As of 08 July, the Government of Indonesia announced 68,079 confirmed cases of COVID-19, 3,359 deaths and 31,585 recovered cases from 456 districts across all 34 provinces\(^1\).

- WHO is supporting the Ministry of Health (MoH) in reviewing the health sector response plan for COVID-19 (page 12).
- WHO is assisting the MoH in trainings on healthcare waste management; as of 06 July 20 provinces have been trained (pages 14-15).
- WHO continues to work with the MoH to mitigate the impact of COVID-19 on essential services, such as malaria (pages 17-20).

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1. [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
On 05 July, the MoH reported 82 deaths, the highest number in a day across the country since the beginning of the COVID-19 pandemic. East Java and South Sulawesi reported the highest number on that day with 24 deaths each, followed by Central Java with 15 deaths. The previous highest daily death toll of 71 was recorded on 30 June.

Many women are facing financial limitations as well as reduced access to birth control supplies due to large-scale social restrictions (PSBB). An obstetrician-gynecologist from the Rajawali Hospital and Intan Obstetrics and Gynecology Clinic in West Java, highlighted that if a pregnant woman lacks access to nutrition because of financial limitations during the pandemic, she could develop anaemia and weaker immune system, resulting in increased susceptibility to diseases. This may also lead to pregnancy and birth complications which in turn will have adverse effects on the newborn. Nutritional deficiencies could also lead to miscarriages, stunting, premature birth or placenta complications.

Modelling conducted by the University of Indonesia suggests that COVID-19 infection rates will continue to rise until September or October 2020 unless stricter measures are introduced. An epidemiologist from the university advised the provincial governors of Jakarta, West Java and other cities to double or triple the rate of polymerase chain reaction (PCR) testing for COVID-19 to get a better understanding of the spread of the disease across the country. He urged the government to widely promote three measures, known as the three Ms: Masker, Menjaga jarak and Mencuci tangan or wearing a mask, physical distancing and washing hands – to stop the spread of the disease.
On 08 July, 1 853 new and 68 079 cumulative confirmed COVID-19 cases were reported (Fig. 2). This is the highest number of cases reported in a single day since the first cases were announced on 02 March. The average for the last seven days was 1 473 cases per day.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 08 July 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.
- As of 08 July, most confirmed COVID-19 cases were in East Java and Jakarta, followed by South Sulawesi, Central Java, West Java, South Kalimantan and South Sumatra. Java contributed over 57% of the total cases. The cumulative number of confirmed COVID-19 cases by province is shown in Fig. 3.

![Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 08 July 2020.](who.int/indonesia)

**Source of data**

Disclaimer: Data from 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 Jakarta. The same may apply to other provinces.
• On 06 July, WHO and the Food and Agriculture Organization (FAO) participated in a meeting with the Sub-Directorates of Surveillance and the Emerging Infectious Diseases, MoH, to follow up on the plan of enhancing surveillance and contact tracing. It was agreed to establish contact tracing centres at national and subnational levels to improve and monitor the implementation of contact tracing. A data management system and training modules are under development.

• On 06 July, the daily number of specimens tested was 12 756 – a decrease from over 20 000 in the previous six days. The number of suspected cases tested was 11 909 – a slight increase from the previous two days but still below the peak of 03 July (16 838).

• The country has improved its testing capacity significantly. In most instances, the number of specimens tested were much higher than the number of suspected cases tested (Fig. 4). Indonesia has a substantially high number of deaths in patients under surveillance (PDP) and persons under observations (ODP) (Fig. 12). Therefore, PCR tests should be prioritized for the diagnosis of suspected cases (PDP and ODP) rather than for follow-up tests for patients to be discharged. The WHO updated guidance on clinical management for COVID-19, published on 27 May, revised the patient discharge criterion whereby a confirmed COVID-19 case who is hospitalized does not need two consecutive negative PCR tests (as was the requirement on the previous guidance). If adopted to the country context, this prioritization of PCR tests would mean improved diagnosis of suspected COVID-19 cases.

![Graph showing daily number of specimens tested vs. suspected cases tested from May to July 2020.](image-url)
Figure 4: The number of specimens and the suspected COVID-19 cases tested in Indonesia, from 01 May to 06 July 2020.  

Source of data

Disclaimer: Due to the transition to 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.

### EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 15 June to 05 July.

<table>
<thead>
<tr>
<th>Province</th>
<th>Decline in the number of confirmed COVID-19 cases since the latest peak*</th>
<th>Positivity rate (%) over 2 weeks**</th>
<th>Decrease in the number of confirmed and probable case deaths for the last 3 weeks***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakarta</td>
<td>Latest peak last week</td>
<td>More than 5%</td>
<td>No</td>
</tr>
<tr>
<td>West Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>East Java</td>
<td>Latest peak last week</td>
<td>Not applicable</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>More than 50% over the three-week period</td>
<td>Not applicable</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak differs for each province (see Figs. 5 to 10 for details)

**positivity rate is calculated from 22 June to 05 July 2020 for Jakarta; none of the other provinces have met the minimum surveillance benchmark (explained in criterion 2) and, therefore, have not been considered for calculation (see Fig. 11 for details)

***decrease in deaths is calculated from 15 June to 05 July 2020 (see Fig. 12 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, except Banten, have shown a decline of at least 50% for three weeks since the latest peak (Figs. 5 to 10).
Figure 5: Daily and cumulative number of confirmed COVID-19 cases in Jakarta, as of 05 July 2020. [Source of data]

Figure 6: Daily and cumulative number of confirmed COVID-19 cases in West Java, as of 05 July 2020. [Source of data]
Figure 7: Daily and cumulative number of confirmed COVID-19 cases in Central Java, as of 05 July 2020. [Source of data](#)

Figure 8: Daily and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 05 July 2020. [Source of data](#)
Figure 9: Daily and cumulative number of confirmed COVID-19 cases in East Java, as of 05 July 2020. Source of data

Figure 10: Daily and cumulative number of confirmed COVID-19 cases in Banten, as of 05 July 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 1 per 1,000 population per week. The only province in Java that has achieved this minimum case detection benchmark is Jakarta.

Figure 11: Positivity rate of cases and suspected cases tested per 1,000 population per week: Week 1: 15/06/20 - 21/06/20; Week 2: 22/06/20 - 28/06/20; Week 3: 29/06/20 - 05/07/20.

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: Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.
Criterion 3: Decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks

Jakarta

West Java

East Java

Yogyakarta

Banten

Central Java

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Figure 12: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last 3 weeks from 15 June to 05 July 2020 in six provinces in Java. Source of data: Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.

Disclaimer: The data are provisional. Only some provinces are reporting data on deaths of PDP and ODP. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources. Due to a change in the method of data publication for Jakarta, the number of PDP and ODP deaths have been merged.

- Deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in most provinces in Java (Fig. 12). A continuous decrease in total number of deaths among confirmed COVID-19 cases, PDP and persons under observation (ODP) in Java was observed in West Java and Yogyakarta. There were no reported deaths from PDP in West Java in the last 3 weeks and no reported COVID-19-related deaths in Yogyakarta the past 2 weeks.

PLANNING, RISK AND NEEDS ASSESSMENT

- On 30 June, WHO facilitated a virtual coordination meeting between the Centre for Health Crisis, the Directorate of Surveillance and Health Quarantine, and the BNPB in preparation for a review of the health sector response plan for COVID-19. The BNPB presented an overview of the overarching multisectoral response plan, the MoH presented the health sector response plan and WHO presented the WHO updated operational planning guidelines to support country preparedness and response. It was agreed to conduct the review and finalize the health sector response plan in July. The health sector response plan will feed into the multisectoral response plan which is now being reviewed by the BNPB.
• As reported by the government on 08 July, the number of persons tested for COVID-19 with PCR was 12 777 and the cumulative number of persons tested was 575 536 (Fig.13).

![Figure 13: Daily and cumulative number of suspected COVID-19 cases tested with polymerase chain reaction (PCR) in Indonesia, as of 08 July 2020. Source of data](image)

• From 30 June to 01 July, WHO presented on the policies on prevention and control of COVID-19 infection during a virtual webinar on occupational health for laboratory personnel, convened by the MoH. Over 200 laboratory technicians from national and provincial levels joined the webinar.

• On 02 and 06 July, WHO had meetings with the National Institute of Health Research and Development (NIHRD) to discuss monitoring laboratory performance and testing capacity of COVID-19 testing laboratories. As a result, periodic virtual coordination meetings between the Province and District Health Offices and the BNPB will be held to discuss challenges that laboratories at the subnational level are facing and develop possible solutions.
As of 08 July, the proportion of people that recovered among the total confirmed cases was 46.4% (Fig. 14). As of the same date, there were 33 135 confirmed COVID-19 cases under care or in isolation.

WHO has been supporting the MoH with webinars on waste management since 02 June. As of 06 July, 9 684 participants have been trained from 20 provinces: Aceh, Banten, Bengkulu, Central Java, Central Kalimantan, Central Sulawesi, East Java, East Kalimantan, East Nusa Tenggara, Jakarta, North Kalimantan, North Sulawesi, North Sumatra, Papua, Riau, South Sulawesi, West Java, West Nusa Tenggara, West Kalimantan, and Yogyakarta. WHO, the Ministry of Environment and Forestry (MoEF) and the MoH presented current policies on solid and liquid waste management, water, sanitation and hygiene as well as the use of incinerators and autoclaves (Fig. 15).

During the waste management webinar series some significant issues were discussed, for instance the availability of incinerators in hospitals. From a total

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5 https://covid19.go.id/
of 2889 hospitals, there are only about 82 hospitals that have licensed incinerators; many hospitals have an incinerator but not the license to operate it. Hospitals that don't have incinerators contract healthcare waste management facilities, 92% of which are located in Java.

- To enhance the COVID-19 response, the MoEF plans to construct an integrated healthcare waste management facility in five locations (Aceh, East Nusa Tenggara, South Kalimantan, West Nusa Tenggara, and West Sumatera) in 2020. The MoEF released a circular note 2/2020, to operationalize unlicensed incinerators at the hospitals while finalizing the process of getting the permit. Additionally, the MoEF recommended that healthcare facilities, under the coordination of Province and District Health Offices, can coordinate with industries, for instance cement industries, to manage their healthcare waste.

Figure 15: WHO presented during a webinar on 'Waste Management during COVID-19', 06 July 2020. Credit: WHO
WHO is regularly sharing important health messages on the website and social media platforms – Twitter and Instagram, and has recently published:

- **Videos** on the following:
  - How to use medical masks
  - How to use fabric masks
  - Who wears what mask when
  - How has WHO responded to COVID-19

- Six **infographics** and two animations on the 'new normal' (Fig. 16)

![Infographics](image)

Figure 16: A snapshot of some infographics that WHO translated and published on the 'new normal', available online, July 2020.
**RESEARCH**

- On 02 July, WHO and MoH jointly published a media release, in English and Indonesian, announcing Indonesia’s involvement in a global serologic study for COVID-19. The WHO Unity Study aims to better understand the extent of SARS-CoV-2 infection among different populations and the proportion of antibodies against SARS-CoV-2 infection in the general population by sex and age group, in order to ascertain the cumulative population immunity.

**CONTINUITY OF ESSENTIAL HEALTH SERVICES**

- WHO is supporting the government for programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of the malaria programme are presented below:

**Impacts of COVID-19 on malaria in Indonesia:**

i. Out of 208 malaria-endemic districts, 156 (75%) have reported confirmed COVID-19 cases. There has been a decline in active and passive case finding as well as reported malaria cases by more than 50% from January to May 2020, compared to the same period in 2019 (Fig. 17).

ii. Papua is one of the regions with the highest malaria prevalence in Indonesia and is the province that has been most affected by disruptions in routine malaria services, caused primarily by movement restrictions in Jayapura and Merauke. In addition, lack of personal protective equipment (PPE) has affected the activities of village malaria workers (VMWs)/Juru Malaria Desa (JMD), i.e., the community health workers who support malaria interventions.

iii. Consequently, the number of malaria tests in communities, puskesmas, and hospitals has declined; a bed net campaign scheduled for April was postponed to August; and epidemiological investigations were put on hold.
To mitigate the impact of COVID-19 and maintain essential malaria services, interventions are being made in the following areas:

i. Guideline: The MoH released a protocol on 23 April, in line with WHO guidance on tailoring malaria interventions during the COVID-19 response. This emphasizes passive case finding, malaria diagnosis using rapid diagnostic test (RDT) as the main method for laboratory confirmation, blood smear for cross-checking, modified treatment protocol for co-infection of malaria and COVID-19, surveillance, recording and reporting through malaria information system (sistem informasi malaria or SISMAL), modified methods to distribute long-lasting insecticidal nets (LLINs), and indoor residual spraying. WHO also shared guidance on community-based healthcare, including outreach campaigns, in the context of the COVID-19 pandemic to be used in development of standard operating procedures for active case detection and outreach campaigns by VMWs.
ii. Surveillance: Epidemiological investigation is conducted via phone or in-person, maintaining preventive measures, based on the COVID-19 Task Force’s protocol of rapid medical and public health management (Pedoman penanganan medis cepat dan kesehatan masyarakat COVID-19).

iii. Diagnosis: Malaria tests can be done using RDTs, which are faster to perform and provide results, however, given the symptoms of COVID-19 and malaria may be similar and co-infection may exist, microscopic examination is undertaken for confirmation.

iv. Logistics: The MoH has requested support from the Global Fund to procure PPE such as masks and face shields for VMWs/JMD and the LLIN distribution team.

iii. Human resources: The national malaria programme, with support from WHO and UNICEF, conducted a webinar on malaria case management during COVID-19 on 02 May for medical doctors and health professionals.

iv. Vector control: On 09 May, the Sub-Directorate of Vector Control, Association of Public Health Entomology Indonesia (PEKI), US Centers for Disease Control (CDC) and WHO jointly conducted a webinar to discuss guidelines on malaria vector control for outdoor transmission during COVID-19.

v. Prevention: A mass campaign of LLIN distribution in four high-endemic districts in Papua and 58 moderate to low-endemic foci villages is ongoing, adhering to the COVID-19 protocol. In preparation, WHO provided technical input during a series of coordination meetings that took place with province and district programme managers to organize the LLIN distribution campaign, in line with the WHO guideline on “Maintaining essential health services in the context of COVID-19”.

Examples of continuity of the malaria programme:

i. Integrated migration surveillance system of malaria and COVID-19 in Purworejo District, Central Java conducted by VMWs/JMD, equipped with PPE. The JMDs collaborate with village leaders and the community, to interview all new visitors regarding their travel history to identify possible exposure to malaria and COVID-19 as well as perform an RDT for malaria (Fig. 18).
ii. Community-based case finding by JMDs in Keerom District modified from regular house-to-house visits to a stationary central location, such as the village health post. Home visits are conducted only if the patient is unable to go to the central location. If a house is chosen as the central location, handwashing stations are installed.

iii. Screening of all suspected COVID-19 cases for malaria with RDT in all health facilities in Mimika District.

PARTNER COORDINATION

- On 03 July, WHO convened the thirteenth weekly meeting of key development partners to discuss and coordinate COVID-19 response interventions. The British Embassy newly joined the meeting. Other participants included: the Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the Canadian Embassy, the European Union (EU), UNICEF, the World Food Programme (WFP), United States Agency for International Development (USAID), US CDC, and the World Bank. Partners continued to discuss the challenges related
to surveillance and laboratory data and information management. An improved laboratory surveillance system is needed and overdue at this stage of the COVID-19 response. It has been proposed to have meetings with national counterparts regarding these issues to address bottlenecks and develop solutions.

- 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 July 2020 (Fig. 19).

![Figure 19: WHO funding situation for COVID-19 response, July 2020](image)

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
- Advice for the use of immunodiagnostics tests (point-of-care) in health facilities

Infographics:
- Science solutions solidarity
- Helping the elderly
- The ‘new normal’
- World Blood Donation Day
- Domestic violence
- Staying healthy in the workplace
- Quarantine and self-monitoring
- Mental health
- Food safety
- Keep cool – health advice in hot weather
- Physical distancing is not social isolation
- Safe grocery shopping and food safety
- Medical workers: super heroes
- A selection of myth-busters

Videos:
- Myth-buster: ‘Can shoes spread COVID-19?’
- Breastfeeding and COVID-19
- Depression due to COVID-19
- Children hand washing and staying mentally healthy
- Healthy at home

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