• In December 2019, an upsurge of respiratory illnesses caused by the novel coronavirus was detected in China.

• Human-to-human transmission of the Coronavirus Disease 2019 or COVID-19 was confirmed globally within a month.

• On 30 January 2020, WHO declared the outbreak a Public Health Emergency of International Concern.

• On 11 March, WHO Director General characterized COVID-19 as a pandemic.

• As of 26 March, the Government of Indonesia reported a total of 893 confirmed cases with 78 deaths and 35 recoveries from across 27 provinces.

Figure: Geographic distribution of confirmed COVID-19 cases in Indonesia, as of 26 March 2020. Source: https://www.covid19.go.id/2020/03/26/2112/
On 02 March, Indonesian President Joko Widodo announced the first two confirmed cases of the disease in the country.

The WHO DG sent a letter dated 10 March to the President of Indonesia with key recommendations and an assurance of WHO’s continued support for COVID-19 response efforts in Indonesia.

Following the letter, the DG called the President on 13 March to express appreciation of the Government’s leadership on COVID-19. Indonesia’s response was discussed and WHO’s cooperation for scaling up was reiterated.

On 13 March, the Government formed a COVID-19 operational Taskforce, led by the head of the National Board for Disaster Management (BNPB) and with other relevant Government agencies.

On 15 March, at a press conference in West Java, the President announced national social distancing measures encouraging working, studying and worshipping at home and postponing any activity involving a large number of participants.

WHO has been working with the Ministry of Health (MoH) as well as the BNPB to develop a National Response Plan for COVID-19, including critical preparedness and response actions, with a whole-of-society approach.

As per WHO laboratory guidance, early identification of clusters of transmission is essential and therefore, sufficient and decentralized laboratory capacity must be ensured. The MoH has approved regional laboratories to be able to test for COVID-19 all over the country. Efforts are underway to make them fully functional.

On 20 March, the Governor of Jakarta declared a state of emergency in the capital city for two weeks, to break the chain of transmission of COVID-19 in Jakarta. He advised all corporate offices and entertainment venues such as cinemas, bars and karaoke rooms to remain closed and public religious activities that may lead to a large gathering to be suspended for the following two weeks.

As of 26 March, 3,925 persons have been tested for COVID-19: 893 tested positive and 3,032 tested negative.

https://infeksiEmerging.kemkes.go.id/ and http://sehatnegeriku.kemkes.go.id/
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WHO is providing technical assistance to the MoH for field investigation of COVID-19 suspected cases and contact tracing.

The MoH conducted a training on contact tracing from 09 to 11 March 2020 for surveillance officers from 34 Province Health Offices and Port Health Offices. The goal was to strengthen containment measures including identifying cases, isolating them, tracing contacts and quarantining contacts.

On 12 March, WHO met with the Director General of Disease Control, the Provincial Health Office and the Provincial Disaster Management Agency of Jakarta, to discuss contact tracing using Go.Data which is an outbreak investigation tool for field data collection. The application is being installed into Jakarta’s surveillance system.

WHO translated the technical protocol for contact tracing which was incorporated in the updated COVID-19 national guidance on 16 March.

WHO, along with the MoH, is supporting online platforms GOJEK, Halodoc and Tokopedia to promote protective measures to general public. The application offers an online screening system to consult COVID-19 symptoms. In the event of suspected COVID-19 infection, doctors from Halodoc will ask them to stay at home and advise self-isolation. If further treatment or action is required, the user will be directed to a referral hospital.

Graph: Number of cases by corresponding announcement date.
Source: https://infeksiemerging.kemkes.go.id/ and http://sehatnegeriku.kemkes.go.id/
• The MoH had assigned 132 hospitals for COVID-19 case management. WHO supported the Directorate of Referral Hospital Services for a readiness assessment of the hospitals.

• On 13 March, the Government of Indonesia announced an additional 227 referral hospitals and furthermore, on 19 March, the MoH issued a circular requesting all private hospitals under 7 chain hospitals to be prepared for COVID-19.

• From 04 to 13 March, WHO supported workshops on case management for COVID-19 with participants from 139 referral hospitals.

• WHO guidance on clinical management of Severe Acute Respiratory Infection (SARI) in COVID-19 patients has been translated to Indonesian and published on the website.

• The online WHO course on clinical management of SARI was translated to Indonesian, published on the website and widely shared.

• A webinar on COVID-19 health service delivery, organized by the Indonesian Hospital Association (PERSI) and the MoH, took place on 18 March with 2 700 online participants, including medical doctors and healthcare workers nationwide. A technical officer from WHO led the session on infection prevention and control measures.

• WHO, in collaboration with the Director General of Higher Education from the Ministry of
Education and Human Resources Development for Health, is conducting an online training course from 26 to 28 March for volunteers from health education programmes. A team from WHO is facilitating the training with sessions on surveillance, case management, infection prevention and control, laboratory and risk communication for COVID-19. More than 15 000 volunteers have enrolled for the training.

INFECTION PREVENTION AND CONTROL (IPC)

• WHO online courses on IPC and eProtect were translated to Indonesian, published on the website and widely shared.

• WHO, as per the request from the Directorate of Referral Hospital Services, produced flyers on procedures to put on and take off personal protective equipment and on 16 March distributed 1 000 copies to the MoH and PERSI.

LABORATORY

• Samples from COVID-19 suspects are being tested at the National Institute of Health Research and Development (NIHRD). To lessen the burden, the MoH appointed a total of 45 additional laboratories for polymerase chain reaction (PCR) extraction. The results will be released solely by the NIHRD for assurance of validity and quality.

• WHO delivered reagents to the NIHRD laboratory:
  - On 10 March: 50 kits of assays for screening (5 000 reactions) and 25 kits of assays for confirmatory tests (2 500 reactions)
  - On 26 March: 100 kits for screening assays (10 000 reactions) and 20 kits of for confirmatory tests (2 000 reactions).

• During the workshop on COVID-19 case management from 04 to 13 March, the NIHRD staff trained employees from 139 referral hospitals on the correct procedures for sample collection, packaging and shipment. All the referral hospital staff that participated received a starter kit, containing viral transport media (VTM) and swab for specimen collection.

• The Provincial Health Office in East Java, in collaboration with the Centre for Environmental Health Technology and Disease Control, conducted a workshop on specimen collection, packaging and shipment for COVID-19 for 44 hospitals in East Java from 17 to 19 March.

• WHO produced flyers for sample collection, packaging and shipment for COVID-19 testing and on 20 March distributed 1 000 copies to the MoH and PERSI.

COMMUNICATIONS

• WHO, in collaboration with the Bureau of Communication and Community Service, MoH,
organized a media workshop on 05 March. Chief editors from 16 national media channels, journalist associations, the MoH and other partners attended the workshop. The sessions covered an update on the global and national situation of COVID-19 and the role of media in the emergency response.

- WHO developed and widely shared the following media statements for increased awareness on mitigation measures against the spread of COVID-19 in both a public and health professional context:
  - Confirmed COVID-19 cases, published 02 March
  - Dos and don’ts of mask usage, published 06 March
  - Risk factors for vulnerable population groups, published on 08 March
  - Dual language online training to aid the fight against the COVID-19 outbreak, 10 March

- On 17 March, the MoH released a protocol on self-isolation for COVID-19. WHO guidance on home quarantine was translated in Indonesian and published on the website.

- On 18 March, the official website on COVID-19 was launched by the National Board for Disaster Management for the public to access official and accurate information regarding the outbreak. The website was developed by the Risk Communication and Community Engagement (RCCE) Task Force for COVID-19.

- On 23 March, the MoH released a protocol and education information and communication material, explaining the importance of continuing essential services for long-standing health problems like Tuberculosis. These were in line with the WHO Information Note, dated 20 March, on Tuberculosis and COVID-19: “Considerations for tuberculosis care services”.

- WHO published infographics on the website in dual language, on the following:
  - Myth-busters
  - Coping with stress during COVID-19
  - When and how to use a mask
  - Staying healthy while traveling
  - Getting workplace ready for COVID-19
  - Social distancing
  - Food safety
  - Be Ready Campaign for COVID-19

- The WHO website is being regularly updated with information on COVID-19 advice for the public.

- Public engagement through Instagram and Twitter has been regularly maintained to keep the public updated on situation development and important health messages relating to COVID-19 for personal preparedness and response.

PARTNER COORDINATION

- A task force has been formed through the UN Resident Coordinator in Indonesia to do contingency planning for the UN, including communications, updating Pandemic Preparedness Plan and SOPs with regards to COVID-19. The Task Force is comprised of WHO, UN Office for the Coordination of Humanitarian Affairs (OCHA), UN Department for Safety and Security
WHO has supported the RCO to organize two virtual townhall meetings for all UN agencies, on 06 and 20 March, to provide an overview of the UN preparedness, situation updates and answer questions from staff.

WHO has been supporting the MoH to develop the template and gather information for regular situation reports.

On 25 March, the Health Crisis Center of the MoH held a virtual Health Cluster meeting. WHO alongside other UN agencies and NGOs participated in meeting to discuss the response activities and determine clear responsibilities for each agency to support the Government in addressing COVID-19.

• On 20 March, WHO published an Inter-Agency Standing Committee briefing note on MHPSS during COVID-19 in Indonesian on the website. The note covers MHPSS interventions for different populations such as elderly, people with disabilities, children, adults in quarantine, frontline workers, managers and the community.

• On 23 March, the MoH, with support from WHO, facilitated a virtual MHPSS coordination meeting. The main objectives were to map the needs of mental health and psychosocial support, identify interventions required for specific groups and assess specific groups’ access to the services.

The WHO Representative to Indonesia has been discussing with senior Ministers and Government officials the likely developments of the situation, preparedness and response needs for COVID-19.

An Incident Management Team has been established within the WHO country office to support the technical areas regarding COVID-19 response.

WHO will provide technical assistance for a three-day advanced molecular training for the senior staff of 10 laboratories and a five-day basic molecular training for the junior staff.

WHO will continue to support relevant Government agencies and partners in their response to COVID-19.