As of 21 October, the Government of Indonesia announced 373,109 (4,267 new) confirmed cases of COVID-19, 12,857 (123 new) deaths and 297,509 recovered cases from 501 districts across all 34 provinces.

WHO has been supporting the Ministry of Health with planning for COVID-19 vaccine introduction (pages 16).

UN Women, WHO and the Ministry of Women Empowerment and Child Protection launched a Comic and Illustration Competition to highlight the impact of the COVID-19 pandemic on women (pages 17 to 18).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 15 to 21 October 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/
The Government of Indonesia is strengthening its multilateral cooperation with international partners, including Gavi, the Vaccine Alliance, and WHO, to meet the country’s COVID-19 vaccine requirements. Foreign Minister Retno Marsudi, State-Owned Enterprises Minister Erick Thohir and a team from the Ministry of Health (MoH) undertook an official visit to the United Kingdom and Switzerland to explore potential cooperation for the procurement and supply of COVID-19 vaccines. At a meeting with the WHO Director General Tedros Adhanom Ghebreyesus in Switzerland, the Indonesian delegation emphasized the importance of collective support from all states to enable the international community to handle the COVID-19 pandemic. The Indonesian delegates also shared their plans to obtain potential COVID-19 vaccine supplies bilaterally from China, the United Arab Emirates, the Republic of Korea, and the United Kingdom, while Indonesia attempts to develop its own vaccine called ‘Merah Putih’. They informed about Indonesia’s vaccination plan and commitment to maintaining coordination and communication with WHO on all stages of vaccination.2

On 17 October, the Indonesian Medical Association (IDI) informed the media that 136 doctors have died of COVID-19 since the onset of the pandemic: 71 general practitioners, 63 specialists and two resident physicians from 18 provinces and 66 cities and regencies. East Java has recorded the highest COVID-19 death toll among doctors with 32 deaths, followed by North Sumatra with 23, Jakarta with 19, West Java with 12 and Central Java with nine. The other provinces the doctors were from included Aceh, Bali, Banten, East Kalimantan, North Sulawesi, South Kalimantan, South Sulawesi, South Sumatra, Riau, Riau Islands, West Nusa Tenggara, West Papua and Yogyakarta. IDI warned that many people still don’t fully comply with health protocols. IDI called for comprehensive cooperation of both the government and the public in implementing health protocols, so that health care workers can continue their work without being placed at risk.3

On 21 October, 4,267 new and 373,109 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 12 to 18 October, there were 28,418 new cases (Fig. 3); an average of 4,060 new cases per day.

**SURVEILLANCE**

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 21 October, 59.1% of confirmed cases were in Java: DKI Jakarta, East Java, West Java, and Central Java are the four top provinces in terms of number of confirmed cases. South Sulawesi is the only province outside Java that is among the top five provinces in terms of number of confirmed cases. The cumulative number of confirmed COVID-19 cases by province is shown in Figure 4.

Figure 4: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 21 October 2020. Source of data

Disclaimer: Data from DKI 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 DKI Jakarta. The same may apply to other provinces.
As of 21 October, DKI Jakarta’s mortality rate of 197 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, Bali, and North Sulawesi (Fig. 5).

Figure 5: Cumulative deaths per one million population by province in Indonesia, as of 21 October 2020.

Source of data

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included; however, as per the WHO definition, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma). There should be no period of complete recovery between the illness and death.
As of 21 October, the daily numbers of specimens and people tested were 43 586 and 30 597, respectively. As of the same day, the daily number of suspected cases was 162 216 (Fig. 6). The gap between suspected cases and people tested has been widening since 29 August; therefore, it is imperative to increase laboratory capacity to ensure testing of all suspected cases.

![Figure 6: The daily number of specimens, people tested and suspected COVID-19 cases in Indonesia, from 01 June to 21 October 2020. Source of data](who.int/indonesia)

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.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the three-week period from 28 September to 18 October 2020.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Less than 5% of samples positive for COVID-19 at least for the last 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>DKI Jakarta</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Banten</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak may differ for each province (see Figs. 7 to 12 for details)
**positivity rate is calculated from 05 to 18 October (see Fig. 13 for details)
***decrease in deaths is calculated from 28 September to 18 October 2020 (see Fig. 14 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

- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 7 to 12).
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 18 October 2020. Source of data

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 18 October 2020. Source of data
Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 18 October 2020. [Source of data](#)

Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 18 October 2020. [Source of data](#)
Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 18 October 2020. Source of data

Figure 12: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 18 October 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 in the order of one person tested per 1 000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, West Sumatra, East Kalimantan, and West Papua for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 13).

Figure 13: Positivity rate of samples, and people tested per 1 000 population per week:
Week 1: 28/09/20 - 04/10/20; Week 2: 05/10/20 - 11/10/20; Week 3: 12/10/20 - 18/10/20

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: Indonesia, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, West Sumatra, South Sumatra, Central Kalimantan, East Kalimantan, West Papua

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Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last 3 weeks.
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 28 September to 18 October 2020 in six provinces in Java. Source of data: **DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten**

Disclaimer: The data are provisional. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.

- On 15 October, the Center for Indonesia’s Strategic Development Initiatives, Food and Agriculture Organization, Indonesia One Health University Network, MoH, United States Agency for International Development (USAID) LINKAGES project, US Centers for Disease Prevention and Control (US CDC), and WHO convened a meeting to evaluate the training on contact tracing that took place on 01 October. The content and method were discussed, and it was agreed that a background on the pandemic and techniques for contact tracing in different scenarios needs to be included in future training sessions.

### HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- The number of confirmed COVID-19 cases hospitalized in DKI Jakarta since the beginning of June remained consistent and had gradually decreased until 07 July; from 08 July, it increased until the end of July, plateauing in August and was on the rise again in September. The number of cases hospitalized increased until 16 September and then declined until 01 October. Since that date there has been a gradual increase (Fig. 15).

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Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 18 October 2020. **Source of data**

Disclaimer: Data from Wisma Atlet are not included.
• As reported by the government on 21 October, the daily number of people tested for COVID-19 with polymerase chain reaction (PCR) was 30,597 and the cumulative number of people tested was 2,613,682 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 79.7% (Fig. 17), and there were 62,743 active cases⁴.

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⁴ https://covid19.go.id/
• On 14 and 16 October, WHO participated in meetings with MoH to discuss developments towards the use of antigen-detection rapid diagnostic tests (Ag-RDTs) and their integration into the sixth revision of the national guidelines on COVID-19 prevention and control. The draft to date is comprised of a background on Ag-RDTs, target groups, sample collection and processing, recording and reporting scheme, and waste management protocols. The National Institute of Health Research and Development (NIHRD), Centre for Health Data and Information (Pusdatin), Subdirector of Emerging Infectious Diseases, and Subdirector of Respiratory Diseases and Directorate of Environmental Health joined the meeting.

• On 15 October, WHO and NIHRD met to further discuss the External Quality Assessment (EQA) for the COVID-19 laboratory network. The primary discussion topic was tools that will be used in the field to assess the performance of the laboratories. NIHRD plans to conduct an assessment for laboratories that scored below 90% on EQA from next week until the end of the year. The assessment team expects to identify the bottlenecks leading to suboptimal performance and provide recommendations for improvement.

• During the first half of October, MoH, with support from WHO, completed the orientation of protocols on mental health and psychosocial support (MHPSS) for children and adolescents during the COVID-19 pandemic in all 34 provinces. The protocols include guidance on planning, coordination, implementation, and evaluation of appropriate mental health interventions for subnational levels. Four batches of webinars were conducted. These were attended by 411 staff from health, religious, social, women empowerment and child protection sectors at provincial and district levels.

Figure 18: A child playing on the streets of Jakarta; the photo dates from before the COVID-19 pandemic. WHO and MoH disseminated protocols on mental health and psychosocial support for children and adolescents to all 34 provinces. Credit: WHO
On 06 October, the government issued Presidential Regulation no. 99/2020 on procurement, coordination and management of COVID-19 vaccines. MoH has developed a National Vaccine Deployment Plan (NVDP) which outlines the planning, implementation, monitoring and evaluation of vaccine operations. The plan provides details on the target populations and vaccine deployment strategy. It also identifies resource needs for trained health workers, cold chain capacity, and funds to support deployment operations. The NVDP is a living document which will be updated as new information becomes available on vaccination. MoH, with support from WHO, has also developed technical guidance for Province Health Offices, District Health Offices and community health centres (puskesmas), and strategies to engage multiple sectors to support vaccination. This guidance outlines planning, implementation, surveillance of adverse events following immunization (AEFI), monitoring and evaluation. 

WHO is actively participating in discussions with MoH, the Coordinating Ministry of Economic Affairs, Ministry of National Development Planning (BAPPENAS), Asian Development Bank (ADB), Ministry of Information and Communications and other relevant partners on preparations related to COVID-19 vaccine introduction to Indonesia. WHO has supported various other activities for preparing Indonesia for COVID-19 vaccine introduction. Initial details can be found in WHO Situation Report 27, pages 16-18. 

WHO, the Clinton Health Access Initiative (CHAI), Indonesian Technical Advisory Group on Immunization (ITAGI), United Nations Children’s Fund (UNICEF), US CDC and other partners are supporting MoH to develop the NVDP, technical guidance and training modules as well as information, education and communication (IEC) materials for COVID-19 vaccination. MoH plans to conduct a simulation exercise for COVID-19 immunization activities in two locations: Bogor city and Bandung district. WHO is assisting with the preparation of the exercise to ensure health protocols are applied according to the immunization standard operating procedures (SOP) during the COVID-19 pandemic. 

WHO supported the National Committee of AEFI to develop supplementary guidance on potential adverse events of special interest (AESI) for the COVID-19 vaccine and will provide capacity building to the national committee, provincial committees and AEFI task forces in all 34 provinces.
WOMEN AND COVID-19

- Around the world, the pandemic has disproportionately affected women and girls. Women are losing their livelihoods and are burdened with increased household and unpaid care duties. Moreover, the pandemic has also exacerbated various forms of gender-based violence. Details can be found in WHO Situation Report 14, pages 15-17. While confronting these challenges, women also make up the majority of frontline health care workers and they play a key role in sharing important and accurate health messages with their family and community.

- On 16 October, UN Women, WHO and the Ministry of Women Empowerment and Child Protection launched a Comic and Illustration Competition through a joint media release to highlight the COVID-19 pandemic experience from the perspective of women and girls in Indonesia.
  
  - The competition will provide a unique platform to capture how women’s lives have been impacted during the pandemic, by harnessing art as a powerful tool to channel expression, raise awareness and stimulate discussion in society.
  
  - Until 15 November 2020, Indonesian nationals can submit an original comic or illustration reflecting the theme of women and COVID-19. The competition will be divided into two categories: Category I for age 15 to 24 years and Category II for age 25 and above. Winners will be selected by a panel of judges, with 10 finalists from each category also competing for the People’s Favourite Award, chosen through public voting on social media. The winners will be announced in December in a virtual award ceremony.
WHO is regularly translating and sharing important health messages on the [website](https://www.who.int) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:

- A technical document on adverse events of special interest (AESI) for COVID-19 vaccine

- Videos on:
  - Routine immunization

Figure 19: Poster for Comic and Illustration Competition to reflect how women’s lives have been impacted during the pandemic. Credit: WHO, UN Women and the Ministry of Women Empowerment and Child Protection, October 2020
- **Guidance to prevent COVID-19 in the food sector**, in collaboration with the Indonesia Global Compact Network (IGCN), International Labour Organization (ILO) and United Nations Development Programme (UNDP)

## PARTNER COORDINATION

- 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 October 2020 (Fig. 20).

![Diagram showing funding sources](image)

**Figure 20: WHO funding situation for COVID-19 response, October 2020**

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.
Table 2: Title and details of recent WHO resources

Source: [https://www.who.int/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO guidance for breastfeeding and newborn care in the context of COVID-19</td>
<td>An update as of 12 October on what we know about breastfeeding and newborn care in the context of COVID-19, guidance and resources.</td>
</tr>
<tr>
<td>Episode 8 of <em>Science in 5</em>, WHO’s series of conversations in science</td>
<td>WHO’s Director of the Department of Global Infectious Hazard Preparedness, Dr Sylvie Briand, busts myths about COVID-19 and antibiotics, alcohol and garlic.</td>
</tr>
<tr>
<td>Target product profiles for priority diagnostics to support response to the COVID-19 pandemic</td>
<td>WHO published the <a href="https://www.who.int/">final version of Target Product Profiles (TPP) for priority COVID-19 diagnostics</a>. These TPPs describe the desirable and minimally acceptable profiles for four tests. This will be reviewed and updated as new information becomes available.</td>
</tr>
<tr>
<td>New arrangements for the Access to COVID-19 Tools (ACT) Accelerator for affordable, high-quality COVID-19 antigen rapid tests</td>
<td>The arrangements will make <a href="https://www.who.int/">120 million Ag-RDTs available to low- and middle-income countries</a>. These tests provide results in 15 to 30 minutes, rather than hours or days, and will enable expansion of testing, particularly in countries that do not have extensive laboratory facilities or trained health workers to implement PCR tests.</td>
</tr>
</tbody>
</table>
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
- Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays
- Diagnostic testing for SAR-CoV-2

Infographics:
- Addressing domestic violence
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse
- Contact tracing
- Flu and COVID-19
- Flu vaccine

Questions and answers:
- Children and masks
- COVID-19 transmission
- Contact tracing

Videos:
- When to wash hands
- Organizing small gatherings
- Attending small gatherings
- Guidance at workplace
- Immunization during COVID-19
- Stay healthy at home

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

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