HIGHLIGHTS

- As of 02 September, the Government of Indonesia announced 180,646 (3,075 new) confirmed cases of COVID-19, 7,616 (111 new) deaths and 129,971 recovered cases from 488 districts across all 34 provinces¹.

- WHO supported a webinar to strengthen water, sanitation and hygiene in healthcare facilities during the pandemic response in Papua province (page 15).

- WHO contributed to the Community Voice bulletin, a summary of 28 surveys on community perceptions of the COVID-19 pandemic (pages 16-17).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 27 August to 02 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/

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The Indonesian Government has been conducting a national campaign to promote wearing masks since 10 August until 06 September. The Province Health Offices (PHOs), Integrated Service Units and Health Polytechnics organized public awareness initiatives nationwide on the importance of wearing face masks during the COVID-19 pandemic. The Ministry of Health (MoH) has distributed around one million face masks to the public from 25 to 30 August. On 07 September, a campaign on hand washing with soap and water will commence and continue until 06 October, followed by a campaign on maintaining physical distancing from 07 October until 06 November.

The daily total number of new confirmed COVID-19 cases passed the 3 000 mark for the first time since the beginning of the pandemic, with 3 003 and 3 308 new cases reported on 28 and 29 August, respectively. A total of 66 420 cases were recorded in August alone, representing a 28% rise from July’s total. Jakarta and East Java mainly contributed to the surge, while several provinces like West Java, North Sumatra and East Kalimantan emerged as new hotspots. Epidemiologists have suggested the recent surge in cases was caused by the two long weekends for Independence Day on 17 August and the Islamic New Year on 20 August, which experienced increased mobility among the public. They raised concerns that the spike in infections could lead to a crisis at health facilities and urged the government to take serious measures to control the transmission.

The occupancy of isolation beds in Jakarta has reached 70%, raising concern about the healthcare system’s capacity to cope with the increasing number of new cases every week. Jakarta has 4 456 hospital beds with 483 intensive care units (ICU) in 67 hospitals for COVID-19 patients. However, with the city reporting close to 5 000 new cases each week, beds have been filling rapidly. The government is working to increase the bed capacity and facilities at the COVID-19 referral hospitals and recruit more healthcare workers. The surge in cases led to an extension of the transitional large-scale social restrictions (PSBB) until 10 September.

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On 02 September, 3,075 new and 180,646 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 2,926 cases per day, compared to 2,174 per day for the previous seven days.

As of 02 September, 59.1% of all confirmed cases were in Java: DKI Jakarta, East Java and Central Java are the top three provinces with the highest number of confirmed cases. South Sulawesi is the only province outside Java that is among the top five provinces in terms of the 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 02 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 02 September, DKI Jakarta had the highest confirmed COVID-19 mortality per one million population, followed by South Kalimantan, North Sulawesi, East Java, North Maluku and Gorontalo (Fig. 4).

**Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 02 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 02 September, the daily number of specimens and suspected cases tested were 31 001 and 21 508, respectively (Fig. 5). The weekly average number of specimens and suspected cases tested in the last seven days were 27 788 and 17 360, respectively.

Figure 5: The daily number of specimens and suspected COVID-19 cases tested in Indonesia, from 01 May to 02 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 3-week period from 10 August to 30 August 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>Yes</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 may differ for each province (see Figs. 6 to 11 for details)
**decrease in deaths is calculated from 10 August to 30 August 2020 (see Fig. 13 for details)

Criterion 1: Decline of at least 50% over a 3-week period since the latest peak and continuous decline in the observed incidence of confirmed and probable cases

- The latest peak in the number of confirmed COVID-19 cases for all provinces in Java occurred last week; therefore, none fulfilled the first criterion (Figs. 6 to 11).
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 30 August 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 30 August 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 30 August 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 30 August 2020. Source of data
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 30 August 2020. Source of data

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 30 August 2020. Source of data
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last 2 weeks, assuming that surveillance for suspected cases is comprehensive

- The percentage of positive samples can be interpreted only with comprehensive surveillance and testing of suspected cases, in the order of one per 1,000 population per week. DKI Jakarta and West Sumatra have achieved this minimum case detection benchmark for the last three weeks; Yogyakarta met this benchmark last week. For the last three weeks, West Sumatra has shown a positivity rate of less than 5% (Fig. 12).

![Figure 12: Positivity rate of cases, and suspected cases tested per 1,000 population per week](image)

For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis. Sources of data: Indonesia, Yogyakarta, DKI Jakarta, West Sumatra, South Sumatra, 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
- Death-PDP

**Yogyakarta**

- Death-Confirmed-Case

**East Java**

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

**Banten**

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

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Figure 13: Deaths among confirmed COVID-19 cases and patients under investigation (PDP) per week over the last three weeks from 10 August to 30 August 2020 in six provinces in Java. Sources of data: DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.

Disclaimer: The data are provisional. Central Java is using the previous case definitions to report deaths. 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 had gradually decreased until 07 July; however, since 08 July, the number has been increasing (Fig. 14).

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 30 August 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
As reported by the government on 02 September, the number of suspected cases tested for COVID-19 with polymerase chain reaction (PCR) was 21 508 and the cumulative number of suspected cases tested was 1 333 985 (Fig. 15). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 71.9% (Fig. 16) and there were 43 059 cases under care or in isolation.

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7 https://covid19.go.id/
On 26 August, the United Nations Children's Fund (UNICEF) facilitated a webinar to strengthen water, sanitation and hygiene (WASH) in healthcare facilities in Papua province, with resource persons from WHO and MoH. The province will adopt the WHO-UNICEF water and sanitation for health facility improvement tool (WASH FIT) and conduct a WASH assessment in 56 community health centres (puskesmas).

Figure 17: A healthcare facility worker checking the water tank in Puskesmas Kawor, Papua province. Credit: Rahmi, MoH

On 31 August WHO and MoH had a meeting to discuss the development of video tutorials on life skills for adolescents and adults to prevent mental health issues and substance abuse. As preparatory steps, there will be focus group discussions between the representatives of non-profit organizations at the community level to get an insight on mental health and substance abuse due to COVID-19.

On 27 August, WHO participated in a meeting with MoH to update the Sehat Jiwa (mental health) mobile application to enable triage for a mental health counselling system to support the hotline 119 (extension 8). The updated app will provide information, education and communication (IEC) materials on mental health and will have an online chat option.
On 27 August, the COVID-19 Mitigation and National Economic Recovery Team (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional or KPCPEN, previously known as the COVID-19 Task Force) published IEC materials (Fig. 18) on the use of masks for children, in line with WHO and UNICEF recommendations.

- WHO contributed to a bulletin published by the Indonesian Red Cross Society (PMI), the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and other risk communication partners, on community perceptions during the COVID-19 pandemic in Indonesia. The Community Voice bulletin (Suara Komunitas), published on 31 August, is a summary of results from 28 surveys that were conducted by 18 institutions between February and June 2020. The bulletin provides information to stakeholders such as the government or community organizations and humanitarian agencies to assist in decision-making and adaptation of COVID-19 risk communication programmes. The surveys, conducted mainly online, used different methodology for data collection, time period,
and target population, so results may not be nationally representative or generalizable; some specific survey findings are presented below:

i. In April, people were interested in finding out basic information related to COVID-19 symptoms, transmission, prevention and how to conduct health checks, but in June they sought information on vaccine development and care for COVID-19 patients (Source: NIHRD, PMI, RCCE Working Group).

ii. In terms of adhering to health protocols, mask use increased from 51% in March (Task Force) to 80% in April (Badan Pusat Statistik (BPS)) and 86% in May (MEDIAN). According to the survey results by the Task Force in March, 80% of people often or always wash their hands with soap for at least 20 seconds. The same results were recorded in April based on the survey result by BPS.

iii. From May to June, 54% of people in Jakarta believed that the risk of COVID-19 transmission was very low since implementation of the new normal (LaporCOVID-19, Social Resilience Lab Nanyang Technology University Singapore). The concept of ‘new normal’ was not uniformly understood in the community (Source: PMI); thus, the government replaced the term with ‘new habit adaptation’ (adaptasi kebiasaan baru) so people would adjust and adapt to the new protocols.

iv. In April, 75% of students preferred learning through television followed by online and website applications (Source: Save the Children).

v. Between February and May, almost half of all people surveyed (48%) admitted that they were unsure where to access mental health services during the COVID-19 pandemic (Source: UNICEF).

- On 31 August, WHO participated in the weekly community engagement meeting and facilitated a discussion on ‘Effective approaches for behaviour change in Indonesia’. WHO shared knowledge on behaviour change interventions in preventing disease transmission in other programmes such as tuberculosis through educating the community in cough etiquette as well as what behaviour changes are expected during COVID-19.

8 Full details on surveys and sources can be found in Indonesian at: https://docs.google.com/spreadsheets/d/1ZXZFGkkWyeHKzctm4hrkYaNUsvIFLUqUw-lUUtIPfeA/htmlview
WHO is regularly translating and sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published:

- **Infographics:**
  - Attending small gatherings
  - Organizing small gatherings (Fig. 19)
  - Pregnancy during COVID-19

![Infographic](image)

Figure 19: An infographic from the ‘Organizing small gatherings’ infographic series, August 2020
- Questions and answers:
  - Ventilation and air conditioning in the context of COVID-19
  - Ventilation and air conditioning in health facilities during COVID-19
  - Ventilation and air conditioning in public spaces and buildings during COVID-19

CONTINUITY OF ESSENTIAL HEALTH SERVICES

• In early April 2020, MoH released a directive for hospitals to limit routine non-emergency health services. WHO has been supporting MoH in programme analyses of routine health services which showed that there was a decrease in some services in the first six months of this year compared to the same period last year, for example: the malaria programme (WHO Situation Report 15), noncommunicable disease programme (WHO Situation Report 19), and hepatitis programme (WHO Situation Report 21). WHO also shared modifications for the safe delivery of services in its interim guidance ‘Operational guidance for maintaining essential health services during an outbreak’ in March and a revised version ‘Maintaining essential health services: operational guidance for the COVID-19 context’ in June. A comparison of revisions of COVID-19 guidance from two sub-directorates is included below (Table 2).

Table 2: Comparison of MoH guidance during the initial stage of the COVID-19 pandemic and during the transition to the ‘new normal’

<table>
<thead>
<tr>
<th>Hepatitis⁹</th>
<th>MoH guidance during the initial stage of the COVID-19 pandemic</th>
<th>MoH guidance for transitioning to the ‘new normal’ period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance for healthcare facilities</td>
<td>Emphasis only on the services that can be continued:</td>
<td>Emphasis on COVID-19 prevention so service delivery can be continued:</td>
</tr>
<tr>
<td></td>
<td>• Screening and diagnosis for patients</td>
<td>• Regular disinfection of the outpatient, inpatient, and waiting rooms</td>
</tr>
<tr>
<td></td>
<td>• Treatment continuation for hepatitis B and C patients who are currently under treatment</td>
<td></td>
</tr>
</tbody>
</table>

⁹ Surat Edaran Nomor HK.02.03/III/5703/2020 regarding prevention and control of Hepatitis B and Hepatitis C during COVID19 pandemic and Surat Edaran Nomor HK.02.03/III/9204/2020 regarding prevention and control of Hepatitis B and Hepatitis C during the new normal
| Prioritizing services for hepatitis B and C patients with cirrhosis, HIV co-infection, and other co-morbidities |
| Delaying initiation of treatment for new hepatitis B and C patients |
| Provision of hand hygiene facility for health workers and patients |
| Triage for incoming patients and companion |
| Compulsory use of mask and infection prevention and control measures for health workers and patients |
| Physical distancing by: |
| - Placement of barriers |
| - Regulating opening hours |
| - Maintaining strict schedules for health workers and patients’ |
| All hepatitis B and C patients on treatment should complete their therapy |
| Therapy initiation for new patients should be done according to the hospital reopening schedule |
| Laboratory monitoring for hepatitis C patients should be done according to monitoring schedule or by following the schedule for hospital reopening |
| Screening for hepatitis C for HIV patients can be done together with their laboratory visit to check the viral load |
### Noncommunicable diseases (NCD)\(^\text{10}\)

| Guidance for community health workers (CHWs) | There was no specific guidance released for CHWs during the pandemic. Most integrated village posts for NCD prevention (pos binaan terpadu penyakit tidak menular or posbindu ptm) were closed to reduce transmission. | During screening services at posbindu, CHWs should:  
- Ensure that people coming in are not suspected COVID-19 cases  
- Use digital technology in scheduling the visit to minimize the number of people at the posbindu  
- Require people coming to posbindu to wear a mask and maintain health protocols  
- Organize in a location where people can maintain physical distancing  
- Provide hand-washing facility  
While at posbindu CHWs should:  
- Use personal protective equipment  
- Maintaining health protocols: physical distancing, controlling the number of people visiting, wearing a mask, and hand washing  
- Before primary check-up, request people to wash hands  
- Request people to leave immediately after the service |

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\(^{10}\) Surat Edaran Nomor HK.01.07/I/3402/2020 regarding management for people with risk factors for NCDs and NCD patients during the COVID-19 pandemic and Panduan Adaptasi Kebiasaan Baru dalam pencegahan dan pengendalian penyakit tidak menular. Kementerian Kesehatan RI 2020 (released June 2020)
WHO, the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP) are convening the fifth and last webinar of the ‘Business Unusual in the New Normal’ series on 03 September on prevention of COVID-19 transmission on public transportation (Fig. 20). The event will bring together WHO, the Ministry of Transportation, PT Garuda Indonesia, PT Kereta Api Indonesia and the Indonesian Transportation Society to share best practices as well as discuss the challenges and experiences in implementing the health protocol to mitigate COVID-19 transmission on public transportation. WHO will present its recommendation on the general COVID-19 preventive measures applicable to service providers.
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. 21).

Figure 21: 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.
A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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:
- Staying safe during COVID-19
- Staying healthy in workplace
- Substance abuse
- Feeding young children
- Take care in your workplace
- Safe travel during COVID-19
- Immunization during COVID-19
- Don’t discriminate

Questions and answers:
- 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
- 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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