital is 1,527.

COVID-19 Decisions. Since March 13 2020 shops, cafés, and most other establishments have been are closed. Lessons in schools are suspended. On March 20 2020, the Belgian federal government decided to largely close the borders. All non-essential border traffic is prohibited. All measures were extended on March 27 2020 until at least April 19 2020, with the option of extending them until May 3 2020. Google [info-coronavirus.be](https://www.google.com/search?q=info-coronavirus.be) to see information in the 3 official languages of Belgium–Dutch, French, and German.

Prevention. The government distributes information for prevention in English as well as the country’s 3 official languages.

Care and Cure. 15% of the working population works in the human health and social services sector. In addition to 140,000 nurses, 100,000 carers, and 35,000 doctors, the care sector also has many social workers, administrative staff, cleaning and maintenance staff, and people in other professional categories. In total, more than 700,000 people work in this sector. Guidelines for professionals in different care organisations can be found on: <https://www.zorg-en-gezondheid.be/faq-covid-19>.



Unfortunately, since the outbreak of the pandemic, in Belgium there has been a shortage of protective equipment for the medical staff, such as surgical and other mouth masks (FFP2 masks), as well as disinfectant gels. Moreover, we lack mouth masks of good quality.

Solidary and Creative Initiatives

- Spread Solidarity, not the virus (www.facebook.com/groups/verspreidsolidariteitgeenvirus/)
- Hotels take care of homeless people (<https://www.vrt.be/vrtnws/nl/2020/03/25/gentse-hostels-vangen-daklozen-op-tijdens-coronacrisis-na-oproep/>)
- Tips and tricks to stay mentally fit in older age while in quarantaine (<https://www.vlaamse-ouderenraad.be/actualiteit/welzijn-zorg/hoe-zorg-ik-ervoor-dat-ik-mentaal-fit-blijf-quarantaine>)
- 15 Corona Creative tips to help older people (<https://www.vlaamse-ouderenraad.be/actualiteit/welzijn-zorg/15-creatieve-coronacontacttips>)
- Radio program in Flanders: ‘We will continue to get through corona times together’ <https://radio1.be/programma/we-zullen-doorgaan>

- To thanks health care workers, people are hanging white sheets out of the windows and clapping hands at 8.00pm.
- Based on my book 'When words fail': I have started to develop online creative workshops on life stories related to the impact of COVID-19 for older adults.
- I am writing a new book titled *Touch in Times of Skin Hunger*, now a chapter will be added on *Skin Hunger in Times of Corona*.

PLEASE KEEP SAFE!



Report from Slovenia
 Jože Gričar
 University of Maribor
 Maribor, Slovenia

In the age of Coronavirus, we will have to adapt rapidly to the new conditions in which Internet usage is more important than ever. We will look for new ways to meet family and friends, to go to school, to go to the doctor.

- How can we help seniors (55+) in this situation?
- How can seniors (55+) become actively involved in the use of eSolutions?
- How can schools' managers at all levels of education help?
- How can retired Information Systems and Computer Science professionals help?
- How can we share and exploit experience?
- How can open eSolutions offered by some companies and governments free of charge be implemented at an accelerated speed (see Estonia example below)?

These questions are being addressed by the Centre for Professors Emeriti and Retired Higher Education Teachers at the University of Maribor. For more information, contact Jože Gričar, Dr. Jože Gričar, Professor Emeritus, University of Maribor Joze.Gricar@UM.si

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