As of 17 June, the Government of Indonesia announced 41 431 confirmed cases of COVID-19, 2 276 deaths and 16 243 recovered cases from 432 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 programme analysis of various essential health services to highlight the importance of their continuity during the pandemic (pages 16-19).

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Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 11 to 17 June 2020. [Source of data](https://infeksiemerging.kemkes.go.id/)

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.

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1. [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
• Improved testing capacity and more aggressive contact tracing have led to an increase in the detection of confirmed cases of COVID-19 in the past week. The highest daily count was reported on 10 June with 1 241 confirmed cases. The country met the initial testing capacity target of 10 000 per day on 27 May which prompted President Joko Widodo to double the target to 20 000 per day. The COVID-19 Task Force stated that specimens were being submitted from more sources, including puskesmas (i.e. community-level clinics); whereas, previously, only specimens from major hospitals were tested. Improved testing capacity at the regional level enabled detection of new hotspots².

• Hundreds of children in Indonesia are believed to have died from COVID-19. Paediatricians and health officials stated that the high number of child deaths from a disease that mostly impacts the elderly was due to underlying factors: malnutrition, anaemia and inadequate paediatric health facilities. They further said that the ill-equipped healthcare system was compounding these factors, particularly outside the capital³.

• Wisma Atlet, the biggest national makeshift hospital for COVID-19, situated in Kemayoran, Central Jakarta, has recorded a total number of 2 821 recoveries during the period of 23 March to 14 June. Since 23 March, the hospital has cared for a total of 4 499 inpatients, of which 2 821 were discharged after recovering from COVID-19. Galang Island Hospital for COVID-19 in Batam, Riau Islands Province, has cared for a total of 174 inpatients and discharged 118 of them since 12 April⁴.

• On 15 June, the Minister of Education, Minister of Religious Affairs, Minister of Home Affairs and Minister of Health issued a joint ministerial decree to regulate the school reopening during the pandemic. The Education and Culture Ministry announced that the country will allow phased reopening of schools located in COVID-19 low-risk areas, or “green zones”, starting in July. The final decision to reopen would be made in discussion with the respective regional administrations, considering the schools will maintain strict health protocols such as having clean toilets, handwashing facilities, disinfectant, and access to health facilities. Students, teachers or parents who are sick or have a comorbidity have been advised not to go to school⁵.

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- There were 1,031 new confirmed COVID-19 cases reported on 17 June and the cumulative number of confirmed cases nationwide on the same day was 41,431 (Fig. 2). The average number of confirmed COVID-19 cases reported in the last seven days was 1,016 per day.

![Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 17 June 2020.](source)

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 17 June, most of the confirmed cases were in Java Island (in Jakarta and East Java), 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 17 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 25 May to 14 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>latest peak last week</td>
<td>9.5</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>&gt;50% decline for three weeks</td>
<td>6.6</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>latest peak last week</td>
<td>12.4</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>latest peak last week</td>
<td>6.7</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>latest peak last week</td>
<td>31.6</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>latest peak last week</td>
<td>9.1</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 01 June to 14 June 2020 (see Fig. 10 for details)

***decrease in deaths is calculated from 25 May to 14 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.

Figure 4: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, March to June 2020. Source of data
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 01 June to 14 June 2020 (Fig. 10).

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

Figure 10: Total number of tests performed and positivity rate over 2-week period of 01 June to 14 June 2020 for provinces in Java. Source of data: Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten.

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.
Criterion 3: Decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks.
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 25 May to 14 June 2020 in six provinces in Java Island. Source: Jakarta, West Java, East Java, Yogyakarta, Banten, Central Java.

Disclaimer: The data are provisional. Only some provinces are reporting data on deaths of PDP and ODP. Although Jakarta shows a decline in deaths, it may not be a full measurement of the indicator because (i) the death for ODP is not reported and (ii) 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 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

- On 11 June, WHO presented the updated risk assessment per province as per the Essential Supplies Forecasting Tool (ESFT) and the Adaptt Surge Planning Support Tool, in a meeting convened by the Centre for Health Crisis Management, MoH. The risk assessment took the following into consideration: number of international airport arrivals per 1 000; ship arrivals (domestic and international) per 1 000; incidence of influenza-like illnesses per 1 000; confirmed COVID-19 cases, suspected COVID-19 cases, COVID-19 deaths and referral hospitals per 1 000 000; health facilities per 100 000; testing capacity; mobility of the population; doubling time of confirmed cases; percentage of the population 65 years of age and older; prevalence of hypertension, tuberculosis, diabetes and asthma; and incidence of suspected pneumonia per 1 000.

- On 11 and 12 June, WHO supported the MoH through a video conference with West Java to finalize the province’s operational response plan. WHO presented on ESFT to support forecasting of commodity package for the response planning of West Java.

- On 11 and 15 June, WHO presented on the risk assessment tool for acute public health events during a subnational video conference on emerging
infectious disease (EID) risk mapping, convened by the MoH. WHO explained the concept of risk assessment, defining its scope and gathering data on hazard, vulnerability, capacity for responding to COVID-19 and other EIDs, and risk characterization for recommendations of interventions. WHO also conveyed the WHO guidance on public health and social measures (PHSM) that can be instrumental for risk assessment.

- On 11 June, the MoH convened a video conference on occupational health of healthcare workers. WHO presented on strategic operational planning for COVID-19 preparedness and response as well as PHSM and how healthcare workers can contribute to the implementation of each pillar of the response plan. This includes actions under medical response, infection prevention and control (IPC), laboratory, surveillance and contact tracing, coordination with other stakeholders and continuity of essential health services.
As reported by the government on 17 June, the number of persons tested for COVID-19 with PCR was 8,969 and the cumulative number of persons tested was 348,278 (Fig. 14).

Figure 14: Daily and cumulative number of suspected COVID-19 cases tested with PCR in Indonesia, as of 17 June 2020. [Source of data](who.int/indonesia)
Table 2: Laboratory capacity assessment as of 15 June 2020. Source of data

<table>
<thead>
<tr>
<th>Number of tests or persons</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily tests performed</td>
<td>8 776</td>
</tr>
<tr>
<td>Daily persons tested</td>
<td>6 257</td>
</tr>
<tr>
<td>7-day rolling average of tests performed</td>
<td>15 726</td>
</tr>
<tr>
<td>7-day rolling average of persons tested</td>
<td>7 823</td>
</tr>
<tr>
<td>Total persons tested</td>
<td>523 063</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.

- On 12 June, WHO participated in a meeting convened by the Sub-Directorate of Tuberculosis (TB), to evaluate COVID-19 PCR testing using Cepheid GeneXpert®. Other attendees included the Director General of Disease Prevention and Control, Sub-Directorate of Emerging Infectious Diseases, Sub-Directorate of Surveillance, the National Institute of Health Research and Development (NIHRD), Province Health Offices from 32 provinces, District Health Offices, Cepheid GeneXpert® laboratories, Chemonics International and TB STARR. The evaluation results were as follows:
  - 53 out of 233 laboratories (23%) sent samples to the NIHRD for external quality control assessment;
  - Among Cepheid GeneXpert® users, 77 out of 99 laboratories (78%) reported their PCR results to the NIHRD; and
  - Of the 14 760 distributed SARS-CoV-2 cartridges, 8 379 have been used (57%) as of 12 June.

- On 12 June, Indonesia passed the External Quality Assessment Project (EQAP) organized by WHO with the School of Public Health, University of Hong Kong, Centre for Health Protection, and the NIHRD. The NIHRD, as the Indonesian Reference Laboratory, participated and passed the EQAP with a score of 100%.

- On 15 June, WHO presented the updated WHO guidance on laboratory testing for COVID-19 during an online training conducted by the Board for Development and Empowerment Human Health Resources (PPSDM) and the NIHRD. A total of 314 laboratory technicians attended from across the country.
Figure 15: Laboratory technicians performing polymerase chain reaction (PCR) test for COVID-19 in Labkesda DKI Jakarta. Credit: Dwi/Labkesda DKI Jakarta
• There has been an improvement in the proportion of people that recovered among the total confirmed cases from 6.0% in early April to 39.2% as of 17 June (Fig. 16). As of the same date, there were 22,912 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 17 June 2020. Source of data

RISK COMMUNICATION

• On 09 June, WHO translated and published a new guidance on mask use. Prompt translation and sharing of updated advice ensures the public is well-informed in a timely manner. The main differences from the previous guidance from early April are as follows:

  i) In areas with community transmission, people aged 60 years or over, or those with underlying conditions, should wear a medical mask in situations where physical distancing is not possible; and

6 https://covid19.go.id/
ii) Governments should encourage the public to wear masks where there is widespread transmission and physical distancing is difficult, such as on public transport, in shops or in other confined or crowded environments.

WHO updated guidance also contains new information on the composition of non-medical masks or fabric masks, based on academic research.

- On 09 June, WHO translated and published a document on the framework for decision-making on implementation of mass vaccination campaigns in the context of the COVID-19 pandemic. The document details:

  i) A common framework for decision-making for preventive and outbreak response campaigns;

  ii) Principles to consider when deliberating the implementation of mass vaccination campaigns for prevention of increased risk of vaccine-preventable diseases and high impact diseases (VPD/HID) among susceptible populations; and

  iii) Risks and benefits of conducting vaccination campaigns to respond to VPD/HID outbreaks.

- WHO is regularly sharing important health messages on the website and social media platforms – Twitter and Instagram. WHO has recently translated and published:
  - Five infographics on World Blood Donation Day, 13 on domestic violence and five on staying healthy in the workplace;
  - One video on children and handwashing; and
  - A poster on how to wear a non-medical mask.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

- WHO is supporting the government for programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of the TB programme are presented below:
Impacts of COVID-19 on the TB programme in Indonesia:

i. Some government funds, human resources and equipment from health facilities for the TB programme have been reprogrammed to the COVID-19 response at all levels;

ii. Delays in major activities of the TB programme at all levels, such as the new TB preventive therapy expansion plan, programmatic management of drug-resistant TB (PMDT) acceleration plan, and public-private mix for TB prevention and care scale-up plan;

iii. Decline in TB case notification by 68% in the first trimester of 2020 (Figs. 17 and 18); National Tuberculosis Programme (NTP) reported that this was observed almost uniformly in all districts, regardless of COVID-19 impact;

iv. Increase in treatment failure and loss to follow-up of TB cases, especially in health facilities directly involved in COVID-19 response;

v. Increase in stigma and fear among patients, communities and healthcare workers, exacerbated by fake news, rumours and misinformation;

vi. Decline in community support for case finding and contact tracing as well as disruption in specimen transportation and logistics due to travel restrictions and implementation of PHSM in several areas.

A global modelling study showed that mortality due to TB will return to pre-2015 levels in 2020-2021; as a result of the above impacts, Indonesia is also likely to experience an increase in mortality from TB.
Figure 17: Drug-sensitive tuberculosis (TB) case finding in children and adults (above), and in patients disaggregated by their HIV status (below) from January to March 2019 vs. January to March 2020. Source: National TB Programme Indonesia, unpublished data.

Note: Data for 2020 was collected from 2,583 community health centres (puskesmas), 460 hospitals, seven lung clinics, 14 prison clinics and 12 private clinics.

Figure 18: Drug-resistant (DR) tuberculosis (TB) case notification and enrollment (i.e. treatment) from January to March 2019 vs. January to March 2020. Source: National TB Programme Indonesia, unpublished data

Note: Data for 2020 was collected from 11 community health centres (puskesmas), 126 hospitals, two lung clinics and 1 regional laboratory.
To mitigate the impact of COVID-19 and maintain essential TB programme services, interventions are being made in the following areas:

i. Commitment and multi-sectoral platform: To ensure TB remains a top priority, the Presidential Decree for TB acceleration has been drafted. WHO will continue to provide technical assistance to NTP to provide practical guidance for subnational levels;

ii. Guideline: The second edition of national guidance for TB programme service delivery during the COVID-19 pandemic was launched on 30 March. The third revision is ongoing, with a focus on service provision in the 'new normal';

iii. Prevention: To safeguard TB patients, community cadres and healthcare workers from both COVID-19 and TB, standard personal protection measures such as basic IPC precautions, cough etiquette, hand hygiene, physical distancing and quick patient triage are being recommended;

iv. Diagnosis: Bi-directional screening has been introduced since March 2020 for individuals with respiratory symptoms which may be similar for TB and COVID-19. TB laboratory networks and specimen transportation mechanisms have been rearranged to mitigate impacts of transportation restrictions. A revised strategy for TB contact investigation, highlighting new digital mechanisms, was developed and disseminated in May 2020;

v. Treatment: A revised service delivery system for TB has been introduced, moving to people-centred outpatient and community-based care rather than health facility-based treatment (unless hospitalization is needed). New means of providing TB drugs to those in quarantine and those with confirmed COVID-19 have been developed, in line with WHO guidance;

vi. Essential logistics: Adequate stocks of TB medicines have been ensured for all patients to take home for treatment completion. A policy to enhance drug stocks in health facilities is in place and 30% buffer stocks are being maintained in the districts;

vii. Human resources: To cope with repurposing of TB personnel for COVID-19, a new online training modality for PMDT case managers and technical officers has been adopted to maintain capacity for TB interventions;

viii. Reporting and recording: To reduce under-reporting of TB cases, NTP with support from WHO, will initiate a series of online workshops on data validation and the TB electronic information system for subnational data officers from June to September.
• On 12 June, WHO, UNICEF and the Indonesian Pediatric Society discussed the paediatric COVID-19 cases in the country and the need for enhanced collaboration among partners to minimize the risk of COVID-19 among children. Weekly meetings will be held among the three organizations to harmonize efforts with the COVID-19 Task Force and the MoH.

• On 13 June, WHO convened the tenth 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), the European Union (EU), UNICEF, the World Food Programme (WFP), the United States Agency for International Development (USAID), US Centers for Disease Control and Prevention (US CDC), and the World Bank joined the meeting.

• On 16 June, WHO participated in the fifth UN in Indonesia Townhall Meeting, which virtually connected close to 650 colleagues from UN organizations across the country. The WHO Representative to Indonesia updated colleagues on the COVID-19 situation; described the criteria for assessing COVID-19 transmission in Indonesia; explained the non-negotiable measures of the ‘new normal’ scenario (Figs.19-20); and responded to questions.
# 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

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Figure 20: The WHO Representative to Indonesia presented on the non-negotiable measures for the ‘new normal’ scenario during the UN in Indonesia Townhall Meeting, 16 June 2020. *Credit: WHO*
Overall funding request for WHO operations and technical assistance is US$ 46 million (27 million for response and 19 million for recovery phase), based on estimated needs as of June 2020 (Fig. 21).
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 immunodiagnostic tests (point-of-care) in health facilities**

**Infographics:**

- World Blood Donation Day
- Domestic violence
- Staying healthy in the workplace
- 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
- Medical workers: super heroes
- Healthy at home (Home ‘Dos’)
- Recognize and response
- A selection of myth-busters

**Videos:**

- Children hand washing and 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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