HIGHLIGHTS

- As of 14 October, the Government of Indonesia announced 344,749 (4,127 new) confirmed cases of COVID-19, 12,156 (129 new) deaths and 267,851 recovered cases from 500 districts across all 34 provinces.

- WHO and the Ministry of Health (MoH) are supporting provision of quality mental health services through various activities during the pandemic.

- The WHO-supported Intra-Action Review report was published on the MoH website.

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 08 to 14 October 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/
The Governor of Jakarta, Anies Baswedan, has relaxed the large-scale social restrictions (PSBB) in the capital, starting another transitional phase from 12 to 25 October. Jakarta imposed PSBB for the first time in April, mandating that all places of worship closed, while malls and markets could open for daily needs and companies were required to obtain a ministerial permit to operate. The administration began a transitional phase of PSBB by reopening places of worship and some public premises in June. However, the numbers of cases and deaths continued to rise, compelling Jakarta to reimpose PSBB on 14 September. The renewed PSBB involved more moderate rules than those implemented in April. During the current transitional period, workplaces in essential industries will be allowed to operate at full capacity, while nonessential businesses may allow up to 50% of their employees to work at the office; restaurants will be allowed to serve dine-in customers at 50% capacity and houses of worship will also be allowed to reopen.

The government, in cooperation with the Indonesian Hotel and Restaurant Association (PHRI), has prepared 120 hotels in nine provinces to accommodate asymptomatic COVID-19 patients. DKI Jakarta has a total of 33 self-isolation hotels with 14 in Central Jakarta, three in East Jakarta, six in North Jakarta, five in South Jakarta and five in West Jakarta – altogether there are 4 333 beds. East Java has 16 self-isolation hotels with 2 160 beds; Papua has 20 with 1 797 beds; Bali has 12 with 1 547 beds; West Java has 12 with 1 169 beds, South Sulawesi has eight with 1 156 beds, South Kalimantan has 11 with 815 beds, North Sumatra has six with 184 beds and Central Java has two with 173 beds.

Indonesian President Joko Widodo has instructed to prioritize the COVID-19 response in 12 regencies and cities: Ambon, Bogor, Bekasi City, Central Jakarta, Depok, East Jakarta, Jayapura, North Jakarta, Padang, Pekanbaru, South Jakarta, and West Jakarta. These regencies and cities have more than 1 000 active cases – 30% of the total active cases nationwide.

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On 14 October, 4,127 new and 344,749 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). During the week of 05 to 11 October, there were 29,951 new cases (Fig. 3); an average of 4,279 new cases per day, a rise compared to 4,041 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 14 October, 59.3% of confirmed cases were in Java: DKI Jakarta, East Java, West Java and Central 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 14 October 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 14 October, DKI Jakarta’s mortality rate of 184 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, Bali and North Sulawesi (Fig. 5).

**Figure 5:** Cumulative deaths per one million population by province in Indonesia, as of 14 October 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 14 October, the daily numbers of specimens and people tested were 40,393 and 37,044, respectively. As of the same day, the daily number of suspected cases was 154,420 (Fig. 6). The gap between suspected cases and people tested remains wide, therefore, it is imperative to increase 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 14 October 2020. Source of data](source_of_data_url)

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 21 September to 11 October 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>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>No</td>
</tr>
<tr>
<td>Banten</td>
<td>Less than 50% since latest peak</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 21 September to 11 October 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. (Figs. 7 to 12).
Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 11 October 2020. Source of data

Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 11 October 2020. Source of data
Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 11 October 2020. Source of data

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

WHO Indonesia Situation Report - 29
who.int/indonesia
Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 11 October 2020. Source of data

Figure 12: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 11 October 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 person tested per 1 000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, West Sumatra, East Kalimantan and West Papua for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 13).

Figure 13: Positivity rate of samples, and people tested per 1 000 population per week:
Week 1: 21/09/20 - 27/09/20; Week 2: 28/09/20 - 04/10/20; Week 3: 05/10/20 - 11/10/20

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, East 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

West Java

Central Java

Yogyakarta

East Java

Banten

Other death with COVID-19 protocol
Death-Confirmed-Case
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 21 September to 11 October 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.

- None of the provinces in Java have shown a decrease in the number of deaths among confirmed and probable cases for the last three weeks. In DKI Jakarta the number of deaths following the COVID-19 protocol remains higher compared to deaths among confirmed cases.

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. The number of cases hospitalized increased until 16 September and then declined until 01 October. Since that date there has been a gradual increase (Fig. 15).

Figure 15: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 11 October 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 14 October, the daily number of people tested for COVID-19 with polymerase chain reaction (PCR) was 37,044 and the cumulative number of people tested was 2,415,606 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 77.7% (Fig. 17), and there were 64,742 active cases. 

**Figure 16**: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 14 October 2020. [Source of data](https://covid19.go.id/)

**Figure 17**: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 14 October 2020. [Source of data](https://covid19.go.id/)
WHO continues to support the MoH Directorate of Health Services in the oxygen therapy capacity survey to support the treatment of severe and critical COVID-19 patients. WHO’s field staff are providing integral support by actively engaging and coordinating with the participating hospitals in their respective provinces. Some hospitals have requested for a second training on procedures to fill out the survey. To this end, WHO assisted MoH for a two-day refresher training for the referral hospital staff on 13 and 14 October, with 345 and 184 participants respectively.

On 07 October, WHO participated in a meeting convened by MoH to prepare for the introduction of antigen-detecting rapid diagnostic tests (Ag-RDTs) in the country. The Subdirectorates of Surveillance, Subdirectorates of Emerging Infectious Diseases, Subdirectorates of Respiratory Diseases and the National Institute of Health Research and Development (NIHRD) attended the meeting. The participants agreed to initiate a pilot project to obtain an overview of Ag-RDT effectiveness by using them in contact tracing in a few select hospitals and communities. Other topics of discussion included: guidance development, training and an evaluation strategy.

On 09 October, WHO met with NIHRD to finalize modules for an online training on COVID-19 PCR testing, tailored for subnational laboratory technicians. The training will be a combination of theoretical knowledge and practical skills, divided into seven modules developed by experts in COVID-19 diagnostic activities. The modules will go through an accreditation process by the National Board for Human Health Resources and Development (PPSDM) before being used for the training.

COVID-19 AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide while the demand for mental health support is increasing due to bereavement, isolation, loss of income and fear of contracting the disease. In Indonesia, NIHRD conducted a survey in May 2020 that showed 93% of 2800 respondents experienced anxiety and 91%

suffered from depression as an impact of the COVID-19 pandemic; all respondents were 15 years or older\textsuperscript{7}.

- To commemorate World Mental Health Day on 10 October, WHO hosted a global online advocacy event, ‘The Big Event for Mental Health! Let’s #MoveForMentalHealth together’\textsuperscript{9}. During the event, world leaders, mental health experts and celebrity guests joined the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, to highlight what can be done to improve mental health and ensure availability of quality mental health care to everyone. The theme of this year’s World Mental Health Day campaign was ‘Move for mental health: let’s invest’. The WHO Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, emphasized in her speech that access to need-specific, culturally sensitive mental health care for all (mainstreamed at all levels of service delivery) is vital to promoting a strong social and economic recovery.

- In Indonesia, WHO has been working with the MoH Directorate of Mental Health and Substance Abuse Prevention and Control, non-governmental organizations (NGOs) and professional organizations to promote access to quality mental health services at community and primary health care levels, especially during the pandemic response. Some activities supported by WHO are listed below:

i. **Commemorating World Mental Health Day 2020 in Indonesia**: MoH hosted a public webinar on 08 October to promote mental health awareness. During the webinar, WHO advocated for expanding investment on mental health care and building back mental health care systems; some key points highlighted were:

- Committing to building back better a more resilient, comprehensive mental health care system, which includes prevention, mental health promotion, treatment and care, rehabilitation and recovery;

- Strengthening community-based services that have proven to be sustainable, cost-effective and accessible;

- Enhancing the role of community workers and primary health care workers in delivering mental health care; and

- Advocating for reform, especially by champions from within the mental health care sector.

ii. Mental health mobile application system – Sehat Jiwa: MoH requested WHO’s support to upgrade the existing Sehat Jiwa application which is an online platform for mental health support. The platform includes self-assessment tools for early detection of mental health conditions, information on availability of mental health services, and resources on mental health promotion during COVID-19. The launch of the new version of Sehat Jiwa application took place on 10 October. The platform will be enhanced in the future by adding an online chat feature managed by professional mental health counsellors to provide psychological first aid (PFA) and counselling for the public, especially vulnerable populations.

iii. MHPSS protocols for children and adolescents: Since August, WHO has been supporting MoH and relevant stakeholders to develop MHPSS protocols for children and adolescents during the COVID-19 pandemic for implementation at provincial and district levels. The protocols include guidance on planning, coordination, implementation and evaluation of appropriate mental health interventions. The aim is to provide operational support at the subnational level. The protocols have been finalized and are being disseminated to all provinces. As of 07 October, ten provinces have been oriented on the protocols: Aceh, Bangka Belitung Islands, Bengkulu, Jambi, Lampung, North Sumatra, Riau, Riau Islands, South Sumatra and West Sumatra.

![Image: A child enjoying his regular shower.](image)

Figure 18: A child enjoying his regular shower; the photo dates from before the COVID-19 pandemic. WHO and MoH are supporting subnational levels to implement mental health and psychosocial support protocols to identify and address children’s mental health conditions during the pandemic. Credit: WHO
iv. Life skills programme: WHO and MoH are developing videos on life skills for adolescents and adults to help prevent substance use. A focus group discussion was held on 22 September with 20 respondents from NGOs and international NGOs (INGOs) at the community level to discuss the components of the videos based on the risk and protective factors for substance abuse. The life skill videos will be shared with all 34 Province Health Offices (PHOs) in November.

v. Psychological first aid: In collaboration with MoH and the Faculty of Computer Science at the University of Brawijaya, East Java, WHO is promoting and developing video tutorials on PFA for COVID-19 responders, including community health centre (puskesmas) staff. These videos will facilitate training on how to support people in distress to feel calmer and better able to cope with the challenges they face. Local governments, NGOs/INGOs, academia, community leaders and health care workers can learn from these videos and set up various remote services to support those in need during the COVID-19 pandemic. The videos will be finalized by the end of this year.
vi. **Technical guidance on MHPSS:** The MoH Directorate of Mental Health and Substance Abuse Prevention and Control, with support from WHO and partners, published national guidance on MHPSS in April for health care workers, managers, older persons, people in isolation and the general public. The guidelines assist to identify mental health conditions and offer strategies for individuals to help look after themselves and others. All 34 provinces were oriented on the guidelines through webinars with more than 800 participants including local governments, health workers, volunteers and other COVID-19 responders who initiate MHPSS interventions.

**Figure 20:** Cover for the technical guidance on mental health and psychosocial support during the pandemic response; developed by the Ministry of Health, with support from WHO, April 2020.

### RISK COMMUNICATION

- WHO is regularly translating and sharing important health messages on the [website](https://who.int/indonesia) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:
  - **Interim guidance on:**
    - [Diagnostic testing for SARS-CoV-2](https://www.who.int/emergencies/diseases/novel-coronavirus-2019卜diagnostic-testing-for-sars-conv-2)
  - **Infographics on:**
    - [Contact tracing](https://www.who.int/indonesia卜contact-tracing) (Fig. 21)
    - [Flu and COVID-19](https://www.who.int/indonesia卜flu-and-covid-19)
    - [Flu vaccine](https://www.who.int/indonesia卜flu-vaccine)
On 08 October, MoH published the [COVID-19 Intra-Action Review report](https://www.who.int/indonesia) on its website. WHO disseminated the report to the National Board for Disaster Management (BNPB), the Secretariat of the Cabinet, PHOs, the COVID-19 Task Force and other relevant stakeholders. The report outlines best practices, gaps, challenges and recommendations to strengthen the national COVID-19 response. These recommendations were also...
discussed during the revision of the COVID-19 operational response plans from 23 to 30 September at the national and provincial levels.

PARTNER COORDINATION

• To better understand people’s knowledge, attitudes and practices related to COVID-19 prevention, WHO partnered with the Johns Hopkins Center for Communication Programs, Global Outbreak Alert and Response Network (GOARN), Massachusetts Institute of Technology (MIT) and Facebook to deliver a set of data that captures changes to perceptions and behaviours around the globe. In July 2020, people in 67 countries were surveyed. The results are available by country or by WHO Region. In Indonesia, 63% of 5,852 respondents reported that they have trust in WHO for COVID-19 information – higher than the global average of 56%. Other findings from Indonesia are displayed below:

- 91% of females and 82% of males wore a face mask to prevent COVID-19
- 76% of females and 68% of males stayed at least 1 metre away from others in public
- 88% of females and 78% of males washed hands regularly with soap or an alcohol-based cleanser
- 21% of females and 31% of males self-isolated to prevent COVID-19
- 59% of females and 54% of males would accept a vaccine if one were available
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 October 2020 (Fig. 22).

Figure 22: WHO funding situation for COVID-19 response, October 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.
### RECENT AND UPCOMING WHO RESOURCES

Table 2: Title and details of recent and upcoming WHO resources

Source: [https://www.who.int/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance on COVID-19 for the care of older people and people living in long-term care facilities (LTCF), other non-acute care facilities and home care</td>
<td>This <a href="https://www.who.int/">guidance</a> provides information on infection prevention and control (IPC), community preparedness, selfcare for wellbeing, and preparation for the 'new normal' for older people, their friends and families, caregivers, health care providers, long-term care (LTC) providers and community/regional/national leaders.</td>
</tr>
<tr>
<td>OpenWHO course on LTCF in the context of COVID-19</td>
<td>This <a href="https://www.who.int/">course</a> addresses infection prevention and control measures to support LTCF in the context of COVID-19. It can be used in conjunction with the LTCF <a href="https://www.who.int/">communication toolkit</a> and <a href="https://www.who.int/">preparedness checklist</a> by facility administrators, IPC focal points or staff and relevant professionals.</td>
</tr>
<tr>
<td>1st WHO training in infodemic management</td>
<td>The online training will take place from 03 to 27 November. Applications are open until 18 October to freelance consultants, national health authority staff and UN staff who meet the selection criteria to constitute the first cohort of trained infodemic managers to support response in countries.</td>
</tr>
<tr>
<td>Episode 7 of Science in 5, WHO’s series of conversations in science</td>
<td>WHO’s Chief Scientist, Dr Soumya Swaminathan responds to questions on serological surveys.</td>
</tr>
<tr>
<td>Results of rapid assessment on the impact of COVID-19 on mental, neurological and substance use services</td>
<td>This is a <a href="https://www.who.int/">report</a> of a survey completed by 130 countries during the period of June to August 2020 and provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges.</td>
</tr>
</tbody>
</table>
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 to prevent COVID-19
- 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:
- When to wash hands
- Organizing small gatherings
- Attending small gatherings
- Guidance at workplace
- Immunization during COVID-19
- Stay healthy at home

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

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