As of 03 June, the Government of Indonesia announced 28,233 confirmed cases of COVID-19, 1,698 deaths and 8,406 recovered cases from 418 districts across all 34 provinces\(^1\).

WHO is supporting the government in provincial data analyses to assess the epidemiological criteria for relaxing large-scale social restrictions (PSBB), as recommended in the [WHO guidance](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) to adjust public health and social measures (PHSM) (pages 6-11).

WHO is supporting the Ministry of Health (MoH) in developing guidance and protocols in various sectors for the “new normal” scenarios (pages 11-12).

As of May 2020, WHO supported the government with procurement and distribution of medical logistics at an estimated cost of US$ 1.4 million (page 17).

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**Figure 1: Geographic distribution of confirmed COVID-19 cases in Indonesia, as of 03 June 2020.**

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\(^1\) [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
• On 29 May, media reported concerns regarding the government’s rush to the scenario of “new normal”. Many insist that the government should base its policymaking on field implementation and data rather than economic interests. An epidemiologist from the University of Indonesia stated that “the data on daily cases are not enough and are imperfect; the data collection, for example, is late and the reports of laboratory results come out after five to seven days for cases that might have occurred two weeks previously”. The Indonesian Legal Aid Institute (YLBHI) regretted that while the government had never imposed a total lockdown, it is now considering easing the partial restrictions that had not been implemented optimally².

• As reported on 01 June, around 102 regencies and municipalities were labeled as green zones by the government as they had not been impacted by the COVID-19 outbreak. These include 14 areas in Aceh, one in Central Java, 15 in North Sumatra, 14 in East Nusa Tenggara, four in South Sumatra, five in Southeast Sulawesi, 17 in Papua, and three in Riau Islands. The President ordered the national COVID-19 Task Force to allow these areas to start the “new normal” measures. For a region to reopen and loosen PSBB, they must meet public health indicators as recommended by WHO guidance³.

• As reported on 30 May, the World Bank will provide a US$ 250 million loan to support Indonesia’s COVID-19 response. The funds will go toward strengthening the country’s emergency response to the pandemic, including improving intensive care capacity, providing more personal protective equipment (PPE) and improving the laboratory network and surveillance systems⁴.

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There were 684 new confirmed cases of COVID-19 reported on 03 June and the cumulative number of confirmed cases nationwide on the same date was 28,233 (Fig. 2).

As of 03 June, most of the confirmed cases were in Java Island, followed by Sulawesi (in South Sulawesi) and Sumatra (in South Sumatra); the cumulative number of confirmed cases by province is shown below (Fig. 3).

As of 03 June, the proportion of confirmed COVID-19 cases was highest among 31-45-year-olds (29.4%), followed by 46-59-year-olds (27.3%), 18-30-year-olds (20.5%), over 60-year-olds (14.9%), 6-17-year-olds (5.5%) and 0-5-year-olds (2.3%) nationally. For 6.3% of the confirmed cases, there were no data on age5. Age-disaggregated data on confirmed cases by province are shown below (Fig. 4).

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Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 03 June 2020. *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.
Figure 4: Age disaggregation among confirmed cases of COVID-19 by province in Indonesia, as of 03 June 2020. Data on age were missing for 6.3% of cases. Source of data
Table 1: Assessment of epidemiological criteria for six provinces in Java Island, April to May 2020

<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>&lt;50% decline</td>
<td>10.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>West Java</td>
<td>&gt;50% decline for one week</td>
<td>7.5%</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>&gt;50% decline for three weeks</td>
<td>10.9%</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>&gt;50% decline for two weeks</td>
<td>9.2%</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>&lt;50% decline</td>
<td>31.1%</td>
<td>No</td>
</tr>
<tr>
<td>Banten</td>
<td>&lt;50% decline</td>
<td>8.1%</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 18 to 31 May 2020 (see Fig. 11 for details)

***decrease in deaths is calculated from 11 to 31 May 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.

Disclaimer: there is no definition of probable case in the national guidelines; therefore, full measurement of this indicator is not possible. Based on the WHO definition, a probable case is a suspect for whom testing for COVID-19 is inconclusive or testing could not be performed for any reason.

Figure 5: Weekly and cumulative number of confirmed COVID-19 cases in Jakarta, March to May 2020. [Source of data](who.int/indonesia)
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in West Java, March to May 2020. Source of data

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, March to May 2020. Source of data
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, March to May 2020. [Source of data](#)

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in East Java, March to May 2020. [Source of data](#)
Criterion 2: Less than 5% of samples positive for COVID-19, at least for the last 2 weeks, assuming surveillance for suspected cases is comprehensive.

None of the provinces in Java have a positivity rate of less than 5% of samples over the 2-week period from 18 to 31 May (Fig. 11).

Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in Banten, March to May 2020. Source of data

Figure 11: Total number of tests performed and positivity rate over 2-week period of 18 to 31 May 2020 for provinces in Java. Source of data: Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten.

Disclaimer: The data are provisional. Limitation to the analysis: For a reliable positivity rate calculation, at least 1 test per 1 000 population per week is required; and this has been met only in Jakarta.
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

Banten

Central Java

Yogyakarta
Figure 12: Deaths among confirmed COVID-19 cases, patients under surveillance (PDP) and persons under observation (ODP) per week over the last 3 weeks in May 2020 in six provinces in Java Island. Source: Jakarta, West Java, East Java, Banten, Central Java, Yogyakarta.

Disclaimer: The data are provisional. Only some provinces are reporting data on deaths of PDP and ODP. Although Jakarta shows a decline in deaths, it may not be a full measurement of the indicator because (i) the death for ODP is not reported and (ii) there is no definition of probable case yet in the national guidance. Based on WHO definition, a probable case is a suspect for whom testing for COVID-19 is inconclusive or testing could not be performed for any reason. There may be a discrepancy in the number of deaths of confirmed COVID-19 cases between national and provincial data sources.

- The deaths among patients under surveillance (PDP) have been substantially higher than deaths among confirmed COVID-19 cases in all provinces in Java (Fig. 12). A continuous decrease in total number of deaths among confirmed COVID-19 cases, PDP and ODP was not observed in the majority of Java island provinces.

On 27 May, WHO, along with the United Nations Children’s Fund (UNICEF), the US Centers for Disease Control and Prevention (US CDC) and the World Bank, participated in a technical working group meeting for COVID-19 response, initiated by the Directorate of Medical Services, MoH. The key topics of discussion during this meeting were: (1) preparedness of hospitals anticipating the “second wave” of COVID-19 and (2) the “new normal”. The technical working group will work with the MoH on planning, development of guidance, and monitoring and evaluation of preparedness and response activities in health facilities.

From 28 May to 10 June, WHO is supporting the MoH to conduct a review of provincial operational response plans for all 34 provinces through interactive video conferences. The provinces are presenting their response plans, sharing best practices and reporting challenges faced while implementing COVID-19 preparedness and response activities. WHO, the MoH and the National Board for Disaster Management (BNPB) are providing inputs to improve the response plans based on provincial context while taking into consideration the situation analysis, results of risk assessment and status of each component of the pandemic risk management. The components include: command and coordination; surveillance; medical response; infection prevention and control (IPC);
laboratory; pharmaceutical interventions; non-pharmaceutical interventions and monitoring the indicators for adjusting PHSM in each province with reference to the WHO guidance; continuity of essential health services; and operational support and logistics. Some common challenges across the provinces include suboptimal contact tracing, insufficient number of human resources and limited laboratory capacity.

WHO is supporting the MoH in developing the guidance and protocols for the food industry embracing the “new normal” measures. The first meeting was convened on 28 May by the Directorate of Environmental Health, MoH. A total of 20 participants from WHO, the MoH, the Hotel and Restaurant Association, the Food Certification Institute, and the Food Safety Association joined the virtual meeting. Participants reviewed the protocols and provided input for its revision. The document will be finalized this week.

On 01 June, WHO participated in a community engagement virtual meeting on implementing the “new normal” in workplaces. WHO presented its guidance on considerations for public health and social measures in the workplace in the context of COVID-19. Other resource persons were from the International Labour Organization (ILO) and subnational COVID-19 task forces from Magelang, Bantul and Bukittinggi. UN agencies, civil society organizations, community-based tourism villages, and service industries also participated.
• As reported by the government on 03 June, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 8,489 and the cumulative number of persons tested was 246,433 (Fig. 14).

Figure 14: Daily and cumulative number of suspected COVID-19 cases tested with PCR in Indonesia, as of 03 June 2020. [Source of data](#)

• On 29 May, WHO, along with the MoH, the Ministry of Agriculture, the Ministry of Environment and Forestry, the Ministry of Communication and Information Technology, the Ministry of Home Affairs, the Ministry of National Development Planning (BAPPENAS), the United States Agency for International Development (USAID), the US CDC, and the Food and Agriculture Organization (FAO), participated in a focus group discussion for the development of an integrated, real-time laboratory-based surveillance system. A technical officer from WHO presented on real-time surveillance in public health.
There has been an improvement in the proportion of people that recovered among the total confirmed cases from 6.0% in early April to 29.7% as of 03 June (Fig. 15). As of the same date, there were 18 129 confirmed COVID-19 cases under care or in isolation⁶.

From 26 to 27 May, WHO conducted a training for its field staff based at subnational levels on laboratory, surveillance, case management, IPC and risk communication and community engagement for COVID-19. The objective was to build capacity of the field staff for optimal participation in COVID-19 response in their respective provinces across the country.

On 27 May, WHO published an updated guidance on clinical management for COVID-19. The revised guidance was expanded to meet the needs of clinicians and promote a multi-disciplinary approach to care for patients with COVID-19, including those with mild, moderate, severe, and critical disease. The following new sections were included: COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, noncommunicable diseases, rehabilitation, palliative care, ethical principles, and reporting of death. Previous chapters were also significantly expanded. WHO shared the

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⁶ https://covid19.go.id/
guidance with the MoH and disseminated it among professional organizations and clinicians.

- The discharge criterion has been revised in the new guidance whereby a confirmed COVID-19 case who is hospitalized does not need two consecutive negative PCR tests with samples from upper respiratory tract and lower respiratory tract samples (as was the requirement on the previous guidance). This means a significant number of tests can now be allocated for diagnosis of suspected COVID-19 cases. Previously only 60% of these tests were for diagnosis and the remaining were being used for follow-up tests for patients to be discharged.

- As of 27 May, the number of referral hospitals for COVID-19 was increased to 777 (an addition of 22 hospitals since 06 May) with 23 742 isolation beds and 8 180 intensive care unit (ICU) beds (7 857 with ventilators). The average number of persons under care in the past two weeks were 35 000 per day nationwide, including confirmed and suspected COVID-19 cases.

COMMUNICATIONS

- On 26 May, WHO published questions and answers on hydroxychloroquine and COVID-19 in both English and Indonesian.

- On 31 May, the World No Tobacco Day, WHO published a media statement on tobacco use being a risk factor for many respiratory infections, including COVID-19. A review of studies by public health experts convened by WHO found that smokers are more likely to develop severe disease with COVID-19, compared to non-smokers. Tobacco is also a major risk factor for noncommunicable diseases like cardiovascular disease, cancer, respiratory disease and diabetes, which put people with these conditions at a higher risk for developing severe illness when affected by COVID-19. Every year, around 225 700 people in Indonesia die from smoking or tobacco related diseases. Contrary to the global trends of declining tobacco use, successive rounds of national surveys conducted in 2013 and 2018 show that tobacco use in Indonesia remains high in both adults and youth alike. The media statement was published on the website and disseminated widely to raise awareness against the use of tobacco, especially during the pandemic. Prior to that, on 27 May, WHO published a factsheet on Tobacco and COVID-19.
On 31 May, WHO published a factsheet on the 2019 Global Youth Tobacco Survey (GYTS) in English and Indonesian. The new GYTS data revealed that 40.6% of Indonesian students aged 13-15 years (two out of three boys and nearly one in five girls) have used tobacco products at some point; and 19.2% of students currently smoke cigarettes. Among current smokers, 60.6% were not prevented from buying cigarettes because of their age. Exposure to tobacco at a young age can not only create lifetime smokers, but may also contribute to stunting, impede childhood development and increase the risk of developing chronic noncommunicable diseases including heart disease, respiratory diseases, diabetes and cancer. Studies show that SARS-CoV-2, the coronavirus that causes COVID-19, primarily affects the respiratory system increasing the likelihood that smokers experience more severe symptoms compared to nonsmokers.

Figure 16: Factsheet on the 2019 Global Youth Tobacco Survey (GYTS) in English and Indonesian published by WHO on 31 May 2020.
• On 02 June, the WHO Representative to Indonesia delivered opening remarks at the MoH-organized seminar for World No Tobacco Day Commemoration. The WHO Representative expressed his serious concern on the lack of progress on tobacco control in Indonesia and the negative health consequences. He strongly advocated for the ratification of WHO Framework Convention on Tobacco Control (FCTC) by the government.

• WHO is supporting the Risk Communication and Community Engagement (RCCE) Asia Pacific Working Group Inter-Agency survey on community perception on COVID-19. On 01 June, WHO published the link to the survey on its website and social media platforms – Twitter and Instagram. WHO also shared the link with its field staff to disseminate it widely. The survey will close on 03 June and will then be collated, analysed and used to inform future activities.

RESEARCH

• Indonesia is one of 30 Member States which supports the COVID-19 Technology Access Pool (C-TAP), an initiative launched on 29 May calling on the global community to voluntarily pool knowledge, intellectual property and data to respond to COVID-19, and ensure vaccines, tests, treatments and other health technologies to fight COVID-19 are accessible to all.

OPERATIONAL SUPPORT AND LOGISTICS (OSL)

• As of May 2020, WHO supported the government with the procurement and distribution of medical logistics at an estimated cost of US$ 1.4 million to accelerate the COVID-19 response:
  - In March, WHO procured 2,340 personal protective equipment (PPE), upon request from the Directorate of Prevention and Communicable Diseases, MoH, and distributed them to four provinces: Jakarta, West Java, Bali and Riau Island
  - From March to May, WHO procured PCR test kits for 80,000 individual tests, and 48 units of sample transportation carriers which were provided to the National Institute of Health Research and Development (NIHRD), MoH
• The WHO COVID-19 Supply Portal is a purpose-built tool to facilitate national authorities and all implementing partners supporting COVID-19 national response plans to request critical supplies. The Control Tower in the WHO Headquarters is the central interface where country demand, partner procurement mechanisms, and logistics/distribution come together. The Administrative Office of WHO Country Office for Indonesia is the focal point for supply coordination for Indonesia. During a weekly virtual meeting with the key development partners on 30 May, WHO informed the partners about the platform and its functionalities.

• On 02 June, WHO, the International Organization for Migration (IOM), and the United Nations Development Programme (UNDP) provided five ventilators to the BNPB. WHO funded two of the Aeonmed VG70 ventilators. This is the first shipment from a total of 33 ventilators at an estimated cost of US$ 762 460, that will be received over the month through the joint effort of the three UN organizations to aid the government in its response to COVID-19. WHO will contribute a total of 27 ventilators supported through a partnership with the Government of Japan.

In June, WHO will facilitate the shipment of specimens from six severe acute respiratory infection (SARI) sentinel sites from across the country to the NIHRD Laboratory to conduct COVID-19 testing. WHO has allocated an additional US$ 309 382 for activities in June and July for distribution of cold-chain and
medical supplies to 22 hospitals, and further procurement of sample collection kits.

**PARTNER COORDINATION**

- On 30 May, WHO convened the eighth weekly meeting of key development partners to discuss and coordinate COVID-19 response interventions. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the Canadian Embassy, the European Union (EU), UNICEF, USAID, US CDC, the World Bank, and the World Food Programme (WFP) joined the meeting.

- Overall funding request for WHO operations and technical assistance is US$ 18 million, based on estimated needs as of June 2020 (Fig. 18).

![Figure 18: WHO funding situation for COVID-19 response, June 2020](image)

Data presented in this situation report have been taken from publicly available data from the MoH ([https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)), BNPB ([http://covid19.go.id](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:
- Considerations for public health and social measures in the workplace COVID-19 and food safety
- Guiding principles for immunization activities during the COVID-19 pandemic
- Advice on the use of masks
- Home quarantine
- Investigation of cases and clusters
- Clinical management of severe acute respiratory infections
- Rational use of PPE and considerations during severe shortage
- 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:
- Keep cool – health advice in hot weather
- Physical distancing is not social isolation
- Hand hygiene
- Safe grocery shopping and food safety
- Violence against women
- Medical workers: super heroes
- Healthy at home (Home ‘Dos’)
- Recognize and response
- Young adults and COVID-19
- The elderly and co-morbidity
- Protecting the vulnerable
- Communicating transmission
- Communicating severities
- Low risk is not no risk
- Noncommunicable diseases
- A selection of myth-busters

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

WHO Indonesia Reports