As of 30 April, the Government of Indonesia announced 10,118 confirmed cases of COVID-19, 792 deaths and 1,522 recovered cases from COVID-19, across all 34 provinces¹.

WHO, jointly with partners, is supporting the National Institute of Health Research and Development (NIHRD) with a training on polymerase chain reaction (PCR) testing for COVID-19 for 52 laboratories this week (page 5).

The WHO online-course ‘Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response’ has been translated into Indonesian (page 7).

As of 30 April, 19 patients from six hospitals from Indonesia have been enrolled in the WHO Solidarity Trial (page 7).

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**HIGHLIGHTS**

- **Situation in Indonesia**

  - Total confirmed cases: 10,118
  - Total new cases in last 24 hours: 347
  - Total deaths: 792
  - Total cases recovered: 1,522
  - Total number of persons tested: 72,351

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¹ https://covid19.go.id/
On 24 April, the first day of Ramadan in the country, WHO released an advisory note on safe Ramadan practices. This was mentioned in local media, stating that they are in line with guidance for Ramadan from the Ministry of Religious Affairs². To maintain good health and well-being during Ramadan, WHO suggests that people do indoor physical exercises, eat fresh and unprocessed foods, and drink plenty of water. People are recommended to observe physical distancing and move social and religious activities online.

The Ministry of Transportation imposed a domestic travel ban on all transportation, starting 24 April, to reduce the transmission of COVID-19. The ban applies to all types of public and private transportation by air, sea, land and railway, except for vehicles carrying leaders of state institutions, police and military vehicles, ambulances, fire trucks, hearses, and vehicles transporting logistical supplies, staple goods and medicines. The restrictions will be effective until 31 May for road transportation, 01 June for air transportation, 08 June for sea transportation and 15 June for trains³.

On 26 April, the COVID-19 Task Force received a donation of real-time PCR testing kits from the Republic of Korea as part of their US$ 500 000 in-kind grant for Indonesia’s COVID-19 response. These kits are enough to test 32 200 specimens⁴.

As of 26 April, the National Board for Disaster Management (BNPB) has distributed the following supplies nationwide⁵:
- N-95 masks: 124 710 units
- Medical gloves: 305 500 units
- Personal protective equipment (PPE): 1 322 197 units
- Surgical masks: 1 684 884 units
- RNA extraction kits: 129 200 units
- Portable ventilators: 63 units
- PCR reagents: 436 000 units

On 29 April, the WHO Regional Office for South-East Asia organized a meeting for vaccine manufacturers and national regulatory authorities from the region. At the virtual meeting, leading manufacturers from India, Indonesia and Thailand discussed timelines and production capacity, while regulatory bodies deliberated on process adjustments that would be needed to make COVID-19 vaccines available as soon as possible. Several steps must be completed before a COVID-19 vaccine can be used on a large scale, including pre-clinical and clinical trials, production, licensure, deployment of vaccines and plans for post-marketing surveillance⁶. Indonesian manufacturer, PT Bio Farma, shared their plan and timeline for COVID-19 vaccine development.

⁵ https://www.instagram.com/p/B_cPlPlInDg/
• On 24 April, WHO provided technical support on orientation of monitoring indicators for large-scale social restrictions (PSBB) with 34 provincial health officers through an interactive video conference. WHO recommended to adjust public health and social measures in the context of COVID-19 based on risk assessment and considering epidemiological and social factors, healthcare and public health capacities and community engagement. The government is implementing PSBB in several districts/municipalities; it is important to monitor PSBB based on these indicators, as prescribed in the WHO guidance on considerations in adjusting public health and social measures (PHSM). The indicators are still being finalized.

SURVEILLANCE

• The number of persons reported as new confirmed cases of COVID-19 in the last 24 hours was 347⁷.

![Graph showing daily and cumulative number of confirmed cases](https://covid19.go.id/)

Figure 2: Daily and cumulative number of confirmed cases reported across Indonesia. Source: https://covid19.go.id/

• The highest proportion of confirmed cases of COVID-19 was among 30 to 49-year-olds (39.0%), while the highest proportion of deaths was among 50 to 69-year-olds (60.1%), as reported on 30 April. Among the confirmed cases, 41.1% were females and 58.9% were males. About two thirds of the reported deaths (67.9%) were in males⁷.

⁷ [https://covid19.go.id/](https://covid19.go.id/)
WHO provided technical inputs into the fifth revision of the national guidance for COVID-19 and submitted them to the MoH.

WHO was in discussion with the Indonesian Epidemiology Association (PAEI) regarding the updated version of the national guidance on COVID-19, based on the updated WHO guidance for definitions of cases and treatment outcomes (probable and suspected cases, and deaths), transmission scenarios based on the country context, priority testing strategies and contact tracing. WHO suggests developing an interim national guidance on each of the criteria, so they can be revised as soon as global guidance is updated.

On 24 April, WHO participated as a panelist in a webinar on community engagement, conducted by the Association of Indonesia Local Health Offices (ADINKES). The webinar was attended by 234 participants from province and district health offices, village governors, community health centres (puskesmas) and hospitals. WHO presented the document on community-based surveillance (CBS) and quarantine and isolation facilities at the community level, jointly developed by the MoH, WHO, and partners.

On 23 April, WHO participated in a virtual meeting with the Directorate of Surveillance, MoH, and surveillance officers from province and district levels to discuss the Early Warning and Alert Response System (EWARS) in the context of COVID-19. Weekly meetings will be held to discuss reporting challenges and promote the consistent use of EWARS to improve early detection of disease outbreaks.

Figure 3: Daily and cumulative number of suspected COVID-19 cases tested with PCR.
Source: https://infeksiemerging.kemkes.go.id/
• As reported on 30 April, the number of persons tested for COVID-19 was 4,567 and the cumulative number of persons tested was 72,351 (Fig. 3). However, the number of persons with possible COVID-19 was 252,238. This means that the proportion of suspected COVID-19 cases that has been tested with PCR is only 28.7% (Fig. 4).

• As the scale of testing remains low, the government is making efforts to increase the testing capacity; the daily testing average has increased to 2,186 persons per day in April from 259 persons in March (Fig. 3).

• On 24 April, WHO facilitated an NIHRD webinar on risk management while handling SARS-CoV-2 virus and a protocol for COVID-19 PCR testing. The webinar was attended by 135 participants from the BPOM, with two resource persons from the NIHRD. The following day, a similar webinar took place on characteristics and pathogenicity of SARS-CoV-2, including biosafety and security. It was attended by 181 participants, with two resource persons from the Professor Nidom Foundation.

• On 27 April, WHO participated in a coordination meeting with the Sub-Directorate of Tuberculosis (TB), the Sub-Directorate of HIV and the Surveillance and Emerging Infectious Disease units of the MoH. A strategy was discussed to introduce Abbott m2000 and Cepheid GeneXpert® systems for COVID-19 PCR testing to fill the testing capacity gap and shorten the turnaround time of results.

• From 28 April to 02 May, the NIHRD, in collaboration with the Association of Public Health Laboratories, US Centers for Disease Control and Prevention (CDC) and WHO, is conducting a virtual PCR training for COVID-19 testing. The training is being attended by 185 participants from 52 laboratories that may

* https://infeksiemerging.kemkes.go.id/
perform COVID-19 PCR testing. The objective is to ensure that all laboratories with the capacity for COVID-19 testing have the technical skills to perform the standard operating procedures for specimen testing, handling, packaging and shipping, general biosafety practices for SARS-CoV-2, risk assessment, validation and verification of protocols, quality assurance, and troubleshooting.

- The highest proportion of confirmed COVID-19 cases in relation to the number of people tested was 24.9%, on 03 April. As of 30 April, the proportion is 14.0% (Fig. 5).

![Figure 5: Proportion of confirmed COVID-19 cases in relation to the number of people tested with PCR. Source: https://infeksiemerging.kemkes.go.id/](image)

- Domestic flight restrictions are posing challenges, such as:
  i) The provinces that do not have PCR testing laboratories are unable to send specimens to the designated laboratories outside the province. For instance, West Papua has reference laboratories in Papua or South Sulawesi;
  ii) The training for PCR testing in the Sulawesi region, in which all provinces from Sulawesi were expected to take part, has been postponed as flights have been cancelled within the region.

**CASE MANAGEMENT**

- The Directorate of Primary Healthcare Services, MoH, has requested WHO to facilitate a training for healthcare workers in around 10 000 community health centres (puskesmas). The training is expected to take place from 04 to 08 May. Audio-visual training materials are being developed for surveillance, case definitions, case management, infection prevention and control (IPC), and
laboratory practices in the context of the COVID-19 response.

**MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)**

- On 26 April, the national guidance on MHPSS during COVID-19 had a soft-launch through a webinar convened by the Directorate General of Disease Prevention and Control, MoH. The webinar was attended by province and district health offices, local and international NGOs, and various sub-directorates within the MoH. WHO supported drafting the guidance and will also support its dissemination from 27 April to 01 May, to multiple stakeholders including local governments, healthcare and social workers, NGOs and communities.

**COMMUNICATIONS**

- The WHO online-course ‘Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response’ has been translated into Indonesian and published on the website. This is the fifth course related to COVID-19 that has been translated. As of 26 April, the links to all courses have been embedded in the MoH COVID-19 website.

**RESEARCH**

- On 23 April, the first patient from Indonesia – and the WHO South-East Asia Region – was enrolled in the WHO Solidarity Trial. As of 30 April, 19 patients from six hospitals have been enrolled.

- On 23 April, the NIHRD officially launched the trial in Indonesia on a virtual platform, bringing together stakeholders from the MoH, the NIHRD, participating hospitals, the BPOM and WHO.

- Weekly calls with site Principal Investigators are planned to share challenges, lessons learned and any strategies to scale-up the enrollment and randomization of patients in the trial.

- As of 29 April, 8 out of 22 hospitals that joined the trial completed administrative procedures, including receiving good clinical practice certificates, to start enrolling patients. All 22 hospitals have received hydroxychloroquine and lopinavir/ritonavir for the trial. Interferon will be shipped to two of these hospitals soon. On 29 April, the import license and the recommendation letter from the BNPB were issued for remdesivir to enable the drug to be shipped to Indonesia.
• World Immunization Week (WIW) is globally celebrated from 24 to 30 April. This year, the MoH commemorated the contributions of vaccine healthcare workers through online activities. The theme “Imunisasi untuk Semua”, was adapted from the global 2020 theme “#VaccinesWork for All” and aims to address immunization inequality across the country. As part of WIW, in collaboration with the MoH, the Indonesian Pediatric Society (IPA), and UNICEF, WHO facilitated two webinars to discuss the strategy for sustaining routine immunization services during the pandemic. Over 1 500 persons, including health workers from province and district levels, participated. The webinars, on 28 and 29 April, were also streamed live on YouTube. Most participants agreed to continue immunization and vaccine preventable disease (VPD) surveillance as a top priority.

• WHO, in discussion with the Directorate of Surveillance, MoH, is finalizing guidance to maintain the minimum standard surveillance for acute flaccid paralysis, measles, rubella and diphtheria.

• World Malaria Day took place on 25 April, with the theme “Zero malaria starts with me”. In preparation for the event and to address the current pandemic, the MoH disseminated the protocol for malaria service continuity during COVID-19 to all province and district health offices on 24 April. The protocol has been adopted from the WHO guidance released on 09 April. The protocol states that malaria diagnosis, treatment, surveillance and vector control
activities should be maintained in hospitals and primary healthcare centres.

PARTNER COORDINATION

- On 25 April WHO hosted a meeting among key development partners to discuss and coordinate COVID-19 response interventions. The meeting was attended by the Australian Department of Foreign Affairs and Trade (DFAT), the European Union (EU), UNICEF, the United States Agency for International Development (USAID), US CDC, and the World Bank.

- On 28 April, WHO joined a multi-sector coordination meeting convened by the Coordinating Ministry for Human Development and Cultural Affairs. Other attendees included the humanitarian country team, civil society, and other UN agencies. WHO shared the activities that have been implemented for the COVID-19 response and was requested to complete the 3Ws (Who is doing What and Where?) reporting form so it can be formally shared with the BNPB and President office.

FUNDING

- Overall funding request for WHO operations and technical assistance is US$ 18 million, based on estimated needs as of April 2020 (Fig. 7).

Figure 7: WHO funding situation for COVID-19, April 2020
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

Trainings on COVID-19 are available in other languages at OpenWHO, a knowledge-transfer platform offering free online courses.

WHO guidance:

- Safe Ramadan practices
- Advice on the use of masks
- Home quarantine
- Investigation of cases and clusters
- Clinical management of severe acute respiratory infections
- Rational use of PPE and considerations during severe shortage
- 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 for COVID-19

Media statements:

- Confirmed COVID-19 cases
- Dos and don’ts of mask use
- Risk factors for vulnerable populations
- Dual language online training

Infographics:

- FIFA campaign
- Mental health
- Communicating transmission
- Low risk is no risk
- Coping with stress
- When and how to use a mask
- Getting workplace ready
- Be Ready Campaign
- World Health Day
- Noncommunicable diseases
- Pregnancy, childbirth and breastfeeding
- Communicating severities
- Protecting the vulnerable
- Healthy habits
- Disability
- The elderly and co-morbidity
- Ramadan at home
- Physical distancing
- Role of grocery shopping, food safety, and coins/banknotes in spreading COVID-19
- A selection of myth-busters