HIGHLIGHTS

- As of 26 August, the Government of Indonesia announced 160,165 confirmed cases of COVID-19, 6,944 deaths and 115,409 recovered cases from 485 districts across all 34 provinces.

- WHO and the Ministry of Health (MoH) are conducting three batches of training for surveyors to assess oxygen therapy capacity for critical COVID-19 patients in Indonesia (page 15).

- WHO and partners are convening the fourth webinar of the series on ‘Business Unusual in the New Normal’, focusing on organizing and managing mass gatherings, abiding by health protocols (page 19).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 20 to 26 August 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/

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Indonesia’s paediatricians have raised concerns over the government’s plan to allow more schools to reopen, given that the proportion of children among COVID-19 fatalities is higher in Indonesia than in other countries according to data collected by the Indonesian Paediatric Society (IDAI). According to IDAI, 59 confirmed and 318 suspected COVID-19 deaths among children were recorded as of 10 August. Forty-two percent of the 59 deaths were among children under the age of one year, followed by children aged 1-5 years (24%), 10-18 years (20%) and 6-9 years (14%). The burden of malnutrition in the country has prompted concerns over children’s immunity. COVID-19 symptoms may resemble those of other illnesses that are common among children, such as diarrhoea and pneumonia. Due to a lack of awareness, among other factors, care seeking was often delayed for such cases. There are also concerns about transmission among family members of schoolchildren; 40% of people aged 60 years and older in Indonesia live in three-generation households, meaning that they live with their children and grandchildren. The decision to reopen schools would be left to local administrations and by extension to schools and parents; however, IDAI has advised that the decision should be based on relevant data².

The Jakarta administration will start enforcing progressive fines for residents who do not wear a face mask in public as the capital struggles to reduce COVID-19 transmissions. The newly issued Regulation No. 79/2020 states that violators will be fined 250 000 Indonesian Rupiah (IDR) (US$ 16.92) or required to participate in 60 minutes of community service. The fine will be increased to IDR 500 000 (US$ 33.80) or 120 minutes of community service for those who are caught violating the regulation a second time. Third-time offenders will be required to pay a fine of IDR 750 000 (US$ 50.80) or 180 minutes of community service, while the fourth and subsequent violations will result in a fine of IDR 1 million (US$ 67.70) or 240 minutes of community service. Previous regulations only fined IDR 250 000 for not wearing a face mask in public³.


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• On 26 August, 2,306 new and 160,165 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 2,174 cases per day, compared to 2,032 per day for the previous seven days.

![Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 26 August 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 26 August, most confirmed cases were in Java: DKI Jakarta followed by East Java, Central Java, and West Java. South Sulawesi is the only province outside Java that is among the top five provinces in terms of the reported number of confirmed cases. Java contributed 58.4% 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 26 August 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 26 August, DKI Jakarta had the highest confirmed COVID-19 mortality per one million population, followed by South Kalimantan, North Sulawesi, East Java, North Maluku and Gorontalo (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 26 August 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.
On 26 August, the daily number of specimens and suspected cases tested were 29,312 and 20,520, respectively (Fig. 5). The weekly average number of specimens and suspected cases tested in the last seven days were 23,662 and 16,596, respectively.

Figure 5: The daily number of specimens and suspected COVID-19 cases tested in Indonesia, from 01 May to 26 August 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.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 03 August to 23 August 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>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Less than 50% since latest peak</td>
<td>Yes</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Latest peak last week</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 03 August to 23 August 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 23 August 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 23 August 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 23 August 2020. *Source of data*

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 23 August 2020. *Source of data*
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 23 August 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 23 August 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 one per 1 000 population per week. DKI Jakarta has achieved this minimum case detection benchmark (Fig. 12). There is a significant difference between the number of suspected cases tested per 1 000 population per week in DKI Jakarta compared to the combined results from other provinces. It is crucial that the remaining 33 provinces gear up testing to meet the minimum standard for comprehensive surveillance.

![Graph showing suspected cases tested and positivity rate over weeks.

Figure 12: Positivity rate of cases, and suspected cases tested per 1 000 population per week:
Week 1: 03/08/20 - 09/08/20; Week 2: 10/08/20 - 16/08/20; Week 3: 17/08/20 - 23/08/20

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

Note: Due to a limitation in data, 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**
- **03/08/20 - 09/08/20**: 127 (87 confirmed, 40 other deaths)
- **10/08/20 - 16/08/20**: 161 (56 confirmed, 105 other deaths)
- **17/08/20 - 23/08/20**: 138 (112 confirmed, 26 other deaths)

**West Java**
- **03/08/20 - 09/08/20**: 8 (18 confirmed, 10 other deaths)
- **10/08/20 - 16/08/20**: 1 (9 confirmed, 2 other deaths)
- **17/08/20 - 23/08/20**: 14 (22 confirmed, 2 other deaths)

**Central Java**
- **03/08/20 - 09/08/20**: 139 (135 confirmed, 4 other deaths)
- **10/08/20 - 16/08/20**: 129 (128 confirmed, 1 other death)
- **17/08/20 - 23/08/20**: 70 (115 confirmed, 0 other deaths)

**Yogyakarta**
- **03/08/20 - 09/08/20**: 4 (5 confirmed, 0 other deaths)
- **10/08/20 - 16/08/20**: 1 (1 confirmed, 0 other deaths)
- **17/08/20 - 23/08/20**: 5 (5 confirmed, 0 other deaths)

**East Java**
- **03/08/20 - 09/08/20**: 99 (141 confirmed, 42 other deaths)
- **10/08/20 - 16/08/20**: 2 (146 confirmed, 144 other deaths)
- **17/08/20 - 23/08/20**: 30 (149 confirmed, 119 other deaths)

**Banten**
- **03/08/20 - 09/08/20**: 1 (2 confirmed, 1 other death)
- **10/08/20 - 16/08/20**: 7 (7 confirmed, 0 other deaths)
- **17/08/20 - 23/08/20**: 4 (4 confirmed, 0 other deaths)
Figure 13: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last three weeks from 03 August to 23 August 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 19 August, WHO participated in a MoH convened meeting with national surveillance experts to discuss the updated case definition in the WHO interim guidance on ‘Public health surveillance for COVID-19’, published on 07 August. The revised definition of a suspected case, based on the increased knowledge of COVID-19 signs and symptoms, is advised to be adapted by the country to intensify case finding and testing.

**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 progressively increasing (Fig. 14).

![Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 23 August 2020. Source of data](image)

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 26 August, the number of suspected cases tested for COVID-19 with polymerase chain reaction (PCR) was 20,520 and the cumulative number of suspected cases tested was 1,212,468 (Fig. 15). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 72.1% (Fig. 16) and there were 37,812 cases under care or in isolation.

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4 https://covid19.go.id/
WHO, in collaboration with the Directorate of Health Services, MoH, will assess the oxygen therapy capacity in Indonesia to support the treatment of severe and critical COVID-19 patients. During the initial phase of the pandemic response, many countries reported oxygen stock-outs and were thus unable to provide oxygen therapy to hospitalized patients. To prevent a similar situation occurring in Indonesia, WHO and MoH are conducting an oxygen survey to understand the current oxygen supply management alongside availability and maintenance of related equipment such as oxygen cylinders, oxygen concentrators, masks with reservoir bags, oximeters, ventilators and nasal cannula, etc. The results of the survey will assist MoH and hospital management teams to prepare accordingly. On 24 August, WHO and MoH conducted the first batch of training for surveyors from hospital management teams and Province Health Offices (PHOs) in Sumatra and Kalimantan. The second and third batches took place on 25 August. Around 400 participants attended the training.

On 18 August, WHO participated in a meeting with MoH and the National Infection Prevention and Control Working Group. The participants agreed to take the opportunity of commemorating World Patient Safety Day, observed on 17 September, to raise awareness on the importance of the safety of healthcare workers and integration with patient safety. MoH plans

Figure 16: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 26 August 2020. Source of data
to engage multiple stakeholders, including professional organizations and hospitals, and design multimodal strategies to improve the safety of healthcare workers. The global World Patient Safety Day 2020 commemoration will proceed with the following theme: ‘Health Worker Safety: A Priority for Patient Safety’.

PLANNING, RISK AND NEEDS ASSESSMENT

• On 24 August, WHO and MoH, in collaboration with Hasanuddin University, conducted a training for enumerators of the comprehensive field assessment data collection. Around 80 participants from 15 selected provinces attended the training. During the training, WHO presented the results from the pilot tool testing exercise (Fig. 17) that ran in nine provinces in July. The training covered data collection procedures using this tool in PHOs, District Health Offices, laboratories, primary healthcare centres and communities, among other procedures. The results of the field assessment will be used to identify strengths, best practices, gaps and challenges of the COVID-19 response to date and will subsequently guide the development of national and province-specific recommendations when updating the response plans.

Figure 17: WHO field staff interviewed hospital staff using the field assessment tools at Ternate, North Maluku, July 2020. Credit: Hermansyah/WHO
WHO is regularly translating and sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published:

- **Infographics:**
  - Guidelines for staff in the accommodation sector, in collaboration with the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP)
  - Immunization during COVID-19
  - Travelling during COVID-19
  - ‘Don’t discriminate’ (Fig. 18)

- **Video** on immunization during COVID-19

Figure 18: An infographic from the ‘Don’t discriminate’ infographic series, August 2020
On 19 August, WHO participated in a meeting with the National Tuberculosis (TB) Programme (NTP), PHOs of DKI Jakarta and Yogyakarta and civil society organizations – Nahdlatul Ulama Health Institute and Aisyiyah – to discuss TB contact investigation (CI) during the COVID-19 pandemic. NTP and partners adapted the CI guidance to the COVID-19 context and developed suitable information, education and communication materials that can be used by community health workers and within community health centres to encourage testing by annulling stigma for TB.

On 21 August, WHO convened the sixteenth 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), the United Nations Children’s Fund (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 briefed partners on national developments such as the new structure of the COVID-19 Task Force, presented on the latest COVID-19 epidemiological and health system situation in the country and informed on technical assistance provided to government counterparts. ADB delivered 12 000 personal protective equipment (PPE) units, 3 000 pairs of safety boots, 9 600 face shields, six deep fridges, a biomedical fridge, and portable incinerators to the government. DFAT has translated the fifth revision of national guidelines for COVID-19 prevention and control to English and shared it with partners. UNICEF summarized the highlights from the community perception study that they conducted to better comprehend vaccine hesitancy towards immunization. USAID handed over 100 ventilators to the government, with 900 more expected to arrive soon.

On 25 August, WHO participated in a meeting with the Association of Southeast Asian Nations (ASEAN) senior officials on ‘Health and development during COVID-19’. The WHO Deputy Representative to
Indonesia presented the collaborative activities for the COVID-19 response between ASEAN and WHO South-East Asia and Western Pacific Regions.

- WHO, IGCN, ILO and UNDP are convening the fourth webinar of the ‘Business Unusual in the New Normal’ series on 27 August, focusing on organizing and managing mass gatherings, while adhering to health protocols. WHO will present its recommendations in planning mass gatherings, including the WHO ‘Risk assessment and mitigation checklist for mass gatherings in the context of COVID-19’ and ‘Mass gathering risk assessment tool – sports events’. The event aims to equip participants with technical knowledge to conduct a risk assessment when planning mass gatherings, in addition to discussing the challenges and experience in implementing health protocols at these events during the COVID-19 pandemic.

Figure 19: Poster of the webinar for organizing and managing mass gatherings in the ‘new normal’, 27 August 2020.
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 August 2020 (Fig. 20).

Figure 20: WHO funding situation for COVID-19 response, August 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.
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:
- 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:
- COVID-19 transmission
- Contact tracing

Videos:
- Stay healthy at home
- How to protect yourself from COVID-19
- Take care in your workplace
- Safe travel during COVID-19
- COVID-19 is a virus not bacteria
- Health workers and stigma
- Managing stress

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