As of 10 June, the Government of Indonesia announced 34,316 confirmed cases (1,241 new cases – highest daily count yet) of COVID-19, 1,959 deaths and 12,129 recovered cases from 424 districts across all 34 provinces.

WHO continues to support the government in provincial data analyses to assess the epidemiological criteria for relaxing large-scale social restrictions (PSBB), as recommended in the WHO guidance to adjust public health and social measures (PHSM) (pages 5-10).

WHO is supporting the Ministry of Health (MoH) in the review of provincial operational response plans for all 34 provinces (pages 10-12).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 04 to 10 June 2020. Source of data

Disclaimer: The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

1 https://infeksiemerging.kemkes.go.id/
President Joko Widodo set a new target for COVID-19 testing of 20,000 polymerase chain reaction (PCR) tests per day. Currently, the price for a PCR test at private hospitals varies from 2 million (US$ 142) to 2.5 million (US$ 178) Indonesian Rupiah. The COVID-19 Task Force stated that the price will be standardized to make it more affordable. The President also asked the task force to do more aggressive contact tracing, using advanced communication technology.

The COVID-19 Task Force and the MoH have started visiting provinces where the number of confirmed COVID-19 cases has been significantly increasing over the last few weeks. They have visited East Java to provide support to improve their polymerase chain reaction (PCR) testing capacity. They have also visited South Sulawesi along with the Coordinating Ministry of Human Development and Culture to review the COVID-19 response in the province and discuss the new normal guidelines.

The Governor of Jakarta extended the PSBB until the end of June and released a schedule for reopening economic activities during the first phase of the transition period. Throughout June 2020, the gradual transition from PSBB to ‘new normal’ is expected to happen. During this period, houses of worship will reopen at half capacity, as will offices, shops, restaurants, factories, retailers and city-owned small to medium-sized businesses. Non-food businesses in markets and shopping centres will be allowed to open in the third week of June. An ‘emergency brake policy’ will be in place to stop the reopening if implementation of health protocols fails and cases resurge.

Doctors’ associations and hospitals are preparing protocols for the new normal scenario. These will include: screening patients for COVID-19; and limiting the number of patients, visitors and procedures in health facilities by relying more on telemedicine. The Indonesian Hospital Association (PERSI) stated that the protocols would aim to minimize risks of COVID-19 outbreaks in health care facilities and rebuild the confidence of patients in visiting hospitals for purposes unrelated to COVID-19.

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There were 1,241 new confirmed COVID-19 cases reported on 10 June, the highest number of cases reported in a single day since the first cases were announced on 02 March. The cumulative number of confirmed cases nationwide on 10 June was 34,316 (Fig. 2).

As of 10 June, most of the confirmed cases were in Java Island, followed by Sulawesi (in South Sulawesi) and Kalimantan (in South Kalimantan); the cumulative number of confirmed COVID-19 cases by province is shown below (Fig. 3).

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 10 June 2020.

Source of data

Disclaimer: The number of cases reported daily by the MoH is not the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.

As of 10 June, most of the confirmed cases were in Java Island, followed by Sulawesi (in South Sulawesi) and Kalimantan (in South Kalimantan); the cumulative number of confirmed COVID-19 cases by province is shown below (Fig. 3).
Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 10 June 2020. [Source of data](who.int/indonesia)

Disclaimer: Data from Jakarta include patients isolated or hospitalized in Wisma Atlet (RSDC: Rumah Sakit Darurat COVID-19), which is the biggest national makeshift hospital for COVID-19; some patients may not be residents of Jakarta. The same may apply to other provinces.
Table 1: Assessment of epidemiological criteria for six provinces in Java Island for the 3-week period from 18 May to 07 June 2020

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Positivity rate (%) over 2 weeks**</th>
<th>Decrease in the number of confirmed and probable case deaths for the last 3 weeks***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakarta</td>
<td>&lt;50% decline</td>
<td>8.5</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>&gt;50% decline for two weeks</td>
<td>6.6</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>latest peak last week</td>
<td>11.1</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>&gt;50% decline for more than three weeks</td>
<td>8.1</td>
<td>Yes</td>
</tr>
<tr>
<td>East Java</td>
<td>&lt;50% decline</td>
<td>30.9</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>latest peak last week</td>
<td>8.3</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak differs for each province (see Figs. 4 to 9 for details)

**positivity rate is calculated from 25 May to 07 June 2020 (see Fig. 10 for details)

***decrease in deaths is calculated from 18 May to 07 June 2020 (see Fig. 11 for details)

Criterion 1: Decline of at least 50% over a 3-week period since the latest peak and continuous decline in the observed incidence of confirmed and probable cases.

![Weekly and cumulative number of confirmed COVID-19 cases in Jakarta](source)

Figure 4: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, March to June 2020. [Source of data](source)
Figure 5: Weekly and cumulative number of confirmed COVID-19 cases in West Java, March to June 2020. [Source of data](#)

Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, March to June 2020. [Source of data](#)
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, March to June 2020. Source of data

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in East Java, March to June 2020. Source of data
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last 2 weeks, assuming that surveillance for suspected cases is comprehensive.

- None of the provinces in Java have a positivity rate of less than 5% of samples over the 2-week period from 25 May to 07 June 2020 (Fig. 10).

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Banten, March to June 2020. 

Disclaimer: The data are provisional. Limitation to the analysis: For a reliable positivity rate calculation, at least 1 test per 1 000 population per week is required, and this has been met only in Jakarta.

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Criterion 3: Decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks.

Jakarta

West Java

East Java

Yogyakarta

Banten

Central Java

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Figure 11: Deaths among confirmed COVID-19 cases, patients under surveillance (PDP) and persons under observation (ODP) per week over the last 3 weeks from 18 May to 07 June 2020 in six provinces in Java Island. Source: Jakarta, West Java, East Java, Banten, Central Java, Yogyakarta.

Disclaimer: The data are provisional. Only some provinces are reporting data on deaths of PDP and ODP and there is no definition of probable case yet in the national guidance. Based on WHO definition, a probable case is a suspect for whom testing for COVID-19 is inconclusive or testing could not be performed for any reason. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.

- The deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in all provinces in Java except East Java (Fig. 11). A continuous decrease in the total number of deaths among confirmed COVID-19 cases, PDP and ODP was not observed in the majority of Java island provinces.

**PLANNING, RISK AND NEEDS ASSESSMENT**

- WHO continued to support the MoH in the virtual review of provincial operational response plans from 28 May to 10 June. These video conferences have facilitated discussions between central and provincial levels; the provinces presented their response plans and reported best practices, innovations as well as challenges they face while implementing COVID-19 response activities. WHO presented the WHO updated guidance on operational planning (Fig. 12), highlighted the importance of monitoring and evaluation of the operational response plans and emphasized the necessity of maintaining the delivery of essential health services despite the increased demand for care of people with COVID-19. WHO technical officers from surveillance, laboratory, case management, and risk communication and community engagement provided inputs during the review process.
Figure 12: Endang Wulandari from WHO presenting the WHO guidance on operational planning via video conference during a review of provincial response plans, 08 June 2020. Credit: WHO

Figure 13: A review of the COVID-19 operational response plan for Riau province on 08 June 2020. Credit: WHO
• Some of the good practices as well as challenges identified during the review of provincial operational response plans are listed below:
  - In South Sulawesi, asymptomatic contacts of confirmed COVID-19 cases participate in a 14-day quarantine programme, during which they are provided with COVID-19 prevention training and education that they can then share with their communities once the quarantine period is completed – this is known as the Duta COVID-19 (COVID-19 Ambassador) programme;
  - In South Sulawesi, the laboratories have collaborated with animal health laboratories to expand the testing capacity for COVID-19; most other provinces have expanded the testing capacity using university, hospital or the Indonesian Food and Drug Administration (BPOM) laboratories;
  - In South Kalimantan, villages engaged in cross-sectoral collaborations and community empowerment activities for raising awareness through distribution of information, education and communication materials;
  - Some provinces have limited human resources for case management and contact tracing; and
  - Some provinces with hard-to-reach areas are struggling to conduct contact tracing and face difficulties with shipment of specimens.

• As reported by the government on 10 June, the number of persons tested for COVID-19 with PCR was 5,825 and the cumulative number of persons tested was 287,478 (Fig. 14).
Table 2: Laboratory capacity assessment as of 08 June 2020. Source of data

<table>
<thead>
<tr>
<th></th>
<th>Number of tests or persons</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily tests performed</td>
<td>6 988</td>
<td>8 June</td>
</tr>
<tr>
<td>Daily persons tested</td>
<td>5 284</td>
<td>8 June</td>
</tr>
<tr>
<td>7-day rolling average of</td>
<td>11 366</td>
<td>2 June to 8 June</td>
</tr>
<tr>
<td>tests performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-day rolling average of</td>
<td>6 045</td>
<td>2 June to 8 June</td>
</tr>
<tr>
<td>persons tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total persons tested</td>
<td>412 980</td>
<td>2 March to 8 June</td>
</tr>
</tbody>
</table>

Note: The number of tests conducted is greater than the number of people tested, because some people are tested more than once.

- As of 06 June, 233 laboratories have been performing COVID-19 testing, of which 156 have been using reverse transcriptase PCR (RT-PCR), 96 have been using point-of-care Cepheid GeneXpert® and 23 have been using Abbott m2000 (Fig. 15). Diagnostic machines may overlap in one laboratory; therefore, the number of machines is greater than the total
number of laboratories. These laboratories are operating under the MoH, the Ministry of Education and Culture, the Ministry of Agriculture, local governments, state-owned enterprises and businesses, private hospitals, BPOM, military and police. As of 08 June 2020, 198 out of 233 laboratories (85%) are reporting the test results to the National Institute of Health Research and Development (NIHRD).

On 02 June, WHO participated in a discussion with the Sub-directorates of Tuberculosis (TB), Emerging Infectious Diseases, and Surveillance from the MoH, the NIHRD, and the National Reference Laboratory for TB, University of Indonesia. The algorithm for COVID-19 testing using Cepheid

Note:
(1) Number of laboratories in a province does not necessarily reflect laboratory capacity
(2) Diagnostic machines may overlap in one laboratory; therefore, the number of laboratories indicated on the map per province and machine is greater than the total number of laboratories

- On 02 June, WHO participated in a discussion with the Sub-directorates of Tuberculosis (TB), Emerging Infectious Diseases, and Surveillance from the MoH, the NIHRD, and the National Reference Laboratory for TB, University of Indonesia. The algorithm for COVID-19 testing using Cepheid
GeneXpert®, its challenges and the procedure to prioritize patients who will be tested using GeneXpert® were discussed.

- Between 03 and 08 June, WHO participated in a series of meetings to discuss the population-based age-stratified sero-epidemiological survey with various counterparts, including the Sub-directorate of Acute Respiratory Infections, the NIHRD, University of Indonesia, the Centre for Environmental Health Engineering and Disease Control, and the US Centers for Disease Control and Prevention (US CDC). WHO provided a laboratory readiness checklist for enzyme-linked immunosorbent assay (ELISA) testing to support survey planning.

## CASE MANAGEMENT

- There has been an improvement in the proportion of people that recovered among the total confirmed cases from 6.0% in early April to 35.3% as of 10 June (Fig. 16). As of the same date, there were 20,228 confirmed COVID-19 cases under care or in isolation.

![Figure 16: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 10 June 2020.](https://covid19.go.id/)

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6 [https://covid19.go.id/](https://covid19.go.id/)
• On 06 June, WHO participated as a resource person in a webinar convened by the Indonesian Commission for Hospital Accreditation (KARS) and the Indonesian Hospital Association (PERSI). During the webinar, WHO staff presented the WHO guidance on public health criteria for adjusting PHSM, the updated WHO case management guidelines, hospital preparation for the ‘new normal’ and mitigation measures to cope with a resurgence of cases that may arise after adjusting some measures. A total of 500 participants, including hospital accreditation assessors, hospital managers and clinicians joined the webinar.

• On 06 June, WHO presented in a webinar on adjusting the PHSM and provided recommendations for COVID-19 management in facilities for the elderly, orphanages, social shelters and rehabilitation centres. The Ministry of Social Welfare convened the webinar with resource persons from the MoH and the Indonesian Social Workers Association. More than 650 participants attended the webinar from across the country, and it was also streamed on YouTube.

• On 08 June, the Foreign Policy Community of Indonesia (FPCI) convened a public webinar on ‘Public Health and Pharmaceutical Views of the COVID-19 Pandemic’. A total of 378 persons joined the webinar and the video recording is available publicly on YouTube. The WHO Representative to Indonesia presented on the current situation of the pandemic, globally and in Indonesia; described the criteria for assessing COVID-19 transmission in Indonesia and its progress in Java Island; and explained the non-negotiable, basic protective measures, of the ‘new normal’ scenario (Figs. 17-19). The Regional Director of Asia for the World Mosquito Program and the Chairwoman of PT Kalbe Farma also presented during the webinar.

Figure 17: The WHO Representative to Indonesia participating in a public webinar, convened by the Foreign Policy Community of Indonesia, 08 June 2020. Credit: WHO
Defining “New Normal”: “Non-Negotiable” measures

- Active surveillance and case detection with PCR tests of all suspected cases
  - At least 1 PCR test per 1000 population per week in transmission areas
  - Results of PCR tests made available within 24-48 hours

- Rapid isolation of all suspected and confirmed cases

- Appropriate clinical care for those affected by COVID-19

- Extensive contact tracing and quarantining of all contacts
  - At least 80% of new cases have their close contacts traced and in quarantine within 72 hours of confirmation
  - At least 80% of contacts of new cases are monitored for 14 days

- Ensure that people frequently clean hands; wear masks in public and work places; and maintain physical distancing of at least 1m from others

Figure 18: The WHO Representative to Indonesia presented on the non-negotiable measures for the 'new normal' scenario. Credit: WHO

“New Normal”: Basic protective measures for people

- Clean your hands frequently with an alcohol-based hand rub or soap and water.

- Avoid touching eyes, nose and mouth

- Maintain physical distancing, at least 1 metre (3 feet) distance from other people

- Leave home for essential needs and when possible, work from home

- If you go out, in public and work places, wear a fabric mask (non-medical)

- Medical mask should be considered for vulnerable populations:
  - People aged ≥60 years
  - People with underlying conditions (Cardiovascular disease, diabetes, chronic lung disease, cerebrovascular disease, cancer and immunosuppression)

Figure 19: The WHO Representative to Indonesia presented on the basic protective measures for the 'new normal' scenario. Credit: WHO
• On 08 June, WHO, the MoH and the United Nations Children’s Fund (UNICEF) met to discuss the increasing number of deaths in paediatric COVID-19 cases in the country. Participants agreed to assess the situation further. The NIHRD and the Indonesian Paediatric Society (IDAI) will join the next discussion which is scheduled for 11 June.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

• From 14 to 26 May, WHO, the United Nations Population Fund (UNFPA) and UNICEF conducted a rapid assessment on sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH) services. The questionnaire was sent to the Directorate of Family Health, MoH and to each of the respective Sub-directorates. A summary of the results is as follows:

  i) Routine service coverage data for SRMNCAH are published quarterly, therefore, data are available for the first quarter only (January to March 2020). Compared to the same period in 2019, no significant change was observed in antenatal care services or institutional deliveries. However, the services in the first quarter may not have been affected because the first COVID-19 cases were reported on 02 March, and the status of COVID-19 as a national disaster along with the implementation of PSBB were only established at the beginning of April. Data for the second quarter will be available in July.

  ii) The MoH has developed guidelines on delivery of sexual, reproductive, maternal, neonatal and child health services during the pandemic, including protocols on triage, screening, isolation, infection prevention and control (IPC) measures and the use of personal protective equipment (PPE). A series of webinars was conducted to disseminate the guidelines to subnational levels. The guidelines were also made available on the Directorate of Family Health website.

  - The national guidelines adopted recommendations from professional organizations and guidance from across programmes. WHO recommendations have been partially adopted, however, some differences remain as shown on the table below (Table 3).
Table 3: Differences between national and WHO guidelines for case management of mothers and their newborns in Indonesia.

<table>
<thead>
<tr>
<th>National guideline</th>
<th>WHO guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>An early breastfeeding initiation is not recommended for babies born to mothers who are suspected or confirmed COVID-19 cases</td>
<td>An early breastfeeding initiation and continue breastfeeding are recommended, regardless of COVID-19 status of the mother. If the mother has suspected or confirmed COVID-19 infection, appropriate IPC should be applied</td>
</tr>
<tr>
<td>Babies born to mothers with suspected or confirmed COVID-19 are isolated from the mother and cared for separately</td>
<td>Mothers and babies should not be separated unless a mother is too sick to take care of her baby, in which case a family caregiver should be identified</td>
</tr>
</tbody>
</table>

iii) Insufficient availability of PPE has been reported by SRMNCAH workers; most PPE have been distributed for health workers managing patients with COVID-19. Some midwives have closed their practices due to lack of PPE. However, the MoH has offered financial assistance for provision of PPE. Likewise, there are initiatives from local governments and donors to provide PPE for SRMNCAH workers.

iv) Some referral hospitals are not sufficiently prepared to provide services for confirmed COVID-19 cases in mothers and their newborns, such as an isolation and negative pressure delivery room, as per the national guidelines.

- Jointly with the MoH, UNICEF and IDAI, WHO participated in a webinar with Maluku Province and District Health Offices to familiarize on revised immunization and vaccine-preventable diseases (VPD) surveillance guidelines.

- WHO, together with the Food and Agriculture Organization (FAO) and US CDC is supporting the MoH, the Ministry of Agriculture, the Ministry of Environment and Forest and other government agencies through weekly video conferences for preparation of a workshop for zoonotic disease prioritization in the One Health approach, scheduled to take place in August 2020.
On 06 June, WHO convened the ninth weekly meeting of key development partners to discuss and coordinate COVID-19 response interventions. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), UNICEF, the United States Agency for International Development (USAID), US CDC, the World Bank, and the World Food Programme (WFP) joined the meeting. The World Bank shared their programme appraisal document for the loan of US$ 250 million that they are providing to support the emergency COVID-19 response in Indonesia. Partners will align their technical assistance to the disbursement-linked indicators to assist the government in its response.

Overall funding request for WHO operations and technical assistance is US$ 18 million, based on estimated needs as of June 2020 (Fig. 20).

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Data presented in this situation report have been taken from publicly available data from the MoH ([https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)), BNPB ([http://covid19.go.id](http://covid19.go.id)) and provincial websites. There may be differences in national and provincial data depending on the source used. All data are provisional and subject to change.

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Online WHO COVID-19 courses:
- Operational planning guidelines and COVID-19
- Clinical management of severe acute respiratory infections
- Health and safety briefing for respiratory diseases – eProtect
- Infection prevention and control
- Emerging respiratory viruses, including COVID-19
- Design of severe acute respiratory infection treatment facility

WHO guidance:
- Doing things that matter
- Considerations for school-related public health measures
- Cleaning and disinfection of environmental surfaces
- Guiding principles for immunization activities during the COVID-19 pandemic
- Maintaining a safe and adequate blood supply during the COVID-19 pandemic
- Advice for the use of immunodiagnostics tests (point-of-care) in health facilities

Infographics:
- Quarantine and self-monitoring
- Mental health
- Food safety
- Keep cool – health advice in hot weather
- Physical distancing is not social isolation
- Hand hygiene
- Safe grocery shopping and food safety
- Violence against women
- Medical workers: super heroes
- Healthy at home (Home 'Dos')
- Recognize and response
- Young adults and COVID-19
- Protecting the vulnerable
- Communicating transmission
- Communicating severities
- A selection of myth-busters

Videos:
- Staying mentally healthy
- Healthy at home
- Message for health workers

For more information please feel free to contact: seinocomm@who.int

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