

Data as of: 22 July 2020

HIGHLIGHTS

- As of 22 July, the Government of Indonesia announced 91 751 confirmed cases of COVID-19, 4 459 deaths and 50 255 recovered cases from 469 districts across all 34 provinces¹.
- WHO supported the Ministry of Health (MoH) in a training on COVID-19 testing using HIV Viral Load equipment to enhance national and subnational testing capacity (pages 17-18).
- WHO and partners are conducting a global study to assess the public health and social impact of the COVID-19 pandemic on refugees and migrants (page 21).

Situation in Indonesia



Total confirmed cases
91 751



Total deaths
4 459



Total cases recovered
50 255



Total people tested
749 626



Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 16 to 22 July 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/>

GENERAL UPDATES

- Jakarta has extended its first phase of transitional large-scale social restrictions (PSBB) by 14 days starting on 17 July, after continued COVID-19 transmission led experts to demand for better containment efforts. The Governor of Jakarta, Anies Baswedan, stated that the city's epidemiological data suggested that cases were still on the rise and therefore, it would be very risky to further ease restrictions and enter the next phase of the transition. University of Indonesia recommended either restoring a stricter PSBB regime or continuing with the transitional phase, while also emphasizing the need for stronger efforts to improve the implementation of health protocols².
- East Java surpassed DKI Jakarta on 26 June as the province with the highest number of confirmed COVID-19 cases in the country. On 16 July, the Coordinating Minister of Human Development and Culture stated that the residents' lack of discipline in adhering to physical distancing has contributed to the increase in COVID-19 transmission. He also expressed concerns about the high number of health workers infected in the province. According to the Indonesian Doctor's Association, 295 doctors, nurses and laboratory technicians have been infected with COVID-19, and 23 of them have died from the disease. The association urged the central and provincial governments to address human resource shortages and hospital overcrowding³.
- On 22 July, there were 139 deaths reported nationwide due to COVID-19; the highest number reported on a single day since the beginning of the pandemic. Central Java recorded 70 deaths, followed by East Java with 35, and North Sumatra with seven deaths⁴. The previous highest daily toll was recorded on 19 July with 127 reported deaths. The MoH has recently expanded its definition of a COVID-19 death to include the deaths of probable cases but has yet to publicly announce the numbers under the new definition⁵.

² <https://www.thejakartapost.com/news/2020/07/20/jakarta-must-do-better-as-it-extends-psbb-transition.html>

³ <https://www.channelnewsasia.com/news/asia/lack-of-compliance-blamed-for-east-java-s-high-covid-19-tally-12941302>

⁴ <https://infeksiemerging.kemkes.go.id/>

⁵ <https://www.thejakartapost.com/news/2020/07/19/covid-19-indonesia-logs-new-record-daily-death-toll.html>

SURVEILLANCE

- On 22 July, 1 882 new and 91 751 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 1 665 cases per day, compared to 1 716 per day for the previous seven days.

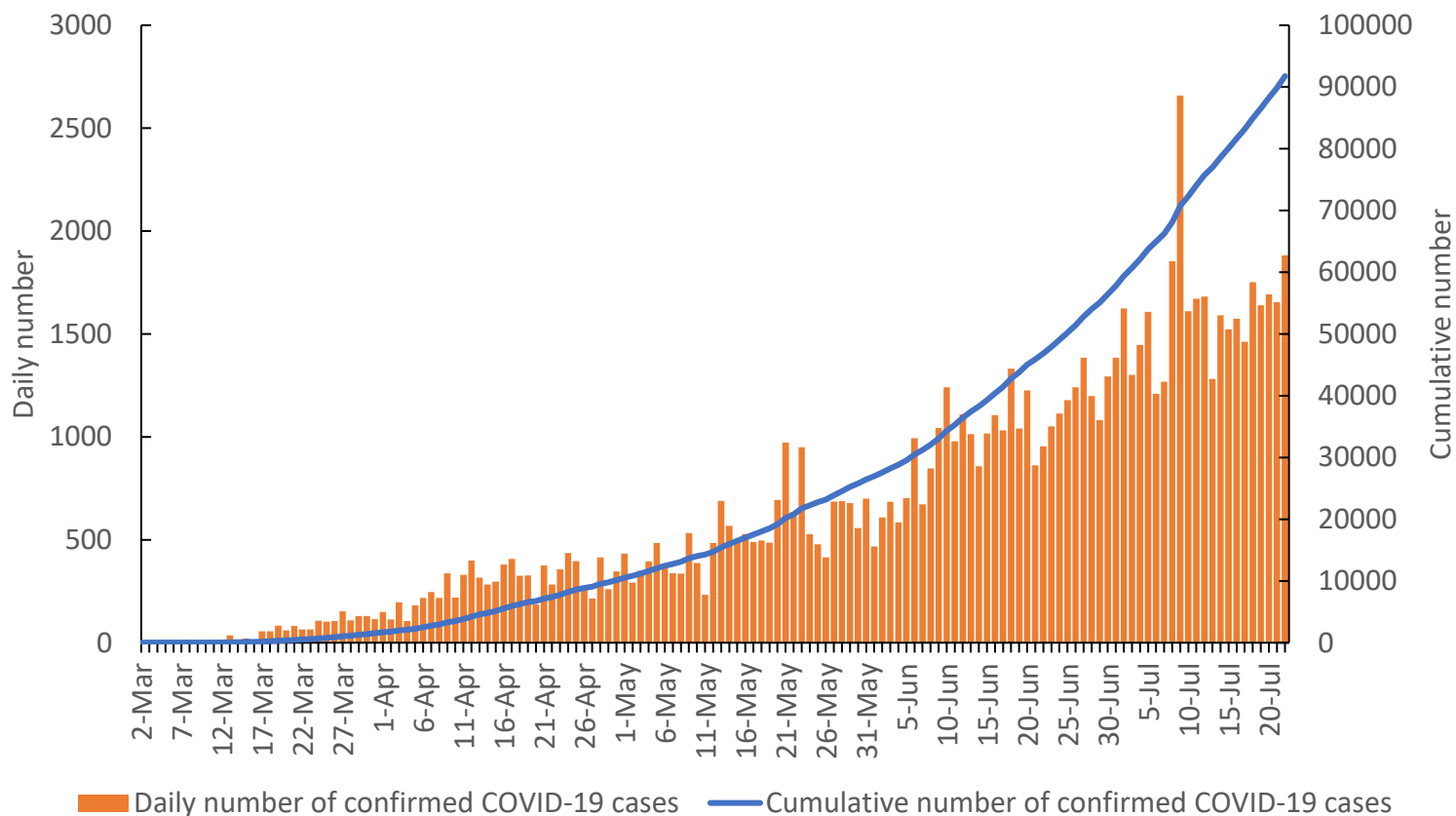


Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 22 July 2020.

[Source of data](#)

Disclaimer: The number of cases reported daily 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 22 July, most confirmed cases were in East Java and Jakarta, followed by South Sulawesi, Central Java, West Java, South Kalimantan and North Sumatra. Java contributed to 57% of the total cases. The cumulative number of confirmed COVID-19 cases by province is shown in Fig. 3.

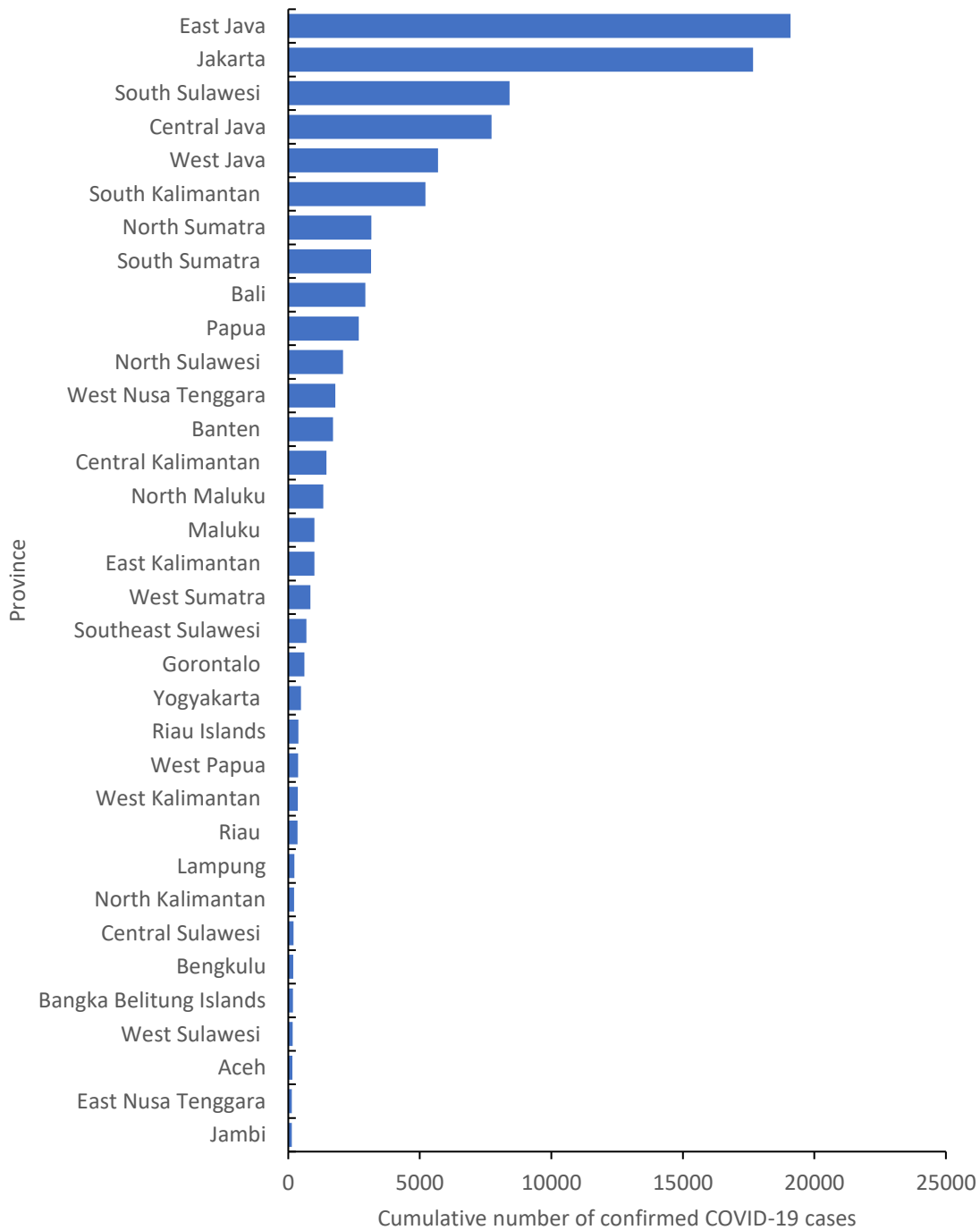


Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 22 July 2020. [Source of data](#)

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.

- As of 22 July, the daily number of specimens tested and the number of suspected cases tested were 25 302 and 11 782 respectively (Fig. 4). In coming weeks, it is expected that the overall gap between the daily number of specimens tested and the number of suspected cases will reduce due to the revision in the national guidelines for prioritizing polymerase chain reaction (PCR) for diagnostic purposes. The fifth revision of the national guidelines on COVID-19 prevention and control have been disseminated to all 34 provinces and subnational implementation is anticipated to begin soon.

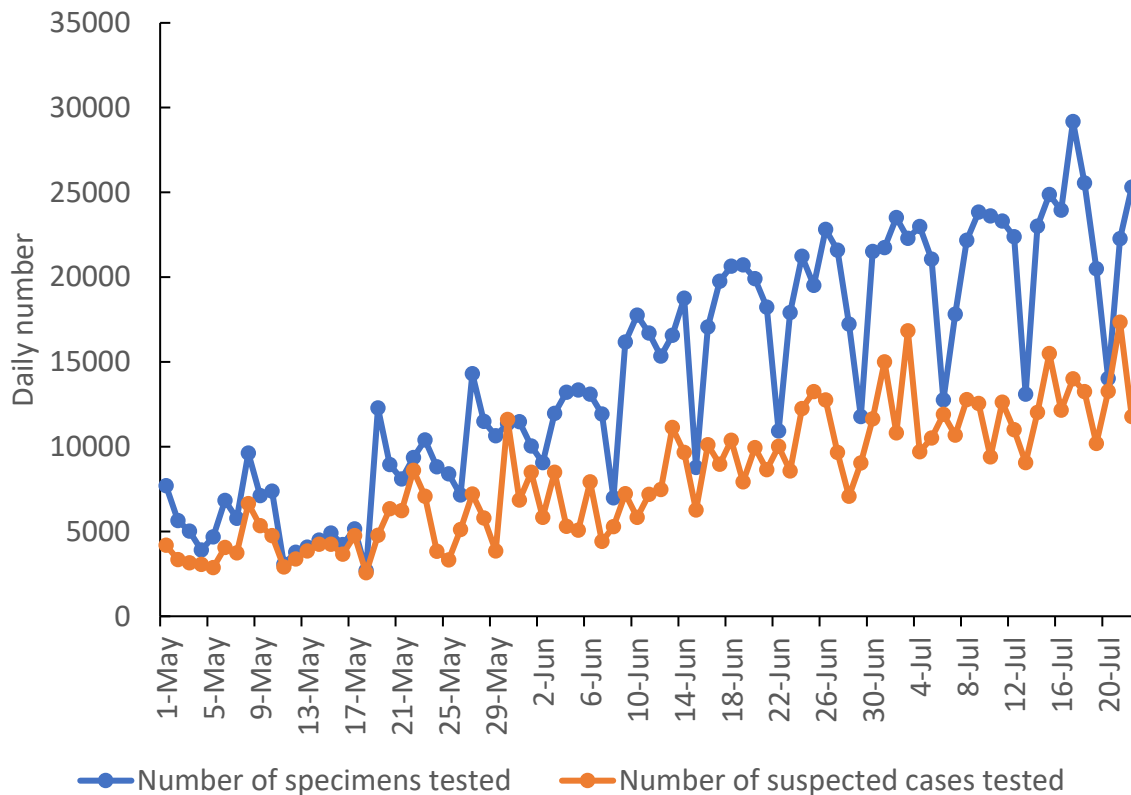


Figure 4: The number of specimens and the suspected COVID-19 cases tested in Indonesia, from 01 May to 22 July 2020. [Source of data](#)

Disclaimer: Due to the transition to a new data management application, there may have been reporting issues in timing. Therefore, on certain days the number of specimens tested is almost the same as the number of suspected cases tested, which might not have been the situation.

- On 17 July, the Ministry of Social Affairs along with relevant partners conducted a webinar for the ‘Tagana’ (community volunteers for responding to disasters) from East Java to discuss preparation of quarantine and isolation facilities at the community level. This was the first webinar in a series of five, targeting provinces with a high burden of COVID-19. WHO delivered an update on the COVID-19 pandemic in Indonesia, discussed

the role of volunteers in surveillance and suggested procedures for preparing quarantine and isolation facilities (Fig. 5).

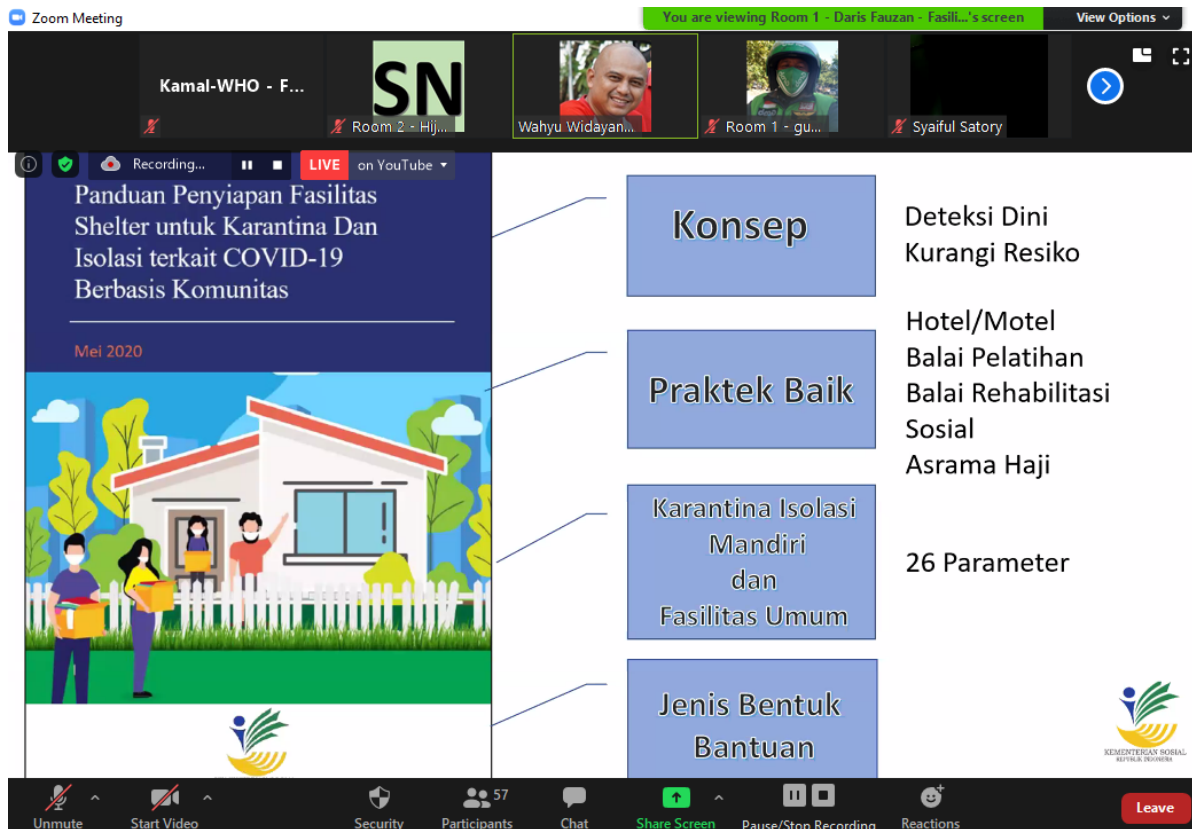


Figure 5: Webinar for East Java community volunteers for preparation of quarantine and isolation facilities at the community level, 17 July 2020. Credit: WHO

- The National Board for Disaster Management (BNPB) and the MoH will conduct a series of meetings with provinces to disseminate new testing targets for each province in order to increase the testing coverage across the country. The new testing target for each province has been aligned with the WHO recommendation to test 1 suspected case per 1 000 population per week. The first meeting of the series was convened on 16 July for provinces with the highest burden of COVID-19: Jakarta, West Java, Central Java, East Java, South Sulawesi, South Kalimantan, North Sumatra, and Papua.

EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 29 June to 19 July.

Province	Decline in the number of confirmed COVID-19 cases since the latest peak*	Positivity rate (%) over 2 weeks**	Decrease in the number of confirmed and probable case deaths for the last 3 weeks***
Jakarta	Latest peak last week	More than 5%	No
West Java	Latest peak last week	Not applicable	No
Central Java	Latest peak last week	Not applicable	No
Yogyakarta	Latest peak last week	Not applicable	No
East Java	Latest peak last week	Not applicable	No
Banten	More than 50% over three-weeks since latest peak	Not applicable	No

*date of latest peak differs for each province (see Figs. 6 to 11 for details)

**positivity rate is calculated from 06 to 19 July 2020 for Jakarta; none of the other provinces have met the minimum surveillance benchmark (explained in criterion 2) and, therefore, have not been considered for calculation (see Fig. 12 for details)

***decrease in deaths is calculated from 29 June to 19 July 2020 (see Fig. 13 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

- Banten is the only province in Java that has seen a decline in the number of confirmed COVID-19 cases of at least 50% over a three-week period since the latest peak (Figs. 6 to 11).

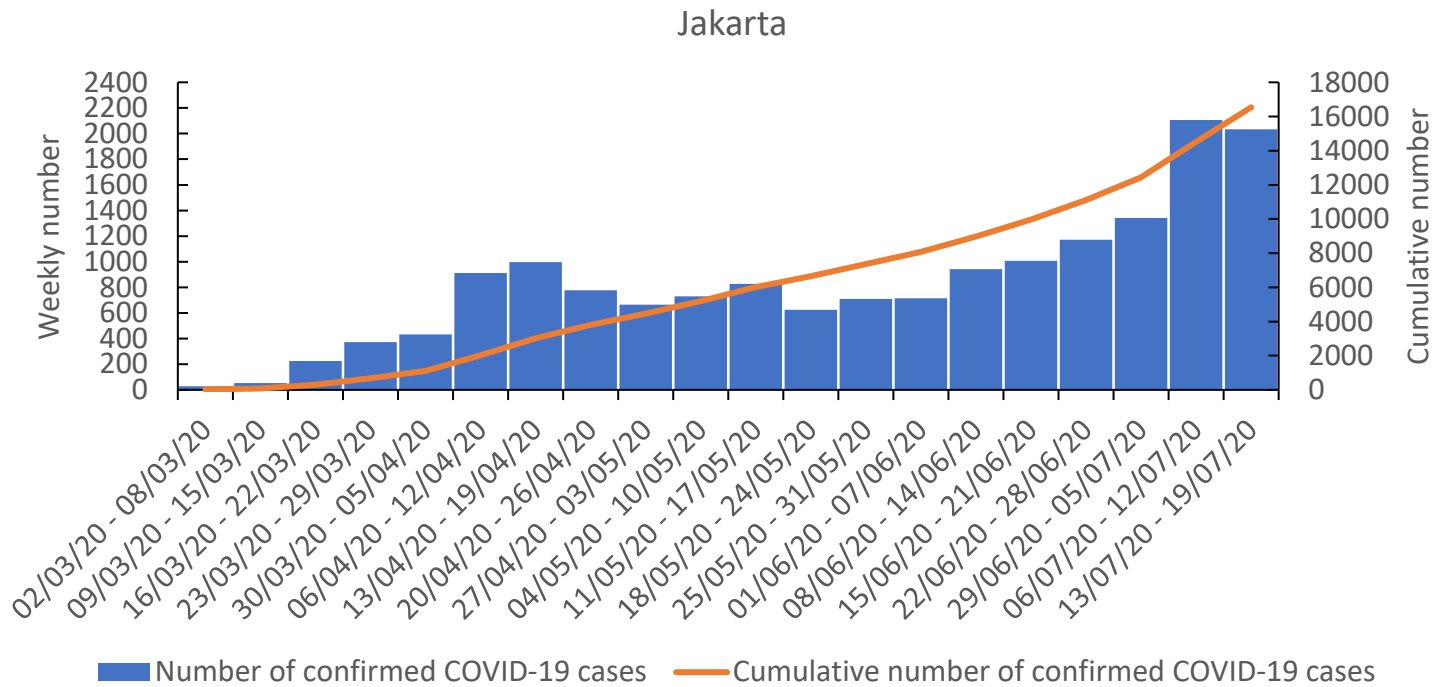


Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, as of 19 July 2020. [Source of data](#)

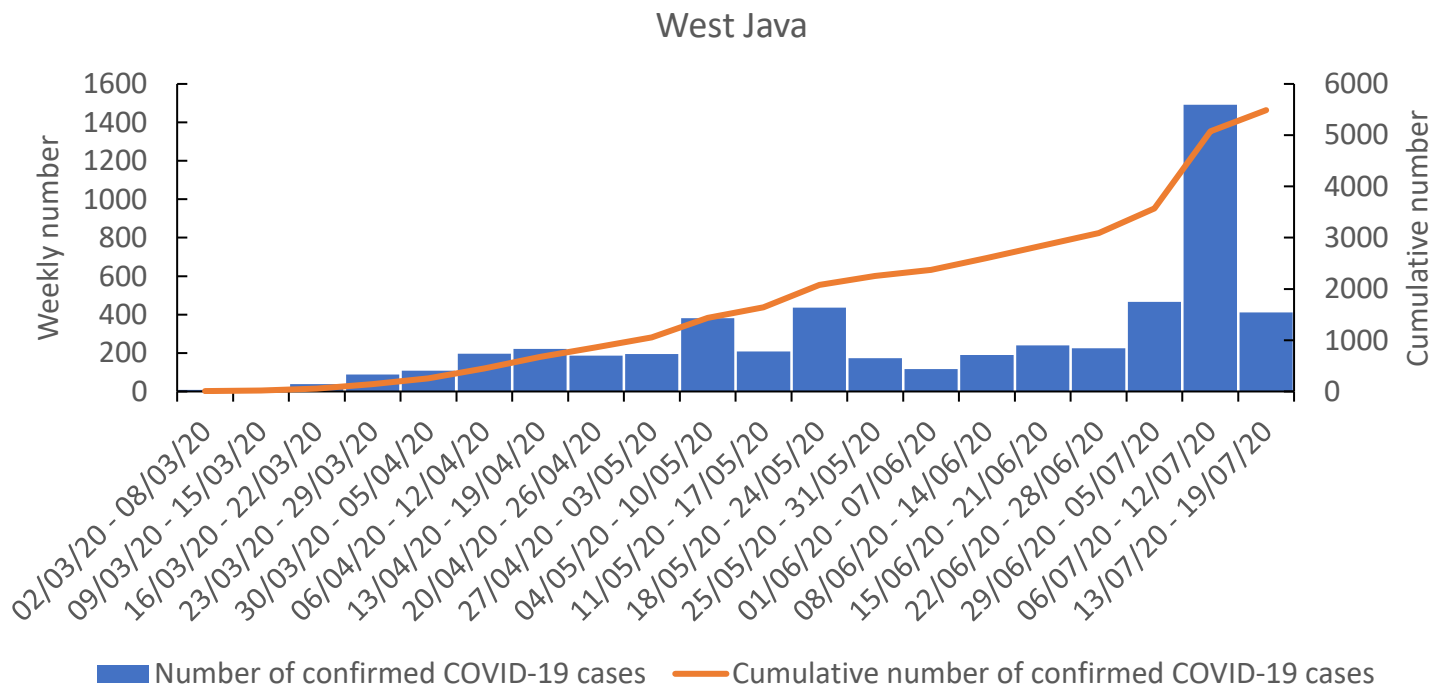


Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 19 July 2020. [Source of data](#)

Central Java

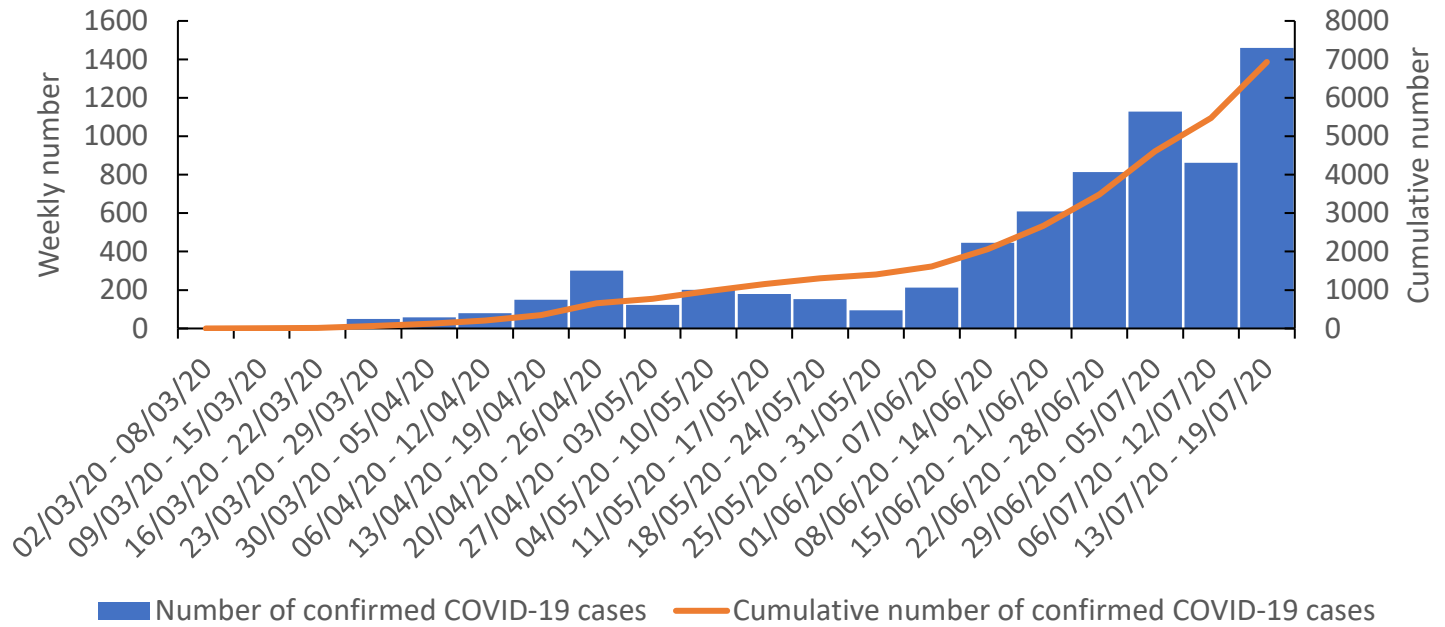


Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 19 July 2020. [Source of data](#)

Yogyakarta

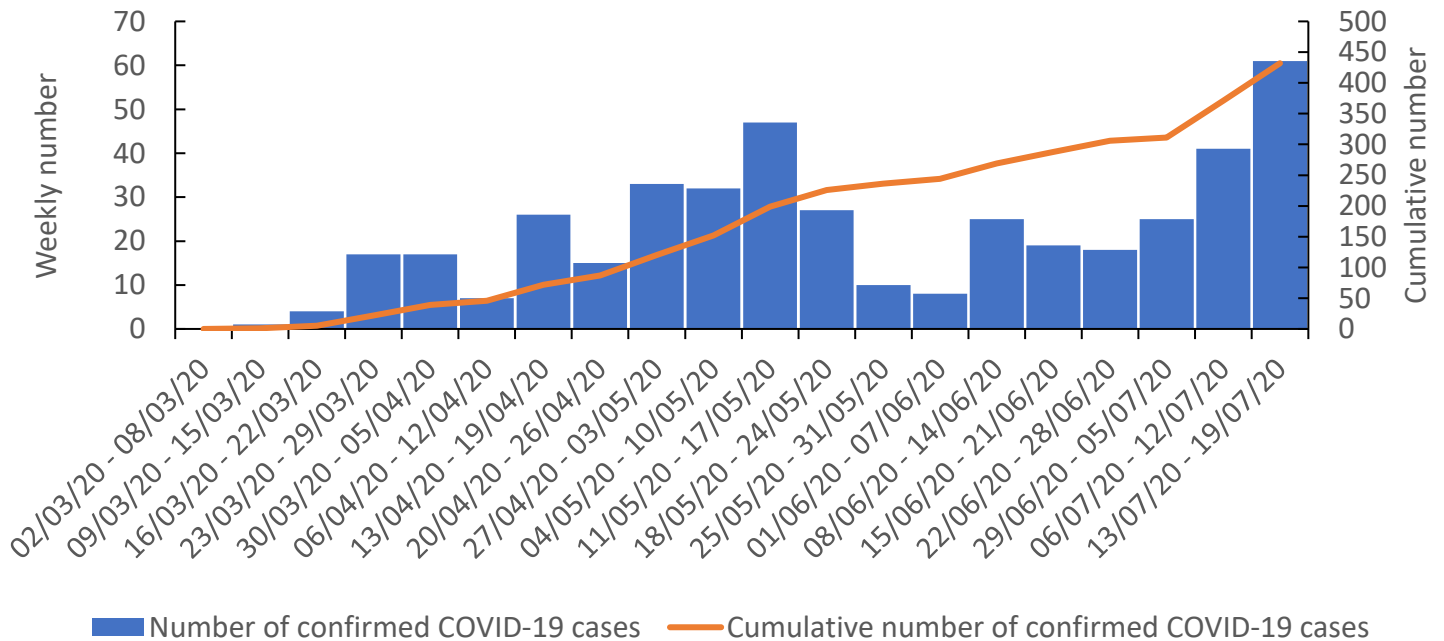


Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 19 July 2020. [Source of data](#)

East Java

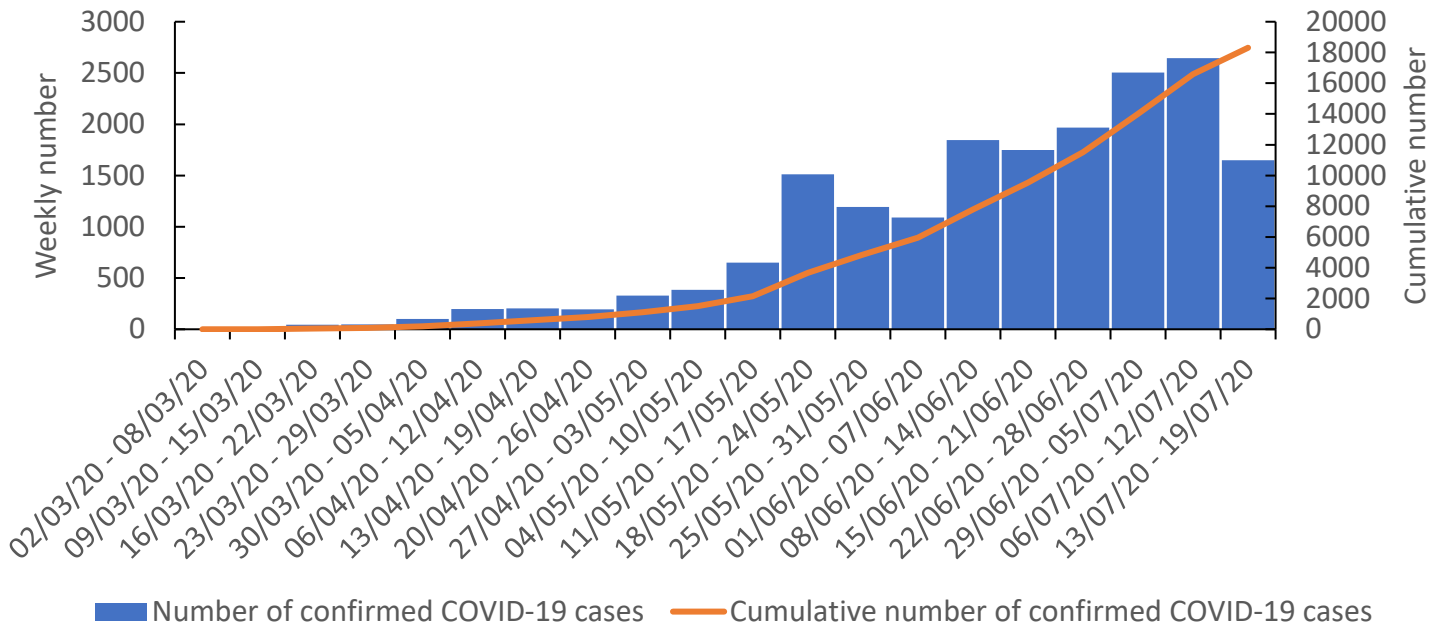


Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 19 July 2020. [Source of data](#)

Banten

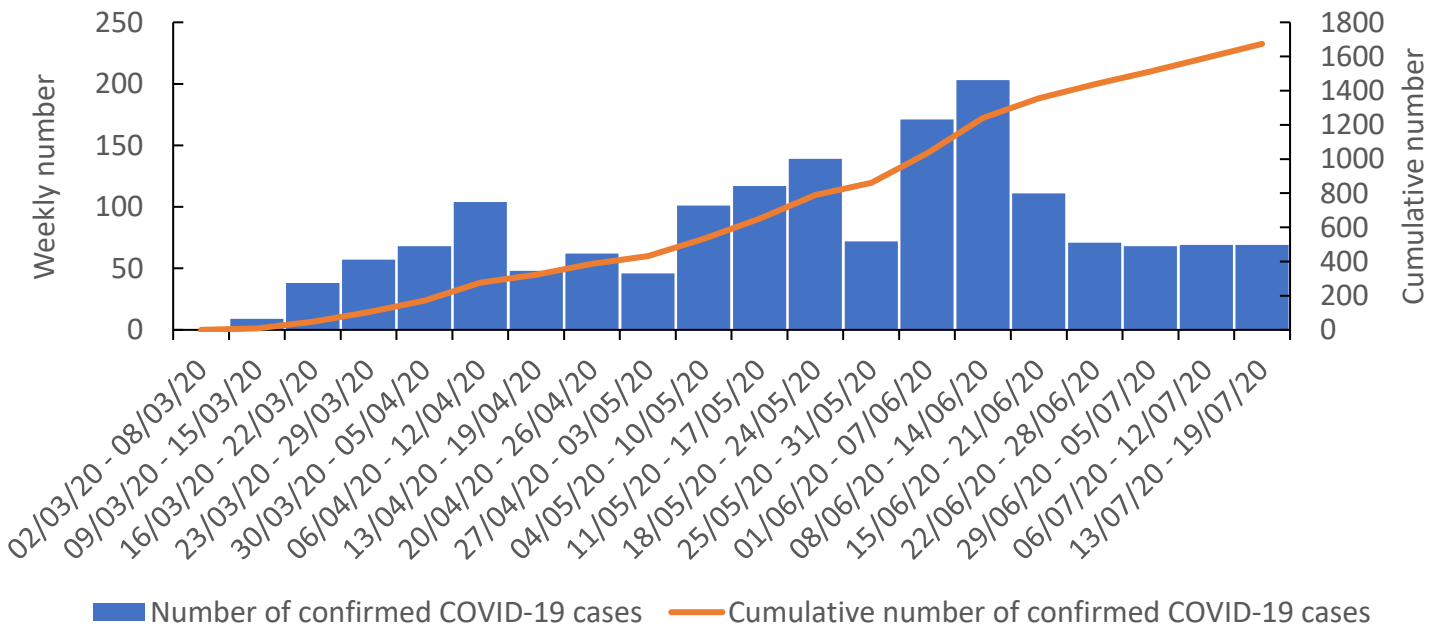


Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 19 July 2020. [Source of data](#)

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

- The percentage of positive samples can be interpreted only with comprehensive surveillance and testing of suspected cases, in the order of 1 per 1 000 population per week. The only province in Java that has achieved this minimum case detection benchmark is Jakarta (Fig. 12).

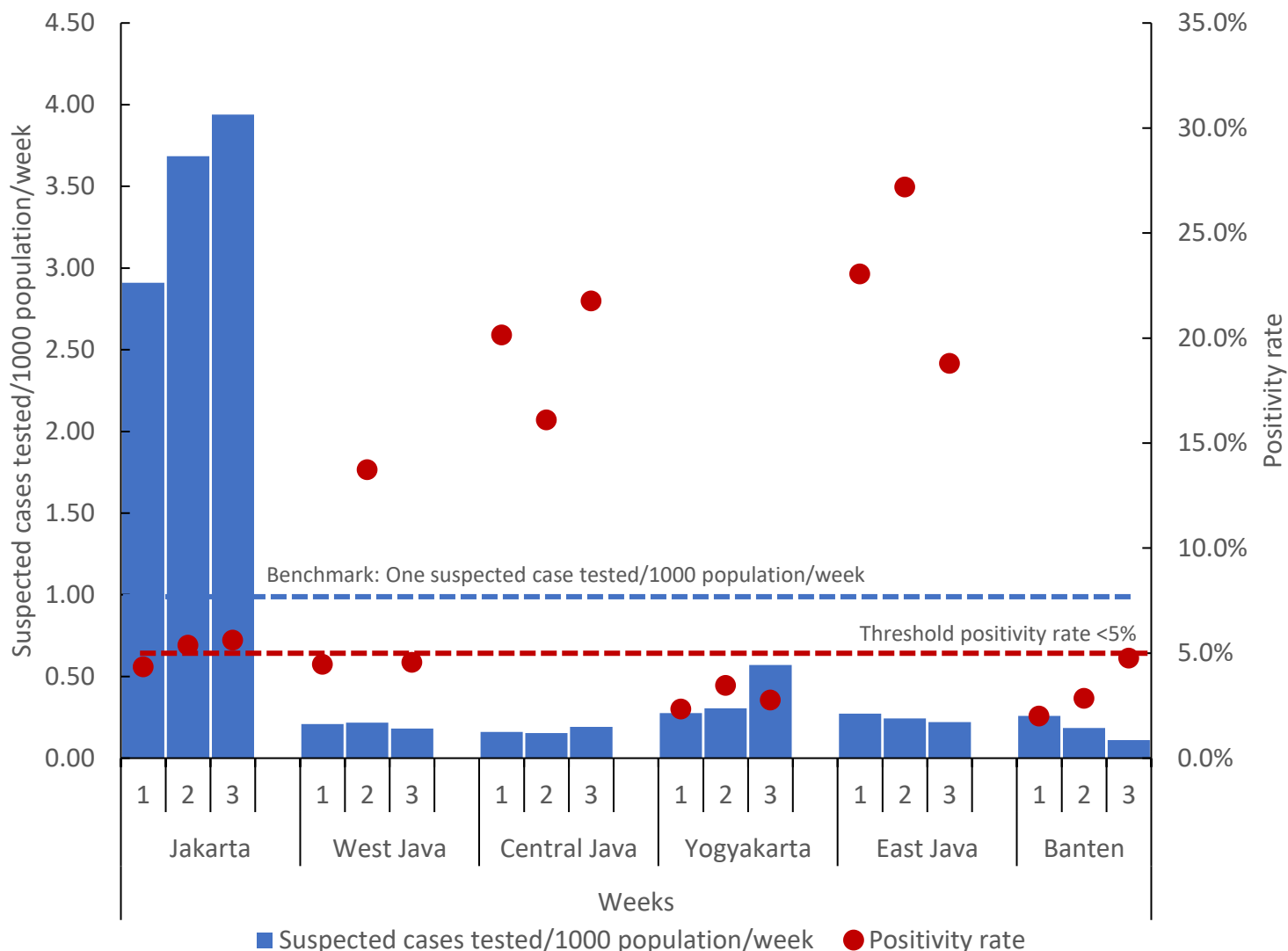
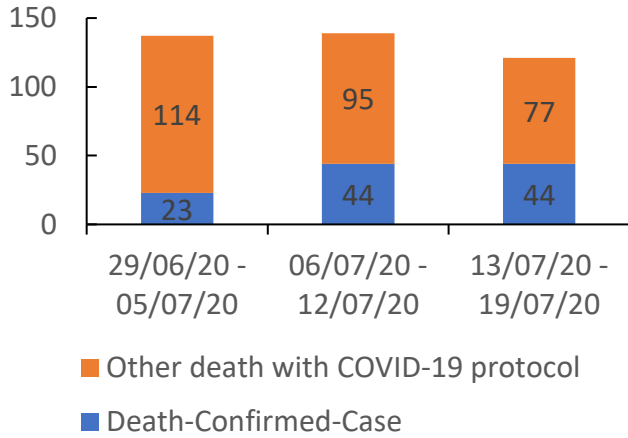


Figure 12: Positivity rate of cases, and suspected cases tested per 1 000 population per week: Week 1: 29/06/20 - 05/07/20; Week 2: 06/07/20 - 12/07/20; Week 3: 13/07/20 - 19/07/20

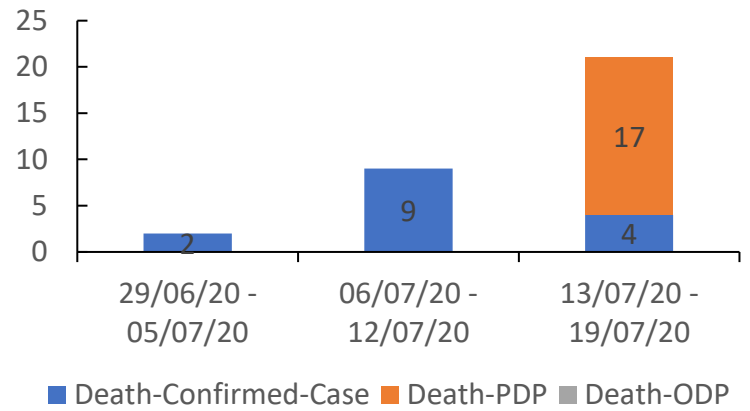
For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis. Source of data: [Jakarta](#), [West Java](#), [Central Java](#), [East Java](#), [Yogyakarta](#), [Banten](#).

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

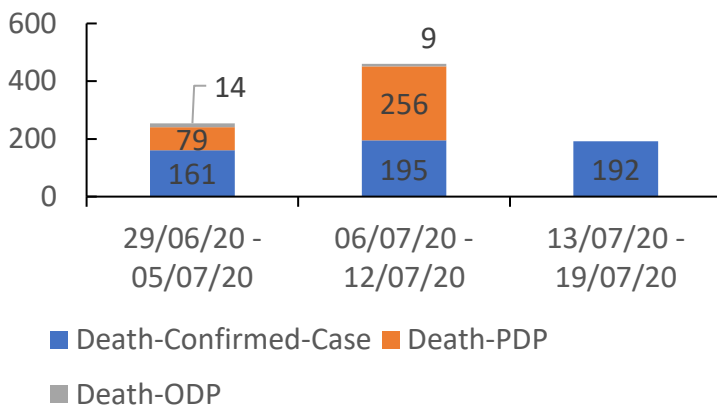
Jakarta



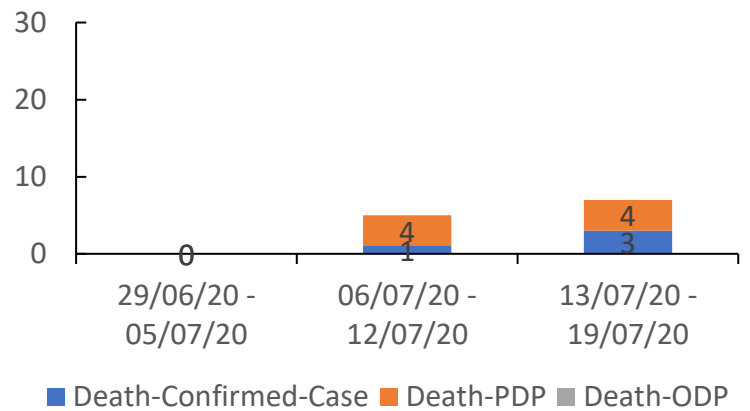
West Java



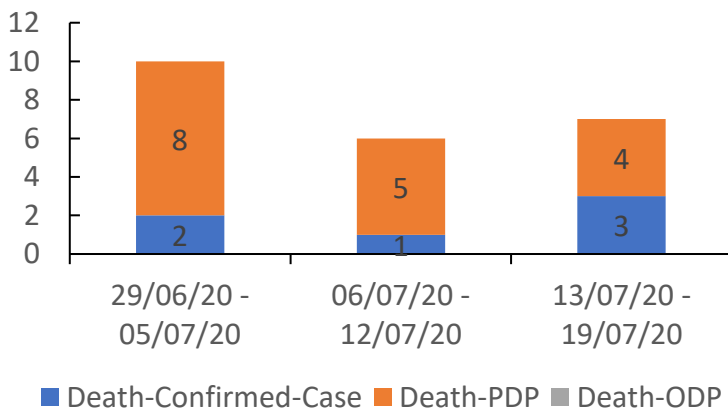
East Java



Yogyakarta



Banten



Central Java

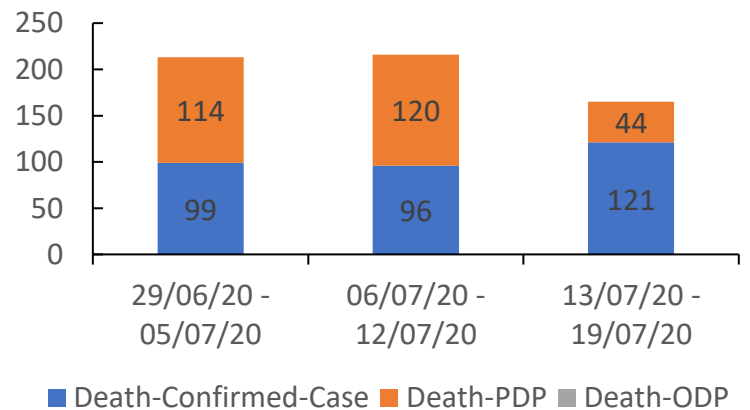


Figure 13: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last 3 weeks from 29 June to 19 July 2020 in six provinces in Java. *Source of data:* [Jakarta](#), [West Java](#), [Central Java](#), [East Java](#), [Yogyakarta](#), [Banten](#).

Disclaimer: The data are provisional. As of 20 July, Jakarta and East Java are in the process of adapting case definition based on the fifth revision of the national guidelines on COVID-19 prevention and control. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.

HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- On 17 July, the Governor of Jakarta mentioned during a media briefing that the occupancy rate for isolation rooms was 45% and for intensive care units (ICU) was 25% in Jakarta⁶. These data were from 67 COVID-19 referral hospitals, excluding Wisma Atlet.
- As the number of cases are continuously increasing in Jakarta, it is important to increase isolation bed capacity as well as to monitor the occupancy rate in makeshift hospitals.
- As per the fifth revision of the national guideline for COVID-19 prevention and control, only confirmed and probable cases with severe and critical symptoms will be eligible for hospitalization.
- The bed occupancy rate (BOR) and the number of hospitalized cases and isolation beds for selected provinces in Java on 20 and 21 July are shown in Figure 14.

⁶ <https://www.youtube.com/embed/bhtElai-9m0>

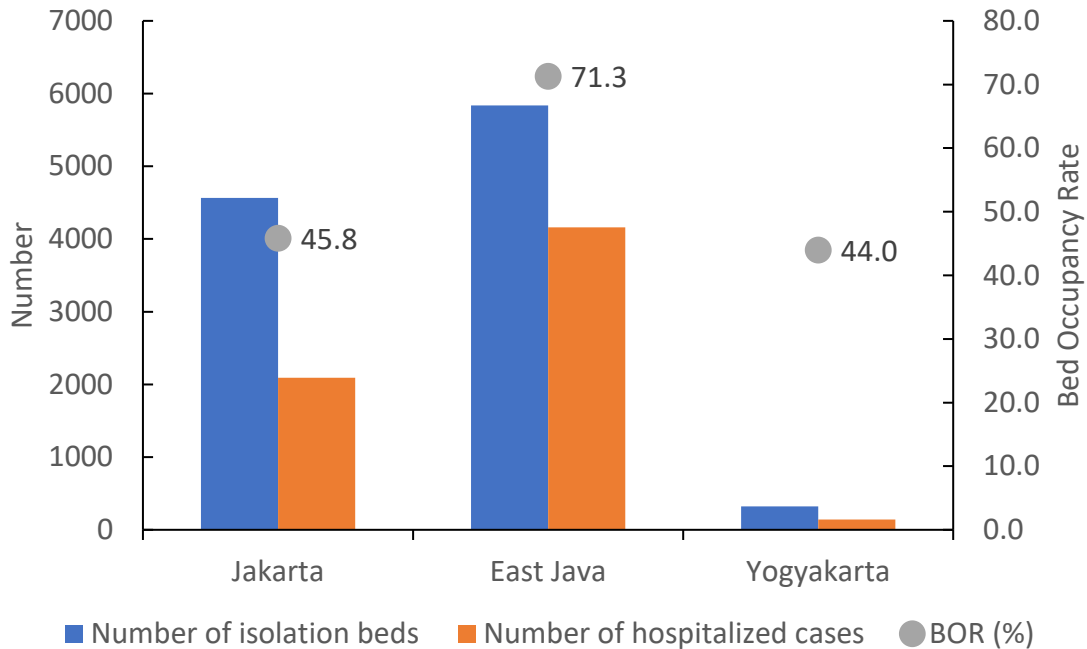


Figure 14: Number of isolation beds and hospitalized cases (confirmed and/or suspected) and the bed occupancy rate (BOR) for Jakarta and East Java as of 20 July 2020 and Yogyakarta as of 21 July.

Sources of data on hospitalizations: [Jakarta](#), [East Java](#) and [Yogyakarta](#)

Sources of data on isolation beds: [Jakarta](#), [East Java](#) and [Yogyakarta](#)

Bed occupancy rate is calculated as the number of hospitalized cases divided by the number of isolation beds.

- The number of confirmed COVID-19 cases hospitalized in Jakarta since the beginning of June had gradually decreased until 07 July; however, since 08 July, the number has progressively increased (Fig. 15).

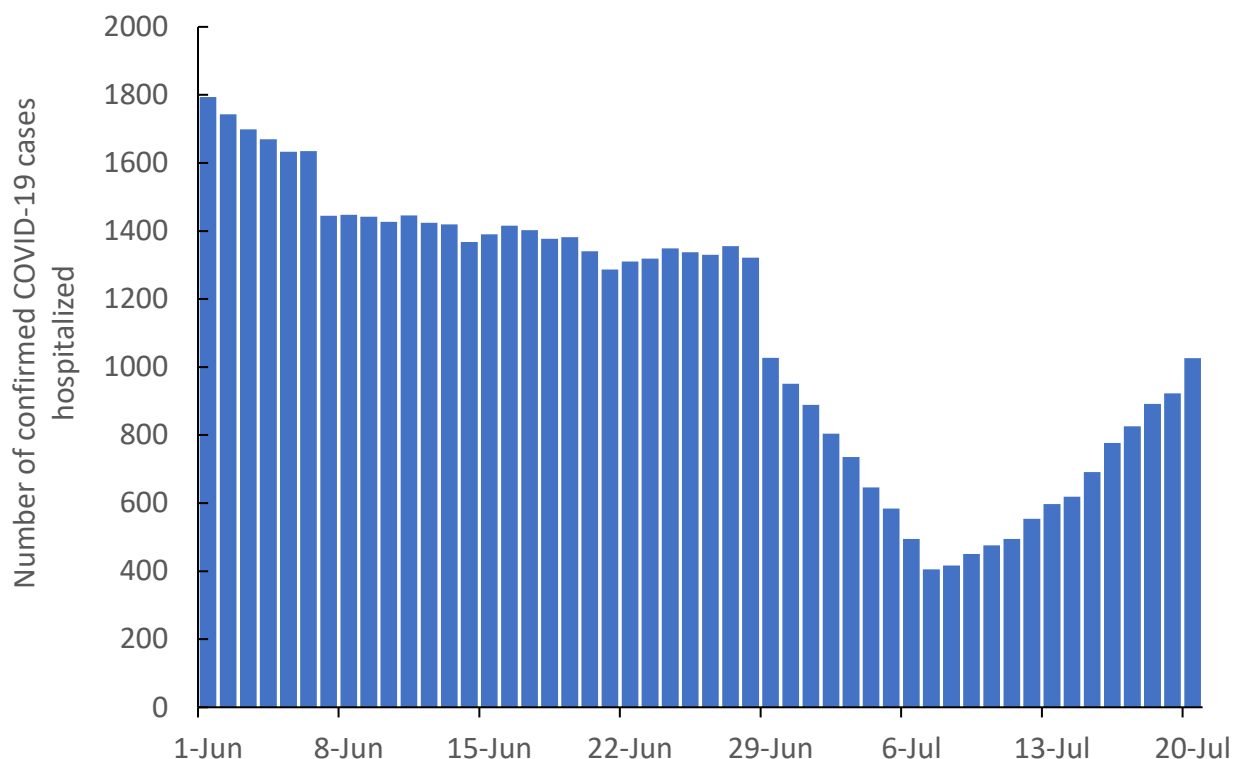


Figure 15: Number of confirmed COVID-19 cases hospitalized in Jakarta from 01 June to 20 July 2020. [Source of data](#)

Disclaimer: Data from Wisma Atlet are not included.

PLANNING, RISK AND NEEDS ASSESSMENT

- On 15 July, the MoH convened a virtual meeting for the review of the health sector response plan for COVID-19, which was initially launched on 20 April. WHO presented the [‘Operational planning guidance to support country preparedness and response’](#) to support the MoH in adopting it to the country context. Multiple sectors, such as the Armed Forces, Ministry of Defense, Coordinating Ministry of Human Development and Culture, Ministry of Communication and Information and others provided their inputs. The revision will be finalized by the end of August.
- From 15 to 20 July, WHO supported the MoH with the dissemination of the fifth revision of the national guidelines on COVID-19 prevention and control to all 34 provinces. While the MoH elaborated on the revised guidelines, WHO presented the global update on COVID-19 and the relevance to updated global WHO guidelines that have been adopted by the country

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(Fig. 16). WHO responded to technical queries on new guidelines on clinical case management, laboratory testing, and risk communication and community engagement (RCCE).



Figure 16: WHO presented on the global COVID-19 pandemic during the dissemination of the fifth revision of the guidelines on COVID-19 prevention and control, 16 July 2020. *Credit: WHO*

LABORATORY

- As reported by the government on 22 July, the number of persons tested for COVID-19 with PCR was 11 782 and the cumulative number of persons tested was 749 626 (Fig.17).

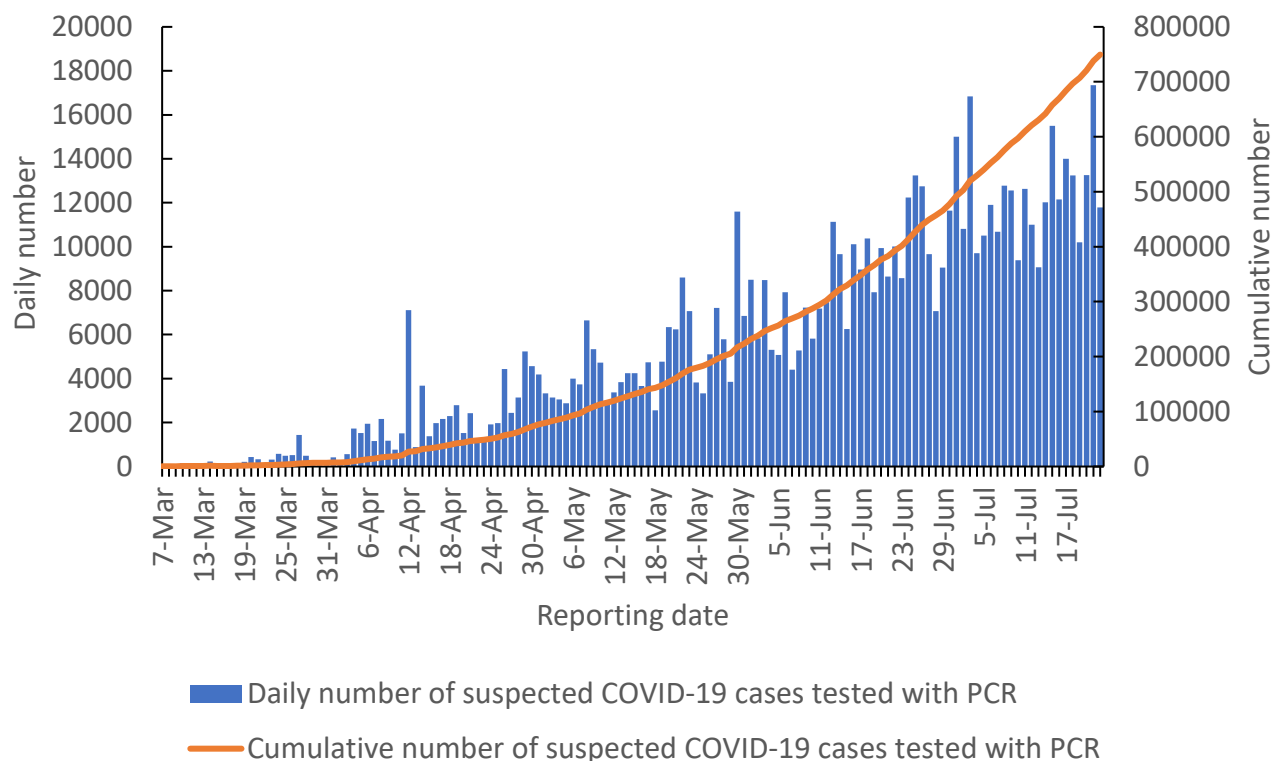


Figure 17: Daily and cumulative number of suspected COVID-19 cases tested with polymerase chain reaction (PCR) in Indonesia, as of 22 July 2020. [Source of data](#)

- On 14 July, the Board for Development and Empowerment of Human Health Resources (PPSDM) convened a coordination meeting for the preparation of a series of laboratory trainings on PCR testing for COVID-19. The National Institute of Health Research and Development (NIHRD), WHO, the United States Agency for International Development (USAID), the US Centers for Disease Control and Prevention (CDC), the Australian Department of Foreign Affairs and Trade (DFAT), the Food and Agriculture Organization of the United Nations (FAO), the Infectious Disease Detection and Surveillance (IDDS) project of USAID Global Health Security Agenda and the Association of Public Health Laboratories (APHL) joined the meeting to streamline the training for laboratory technicians and epidemiologists to increase testing coverage at subnational level. The team will meet again on 23 July to finalize the training programme, dates and participating provinces.
- On 15 and 16 July, WHO supported the sub-directorate of HIV, MoH, for a training on testing for COVID-19 using HIV Viral Load (HIV VL) equipment. On the first day, participants discussed the policy on testing for COVID-19 using HIV VL machines, laboratory biosafety, and recording and reporting. Laboratories that have performed testing using HIV VL machines also

shared their experiences. On the second day, testing procedures along with a checklist describing the steps needed for running HIV VL machines, and how to manage trouble shooting were discussed. The training was attended by 25 laboratories that have HIV VL machines for COVID-19 testing including provincial health laboratories, and the NIHRD as the Reference Laboratory.

- On 18 July, WHO supported the MoH in a coordination meeting for accelerating contact tracing and PCR laboratory testing for COVID-19. District Health Offices (DHOs) and COVID-19 Task Forces from 216 districts of eight priority provinces attended the meeting. Important recommendations for the districts were as follows:
 - i) To enhance surveillance, especially in closed settings such as schools, dormitories, etc.
 - ii) To increase laboratory testing capacity to achieve the WHO target of testing 1 suspected case per 1 000 population per week.

CASE MANAGEMENT

- As of 22 July, the proportion of people that recovered among the total confirmed cases was 54.8% (Fig. 18). As of the same date, there were 37 037 confirmed COVID-19 cases under care or in isolation⁷.

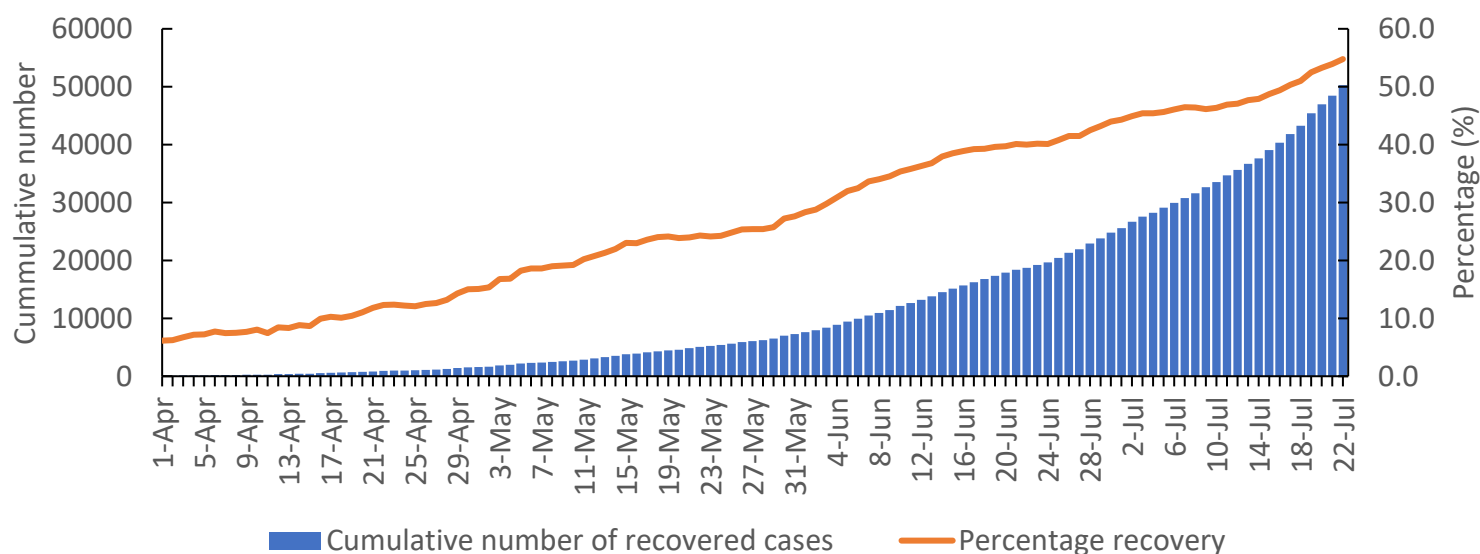


Figure 18: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 22 July 2020. [Source of data](#)

⁷ <https://covid19.go.id/>

- The Directorate of Primary Health Services, MoH, requested WHO to support an ‘oxygen survey’. Accordingly, WHO is currently assisting the MoH to design the survey time frame, protocols and implementation plan. The survey is expected to start in August.

INFECTION PREVENTION AND CONTROL (IPC)

- From 07 to 16 July, the final batch of a webinar series on ‘Waste Management during COVID-19’ was completed. A total of 3 659 environmental health officers, District Health Officers, Province Health Officers and Representatives from Environment and Forestry Offices joined the webinar from 14 provinces (Bali, Bangka Belitung, Gorontalo, Jambi, Lampung, Maluku, North Maluku, Riau Islands, Southeast Sulawesi, South Kalimantan, South Sumatra, West Papua, West Sulawesi and West Sumatra). The participants discussed national policies on healthcare waste management, including safe handling. WHO presented on improving water, sanitation and hygiene (WASH) in healthcare facilities and shared the rapid assessment tools that can be used independently to measure the WASH condition in the context of COVID-19.



Figure 19: Waste water treatment facility at Puskesmas Hilisataro, Nias Selatan, North Sumatra. Credit: Rahmi, the MoH

RISK COMMUNICATION

- Following the finalization of the fifth revision of the guidelines on COVID-19 prevention and control, WHO participated in two RCCE Working Group discussions on 17 and 20 July, convened by the COVID-19 Task Force. WHO facilitated the discussion on the implications of the revisions on RCCE activities, such as hand hygiene (Fig. 20).



Figure 20: Effective risk communication to educate the community on hand hygiene can help reduce transmission of COVID-19. *Credit: Sentani Health Center*

- WHO is regularly sharing important health messages on the [website](#) and social media platforms – [Twitter](#) and [Instagram](#) – and has recently published:
 - [Infographics](#) in English and Indonesian on the following:
 - Tuberculosis and COVID-19
 - Nutrition tips
 - Three places to avoid
 - ‘Be Active’
 - A [video](#) on alternatives to handshakes, hugs and high-fives

RESEARCH

- To assess the public health and social impact of the COVID-19 pandemic on refugees and migrants, WHO and partners are conducting a global study called 'ApartTogether'. Participation in the study requires a simple survey. The survey has been translated into 37 languages, including [Indonesian](#). WHO, the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) have widely disseminated the survey through their digital platforms. The aim of this study is to learn more about migrants' and refugees' experience of COVID-19 and what helps them cope. This information will inform organizations, and decision makers on how they can better support migrants and refugees during and after this pandemic.

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 Leprosy Elimination Programme (LEP) are presented below:

Impact of COVID-19 on the LEP in Indonesia:

- i. There has been a reduction in new leprosy case recording and reporting in the first quarter (Q1) of 2020 (January to March) compared to the same period in 2019. The number of new leprosy cases has declined by 54% and the case detection rate (CDR) has fallen from 1.93 per 100 000 population in Q1 2019 to 0.89 in Q1 2020 (Fig. 21). A similar trend was observed in the number of paediatric leprosy cases and the number of Grade-2 Disability (G2D) among new cases, with a decline of 73% and 55%, respectively. There was, however, a significant reduction in patients lost to follow-up, reflecting sustainability in multidrug therapy (MDT) medicine distribution for leprosy patients (Fig. 22).

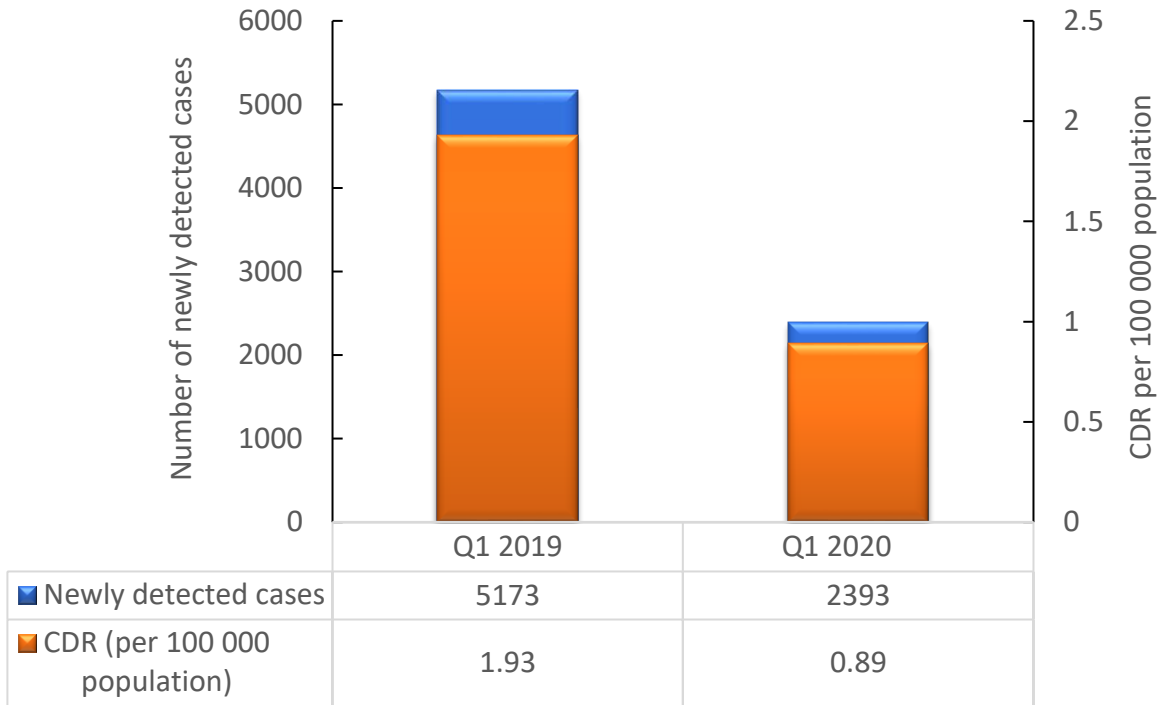


Figure 21: Trend of newly detected leprosy cases and case detection rate (CDR) per 100 000 population from January to March 2019 vs 2020.

Source: National Leprosy Elimination Programme Indonesia, unpublished data.

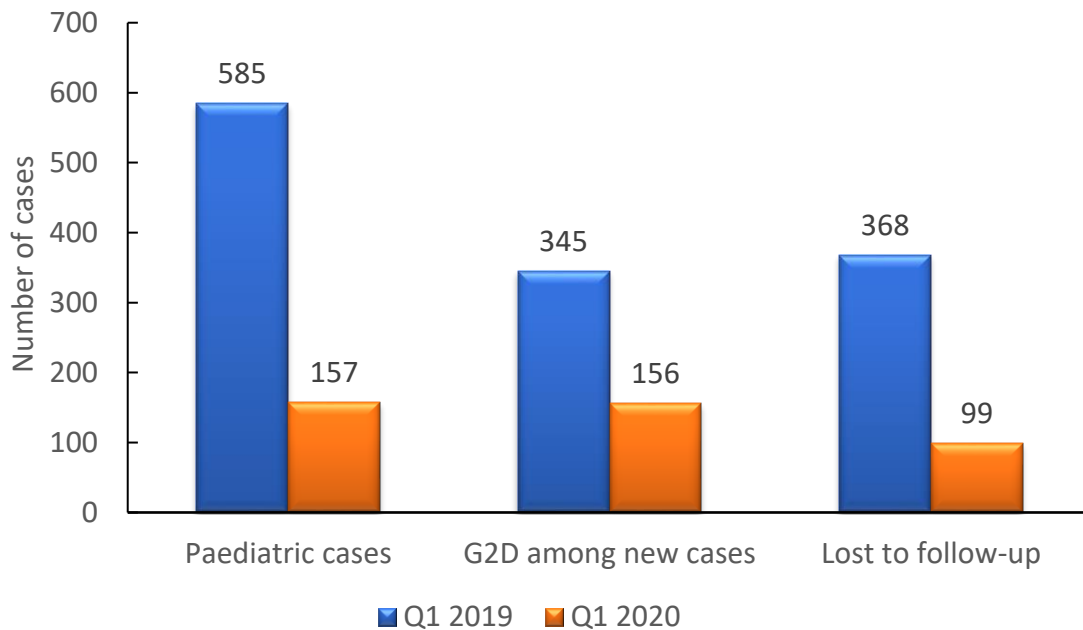


Figure 22: Comparison of leprosy paediatric cases, Grade-2 Disability (G2D) among new cases, and cases that were lost to follow-up from January to March 2019 vs 2020.

Source: National Leprosy Elimination Programme Indonesia, unpublished data.

Note: Patients lost to follow-up had interrupted treatment for at least three months (if paucibacillary leprosy) or at least six months (if multibacillary leprosy)

- ii. Many activities of the LEP have been delayed, especially those involving large gatherings. This includes counselling, active case finding (contact surveys, rapid village surveys, and intensified case finding), chemoprophylaxis, supervision in the field, data recording and reporting, programme monitoring and evaluation, and data validation.
- iii. Since March 2020, some government budget to support LEP at national and provincial levels was diverted to the COVID-19 response. Most leprosy staff at subnational level have been repurposed to support the pandemic response. The programmes have been integrated as much as possible, especially in high-burden leprosy areas.

To mitigate the impact of COVID-19 and maintain essential LEP services, interventions are being made in the following areas:

- i. Guideline: The Director General of Disease Prevention and Control, MoH, released a [circular letter](#) in April on 'Implementation of Prevention and Control of Leprosy and Yaws in the Context of the COVID-19 Pandemic'. This was followed by a circular letter in June on 'Prevention and Control of Leprosy and Yaws in the New Normal Era of the COVID-19 Pandemic'. Both circular letters focused on the continuity of distribution of MDT medicines, sustainability of health services for leprosy patients, including management of clinical cases and adverse reaction to treatment while adhering to appropriate IPC measures by healthcare workers, and implementation of active case finding with health protocols such as wearing mask, physical distancing, and hand hygiene to prevent the transmission of COVID-19. In early April, WHO, the International Federation of Anti-Leprosy Associations, and the Global Partnership for Zero Leprosy shared [advice](#) about leprosy and COVID-19. WHO also published modifications for safe delivery of leprosy services in its interim guidance '[Maintaining essential health services: operational guidance for the COVID-19 context](#)'.
- ii. Surveillance: WHO is providing technical support to the MoH to develop an electronic-based recording and reporting system based on the District Health Information Software 2 (DHIS2) and facilitating webinars with leprosy staff at subnational level for data validation.
- iii. Diagnosis: In the absence of any point-of-care diagnostic kits, patch examination should be used to diagnose leprosy in each suspected case in the primary healthcare facilities (puskesmas). Alternatively, leprosy staff

- may use a door-to-door approach using appropriate personal protective equipment (PPE) and following the basic health protocols.
- iv. Essential logistics: WHO is providing technical support to the MoH to facilitate the donation of MDT medicines. Adequate stocks have been ensured for all provinces and districts. In some areas, a two-to-three-month drug-supply has been distributed, in line with WHO guidance, to minimize the frequency of visits of leprosy patients to healthcare facilities.
 - v. Human resources: Routine webinars and communication with leprosy officers at subnational level via online platforms have been conducted since the PSBB onset in March to ensure all programmes are implemented and to strengthen programme monitoring and evaluation.
 - vi. WHO continues to provide overall technical support to the MoH, as well as communicating with donors and implementing partners regularly.

PARTNER COORDINATION

- On 17 July, WHO convened the fourteenth meeting of key development partners to discuss and coordinate COVID-19 response interventions. The Japan International Cooperation Agency (JICA) newly joined the meeting. Other participants included: the Asian Development Bank (ADB), the British Embassy, the Canadian Embassy, DFAT, the European Union (EU), the United Nations Children's Fund (UNICEF), USAID, US CDC, the World Bank, and the World Food Programme (WFP). WHO presented on the COVID-19 epidemiological situation in the country and updated partners on the technical assistance provided to government counterparts. UNICEF is providing support to national counterparts to analyze data on confirmed cases and deaths among people under 18 years. USAID and DFAT will receive ventilator shipments during the week. WFP plans to conduct an evaluation of the logistics management in the response in 12 provinces.
- On 22 July WHO, in collaboration with the United Nations Development Programme (UNDP), the International Labour Organization (ILO) and Indonesian Global Compact Network, organized a 'Kick-Off Executive Roundtable Dialogue', bringing together UN Agencies, the MoH, the Ministry of Transportation, the Ministry of Tourism and Creative Economy, the Indonesia Chamber of Commerce and the Indonesian Employers' Association to discuss the challenges in implementing health protocols

during the COVID-19 pandemic for private sectors (Fig. 23). The meeting will be followed by a series of workshops on ‘Business unusual in the ‘new normal’’, which will be conducted from July to August. The WHO Representative to Indonesia gave a presentation to inform the audience on the global and national situation of COVID-19 as well as to reiterate the non-negotiable health protocols (Fig. 24).






SERI WORKSHOP ADAPTASI BISNIS PADA NORMAL BARU DI 4 SEKTOR
PANDUAN PROTOKOL BARU
UNTUK OPERASI BISNIS BERKELANJUTAN
 KICK OFF : EXECUTIVE ROUNDTABLE DIALOGUES

Sambutan

 **Christophe Bahuet**
Resident Representative,
UNDP Indonesia

Dialog Sesi Pertama

Pembicara

 **Dr. N. Paranietharan**
Country Representative,
WHO Indonesia

 **Dr. Frans Teguh, MA**
Plt. Deputi Sumber Daya &
Kelembagaan,
Kementerian Pariwisata dan
Ekonomi Kreatif

 **dr. Kirana Pritasari, MQIH**
Direktur Jenderal
Kesehatan Masyarakat
Kementerian Kesehatan

 **Shinta Widjaja Kamdani**
Wakil Ketua Umum Bidang
Hubungan Internasional,
Kamar Dagang dan Industri
Indonesia (KADIN)

Fasilitator 

Siprianus Bate Soro
Team Leader of Democratic
Governance and Poverty
Reduction Unit,
UNDP Indonesia

Penanggap

Peserta dari
kalangan eksekutif

Dialog Sesi Kedua

Pembicara

 **Michiko Miyamoto**
Country Director,
International Labour
Organization (ILO)

 **Maulana Yusran**
Ketua Bidang Pariwisata
dan Ekonomi Kreatif,
Asosiasi Pengusaha
Indonesia (APINDO)

 **DR. Ir. Djoko Sasono,
MSc. (ENG).**
Sekretaris Jenderal,
Kementerian Perhubungan

Fasilitator 

**Prof. Ir. Bramantyo
Djohanputro, MBA., Ph.D**
Executive Director,
PPM Manajemen and VP
Business Ethics & Governance,
Indonesia Global Compact
Network (IGCN)

Penanggap

Peserta dari
kalangan eksekutif

Penutup

 **Y.W. Junardy**
Presiden,
Indonesia Global
Compact Network
(IGCN)

 **Rabu,
22 Juli 2020**
15.00 – 17.00 WIB

Figure 23: Poster of the ‘Kick-Off Executive Roundtable Dialogue’ to discuss the challenges in implementing health protocols during the COVID-19 pandemic for private sectors. *Credit: WHO*

Relationship between health and economy

- Health Versus Economy? **NO**
- Health or Economy? **NO**
- Trade off between health and economy? **NO**
- Health for Economy? **YES**

Indonesia Country Office



Figure 24: The WHO Representative to Indonesia presented during a workshop on 'Business unusual in the 'new normal'', 22 July 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 July 2020 (Fig. 25).

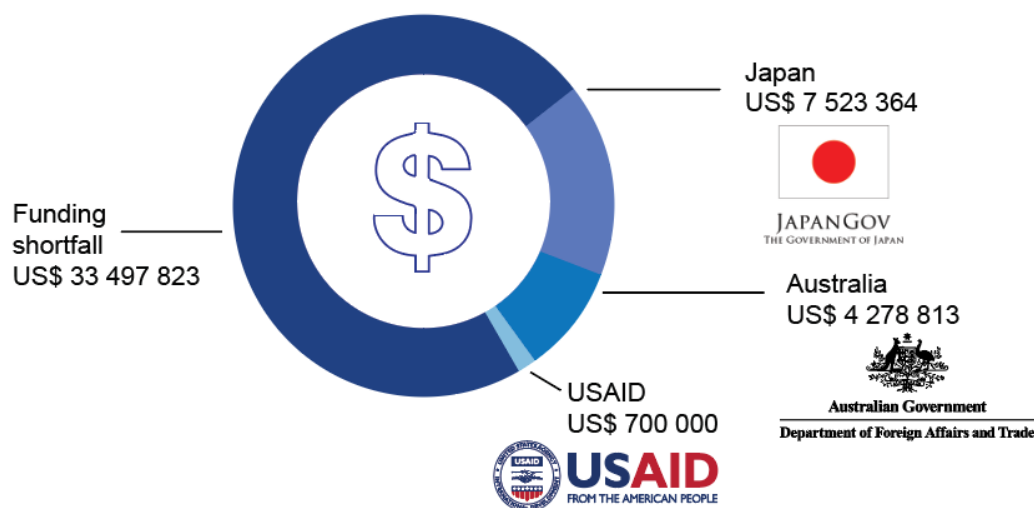


Figure 25: WHO funding situation for COVID-19 response, July 2020

Data presented in this situation report have been taken from publicly available data from the MoH (<https://infeksiemerging.kemkes.go.id/>), BNPB (<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.

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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:](#)

- Is dexamethasone a treatment for all COVID-19 patients?
- The 'new normal'
- Science solutions solidarity
- Helping the elderly
- The 'new normal'
- Domestic violence
- Staying healthy in the workplace
- Quarantine and self-monitoring
- Mental health
- Physical distancing is not social isolation
- A selection of myth-busters



[Videos:](#)

- The science of COVID-19
- COVID-19 prevention in the workplace
- How to use medical masks
- How to use fabric masks
- Who wears what mask when
- Depression due to COVID-19
- Seven steps to prevent the spread of COVID-19

For more information please feel free to contact: seinocomm@who.int
[WHO Indonesia Reports](#)