As of 09 September, the Government of Indonesia announced 203,342 (3,307 new) confirmed cases of COVID-19, 8,336 (106 new) deaths and 145,200 recovered cases from 489 districts across all 34 provinces¹.

WHO, in collaboration with the Ministry of Health (MoH), conducted infection prevention and control (IPC) training for hospitals in the western region of the country (page 15).

WHO has procured reagents worth US$ 80,000 for the seroepidemiological survey (page 16).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 03 to 09 September 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.

¹ [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
The Jakarta administration plans to issue a policy that will require COVID-19 patients in the capital to be quarantined at COVID-19 referral hospitals, including Wisma Atlet (the biggest national makeshift hospital) in Central Jakarta. Governor Anies Baswedan stated that under the new regulation, self-isolation will no longer be an option for COVID-19 patients. Those with moderate or severe symptoms will be required to check into hospitals and those with mild or no symptoms will be isolated at Wisma Atlet. He explained that the regulation is a response to the lack of discipline among self-quarantining individuals who occasionally failed to abide by the existing health protocols.

At least 183 health workers have died since the beginning of the pandemic. According to the Indonesian Medical Association (IDI), 104 doctors have died of COVID-19 as of 02 September, including two final-year resident doctors and one paediatric orthopaedic surgeon. Twenty-eight of these doctors were based in East Java, 22 in DKI Jakarta, 18 in North Sumatra and the remaining in various regions of the country. The Indonesian Nurses Association (PPNI) reported that 70 nurses had died of COVID-19 as of 31 August. In addition, nine dentists have died of COVID-19 as of 01 September, according to the IDI.

COVID-19 clusters have emerged in factories, prompting calls for tighter government supervision and better company compliance with health protocols. West Java has seen at least three big clusters with a total of 541 cases emerging from industrial areas in Bekasi regency within the last weeks of August. In total, 22 factories in the regency have reported COVID-19 cases among their workers. Central and East Java have also reported clusters among workers, amounting to around 300 cases in at least three companies in July.

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• On 09 September, 3,307 new and 203,342 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 3,242 cases per day, compared to 2,926 per day for the previous seven days.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 09 September 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 09 September, 59.3% of confirmed cases were in Java: DKI Jakarta, East Java and Central Java are the three 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 3.
Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 09 September 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 09 September, DKI Jakarta’s mortality rate of 126 confirmed COVID-19 cases per one million population was the highest in the country, followed by South Kalimantan, East Java, North Sulawesi, East Kalimantan, North Maluku and Gorontalo (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 09 September 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 09 September, the daily numbers of specimens and people tested were 29,863 and 15,335, respectively. As of the same day, the daily number of suspected cases was 92,330 (Fig. 5). This shows a sizeable gap between the number of suspected cases and the number of people that have been tested. Thus, it is important to further increase testing capacity and prioritize testing for suspected cases. The weekly average numbers of specimens and people tested in the last seven days were 30,486 and 16,521, respectively.

Figure 5: The daily number of specimens, suspected COVID-19 cases, and people tested in Indonesia, from 01 June to 09 September 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 people tested, which might not have been the situation.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 17 August to 06 September 2020.

<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>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>Yes</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>Latest peak last week</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 17 August to 06 September 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

- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 6 to 11).
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 06 September 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 06 September 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 06 September 2020. *Source of data*

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 06 September 2020. *Source of data*
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 06 September 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 06 September 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 per 1,000 population per week. DKI Jakarta and West Sumatra have achieved this minimum benchmark for the last three weeks (Fig. 12).

Figure 12: Positivity rate and people tested per 1,000 population per week:
Week 1: 17/08/20 - 23/08/20; Week 2: 24/08/20 - 30/08/20; Week 3: 31/08/20 - 06/09/20

For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested. Source of data: Indonesia, Yogyakarta, DKI Jakarta, West Sumatra, South Sumatra, Central Kalimantan, West Papua

Note: Due to data limitations other provinces could not be evaluated
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last 3 weeks

** DKI Jakarta **

- 17/08/20 - 23/08/20: 138 (112 + 26)
- 24/08/20 - 30/08/20: 203 (79 + 124)
- 31/08/20 - 06/09/20: 270 (103 + 167)

** Other death with COVID-19 protocol **
- 17/08/20 - 23/08/20: 112
- 24/08/20 - 30/08/20: 79
- 31/08/20 - 06/09/20: 103

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 26
- 24/08/20 - 30/08/20: 124
- 31/08/20 - 06/09/20: 167

** West Java **

- 17/08/20 - 23/08/20: 14 (22)
- 24/08/20 - 30/08/20: 15 (6)
- 31/08/20 - 06/09/20: 27 (16)

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 22
- 24/08/20 - 30/08/20: 6
- 31/08/20 - 06/09/20: 16

** Death-Probable-Case **
- 17/08/20 - 23/08/20: 14
- 24/08/20 - 30/08/20: 9
- 31/08/20 - 06/09/20: 11

** Central Java **

- 17/08/20 - 23/08/20: 70 (115)
- 24/08/20 - 30/08/20: 131
- 31/08/20 - 06/09/20: 112

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 115
- 24/08/20 - 30/08/20: 131
- 31/08/20 - 06/09/20: 112

** Death-PDP **
- 17/08/20 - 23/08/20: 70
- 24/08/20 - 30/08/20: 0
- 31/08/20 - 06/09/20: 0

** Yogyakarta **

- 17/08/20 - 23/08/20: 5
- 24/08/20 - 30/08/20: 4
- 31/08/20 - 06/09/20: 9

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 5
- 24/08/20 - 30/08/20: 4
- 31/08/20 - 06/09/20: 9

** East Java **

- 17/08/20 - 23/08/20: 30 (149)
- 24/08/20 - 30/08/20: 54 (177)
- 31/08/20 - 06/09/20: 33 (196)

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 149
- 24/08/20 - 30/08/20: 177
- 31/08/20 - 06/09/20: 196

** Death-PDP **
- 17/08/20 - 23/08/20: 30
- 24/08/20 - 30/08/20: 54
- 31/08/20 - 06/09/20: 33

** Banten **

- 17/08/20 - 23/08/20: 1 (4)
- 24/08/20 - 30/08/20: 2 (9)
- 31/08/20 - 06/09/20: 8 (15)

** Death-Confirmed-Case **
- 17/08/20 - 23/08/20: 1
- 24/08/20 - 30/08/20: 2
- 31/08/20 - 06/09/20: 8

** Death-Probable-Case **
- 17/08/20 - 23/08/20: 4
- 24/08/20 - 30/08/20: 9
- 31/08/20 - 06/09/20: 15

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Figure 13: Deaths among confirmed COVID-19 cases and patients under investigation (PDP) per week over the last three weeks from 17 August to 06 September 2020 in six provinces in Java. Source of data: DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.

Disclaimer: The data are provisional. Central Java has started to use updated case definitions as of last week. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.

- There has been an increase in deaths among confirmed cases in some provinces as shown in Figure 13. The number of deaths among suspected cases remains high; therefore, prioritizing tests for suspected cases is imperative to reduce the health system burden and the number of people buried following COVID-19 protocols.

HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- 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 been increasing (Fig. 14).

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 06 September 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 09 September, the number of people tested for COVID-19 with polymerase chain reaction (PCR) was 15,335 and the cumulative number of people tested was 1,449,629 (Fig. 15). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 71.4% (Fig. 16). There were 49,806 confirmed cases under care or in isolation⁵.

Figures 15 and 16: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 09 September 2020. Source of data

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⁵ https://covid19.go.id/
• On 02 September, MoH, with support from WHO, conducted an online training on IPC for hospitals in the western region of the country. This was a follow-up activity based on the recommendations from the risk assessment of healthcare workers conducted from May to June. Results of the assessment can be found in WHO Situation Report 13. Around 300 registered participants joined the training and around 11 000 individuals accessed the training live on YouTube. On 03 September, the training was repeated for hospitals in the central region of Indonesia.

• On 03 September, WHO joined the United Nations Children’s Fund (UNICEF) second webinar to train around 20 field coordinators, facilitators and enumerators to conduct a water, sanitation and hygiene (WASH) assessment in community health centres (puskesmas) in Papua (Fig. 17). The selected puskesmas are in Jayapura, Keerom, Mamberamo Tengah and Merauke districts. The four broad areas (i.e. water; sanitation (including healthcare waste management); hygiene (including environmental disinfection); and management) of the WHO-UNICEF water and sanitation for health facility improvement tool (WASH FIT) were discussed during the training. The joint publication of the results will be used to advocate with the local governments, Province Health Offices (PHOs) and District Health Offices (DHOs) to improve WASH implementation at the puskesmas. The activity will be replicated in other provinces, including Aceh and Makassar.

Figure 17: I. Deviyanti from WHO presenting on environmental disinfection during a webinar for Papua, 03 September 2020. Credit: WHO
WHO has provided input into the strategy for monitoring laboratory performance. On 02 and 03 September, the National Institute for Health Research and Development (NIHRD) conducted a monitoring and evaluation meeting for laboratories in all provinces. It was attended by PHOs, DHOs, and public and private laboratories. The participants discussed solutions to challenges in reporting through the system and bottlenecks hampering the fulfillment of the WHO target of a test result turnaround time of less than 48 hours.

On 03 September, WHO and NIHRD had a meeting to discuss the preparatory steps for the laboratory assessment of the seroepidemiological survey. Participants discussed the capacity of equipment and staff of the appointed laboratories; the training requirements for the biochemical assay testing (enzyme-linked immunosorbent assay or ELISA); and the consumables needed.

WHO has procured ELISA reagents worth US$ 80,000 for the seroepidemiological survey. The 140 kits, which arrived in Indonesia on 04 September, can perform up to 13,440 antibody tests.

On 04 September, WHO published an interim guidance on ‘Infection prevention and control for the safe management of a dead body in the context of COVID-19’. The document updates the guidance issued on 24 March with the following new or modified content:
- clarification of body bag requirements;
- clarification of personal protective equipment (PPE) requirements during autopsies;
- updated ventilation requirements during autopsy; and
- additional guidance for burial or cremation in the community, including the home.

On 10 and 11 September, WHO will join a meeting with the Centre for Health Crisis Management, the Subdirectorate of Emerging Infectious Disease and key stakeholders to discuss the revision of the COVID-19 operational response plans. During the meeting WHO will present the Intra-Action Review recommendations for each pillar and discuss how to translate the recommendations into priority activities in the revised national and provincial response plans.
On 07 September, WHO participated in the weekly community engagement meeting for a second round of discussions on ‘Effective approaches for behaviour change in Indonesia’. The COVID-19 Task Force (Satuan Tugas (Satgas)) shared the framework on behaviour change interventions with the objective to increase public discipline in implementing key health protocols such as wearing a mask, washing hands and maintaining physical distance to reduce COVID-19 transmission. The framework comprises activities for advocacy, capacity building, networking and empowerment for each protocol.

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

- Infographics on COVID-19 and disabilities (Fig. 18)

Figure 18: An infographic from the ‘COVID-19 and disabilities’ series, September 2020
- Guidance on:
  - Considerations for quarantine of individuals in the context of containment for COVID-19
  - Addressing domestic violence during the COVID-19 pandemic

CONTINUITY OF ESSENTIAL HEALTH SERVICES

The Subdirectorate of Reproductive Health, MoH, and the National Family Planning Coordinating Board (BKKBN) have issued a guidance on Reproductive Health and Family Planning (FP) services for transitioning to the ‘new normal’ period, in revision to the previously released guidance for these services during the initial stage of the pandemic. WHO also shared modifications for the safe delivery of services in its interim guidance ‘Operational guidance for maintaining essential health services during an outbreak’ in March and a revised version ‘Maintaining essential health services: operational guidance for the COVID-19 context’ in June. A comparison of revisions of COVID-19 guidance from MoH and BKKBN is included below (Table 2).

Table 2: Comparison of guidance during the initial stage of the COVID-19 pandemic and during the transition to the ‘new normal’.

<table>
<thead>
<tr>
<th>Reproductive health and family planning (FP)</th>
<th>MoH guidance during the initial stage of the COVID-19 pandemic⁶</th>
<th>MoH and BKKBN guidance for transitioning to the ‘new normal’ period⁷</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restriction of non-emergency services</td>
<td>Continuity of services, adhering to COVID-19 IPC protocols by health workers, FP users, families and communities</td>
<td></td>
</tr>
</tbody>
</table>

Recommendations for health workers
- Should wear PPE while providing services to
- Implementation of FP services by ensuring the availability of

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Figure 19: Consultation session at East Surabaya, June 2020.
Credit: WHO

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| Recommendation for FP counsellor and cadres | Medical supplies; IPC measures; tele-registration; triage; arrangement of health facility setting, including adequate ventilation; maintaining physical distance in patient sitting arrangement; and a separate room for wearing and removing PPE | Fertility services can be provided for clients who have a complaint, an expired IUD/implant or are on an injection schedule, but limiting the number of clients, reducing the length of consultations, and using tele-registration for making appointments |
| Reproductive health programmes for couples | • Should wear a mask and immediately wash their hands using soap and running water or hand sanitizer after meeting clients | • IEC provision optimized through online media (WhatsApp, SMS, phone, application, etc.) |
|  | • Coordinate with health workers on provision of condoms and birth control pills for users who need them | • Services must be provided while wearing a mask and abiding to health protocols; client must also wear a mask |
|  | • Marriage counselling, medical examination and family planning consultations should be postponed | • Contraceptive pills can be provided only to those who have previously used them. For new users, consultation with health workers needs to be done first |

**Clients who had prior appointments**

- Post-partum family planning services can be continued as per the standard programme
- Coordination with FP counsellors and cadres for provision of condoms and birth control pills to clients
- Information, education and communication (IEC) materials and counselling provided by tele-consultation

**Reproductive health programmes for couples**

- Marriage counselling, medical examination and family planning consultations should be postponed

**Recommendation for FP counsellor and cadres**

- Should wear a mask and immediately wash their hands using soap and running water or hand sanitizer after meeting clients
- Coordinate with health workers on provision of condoms and birth control pills for users who need them

**IEC provision optimized through online media (WhatsApp, SMS, phone, application, etc.)**

- Services must be provided while wearing a mask and abiding to health protocols; client must also wear a mask
- Contraceptive pills can be provided only to those who have previously used them. For new users, consultation with health workers needs to be done first
PARTNER COORDINATION

- On 03 September, WHO participated in the sixth UN in Indonesia Townhall Meeting, which virtually connected close to 600 colleagues from UN organizations across the country. The WHO Representative to Indonesia updated colleagues on the global and national COVID-19 situation; the health system criteria analysis in Jakarta, with focus on hospitalization; and the status of research on experimental treatment regimens and vaccine trials. He reiterated the basic protective measures for the ‘new normal’ period (Fig. 20) and responded to questions.

**“New Normal”: Basic protective measures for people**

- Clean your hands frequently with an alcohol-based hand rub or soap and water
- Avoid touching eyes, nose and mouth
- Maintain physical distancing, at least 1 metre (3 feet) distance from other people
- Leave home for essential needs and when possible, work from home
- If you go out, in public and work places, wear a three layer fabric mask
- Medical mask/N-95 respirators for vulnerable groups:
  - People aged ≥60 years
  - People with underlying conditions (Cardiovascular disease, diabetes, chronic lung disease, cerebrovascular disease, cancer and immunosuppression)

Figure 20: The WHO Representative to Indonesia reiterated the basic protective measures during the UN in Indonesia Townhall Meeting, 03 September 2020. Credit: WHO
On 04 September, WHO convened the seventeenth meeting of key development partners to discuss and coordinate COVID-19 response activities. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the British Embassy, the Canadian Embassy, the European Union (EU), the Japan International Cooperation Agency (JICA), UNICEF, the United States Agency for International Development (USAID), the US Centers for Disease Prevention and Control (US CDC), the World Bank (WB), and the World Food Programme (WFP) participated in the meeting. WHO updated partners on the current epidemiological and health system situation in the country, with particular focus on the capital, and informed on the technical support provided to the national counterparts. During the week, DFAT will hand over recently received PPE to the Satgas. UNICEF has launched its survey on community perception on immunization last week and the Satgas will do an SMS blast this week to 120 million mobile phones.

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 September 2020 (Fig. 21).

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

Infographics:
- Attending small gatherings
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse
- Feeding young children
- Take care in your workplace
- Safe travel during COVID-19

Questions and answers:
- Ventilation and air conditioning in the context of COVID-19
- Ventilation and air conditioning in health facilities
- Ventilation and air conditioning in public spaces
- COVID-19 transmission
- Contact tracing

Videos:
- Immunization during COVID-19
- Stay healthy at home
- How to protect yourself from COVID-19
- Take care in your workplace
- Safe travel during COVID-19

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