As of 19 August, the Government of Indonesia announced 144,945 confirmed cases of COVID-19, 6,346 deaths and 98,657 recovered cases from 484 districts across all 34 provinces¹.

WHO is providing technical assistance to the COVID-19 Task Force and the Indonesian Red Cross Society (PMI) for the national mask campaign (pages 16-17).

WHO and partners continue to provide timely advice to the private sector about health protocols in the ‘new normal’. This week’s webinar highlighted the new guidelines for the hospitality and tourism industry (pages 22-23).

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 13 August, the Governor of Jakarta, Anies Baswedan, announced that the large-scale social restrictions (PSBB) will continue in Jakarta until 27 August since the number of confirmed COVID-19 cases has continued to increase throughout the month. Jakarta has also overtaken East Java as the province with the greatest number of cases in the country. Furthermore, during August, Jakarta has reported two of its highest single day tallies of confirmed cases since the pandemic began. The Governor stated that joint patrols involving city officials, soldiers and police will make sure the public comply with health protocols, particularly the use of face masks in public places, noting that violations to the simple medical advice remain rampant in the city.

A surge in confirmed COVID-19 cases in Jakarta has raised the hospital bed occupancy rate, with 70% of intensive care unit (ICU) beds and 66% of isolation beds occupied as of 14 August. Jakarta has designated more than 4,400 isolation beds and 483 ICU beds in 67 referral hospitals for COVID-19 patients. The largest makeshift hospital in the country, established in Jakarta, can accommodate up to 2,000 patients and, as of 16 August, was occupied by 1,411 patients.

On 17 August, Indonesia celebrated its 75th Independence Day commemoration; the event largely taking place online due to concerns over COVID-19. President Joko Widodo presided over the ceremony along with a handful of state officials and dignitaries at the Presidential Palace in Central Jakarta. The number of physical attendees was limited to 20 people to minimize the risk of COVID-19 transmission. Unlike past ceremonies, this year did not feature a complete line-up of the national flag-hoisting team, in compliance with the health protocols.

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On 19 August, 1,902 new and 144,945 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 2,032 cases per day, compared to 1,978 per day for the previous seven days.

As of 19 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 has one of the highest numbers of confirmed cases. Java contributed 58% of the total cases in Indonesia. The cumulative number of confirmed COVID-19 cases by province is shown in Figure 3.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 19 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.
Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 19 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 19 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 South Sulawesi (Fig. 4).

**Figure 4:** Cumulative deaths per one million population by province in Indonesia, as of 19 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.
As of 19 August, the daily number of specimens and suspected cases tested were 26,078 and 14,940, respectively (Fig. 5). The weekly average number of specimens and suspected cases tested in the last seven days were 22,492 and 12,027, respectively. It is important to set the testing target to achieve the benchmark of suspected cases tested each day, in line with the fifth revision of the national guidelines for COVID-19 prevention and control. The guideline states the target as one suspected case tested per 1,000 population per week, adopted from WHO’s recommendation for comprehensive surveillance.

Figure 5: The daily number of specimens and suspected COVID-19 cases tested in Indonesia, from 01 May to 19 August 2020. 

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.


WHO Indonesia Situation Report - 21

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Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 27 July to 16 August.

<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>Yes</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>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 27 July to 16 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). Most provinces in Java experienced an increase in the number of confirmed COVID-19 cases in the last week.
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 16 August 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 16 August 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 16 August 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 16 August 2020. Source of data
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 16 August 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 16 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).

![Graph showing positivity rate and suspected cases tested per 1000 population per week.]

**Figure 12:** Positivity rate of cases, and suspected cases tested per 1 000 population per week: Week 1: 27/07/20 - 02/08/20; Week 2: 03/08/20 - 09/08/20; Week 3: 10/08/20 - 16/08/20

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

West Java

Central Java

Yogyakarta

East Java

Banten

WHO Indonesia Situation Report - 21
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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 27 July to 16 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. Since 20 July, DKI Jakarta and East Java are in the process of adopting 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.

- On 13 August, WHO, the Food and Agriculture Organization (FAO), and the United States Agency for International Development (USAID) – LINKAGE – convened a meeting to discuss measures to strengthen surveillance and contact tracing. Volunteers and field staff from various organizations will support activities at the subnational level. A refresher training on surveillance will take place next week, along with an orientation on the new contact tracing application with mobile and desktop versions: the mobile application will enable contact tracers to input information while the desktop version will compile and analyse the data.

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).

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 16 August 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
• As reported by the government on 19 August, the number of suspected cases tested for COVID-19 with polymerase chain reaction (PCR) was 14,940 and the cumulative number of suspected cases tested was 1,096,294 (Fig. 15).

• On 12 and 14 August, the Intra-Action Review (IAR) met to discuss the laboratory response for COVID-19 and design short- and long-term plans for the laboratory response during the pandemic. Relevant stakeholders highlighted best practices and challenges identified.

Some best practices include:

i. Expanded laboratory network since the beginning of the pandemic (from 13 laboratories in March to 320 laboratories in August);

ii. Virtual as well as on-the-job training for laboratory technicians and volunteers;

iii. Mobile PCR laboratory in some provinces to enhance testing.
Some challenges include:

i. Lack of coordination between national and provincial laboratories;

ii. Delays in testing due to limited human resources, PCR reagents, extraction kits, viral transport media and consumables;

iii. Limited regional laboratories reporting their results in real time to the national laboratory;

iv. Limited participation in the external quality assurance (EQA); and some laboratories not meeting the EQA standards yet.

**CASE MANAGEMENT**

- As of 19 August, the proportion of people that recovered among the total confirmed COVID-19 cases was 68.1% (Fig. 16). As of the same date, there were 39,942 confirmed COVID-19 cases under care or in isolation.

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6 [https://covid19.go.id/](https://covid19.go.id/)
From 11 to 14 August, WHO supported an IAR for the COVID-19 response. Multiple sector stakeholders including, among others, the Ministry of Health (MoH), the National Board for Disaster Management (BNPB), the Secretariat of the Cabinet, selected Province Health Offices (PHOs), hospitals and the armed forces actively shared best practices, gaps and challenges and provided input to formulate recommendations to strengthen the national COVID-19 response. These recommendations will guide the review of the national and provincial response plans for COVID-19. The core team of focal points for each pillar of the response plan will monitor the implementation of the IAR recommendations and the Directorate of Surveillance and Health Quarantine, MoH, in collaboration with BNPB, will coordinate periodic meetings to track progress. The results of the IAR will be published on the Partnership Platform and will be presented to the Directorate General of Disease Prevention and Control (International Health Regulations Focal Point for Indonesia) and the COVID-19 Task Force. Indonesia will also share the IAR outcomes with relevant stakeholders and regional and global communities.

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

- **Infographics:**
  - One on staying safe during COVID-19
  - One on staying healthy in the workplace
  - Three on substance abuse
  - Five on feeding young children
  - Eight on guidelines for management in the food sector, in collaboration with the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP)

On 14 and 16 August, the COVID-19 Task Force disseminated risk communication materials as part of the national mask campaign. WHO provided input, in line with the [WHO advice on the use of masks in the](https://www.who.int/indonesia)
context of COVID-19, to produce relevant information, education and communication (IEC) materials (Fig. 17). The Indonesian Red Cross Society (PMI) and MoH, as part of the Task Force, have developed a plan outlining campaign activities, starting from August. These were presented during the weekly Risk Communication and Community Engagement (RCCE) meeting on 14 August.

Figure 17: Information, education and communication material for the national mask campaign, August 2020.
During the COVID-19 pandemic, the Subdirectorate of Hepatitis and Gastrointestinal Tract Infection Diseases, MoH, has conducted (i) ‘COVID-19 Impact Analysis on Hepatitis B and Hepatitis C Services’; and (ii) developed national guidance to mitigate potential disruptions to the delivery of hepatitis B and hepatitis C essential health services. The following are the highlights of MoH responses that are supported by WHO Indonesia:

Impact of COVID-19 on National Hepatitis Programme (NHP) in Indonesia⁷:

i. The number of districts/cities conducting early detection of hepatitis B (Deteksi Dini Hepatitis B or DDHB) among pregnant women from January to April 2020 was significantly lower compared to the same period last year (Fig. 18).

![Chart showing number of districts/cities conducting early detection of hepatitis B from January to April 2019 and 2020](image)

Figure 18: Number of districts/cities conducting early detection of hepatitis B, January to April 2019 and January to April 2020. Source of data: MoH analysis of COVID-19 impact to hepatitis B and hepatitis C services, 2020

ii. There was equally a decline in the total number of pregnant women who were tested for hepatitis B during the same period (Fig. 19). A more detailed and specific analysis comparing data from before and after the COVID-19 outbreak in Indonesia shows that the number of pregnant women tested

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⁷ MoH analysis of COVID-19 impact to Hepatitis B and Hepatitis C services, 2020
and screened for hepatitis B declined by more than half in March and April 2020 compared to January and February 2020.

Figure 19: Number of pregnant women tested for hepatitis B, January to April 2019 and January to April 2020. Source of data: MoH analysis of COVID-19 impact to hepatitis B and hepatitis C services, 2020

iii. The situation is similar for the number of infants (9-12 months old) (Fig. 20).

Figure 20: Number of infants (9 to 12 months old) screened for hepatitis B, January to April 2019 and January to April 2020. Source of data: MoH analysis of COVID-19 impact to hepatitis B and hepatitis C services, 2020
iv. There was a decline of hepatitis C services at healthcare facilities as the number of facilities conducting hepatitis C early detection (Deteksi Dini Hepatitis C or DDHC) decreased by 61% on average in the period of January to April 2020 compared to January to April 2019 (Fig. 21).

![Graph showing decline in hepatitis C early detection facilities](image)

**Figure 21:** Number of facilities that submitted hepatitis C early detection (DDHC) report, January to April 2019 and January to April 2020. **Source of data: MoH analysis of COVID-19 impact to hepatitis B and hepatitis C services, 2020**

v. There are two tests used for diagnosis of chronic hepatitis C infection, i.e. antibody test (anti-HCV), and antigen test (HCV RNA); both show a significant decline from January to April 2020 compared to 2019 (Fig. 22 and 23).

![Graph showing decline in anti-HCV samples tested](image)

**Figure 22:** Number of Anti-HCV samples tested, January to April 2019 and January to April 2020. **Source of data: MoH analysis of COVID-19 impact to hepatitis B and hepatitis C services, 2020**
To mitigate the impact of COVID-19 and maintain essential hepatitis services, interventions are being made in the following areas:

i. Guidelines: MoH issued two circulars in April and June, in line with WHO guidance on ‘Maintaining essential health services’, covering guidance for health facilities, health workers regarding prevention of COVID-19 in hepatitis services, clinical management of hepatitis B and hepatitis C patients, and guidance for Province and District Health Offices to continue their roles in NHP.

ii. Diagnosis: Hepatitis B and C screening and confirmatory diagnosis are recommended to be conducted as usual in healthcare facilities, adhering to infection prevention and control (IPC) measures and maintaining physical distancing.

iii. Prevention: To prevent risk of COVID-19 transmission during the provision of hepatitis services, IPC protocols for COVID-19 have been put in place at the healthcare facilities for healthcare workers, patients and companions.

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8 Director General of Disease Control and Prevention, MoH, Circular Letter No. HK.02.03/III/9204/2020, ‘Implementation of Hepatitis B and Hepatitis C Prevention and Control in New Normal Era’
WHO, IGCN, ILO and UNDP convened the third webinar of the ‘Business Unusual in the New Normal’ series on 19 August. The webinar discussed new protocols and guidelines for the hospitality and tourism industry with representatives of the private sector as the main stakeholders. Resource persons were available from WHO, ILO, the Ministry of Tourism and Creative Economy, the DKI Jakarta Provincial Government for Culture and Tourism, the Indonesia Tourism Development Corporation (ITDC) as well as the Indonesian Hotel and Restaurant Association (PHRI). WHO presented its guidance on the ‘Operational considerations for prevention of COVID-19 in the accommodation sector’. The webinar aimed to facilitate dialogue between UN agencies, governments, business associations, the private sector and workers regarding the needs, concerns and challenges for health and safety standards for businesses in the hospitality and tourism industry during the COVID-19 pandemic (Fig. 25).

Figure 24: A woman undergoes testing for hepatitis at a health facility. Routine health screening, including sexually transmitted diseases, should continue alongside the COVID-19 response. Credit: MoH
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. 26).
Figure 26: 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:
- Safe Eid-al-Adha practices in the context of COVID-19
- 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:
- Breastfeeding and COVID-19
- Management at workplace
- Take care in your workplace
- Safe travel during COVID-19
- Tuberculosis and COVID-19
- Nutrition tips
- ‘Be Active’

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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