HIGHLIGHTS

- As of 29 July, the Government of Indonesia announced 104,432 confirmed cases of COVID-19, 4,975 deaths and 62,138 recovered cases from 473 districts across all 34 provinces.

- WHO and the Directorate of Mental Health are working to make mental health and psychosocial support available for children and adolescents at provincial level (pages 17-18).

- WHO is supporting the Ministry of Health (MoH) to conduct a field assessment to identify best practices, gaps and challenges for the pandemic response at the subnational level (pages 18-19).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 23 to 29 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/
On 27 July, President Joko Widodo urged his cabinet to prioritize the COVID-19 response in eight provinces that are reporting very high numbers of confirmed COVID-19 cases: Central Java, East Java, DKI Jakarta, North Sumatra, Papua, South Sulawesi, South Kalimantan and West Java. These eight provinces constitute 78% of all confirmed COVID-19 cases in Indonesia. The President has set two targets: to decrease the mortality rate and increase the recovery rate. He demanded to control the growth in new infections, emphasizing the three Ts (testing, tracing and treatment) that should be “conducted massively and more aggressively”\(^2\).

The University of Indonesia (UI) has suggested the government conduct a thorough evaluation of the extended transitional large-scale social restrictions (PSBB) in DKI Jakarta that will end on 30 July. According to UI initial data, resuming social and economic activities was premature; they recommended to re-implement PSBB after the extension period has ended and to conduct regional, district, subdistrict, and community-level PSBB\(^3\).

A recent online survey by the Indonesian Child Protection Commission (KPAI) conducted from 08 to 14 June found that the unequal burden of child care and housework on women has prompted a domino effect leading to violence against children as mothers struggle amid the COVID-19 crisis that has turned homes into offices and classrooms. The survey showed that child care was mostly performed by mothers, from giving children information about health protocols to assisting them in their studies. The unequal division of labour and the mental load shouldered by mothers, combined with children engaging in seemingly unproductive activities, has contributed to violence. The KPAI encouraged both the mother and father to be equally involved in household chores and parenting to minimize the risk of violence against children. Furthermore, the KPAI highlighted the need to constantly promote consulting services to parents and children so that victims of violence could report incidences to the right place to be handled effectively\(^4\).

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On 29 July, 2,381 new and 104,432 cumulative confirmed COVID-19 cases were reported (Fig. 2). This was the second highest daily count since the beginning of the pandemic; the highest was on 09 July with 2,657 confirmed cases. DKI Jakarta also reported the highest daily count today with 577 confirmed cases. The average for the last seven days was 1,812 cases per day, compared to 1,665 per day for the previous seven days.

As of 29 July, most confirmed cases were in East Java and DKI Jakarta, followed by South Sulawesi, Central Java, West Java, South Kalimantan and North Sumatra. Java contributed 57% of the total cases in Indonesia. The cumulative number of confirmed COVID-19 cases by province is shown in Figure 3.
Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 29 July 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 29 July, DKI Jakarta had the highest confirmed COVID-19 mortality per one million population, followed by South Kalimantan, North Sulawesi, East Java, North Maluku and South Sulawesi (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 29 July 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.
• In-depth mortality data analyses on age, sex-gender, comorbidities, risk factors, testing patterns, symptomatology and severity of disease are needed. These analyses would provide valuable information for targeted interventions to improve health system capacities, including provision of suitable clinical care for vulnerable and high-risk patients.

• As of 29 July, the daily number of specimens and suspected cases tested were 30 261 and 17 859, respectively (Fig. 5). The weekly average of number of specimens and suspected cases tested in the last seven days were 23 496 and 13 057, respectively.

![Figure 5: The number of specimens and the suspected COVID-19 cases tested in Indonesia, from 01 May to 29 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 22 July, the second batch of webinars for the ‘Tagana’ (community volunteers for responding to disasters) was convened for South Kalimantan by the Ministry of Social Affairs along with relevant partners. The webinar discussed the preparation of quarantine and isolation facilities at the community level. 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.

- From 22 to 23 July, WHO provided technical assistance to East Java for capacity building in surveillance and contact tracing. As the number of cases is rapidly increasing each day, contact tracing is becoming more challenging. Therefore, there is a plan to establish a contact tracing centre in collaboration with the Province Health Office (PHO), District Health Offices (DHOs) and the Field Epidemiology Training Programme (FETP). The related discussions will start this week.

**EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION**

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 06 to 26 July.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</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>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>More than 50% over two-weeks since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>More than 50% over three-weeks since latest peak</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak differs for each province (see Figs. 6 to 11 for details)
**decrease in deaths is calculated from 06 to 26 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 DKI Jakarta, as of 26 July 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 26 July 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 26 July 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 26 July 2020. Source of data
**East Java**

![East Java graph](image_url)

**Figure 10:** Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 26 July 2020. *Source of data*

**Banten**

![Banten graph](image_url)

**Figure 11:** Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 26 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. DKI Jakarta has achieved this minimum case detection benchmark (Fig. 12).

Figure 12: Positivity rate of cases, and suspected cases tested per 1 000 population per week: Week 1: 06/07/20 - 12/07/20; Week 2: 13/07/20 - 19/07/20; Week 3: 20/07/20 - 26/07/20

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: Indonesia, DKI Jakarta
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last 3 weeks

DKI Jakarta

West Java

Central Java

Yogyakarta

East Java

Banten

Other death with COVID-19 protocol
Death-Confirmed-Case
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 06 July to 26 July 2020 in six provinces in Java. **Source of data:** DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.

Disclaimer: The data are provisional. As of 20 July, DKI Jakarta and East Java are in the process of adapting case definitions 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 24 July, the Governor of DKI Jakarta stated during a media briefing that the occupancy rate was 44% for isolation rooms and 32% for intensive care units (ICU) in DKI Jakarta\(^5\). These data were from 67 COVID-19 referral hospitals, excluding Wisma Atlet.

- The bed occupancy rate (BOR) and the number of hospitalized cases and isolation beds for DKI Jakarta and Yogyakarta, as of 26 July, are shown below (Fig. 14).

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\(^5\) [https://www.youtube.com/watch?v=FlSotZf0kH0&feature=youtu.be](https://www.youtube.com/watch?v=FlSotZf0kH0&feature=youtu.be)

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The number of confirmed COVID-19 cases hospitalized in DKI Jakarta since the beginning of June had gradually decreased until 07 July; however, since 08 July, the number has progressively increased and is still increasing as of 26 July (Fig. 15).

Sources of data on hospitalizations: DKI Jakarta and Yogyakarta
Sources of data on isolation beds: DKI Jakarta and Yogyakarta

BOR is calculated as the number of hospitalized cases divided by the number of isolation beds.

Figure 14: Number of isolation beds and hospitalized cases (confirmed and/or suspected) and the bed occupancy rate (BOR) for DKI Jakarta and Yogyakarta, as of 26 July.

Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 26 July 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
During the last three-week period, an increase in the weekly number of confirmed COVID-19 cases in DKI Jakarta was observed: 2,105, 2,033 and 2,713 from 06 to 12 July, 13 to 19 July and 20 to 26 July, respectively. This is a result of the active case finding strategy implemented in DKI Jakarta. The positivity rate was 4.3%, 5.4% and 5.6%, respectively. Despite the slight increase, the positivity rates have been close to the benchmark of <5% as per WHO’s epidemiological criterion. The interpretation of the positivity rate is complemented by comprehensive surveillance and testing of suspected cases, in the order of 1 per 1,000 population per week, which was well-met by DKI Jakarta.

In the same three weeks, there were a significantly higher number of other bodies buried following COVID-19 protocols compared to deaths among confirmed COVID-19 cases, re-emphasizing the need to prioritize testing of suspected cases. It is imperative to ensure surveillance systems are functional at all levels, spanning from health facility level to the community level, ensuring people with COVID-19 symptoms have rapid access to affordable testing. It is equally important to strengthen contact tracing followed by quarantining. Additionally, risk communication and community engagement should be applied in a comprehensive set of interventions encouraging active health-seeking behaviour, isolation of confirmed and suspected cases and quarantining of contacts, and alleviating fear and stigma.

As reported by the government on 29 July, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 17,859 and the cumulative number of persons tested was 841,027 (Fig. 16).
On 21 and 23 July, WHO participated in two follow-up meetings with the National Board for Disaster Management (BNPB) and the MoH to discuss a strategy for enhancing surveillance and improving testing capacity in the provinces. Tailored strategies, capacities and challenges from 23 provinces were discussed with the PHOs and DHOs.

Figure 16: Daily and cumulative number of suspected COVID-19 cases tested with polymerase chain reaction (PCR) in Indonesia, as of 29 July 2020. Source of data
As of 29 July, the proportion of people that recovered among the total confirmed cases was 59.5% (Fig. 17). As of the same date, there were 37,319 confirmed COVID-19 cases under care or in isolation.

On 27 July, WHO participated in a meeting convened by the Directorate of Mental Health, MoH, to discuss the availability of MHPSS to children and adolescents and address the increasing concerns of mental well-being during the pandemic. Professional organizations including associations for social workers, psychologists, psychiatrists, mental health nurses and public health practitioners joined the meeting. The participants highlighted the urgent need to establish a coordination platform to provide MHPSS at subnational level and further engage community health centres (puskesmas), community health posts (posyandu), youth organizations and religious associations to reach those in need of support.

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6 https://covid19.go.id/
WHO is supporting the MoH to conduct a comprehensive field assessment to identify best practices, gaps and challenges and develop contextualized recommendations for provinces to strengthen the COVID-19 response. The assessment tool was piloted in nine provinces: Banten, East Java, North Maluku, North Sulawesi, Papua, South Sulawesi, West Java, West Papua and Yogyakarta. Field and virtual testing of the assessment tool have been conducted since early July by WHO field staff in collaboration with PHOs, DHOs, port health posts, hospitals, COVID-19 Task Force, puskesmas, posyandu and the communities (Figs. 19 and 20).
Figure 19: WHO staff interviewed Posyandu (community health post) Melati cadre in Ternate, North Maluku, during field testing of the assessment tool for COVID-19 response, July 2020. Credit: WHO

Figure 20: WHO field staff interviewed health worker in community health centre, Puskesmas Siko, Ternate, North Maluku. Credit: WHO
On 22 July, WHO supported the Directorate of Disease Prevention and Control, MoH, in a virtual coordination meeting to review the protocols for COVID-19 screening of international workers and travellers at the Juanda International Airport in East Java. The MoH, the Ministry of Transportation, the Ministry of Foreign Affairs, along with armed forces officers, province health officers, transportation managers and airport authority from East Java attended the meeting. It was reiterated that travellers will be required to supply a health certificate, issued within seven days before travelling, stating their PCR test result, and fill in a health alert card on arrival to declare they are not experiencing COVID-19 symptoms. The entry protocols are part of a comprehensive effort to reduce the risk of transmission of COVID-19 in East Java.

From 28 to 29 July, WHO assisted the MoH with a training on a country-level Intra-Action Review (IAR). Around 100 participants from multiple sectors attended the training. WHO translated the global IAR guidelines and facilitators’ packages to Indonesian and is supporting the MoH to adapt the guidelines into country context. The IAR will be a country-led facilitated discussion that will allow national and subnational stakeholders of the COVID-19 response to reflect actions being undertaken to respond to the pandemic in order to identify best practices, gaps and lessons learned. The IAR will also propose measures and actions to address challenges and institutionalize best practices. It will use country data available from the Partners Platform and results of the IAR will be also documented in the same platform. The findings of the IAR will provide valuable inputs on the revision of the MoH COVID-19 response plan.
On 24 July, WHO participated in the weekly Risk Communication and Community Engagement Task Force meeting to continue discussing the integration and implications of the fifth national guidelines on COVID-19 prevention and control. The task force will develop a list of frequently asked questions, key messages based on the revisions and a communication strategy to keep the public informed and updated.

WHO is regularly sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published:

- Seven infographics in English and Indonesian on the ‘new normal’ (Fig. 23)
Bagi mereka yang bertanggung jawab atas ruang komunal, seperti toko, restoran, atau tempat ibadah:

1. Pastikan terjadi pertukaran udara yang cukup: buka pintu dan jendela jika memungkinkan.
2. Pastikan semua staf, klien, dan pengunjung menjaga jarak fisik.
3. Batasi jumlah orang yang berada di dalam ruangan yang terbatas dan tertutup.
4. Sediakan tempat mencuci tangan atau cairan antiseptik berbahan dasar alkohol.
5. Buat rencana untuk mengantisipasi jika seseorang merasa kurang sehat (misal: kumpulkan data pengunjung di pintu masuk, slapkan nomor hotline nasional atau nomor telepon fasilitas pelayanan kesehatan yang dapat dihubungi).

Figure 23: An infographic from the ‘new normal’ infographic series, translated and published by WHO, available online, July 2020.

- **Videos** on:
  - COVID-19 is a virus not bacteria
  - Health workers and stigma
  - Managing stress
  - Who wears what masks when
  - COVID-19 spread
On 21 July, the President reinforced high-level political commitment to achieve tuberculosis (TB) elimination in Indonesia by 2030. He reemphasized that TB and COVID-19 programmes need joint efforts to protect the health of citizens. WHO is continuing to support the development of the Presidential Decree on TB elimination in Indonesia through discussions with the MoH and the Coordinating Ministry for Human Development and Cultural Affairs. During the pandemic, the development process has been ongoing. Furthermore, WHO has been working with the government to ensure continuity of case reporting, prevention, diagnosis, and treatment alongside the COVID-19 response. The President's directives for the TB programme are:

i) To conduct aggressive case finding. The President stated that an estimated 845,000 people in Indonesia are suffering from TB, of which only 562,000 cases were notified by the end of 2018, meaning approximately 33% of the cases were undetected or unreported;

ii) To continue TB diagnostic and treatment services, ensuring that patients are treated until they are cured, and to make medicines available in a timely manner. He added that, if needed, he will issue a Presidential Decree or Ministerial Regulation on accelerating efforts to end TB in Indonesia urgently, taking into account the core principles: find, treat, and recover.

iii) To strengthen preventive and promotive efforts to reduce the TB burden across all sectors, including improving the infrastructure since TB can transmit faster in crowded settings. He highlighted the importance of collaboration of the MoH, the Ministry of Social Affairs, the Ministry of Public Works and Human Settlements in controlling TB, especially to improve housing and standards of healthy living.

From 22 July to 12 August, WHO is facilitating a series of four webinars on the continuity of the leptospirosis programme during the COVID-19 pandemic. The webinars are highlighting challenges on leptospirosis detection and diagnosis in parallel with the COVID-19 response, due to the similarity in early symptoms of the diseases. WHO is supporting the MoH to improve awareness of healthcare workers on leptospirosis detection and treatment during the pandemic as well as to ensure their safety through appropriate infection prevention and control measures.
On 24 July, WHO, along with other UN agencies, participated in a meeting conducted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The primary agenda was to prepare for a meeting with the Coordinating Ministry for Human Development and Cultural Affairs on 30 July. The participants also discussed the revised

Figure 24: Poster of the first of four webinars on continuity of the leptospirosis programme during COVID-19, 22 July 2020. Credit: WHO

**PARTNER COORDINATION**
structure of the COVID-19 Task Force and its implications. They provided inputs for the finalization of the multi-sectoral response plan indicators. There were 18 indicators for the health sector, ranging from case finding to provision of mental health services. OCHA oriented the new online information repository which will enable all UN agencies to get relevant and reliable information on different agencies’ work on COVID-19 in Indonesia, based on reports and information from each organization and the media.

- 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).

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.
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:
- Tuberculosis and COVID-19
- Nutrition tips
- Three places to avoid
- ‘Be Active’
- Is dexamethasone a treatment for all COVID-19 patients?
- The ‘new normal’
- Science solutions solidarity
- Helping the elderly
- The ‘new normal’
- Domestic violence
- 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
- Depression due to COVID-19
- Seven steps to prevent the spread of COVID-19
- Alternate to handshakes, hugs and high-fives

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