HIGHLIGHTS

- As of 16 September, the Government of Indonesia announced 228,993 (3,963 new) confirmed cases of COVID-19, 9,100 (135 new) deaths and 164,101 recovered cases from 493 districts across all 34 provinces\(^1\).

- WHO is supporting the Ministry of Health (MoH) in a seroepidemiological study for 17 selected provinces across Indonesia (pages 14-16).

- WHO continues to facilitate the comprehensive field assessment in 15 provinces to strengthen national COVID-19 response (page 18).

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Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 10 to 16 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.

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\(^1\) [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
• On 14 September, Jakarta reimposed large-scale social restrictions (PSBB) for a period of two weeks. The former PSBB was relaxed to enter a transitional PSBB in early June. Governor Anies Baswedan announced that schools, tourist locations, recreational areas, public parks, sporting facilities, weddings, seminars and conferences will be closed or suspended for two weeks. Traditional markets and shopping malls will only be allowed to operate at 50% capacity, and restaurants and cafes will only be allowed to provide deliveries. In contrast to the former PSBB, enacted in April, places of worship in residential areas and housing complexes will remain open at 50% capacity, though in red zones, larger houses of worship will be closed. Public transportation will be limited to 50% of passenger capacity and the odd-even license plate traffic policy will be suspended for the duration of PSBB. In anticipation of citizens of Jakarta travelling to Bogor to avoid PSBB, the mayor of Bogor is preparing to intensify emphasis on health protocols or physical restrictions in areas that might be destinations for people coming from Jakarta. Bogor will implement micro-scale social restrictions (PSBM) until 28 September, which will focus on strengthening monitoring at neighbourhood units and community units (RT and RW).

• The Province Health Office (PHO) of Jakarta issued circular no. 399/2020 on 04 September, stating 13 hospitals to be solely designated for COVID-19-related services. These hospitals will provide COVID-19 services in all hospital service areas; transfer non-COVID-19 patients (in- and outpatient) to other hospitals that provide services for non-COVID-19 patients; conduct quality management, patient care and specimen referral of COVID-19 according to the set standards; implement service flow, room arrangement, and implementation of infection prevention and control (IPC) in all hospital areas according to COVID-19 referral hospital directives; improve human resource capacity, infrastructure, and availability of medical and personal protective equipment (PPE) and other consumables; and carry out recording and reporting according to the regulation.

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3 https://en.tempo.co/read/1385920/bogor-mayor-responds-to-jakartas-reimposed-psbb-social-restriction
• On 16 September, 3,963 new and 228,993 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days was 3,664 cases per day, compared to 3,242 per day for the previous seven days.

• As of 16 September, 59.4% 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 16 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 16 September, DKI Jakarta had the highest confirmed COVID-19 mortality per one million population, followed by South Kalimantan, East Java, East Kalimantan, North Sulawesi, and North Maluku (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 16 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 16 September, the daily numbers of specimens and people tested were 39 774 and 30 713, respectively. As of the same day, the daily number of suspected cases was 100 236 (Fig. 5). The weekly average numbers of specimens and people tested in the last seven days were 34 344 and 24 734, respectively.

Figure 5: The daily number of specimens, suspected COVID-19 cases, and people tested in Indonesia, from 01 June to 16 September 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.
Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 24 August to 13 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>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 differs for each province (see Figs. 6 to 11 for details)

**decrease in deaths is calculated from 24 August to 13 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

- The latest peak in the number of confirmed COVID-19 cases for all provinces in Java occurred last week (Figs. 6 to 11).
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 13 September 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 13 September 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 13 September 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 13 September 2020. Source of data
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 13 September 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 13 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 case detection benchmark for the last three weeks; West Papua met this benchmark last week (Fig. 12).

Figure 12: Positivity rate of samples, and people tested per 1,000 population per week:
Week 1: 24/08/20 - 30/08/20; Week 2: 31/08/20 - 06/09/20; Week 3: 07/09/20 - 13/09/20

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
- Death-Confirmed-Case

West Java

- Death-Confirmed-Case
- Death-Probable-Case

Central Java

- Death-Confirmed-Case

Yogyakarta

- Death-Confirmed-Case

East Java

- Death-Confirmed-Case
- Death-Probable-Case

Banten

- Death-Confirmed-Case
- Death-Probable-Case
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 24 August to 13 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.

- From 10 to 11 September, WHO and partners, in collaboration with MoH and the COVID-19 Task Force (Satuan Tugas (Satgas)), conducted a refresher training on contact tracing for all 514 districts in Indonesia. Close to 700 participants attended the webinar which was divided into four sessions. In one session, participants from the subnational levels shared their experience in contact tracing with DKI Jakarta, North Sulawesi, South Sulawesi, West Kalimantan, West Sumatra and other provinces also discussing lessons learned (Fig. 14). The Director General of Communicable Disease Control and Prevention, MoH, launched a handbook on contact tracing to be used by field contact tracers to enhance surveillance nationwide.

Figure 14: Provinces sharing lessons learned on contact tracing during a webinar, 11 September 2020.
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. 15).

Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 13 September 2020.  Source of data

Disclaimer: Data from Wisma Atlet are not included.

Indonesia is participating in a population-based age-stratified seroepidemiological study coordinated by WHO. The study aims to measure the prevalence of antibodies to SARS-CoV-2 and the fraction of asymptomatic, pre-symptomatic, or subclinical people in the general population by sex and age group to identify the scope of the disease in a community. This was announced through a media release in English and Indonesian on 02 July. This study is part of the WHO Unity Study, a global initiative to enable countries, in various resource settings, to rapidly gather robust data on key epidemiological parameters to better understand, respond to and control the COVID-19 pandemic.
In Indonesia, the study will be implemented with a cross-sectional approach and one-time data collection. Serum specimens will be taken from 10,200 participants and examined with an immunological assay called the enzyme-linked immunosorbent assay (ELISA) test to detect and measure the presence of antibodies against SARS-CoV-2. Sixty-nine districts in 17 provinces have been randomly selected with the Probability Proportional to Size (PPS)-method based on the individual size, population and incidence of infection in each of these provinces (Fig. 16). Risk factors, symptoms, and knowledge, attitude, and practice (KAP) study data will also be collected using questionnaires. The results will be analyzed to estimate the seroprevalence, proportion of asymptomatic cases and risk factors in the general population. The study will involve multidisciplinary researchers from various academic and research institutions along with experts in acute respiratory infection, regional referral laboratories and health authorities at the subnational level.

Figure 16: Distribution of seroepidemiological study sites in Indonesia, September 2020. Source: Population-based age-stratified seroepidemiological investigation protocol for COVID-19 infection in Indonesia

who.int/indonesia
- WHO has been supporting MoH to develop the study protocol, as well as logistics and resource mobilization for the study. Some activities from September are highlighted below:

i. On 11 September, WHO provided MoH with 127 kits of reagents that can perform up to 12192 antibody tests (Fig. 17).

![Figure 17](image17.png)

Figure 17: WHO handed over reagents to the MoH to perform antibody tests for the seroepidemiological study in Indonesia, September 2020. Credit: The National Institute of Health Research and Development.

ii. On 08 September, WHO supported the first virtual orientation for the 17 provinces in collaboration with MoH (Fig. 18). WHO presented the sample collection, logistics distribution and laboratory requirements of testing for the study. The National Institute of Health Research and Development (NIHRD) has been appointed as the National Reference Laboratory for quality assurance of the study and eight subnational laboratories have been appointed as testing laboratories. Training for field officers in 69 selected districts and field testing in DKI Jakarta will be conducted before specimen collection starts in October.
As reported by the government on 16 September, the number of people tested for COVID-19 with polymerase chain reaction (PCR) was 30,713 and the cumulative number of people tested was 1,622,769 (Fig. 18). As of the same day, the proportion of people that had recovered among the total confirmed COVID-19 cases was 71.7% (Fig. 19) and there were 55,792 confirmed COVID-19 cases under care or in isolation.

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5 https://covid19.go.id/
On 16 and 17 September, MoH, with support from WHO, will conduct a webinar on IPC for hospitals in the eastern region of the country. This is the last in the webinar series which was a recommendation from the COVID-19 exposure risk assessment of healthcare workers. On 02 and 08 September, the virtual training was conducted for the western and central regions, with 300 registered participants in attendance and over 2,000 participants joining through YouTube.

WHO continues to support MoH with the comprehensive field assessment in 15 provinces. The enumerators are collecting, compiling and analyzing the data obtained through checklists from PHOs, District Health Offices (DHOs), provincial laboratories, hospitals, port health posts, the COVID-19 Task Force, puskesmas and community health posts (posyandu) (Fig. 20). Most of these enumerators are volunteers selected by the Satgas. The assessment is expected to be finalized by the end of September. The results will be used to identify strengths, best practices, gaps and challenges of the COVID-19 response; they will also guide the development of recommendations and the update of COVID-19 response plans at the provincial and national-level, which will complement the Intra-Action Review (IAR).

PLANNING, RISK AND NEEDS ASSESSMENT

Figure 20: Volunteers conducting a field assessment interview in a District Health Office in Bali, September 2020. Credit: WHO
From 10 to 11 September, WHO facilitated a video conference for the review of the COVID-19 operational response plans based on the IAR recommendations. The stakeholders presented proposed activities, indicators and budgets for the revised response plans. While all provinces are updating their plans, North Sulawesi is finalizing its plan and Yogyakarta presented its draft on 15 September.

On 16 September, WHO and MoH will share the experience and benefits of conducting an IAR in a WHO South-East Asia Regional Office webinar. MoH Indonesia will present its experience with the aim of encouraging other countries in the region to conduct an IAR.

WHO advised the public communication section of the COVID-19 Mitigation and National Economic Recovery Team (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional or KPCPEN) to develop information, education and communication (IEC) messages for the community to reiterate health protocols during COVID-19 in alignment with important health commemoration days, holidays and observances. Subsequently, KPCPEN published IEC materials for the National Sports Day on 09 September and for the National Oral and Dental Health Day on 12 September.

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

- Questions and answers on children and masks

- Advice on the use of masks for children in the community in the context of COVID-19

- Infographics on:
  - Addressing domestic violence
  - COVID-19 and NCDs
  - Guidance for organizing small gatherings (Fig. 21)
WHO is supporting the government for programme analysis of various essential health services to ensure their continuity during the pandemic. Highlights of the initial malaria programme analysis can be found in WHO Situation Report 15. Updates from the programme are presented below:

i. There continues to be a decline in active and passive case finding as well as reported malaria cases from April to July 2020, compared to the same period in 2019 (Fig. 22). The figures from January to June were presented in WHO Situation Report 15.

ii. Community case finding in Papua was suspended by the local government from March to August 2020; however, some village malaria workers/Juru Malaria Desa (VMWs/JMD) still conducted malaria testing using rapid diagnostic tests (RDT) at home by setting up hand washing stations in front of their houses and using gloves and fabric masks. As of September, community case finding resumed in Papua. Persatuan Karya Dharma Kesehatan Indonesia (PERDHAKI), a community-based organization and one of the Principal Recipients of the Global Fund grant in Indonesia, has distributed PPE for VMWs/JMD.
iii. Advocacy: WHO was an event partner of Malaria Week 2020, hosted virtually by the Asia Pacific Leaders Malaria Alliance (APLMA), Asia Pacific Malaria Elimination Network (APMEN) and the National Institute of Malaria, Parasitology and Entomology (NIMPE), Ministry of Health, Viet Nam, from 07 to 11 September. WHO contributed to chairing the breakout session on ‘Strong Surveillance Systems and Timely Reporting’ in which multi-country and multi-sector participants reflected on the importance of supporting malaria elimination through robust surveillance systems and real-time data during the COVID-19 pandemic.

iv. Guidance: MoH is revising some of its recommendations to adjust them to the pandemic situation. WHO reviewed the draft of the MoH guidance on malaria elimination certification and provided input to ensure that the procedure of certification is consistent with the WHO framework for malaria elimination. Other activity protocols have also been revised in line with WHO guidance on ‘Maintaining essential health services: operational guidance for the COVID-19 context’. As an example, the guideline on long-lasting insecticidal net (LLIN) distribution has been adjusted by simplifying the reporting.

Figure 22: Trend of malaria case finding and confirmed malaria cases reported from April to July 2019 vs April to July 2020. Source: SISMAL database accessed on 21 August 2020, data reported from 34 provinces.
v. Surveillance: To enhance case finding, some health facilities in Papua have started screening all suspected COVID-19 cases for malaria. As a result, co-infection of malaria and COVID-19 has been observed. One hospital in Jayapura district reported that approximately 10% of COVID-19 cases were co-infected with malaria.

vi. Human resources: WHO is supporting the National Malaria Control Program (NMCP), other sub-directorates and partners to conduct virtual capacity building during the pandemic. A series of ten webinars on vector and animal reservoir control and surveillance is being conducted from 13 June to 31 October. The second Annual Malaria Research in Indonesia (AMRI) took place from 25 June to 27 August. These ten webinars were aimed to bridge communications between the malaria programme and researchers on diagnosis, treatment, epidemiology, vector biology and control, surveillance, innovation and future research on malaria in Indonesia with focus on reaching elimination by 2030.

vii. Prevention: All targeted areas for LLINs in 2020 have received LLINs and some districts have distributed them to the community. WHO is supporting the NMCP in monitoring durability and efficacy of LLINs in Papua, in line with WHO guidelines. The field data collection was rescheduled from once every six months to one time only in 2020 due to PSBB, and took place from August to September. Results will inform LLIN distribution and replacement schedules, behaviour and communication messages, and procurement.

viii. Outbreak response: WHO supported the NMCP in tackling a malaria outbreak in Rokan Hilir District, Riau Province. The outbreak began in October 2019 with an initial successful response and reduction in cases; however, a substantial increase in cases was observed due to implementation of PSBB and reduced capacity of the health system during the pandemic. WHO is supporting the assessment of the outbreak and is providing technical knowledge to local health workers, ensuring that local authorities can manage the malaria outbreak, even during the pandemic.
On 10 September, WHO participated in a meeting convened by the Coordinating Ministry of Human Development and Culture alongside other partners and ministries to discuss the COVID-19 vaccine candidates and an introduction and deployment plan whenever the vaccine becomes available. The COVAX Facility will supply participating countries with vaccine doses to immunize 20% of the country’s population. It will initially provide vaccines for 3% of the total population which will cover health workers and essential staff, followed by another 17% for priority population groups, in 2021. The government is also in bilateral negotiations with manufacturers for securing additional doses of vaccines. The government’s major focus remains the production of a local vaccine.

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. 23).

Figure 23: WHO funding situation for COVID-19 response, September 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:
- COVID-19 and disabilities
- 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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