HIGHLIGHTS

- As of 23 September, the Government of Indonesia announced 257,388 (4,465 new) confirmed cases of COVID-19, 9,977 (140 new) deaths and 187,958 recovered cases from 494 districts across all 34 provinces.


- WHO supported the Ministry of Health (MoH) to commemorate World Patient Safety Day with the theme: ‘Health Worker Safety: A Priority for Patient Safety’ (pages 17-19).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 17 to 23 September 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/
Indonesian President Joko Widodo has appointed members within the National COVID-19 Task Force (Satuan Tugas (Satgas)), including the Coordinating Minister for Maritime Affairs and Investment, the Minister of Health and the head of the National Board for Disaster Management (BNPB), to directly supervise the ongoing COVID-19 pandemic mitigation efforts in provinces with the highest transmission rates. The provinces include: Bali, Central Java, East Java, Jakarta, North Sumatra, South Kalimantan, South Sulawesi, Papua and West Java. The government has devised a strategy to synchronize regional databases with central government statistics for a swift decision-making process. Additionally, Satgas stated that their goals include reducing daily case counts and fatalities and increasing the number of recoveries. The President expects these goals to be achieved within the next two weeks.

On 18 September, the Association of Indonesian Hotels and Restaurants (PHRI) announced that 3,711 rooms in 27 hotels in Jakarta will be used for self-isolation of asymptomatic and mild COVID-19 cases. These include 1,605 rooms in 11 hotels in Central Jakarta, 557 in five hotels in South Jakarta, 587 in four hotels in East Jakarta, 602 in five hotels in West Jakarta, and 360 in two hotels in North Jakarta. This arrangement also aims to support Jakarta’s hotel business, which has suffered due to the pandemic. Discussions are ongoing about the payment system for the hotels and whether the government will make use of some rooms or the entire building. According to the chairman of PHRI, regular guests will not be allowed in the selected hotels and the same protocols as Wisma Atlet – the largest national makeshift hospital for COVID-19 – will be implemented.

Since 14 September, the daily death toll in Indonesia has been exceeding 100 – the longest streak of three-digit deaths as new cases are surging at an unprecedented rate. The country has recorded a total of 9,677 COVID-19 deaths since early March; however, deaths among probable cases were not included in this figure, and thousands more have been buried following the COVID-19 protocol. There were 830 deaths in the past week alone – almost 9.0% of the total deaths. The daily number of new confirmed cases passed 4,000 for the first time on 19 September.

On 23 September, 4,465 new and 257,388 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). This was the highest daily count since the beginning of the pandemic. The average for the last seven days was 4,056 new cases per day, compared to 3,664 per day for the previous seven days.

As of 23 September, 59.6% of confirmed cases were in Java: DKI Jakarta, East Java, Central Java and West 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 3.
Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 23 September 2020. [Source of data](who.int/indonesia)

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 23 September, DKI Jakarta's mortality rate of 154 confirmed COVID-19 cases per one million population was the highest in the country, followed by South Kalimantan, East Java, East Kalimantan, North Sulawesi, and Gorontalo (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 23 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 23 September, the daily numbers of specimens and people tested were 38 181 and 25 498, respectively. As of the same day, the daily number of suspected cases was 109 541 (Fig. 5). The weekly average numbers of specimens and people tested in the last seven days were 39 590 and 25 256, respectively.

Figure 5: The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 01 June to 23 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 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 31 August to 20 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>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>Latest peak last week</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Less than 50% since latest peak</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>Latest peak last week</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak may differ for each province (see Figs. 6 to 11 for details)  
**decrease in deaths is calculated from 31 August to 20 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; DKI Jakarta and Central Java had less than 50% decline in the number of confirmed COVID-19 cases since the latest peak during the week of 07 to 13 September (Figs. 6 to 11). The cases in Banten have increased by almost two-fold over the last week; the cause of the surge still requires analysis.
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 20 September 2020. [Source of data](#)

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 20 September 2020. [Source of data](#)
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 20 September 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 20 September 2020. Source of data
**Figure 10**: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 20 September 2020. [Source of data](who.int/indonesia)

**Figure 11**: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 20 September 2020. [Source of data](who.int/indonesia)
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. This minimum case detection benchmark was achieved in: DKI Jakarta and West Sumatra for the last three weeks; West Papua for the last two weeks; and Yogyakarta last week. West Sumatra showed a positivity rate less than 5%, while meeting the minimum case detection benchmark, during the second week only (Fig. 12).

Figure 12: Positivity rate of samples, and people tested per 1 000 population per week:
Week 1: 31/08/20 - 06/09/20; Week 2: 07/09/20 - 13/09/20; Week 3: 14/09/20 - 20/09/20

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, Yogyakarta, DKI Jakarta, West Sumatra, South Sumatra, Central Kalimantan, West Papua

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

Other death with COVID-19 protocol
- 103
- 121
- 151
Death-Confirmed-Case
- 270
- 311
- 327

West Java

Death-Confirmed-Case
- 27
- 21
- 9
Death-Probable-Case
- 16
- 18
- 18

Central Java

Death-Confirmed-Case
- 112
- 163
- 127

Yogyakarta

Death-Confirmed-Case
- 9
- 4
- 8

East Java

Death-Confirmed-Case
- 33
- 26
- 34
Death-Probable-Case
- 196
- 218
- 202

Banten

Death-Confirmed-Case
- 8
- 15
- 14
Death-Probable-Case
- 1
- 5

WHO Indonesia Situation Report - 26
who.int/indonesia
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 31 August to 20 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. 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**

- 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 (Fig. 14). The number of cases hospitalized increased until 16 September but has since started to decline.

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 20 September 2020. **Source of data**

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 23 September, the number of people tested for COVID-19 with polymerase chain reaction (PCR) was 25,498 and the cumulative number of people tested was 1,799,563 (Fig. 15). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 73.0% (Fig. 16), and there were 59,453 active cases\textsuperscript{5}.

\textsuperscript{5} https://covid19.go.id/
• On 17 September, WHO facilitated a discussion between the National Institute of Health Research and Development (NIHRD), the United States Centers for Disease Control and Prevention (US CDC), the US Association of Public Health Laboratories (US APHL) and the Human Resources Development Agency (BPSDM) about training modules on PCR testing for laboratory technicians.

• On 18 September, WHO had a meeting with NIHRD to brainstorm solutions for shortening the laboratory testing turnaround time and increase testing capacity. It was agreed that moving from manual to automatic extraction would help laboratories achieve the target turnaround time of less than 48 hours.

• WHO is translating the following global guidance to Indonesian to keep national laboratories and other stakeholders updated with new findings and best practices:
  - Diagnostic testing for SARS-CoV-2: This covers the main considerations for specimen collection, nucleic acid amplification testing, antigen, antibody detection and quality assurance.
  - Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays: This covers advice on the potential role of antigen-detecting rapid diagnostic tests (Ag-RDTs) in the diagnosis of COVID-19 and the need for careful test selection.

• WHO, in collaboration with the MoH Directorate of Health Services, is continuing the oxygen therapy capacity survey to support the treatment of severe and critical COVID-19 patients. As of 20 September, 43 out of 826 hospitals (5%) have completed the survey. The data collection phase of the survey was planned to last one month but has been extended until the end of October. WHO, MoH, and the Indonesian Hospital Accreditation Association are working together to provide input into data collection procedures.

• MoH, with technical support from WHO, has developed six tutorial videos on waste management for health care facilities (HCF). The videos comprise information on solid and liquid waste management in HCF, standard operating procedures and implementation of water, sanitation and hygiene. The finalized videos will be disseminated widely by MoH.
WHO, in collaboration with UNDP, procured incinerators and autoclaves, worth US$ 900 000. This equipment will reduce the potential hazard posed by healthcare waste to health and the environment and minimize the risk of contamination and transmission of the COVID-19 virus. From 31 August to 10 September, MoH, UNDP and WHO conducted site visits to eight locations in six provinces (Bali, Central Java, East Java, Jakarta, West Sumatra and Yogyakarta) in preparation for the deployment of equipment (Fig. 17). The equipment has arrived in Jakarta and will be delivered to the selected locations shortly.

Figure 17: Site visit to Dr Sardjito Hospital, Yogyakarta, where hospital management is constructing a shelter for the new autoclave. Credit: MoH
Globally, around 14% of COVID-19 cases reported to WHO are among health workers, and in some countries, this number rises to as much as 35%. However, data are limited, including on where health workers are infected (i.e. in the workplace or community)\(^6\).

As of 12 September, 115 doctors have died from COVID-19, according to the Indonesian Doctors Association. A study by the University of Indonesia conducted between June and August showed that around 83% of more than 1 400 doctors and other health workers across the country, said they had experienced moderate to heavy burnout. More than half of respondents had been managing COVID-19 patients. Some doctors had to pay for their own PCR tests – up to 2.5 million Indonesian Rupiah (IDR) (US$ 168) per test – while other physicians may be treating patients while unknowingly carrying the disease. Only 6.0% of an additional IDR 87.55 trillion (US$ 5.9 billion) health budget to tackle the pandemic promised since April had been disbursed as of 19 August\(^7\).

To provide safe care for patients, health workers need a safe environment and adequate resources. One of the key strategies to keeping patients safe is keeping health workers safe. To mark World Patient Safety Day on 17 September, WHO launched a Health Worker Safety Charter dedicated to the millions of health workers fighting COVID-19 across the globe who put themselves and their families at risk to treat patients and contain the spread of this disease. Furthermore, WHO has rolled out:

i. A policy brief on ‘Caring for those who care’ which focuses on national programmes for occupational health for health workers

ii. A checklist for health facilities, ‘Protection of health and safety of health workers’

iii. An OpenWHO course on ‘Occupational health and safety for health workers in the context of COVID-19’

WHO supported MoH and the National Infection Prevention and Control Working Group to convene a webinar on World Patient Safety Day to raise awareness.

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\(^7\) [https://asia.nikkei.com/Spotlight/Coronavirus/Indonesia-s-angry-COVID-doctors-face-burnout-as-colleagues-die](https://asia.nikkei.com/Spotlight/Coronavirus/Indonesia-s-angry-COVID-doctors-face-burnout-as-colleagues-die)
awareness on the importance of the safety of health workers and integration with patient safety. Close to 5 000 health workers from hospitals and community health centres (puskesmas) joined through Zoom and YouTube.

- On 17 September, WHO presented on ‘Health Worker Safety: A Priority for Patient Safety’ during a webinar convened by the Indonesian Hospital Accreditation Association (Fig. 18). Around 1 000 doctors, nurses and pharmacists participated through Zoom and YouTube.

![Figure 18: Dr B. Sihombing from WHO presenting during a webinar on World Patient Safety Day 2020. Credit: WHO](image)

- The MoH Director General of Health Services participated in a talk show on national television with nurses and doctors on World Patient Safety Day. The talk show aimed to engage multiple stakeholders to improve the safety of health workers and patients; to implement urgent and sustainable actions in ensuring the safety of health workers; and to provide due recognition of health workers’ dedication and hard work, particularly amid the current fight against the COVID-19 pandemic. WHO provided financial cooperation for this activity. MoH also developed a video promoting and emphasizing the Indonesian government’s commitment to health workers’ safety which was played during the virtual Global World Patient Safety Day Commemoration Event 2020 (Fig. 19).
WHO is regularly translating and sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published:

- **Animation** on guidance at workplace, in collaboration with International Labour Organization (ILO) and UNDP

- **Infographics**:
  - How children can wear fabric masks
  - Be active
  - Guidance for event organizers to prevent COVID-19 transmission in mass gatherings, in collaboration with the Indonesia Global Compact Network (IGCN), ILO and UNDP (Fig. 20).

Figure 19: Healthcare workers taking care of a patient during a hospital visit. *Credit: MoH video for World Patient Safety Day Commemoration Event 2020*
WHO continues to support sample shipments from influenza-like illness (ILI) and severe acute respiratory infection (SARI) sentinel sites to NIHRD for influenza and COVID-19 testing, in line with the Global Influenza Surveillance Response System (GISRS) COVID-19 platform. As of 20 September, 26 out of 940 samples tested positive for COVID-19. There has been an increase in the COVID-19 positivity rate, while a decrease was observed in the influenza positivity rate as well as in outpatient consultations at the sites.

From 15 to 24 September, WHO and MoH are conducting a rapid response team (RRT) training for all 34 provinces. The training covers surveillance, public health indicators, field investigation, contact tracing, ILI/SARI sentinel surveillance, laboratory diagnostics, infection prevention and control, reporting and recording. The provinces shared lessons learned, best practices, gaps and challenges faced during field investigations.
On 18 September, WHO convened the eighteenth 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 European Union (EU), the Japan International Cooperation Agency (JICA), the United Nations Children’s Fund (UNICEF), US CDC, the World Bank (WB), and the World Food Programme (WFP) participated in the meeting. WHO underlined the national situation including Jakarta’s health system criteria analysis and the epidemiological count, and informed partners on key activities underway in collaboration with national counterparts. UNICEF launched a partnership with MoH and Facebook to promote immunization uptake messages. If the project is successful in the three pilot provinces, it will be scaled up nationwide to the approximately 140 million active Facebook users in Indonesia. The seroepidemiological study in Bali, conducted by US CDC, in collaboration with the Eijkman Institute for Molecular Biology, will begin this week. WFP is advocating for a strategic meeting between MoH, the BNPB
and the Indonesian Cold Chain Association (ARPI) to discuss cold chain capacity and activation mechanisms.

- On 21 September, Gavi, the Vaccine Alliance, and WHO convened a partners’ briefing for all Member States on the likely timeline for COVID-19 vaccine availability. Indonesia is part of the 92 countries that are eligible for the Advance Market Commitment (AMC) of COVID-19 vaccines, which will provide funding for vaccines for low- and middle-income countries. It was clarified that the vaccines will be provided to the country if there is an adequate preparedness plan that will be verified through a country readiness assessment tool. The tool has been developed by WHO and will examine several criteria, for instance, service delivery, cold chain and coordination mechanisms, trainings, deployment plan, and the process of identifying priority groups. The tool and training guidance will be translated into Indonesian to support national counterparts in the process.

- 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. 22).

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:

- Addressing domestic violence
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse
- Feeding young children
- Take care in your workplace

Questions and answers:

- Children and masks
- 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
- 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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