As of 30 September, the Government of Indonesia announced 287,008 (4,284 new) confirmed cases of COVID-19, 10,740 (139 new) deaths and 214,947 recovered cases from 497 districts across all 34 provinces.

WHO supported a Ministry of Health (MoH) survey to evaluate contact tracing.

WHO translated the ‘COVID-19 Vaccine Introduction Readiness Assessment Tool’ into Indonesian and disseminated it to MoH and counterparts.

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 24 to 30 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/
On 28 September, President Joko Widodo ordered the COVID-19 Mitigation and National Economic Recovery Team (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional or KPCPEN) to come up with a final plan within two weeks for nationwide COVID-19 vaccination. He demanded a plan detailing the vaccinators and beneficiaries, commencement date, and locations where vaccination would be conducted. He stressed the importance of creating a comprehensive plan as soon as possible so whenever a vaccine is ready, field implementation can be carried out immediately.\(^2\)

The United Nations Industrial Development Organization conducted an impact assessment of COVID-19 on small and medium enterprises in Indonesia. The results illustrated that, as of September 2020, almost 60% of the responding small and medium-sized enterprises reported at least half of their employees were unable to go to their workplace leading to a severe drop in business operations, especially for technology firms. Around 82% of the businesses reported a reduction in orders due to a decrease in market demand; and 81% expected more than 50% revenue loss in 2020 compared to 2019. Of the businesses surveyed, around 40% had received government support. Furthermore, 82% of microenterprises and 72% of food processing firms requested policies to reduce the cost of rental space and utilities. The study has recommended several policy options, including leveraging the current government support schemes, employment retention, building productivity and competitiveness, driving innovation and technology adaptation.

The Chairperson of the National COVID-19 Task Force (Satuan Tugas (Satgas)) has called to further intensify the campaign for changing public behaviour to ensure compliance with health protocols. He emphasized that the campaigns will be carried out in all provinces, with focus on ten priority provinces: Aceh, Bali, Central Java, DKI Jakarta, East Java, North Sumatra, South Kalimantan, South Sulawesi, Papua and West Java. Furthermore, he mentioned that there is cooperation between the National Police Headquarters and transportation organizations to install health protocols in all public transportation.\(^3\)


On 30 September, 4,284 new and 287,008 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The week of 21 to 27 September saw the highest weekly count since the beginning of the pandemic with 30,537 new cases (Fig. 3); an average of 4,362 new cases per day, a rise compared to 3,756 per day for the previous seven days.

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 30 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 4.

Figure 4: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 30 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 30 September, DKI Jakarta’s mortality rate of 163 confirmed COVID-19 deaths per one million population was the highest in the country, followed by South Kalimantan, East Kalimantan, East Java, North Sulawesi, and Bali (Fig. 5).

![Cumulative deaths per one million population by province in Indonesia, as of 30 September 2020.](image)

Figure 5: Cumulative deaths per one million population by province in Indonesia, as of 30 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 30 September, the daily numbers of specimens and people tested were 45,496 and 30,940, respectively. As of the same day, the daily number of suspected cases was 132,693 (Fig. 6). It is imperative to strengthen the laboratory capacity to ensure testing of all suspected cases.

Figure 6: The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 01 June to 30 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 three-week period from 07 September to 27 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>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</td>
<td>Yes</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. 7 to 12 for details)
** decrease in deaths is calculated from 07 to 27 September 2020 (see Fig. 14 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; East Java and Yogyakarta had less than 50% decline in the number of confirmed COVID-19 cases since the latest peak during the week of 14 to 20 September; West Java had a steep increase during the week of 21 to 27 September (Figs. 7 to 12).
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 27 September 2020. Source of data

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 27 September 2020. Source of data
Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 27 September 2020. Source of data

Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 27 September 2020. Source of data
Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 27 September 2020. Source of data

Figure 12: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 27 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. This minimum case detection benchmark was achieved in: DKI Jakarta, West Sumatra and West Papua for the last three weeks; and Yogyakarta for the last two weeks. West Sumatra had an increase in the positivity rate over the last two weeks and only met the threshold positivity rate of less than 5% in the week of 07 to 13 September (Fig. 13).

Figure 13: Positivity rate of samples, and people tested per 1,000 population per week:

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

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/20 - 13/09/20</td>
<td>121</td>
<td>311</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>151</td>
<td>327</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>131</td>
<td>339</td>
</tr>
</tbody>
</table>

**West Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/20 - 13/09/20</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td></td>
<td>70</td>
</tr>
</tbody>
</table>

**Central Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/20 - 13/09/20</td>
<td>163</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>127</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>137</td>
</tr>
</tbody>
</table>

**Yogyakarta**

<table>
<thead>
<tr>
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<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/20 - 13/09/20</td>
<td>4</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>8</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>7</td>
</tr>
</tbody>
</table>

**East Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
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<td>07/09/20 - 13/09/20</td>
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<td>26</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>202</td>
<td>34</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>153</td>
<td>23</td>
</tr>
</tbody>
</table>

**Banten**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/09/20 - 13/09/20</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>14/09/20 - 20/09/20</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>21/09/20 - 27/09/20</td>
<td>21</td>
<td>2</td>
</tr>
</tbody>
</table>
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 07 September to 27 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. 15). The number of cases hospitalized increased until 16 September but has since started to decline.

![Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 27 September 2020. Source of data](source_of_data)

Disclaimer: Data from Wisma Atlet are not included.
On 26 September, WHO supported a Focus Group Discussion (FGD), in collaboration with the Field Epidemiology Training Programme (FETP), in East Java to discuss contact tracing. The Heads of Disease Prevention and Control Programmes, the Heads of Surveillance units and surveillance staff at province and district levels joined the FGD and brainstormed methods to improve contact tracing in East Java. The main issues identified were the stigma related to contracting COVID-19 and limited human resources to conduct contact tracing. Volunteers will be recruited to increase human resources and discussions will be initiated with relevant stakeholders on strategies to eliminate stigma surrounding close contacts and confirmed cases.

WHO and the MoH Subdirectorate of Emerging Infectious Diseases conducted a survey from 10 to 11 September during a refresher training with district surveillance officers to evaluate contact tracing. Of 259 respondents, 65% stated that they were able to trace close contacts of more than 80% of confirmed cases (Fig. 16). In terms of tools for contact tracing, 86% used manual options (pen-and-paper-based) while 9.0% used locally-developed applications; the remaining 5.0% had not documented the procedure. It is important to develop a national level electronic system to uniformly monitor and evaluate contact tracing across the districts.

![Pie chart showing the proportion of district surveillance officers' survey responses on percent of confirmed cases whose close contacts were traced. Source: Survey conducted on 10 and 11 September 2020.](image-url)
As reported by the government on 30 September, the number of people tested for COVID-19 with polymerase chain reaction (PCR) was 30,940 and the cumulative number of people tested was 1,993,694 (Fig. 17). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 74.9% (Fig. 18), and there were 61,321 active cases.  

Figure 17: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 30 September 2020. Source of data

Figure 18: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 30 September 2020. Source of data

https://covid19.go.id/
• On 24 September, WHO met with the Subdirecctorate of Emerging Infectious Diseases, MoH, to discuss streamlining the procedure of using COVID-19 antigen-detecting rapid diagnostic tests (Ag-RDTs) for when they become available. A follow-up meeting took place on 29 September with WHO, Satgas, the Indonesian Association of Microbiologists, the Indonesian Association of Pathologists, and the National Institute of Health Research and Development (NIHRD) to discuss:

i. A pilot implementation of Ag-RDTs for surveillance prior to scale up, to consider aspects such as biosafety and waste management measures;

ii. Incorporating the procedure while updating the national guidance on COVID-19 prevention and control (sixth revision);

iii. Calculating the quantity of antigen tests required (especially in the areas where PCR laboratories have not been established yet).

• On 25 September, NIHRD convened a meeting on the COVID-19 laboratory networking scheme and its monitoring. WHO participated in the meeting alongside representatives from public health laboratories, hospitals and Province Health Offices. The participants agreed on methods to improve diagnostic capacity, either through additional laboratory facilities or increasing testing in existing facilities. Participants also agreed to initiate monitoring activities and to hold a further discussion on establishing a suitable monitoring system.

• WHO has been supporting MoH to conduct workshops on clinical case management of moderate to severe COVID-19 patients in nine priority provinces. The first batch took place on 25 September for Central Java, DKI Jakarta and West Java; the second batch was held on 28 September for Aceh, Bali and East Java; and the third batch on 30 September for North Sumatra, South Kalimantan and South Sulawesi.

VACCINATION

• On 25 September, WHO’s Chief Scientist, Dr Soumya Swaminathan, participated in ‘Science in 5’, WHO’s series of conversations in science, to respond to questions on vaccine development progress. Dr Swaminathan explained that clinical trial results of safety and efficacy from some of the
candidate vaccines may be available by the end of 2020 or early 2021. After the clinical trial results are available, regulators around the world will analyze the data and make decisions on their approval. The vaccine(s) will then need to be produced and shipped meaning people may start receiving vaccinations sometime in mid-2021\(^5\).

- It may take some time to scale up the production of vaccine(s) when available. Initially, the frontline and health workers should be prioritized for vaccination since they are the most at risk and need to continue their work to keep everyone else safe and healthy. Highly vulnerable population groups should be the next priority: the elderly, people with pre-existing diseases and/or underlying conditions, which put them at higher risk of mortality and severe course of disease; then, the coverage will be gradually expanded to the remaining population groups\(^5\).

- Ideally, the COVID-19 vaccine(s) should protect at least 50-70% of the people who receive it, and be safe, both in the short- and long-term for different age groups, from children to pregnant women to the elderly. It should be given in a single shot and provide immunity for as long as possible. Moreover, it should be easy to store and distribute, which means

that it should not require ultra-cold storage facilities since these are not widely available\(^5\).

- To ensure the safety of the vaccines, developers must be able to show data on the benchmarks, for instance minimum efficacy and safety profile, to regulatory agencies, countries and WHO. The Scientific Advisory Group of Experts on immunization (SAGE) will look at these data very carefully before they make recommendations for allocating vaccines between countries and prioritizing groups for vaccination within each country, using the [Values Framework](#).

- On 28 September, WHO published a draft landscape of COVID-19 candidate vaccines with 40 vaccines in clinical evaluation and 10 in Phase 3. Inclusion of any product or entity in any of these landscape documents does not constitute, and shall not be deemed or construed as, approval or endorsement by WHO. While WHO takes reasonable steps to verify the accuracy of the information presented in these landscape documents, it does not make any representations and warranties regarding the accuracy, completeness, fitness for a particular purpose, quality, safety, efficacy, merchantability and/or non-infringement of any information provided in these landscape documents and/or of any of the products referenced therein. WHO also disclaims any and all liability or responsibility for any death, disability, injury, suffering, loss, damage or other prejudice of any kind that may arise from or in connection with the procurement, distribution or use of any product included in any of these landscape documents.

- To prepare all countries for COVID-19 vaccine introduction, WHO, the United Nations Children’s Fund (UNICEF), Gavi, the Vaccine Alliance, and partners are working together at the global and regional levels to develop and disseminate adaptable guidance, trainings, planning and monitoring tools, and advocacy materials. One of the initial resources developed is the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT). This tool is intended to be used by ministries of health, with support from WHO and UNICEF, to provide a roadmap for countries to plan for COVID-19 vaccine introduction and a framework to self-monitor their readiness progress against key milestones. The COVID-19 VIRAT is ready for immediate use by all countries, however, it may be updated as more information becomes available on the vaccine(s) and timelines for delivery. WHO has translated the COVID-19 VIRAT into Indonesian and disseminated the tool to MoH and counterparts to be adapted to the country context and initiate preparations.
• On 23 September, during a meeting convened by the MoH Subdirectorate of Health Promotion, WHO provided input for a book, 'Suku Tanya Jawab Seputar Virus Corona', comprising of various questions and answers on COVID-19. Health workers in hospitals and community health centres (puskesmas) and volunteers are the target audience for the book. It has been developed by Johns Hopkins University and the United States Agency for International Development (USAID) with some references from WHO publications on guidance, information, education and communication materials as well as questions and answers.

• One of the side events of the 75th Session of the General Assembly of the United Nations (UN) was on ‘Infodemic Management’ with the theme: promoting healthy behaviours in the time of COVID-19 and mitigating harm from misinformation and disinformation. WHO coordinated the Director General of Informatics Application, Ministry of Communication and Information Technology, Indonesia, to present on ‘Efforts to Transform Anti-Hoax to Counter-Infodemic Campaign’ (Fig. 20). Other presenting countries, Thailand and Uruguay, discussed strategies on combating infodemics.

Figure 20: Indonesian Director General of Informatics Application presented on infodemic management during the 75th UN General Assembly, 23 September 2020.
WHO is regularly translating and sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published infographics on older adults and COVID-19 (Fig. 21).

From 23 to 30 September, WHO and MoH are supporting discussions on the revision of the COVID-19 operational response plans based on the Intra-Action Review recommendations at the national and provincial levels. The MoH focal points of each pillar of the response plan presented on situation analysis, strategies, operation coordination structure (if any), activities for response and rehabilitation phases, budgets, stakeholders’ involvement, and key indicators. The focal points completed a WHO-MoH template on each of these areas and during the meeting relevant stakeholders provided inputs. Technical teams from WHO, including planning, surveillance, case management, laboratory, infection prevention and control and risk communication joined these sessions to provide their inputs.
On 24 September, WHO presented during a webinar convened by the Korea International Cooperation Agency (KOICA) for healthcare professionals in the Association of Southeast Asian Nations (ASEAN) countries. Other presenters were from Cambodia, Laos, Myanmar, Philippines, Thailand and Vietnam. The topics included: management of suspected cases, testing protocols and strategies, and notification of the results.

On 28 September, WHO presented its draft guidance on ‘Supporting healthy urban transport and mobility during the easing of COVID-19 measures’ during the ASEAN Health Coordination Meeting on road safety, in collaboration with MoH. WHO emphasized hygiene and physical distancing as key factors to control the transmission and suggested countries to manage and optimize road space to cater for pedestrians, cyclists and other non-motorized transport users by creating and improving pedestrian paths and dedicated and secured cycling lanes. WHO will support the adaptation and implementation of the guidance in Indonesian once finalized.

Figure 22: Road congestion in Jakarta before the COVID-19 pandemic. It is important to optimize road space and cater for non-motorized transport users, allowing proper physical distancing while easing large-scale social restrictions. Credit: WHO
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:
- How children can wear fabric masks
- Be active
- Addressing domestic violence
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse

Questions and answers:
- Children and masks
- COVID-19 transmission
- Contact tracing

Videos:
- Guidance at workplace
- 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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