As of 01 July, the Government of Indonesia announced 57,770 confirmed cases of COVID-19, 2,934 deaths and 25,595 recovered cases from 452 districts across all 34 provinces¹.

The daily number of cases reported on 01 July was 1,385, which is the highest daily count (also reported on 27 June). Transmission remains high in many parts of the country.

WHO is supporting the Ministry of Health (MoH) to mitigate the impact of COVID-19 and maintain essential services for dengue control (pages 18-20).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 25 June to 01 July 2020. [Source of data](https://infeksiemerging.kemkes.go.id/)

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/](https://infeksiemerging.kemkes.go.id/)
During a press conference on 24 June, President Joko Widodo reminded the citizens of Indonesia that the threat of COVID-19 is not over. He reiterated the importance of adhering to the health protocols, i.e., wearing face masks, washing hands frequently, maintaining a safe distance (at least 1 metre) from one another, and avoiding crowds. He urged the public to ensure these become a habit and to encourage each other to follow them.

The President stated that an integrated information system, namely Bersatu Lawan COVID-19 (BLC) (“Unite Against COVID-19”), has been set up to consolidate data from surveillance units, laboratories, and health facilities including hospitals and community health centres or puskesmas. The compiled data will be processed and synchronized into graphic outputs and used for informed decision-making.

Following the President’s remarks at the meeting, Professor Wiku Adisasmito and Doctor Dewi Nur Aisyah of the national COVID-19 Task Force provided a snapshot of the features of BLC and explained its significance. The provision of integrated data will help to design important response interventions. They also stated the importance of public health criteria (epidemiological, health system and public health surveillance indicators) to support decision making. Data for calculating these indicators will come from government surveillance databases, including the Ministry of Health online hospital database (RS online). Each indicator will be given a weighted score to calculate a composite score for categorizing districts/cities into ‘zones’: red, orange, yellow and green. This will be updated every week.

The overall risk of transmission in the country continues to be high due to ongoing community transmission and movement between the regions, districts and provinces. The extent of relaxation of large-scale social restrictions (PSBB) varies across provinces. Nevertheless, the country has been reporting over 1000 new confirmed COVID-19 cases on most days, since 09 June and reported the highest daily number of confirmed COVID-19 cases on two days in the last week (details on page 3).

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• On 01 July, 1 385 new and 57 770 cumulative confirmed COVID-19 cases were reported (Fig. 2). This is the highest number of cases reported in a single day (also reported on 27 June) since the first cases were announced on 02 March. The average for the last seven days was 1 252 cases per day, which is the highest yet.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 01 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 01 July, most of the confirmed cases were in East Java and Jakarta, followed by South Sulawesi, Central Java, West Java, South Kalimantan and South Sumatra. Java contributed to almost 60.0% 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 01 July 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.
WHO and the Food and Agriculture Organization (FAO) are supporting the MoH in expanding contact tracing throughout the country. As part of these efforts, the agencies are providing technical assistance to develop a handbook for field staff who will be deployed for contact tracing at province level. Technical officers from WHO are providing inputs into the draft handbook, which will be launched in July.

### EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 08 to 28 June.

<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>Less than 50%</td>
<td>Not applicable</td>
<td>No</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>Less than 50%</td>
<td>Not applicable</td>
<td>No</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% for two weeks</td>
<td>Not applicable</td>
<td>No</td>
</tr>
</tbody>
</table>

*date of latest peak differs for each province (see Figs. 4 to 9 for details)  
**positivity rate is calculated from 15 to 28 June 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. 10 for details)  
***decrease in deaths is calculated from 08 to 28 June 2020 (see Fig. 11 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. 4 to 9).
Figure 4: Daily and cumulative number of confirmed COVID-19 cases in Jakarta, as of 28 June 2020. Source of data

Figure 5: Daily and cumulative number of confirmed COVID-19 cases in West Java, as of 28 June 2020. Source of data
**Figure 6:** Daily and cumulative number of confirmed COVID-19 cases in Central Java, as of 28 June 2020. *Source of data*

**Figure 7:** Daily and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 28 June 2020. *Source of data*
Figure 8: Daily and cumulative number of confirmed COVID-19 cases in East Java, as of 28 June 2020. Source of data

Figure 9: Daily and cumulative number of confirmed COVID-19 cases in Banten, as of 28 June 2020. Source of data
Criteria 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 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 achieved this minimum case detection benchmark is Jakarta.

![Figure 10: Positivity rate of cases, and suspected cases tested per 1,000 population per week: Week 1: 08/06/20 - 14/06/20; Week 2: 15/06/20 - 21/06/20; Week 3: 22/06/20 - 28/06/20.]

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.

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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 11: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last 3 weeks from 08 June to 28 June 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 all provinces in Java except West Java (Fig. 11). A continuous decrease in total number of deaths among confirmed COVID-19 cases, PDP and persons under observation (ODP) was not observed in any province in Java, except Yogyakarta, which reported no COVID-19-related deaths in the past week. There was a large increase in PDP deaths in East Java over the past week, and no reported deaths from PDP in West Java in the last 3 weeks.

PLANNING, RISK AND NEEDS ASSESSMENT

- The MoH conducted two batches of virtual refresher training to strengthen sentinel surveillance sites to monitor trends in community transmission of COVID-19, while continuing the detection of influenza viruses.
  
  i. On 25 and 26 June, 133 participants joined from 26 influenza-like illness (ILI) sentinel sites; and
  
  ii. On 29 and 30 June, 35 participants joined from six severe acute respiratory infection (SARI) sites.

The participants included doctors, nurses, laboratory technicians and officers from Province and District Health Offices from subnational levels.

WHO presented on COVID-19 sentinel surveillance using the existing Global Influenza Surveillance and Response System (GISRS) (Fig. 12) for:

  i. Monitoring trends, including community transmission of COVID-19, and characteristics of COVID-19 including disease severity, risk factors and proportion of influenza patients that acquired COVID-19; and

Figure 12: WHO presented on the Global Influenza Surveillance and Response System COVID-19 Platform during an online surveillance refresher training, 29 June 2020. Credit: WHO

LABORATORY

- As reported by the government on 01 July, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 15,000 and the cumulative number of persons tested was 492,318 (Fig. 13).
During a meeting on 23 June, WHO, the National Institute of Health and Research Development (NIHRD) and the US Centers for Disease Control and Prevention (US CDC) discussed training preparation for PCR testing: six batches of training are planned for laboratory students and one for the Indonesia Food and Drug Administration (BPOM). It was agreed that after an online training, the participants will partake in a practical session on PCR testing for COVID-19 in their respective provincial laboratories, which will be supervised by the NIHRD. The practical sessions will be conducted over two weeks in the following provinces: Aceh, Bali, Central Java, East Java, Jakarta, Jambi, Lampung, North Sulawesi, South Sulawesi, South Sumatera, West Nusa Tenggara, West Java, West Papua and Yogyakarta. WHO and US CDC will support the NIHRD to develop the training modules.

On 24 June, WHO participated in a coordination meeting with the Infectious Disease Detection and Surveillance (IDDS) of the United States Agency for International Development (USAID) Global Health Security project, and the NIHRD to discuss the external quality assessment (EQA) programme. The NIHRD requested support from WHO in assessing laboratories in the molecular detection of SARS-CoV-2 at clinically appropriate levels, by arranging EQA samples from the WHO Collaborating Centre for Reference and Research on Influenza, Melbourne.

Figure 13: Daily and cumulative number of suspected COVID-19 cases tested with polymerase chain reaction (PCR) in Indonesia, as of 01 July 2020. Source of data
- As of 01 July, the proportion of people that recovered among the total confirmed cases was 44.3% (Fig. 14). As of the same date, there were 29 241 confirmed COVID-19 cases under care or in isolation.

Figure 14: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 01 July 2020. [Source of data](https://covid19.go.id/)

- WHO is regularly sharing important health messages on the website and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com), and has recently published:
  - Over 30 [infographics](https://covid19.go.id/) on the following:
    - Science solutions solidarity
    - Helping the elderly
    - Domestic violence (Fig. 15)
    - Myth-busters

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3 [https://covid19.go.id/](https://covid19.go.id/)
• On 24 June, the Representatives of nine UN agencies, including the International Organization for Migration (IOM), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA), and WHO, endorsed an Inter-Agency statement on violence against women and girls during COVID-19. The statement encourages proactive efforts to integrate measures to address violence against women and girls into all COVID-19 related preparedness and recovery plans, and to ensure that these efforts are adequately resourced.

• WHO published a policy brief in early April on the role of the health sector/system in addressing violence against women during the COVID-19 response. As stated in the brief, women are adversely impacted through the reallocation of priorities and resources, and sexual and reproductive health services. Stress and the disruption of social and protective networks heighten the risk of violence for women and girls. The document emphasizes the role of health systems in ensuring that services for women who may experience violence remain accessible as well as mitigating the impacts through awareness raising and addressing the safety of female healthcare workers, both at work and at home. It also outlines what can be done by various stakeholders to address violence against women during the pandemic. Specifically, governments should include and fund essential services to address violence against women in COVID-19 response plans and identify ways to make them accessible during the pandemic. Health facilities should provide local information for survivors, and healthcare providers should offer first-line support and treatment.

• WHO released an advocacy brief on gender and COVID-19 in early May, highlighting that the pandemic has differential impacts on men and women. It addressed some key gender issues in the pandemic, among others, limited availability of sex-disaggregated data; increased risk and vulnerability of health and social workers, who are mostly women; and differences in timely access to needed health services due to gender norms (e.g. for women because of restricted autonomy in decision-making and for men, the rigid notions of masculinity that may delay timely care-seeking).

• In Indonesia, COVID-19 also presented difficulties for women who were the primary earner in the family, entrepreneurs of small-scale businesses, or...
who worked overseas (migrant workers) and had to return without options for alternative livelihoods. An official press release by the Ministry of Women Empowerment and Child Protection on 05 June showed that for the period of 01 January to 03 June 2020, there was a significant decrease in the reporting of violence against women and domestic violence compared to the same period in 2019 (Table 2). Furthermore, the data from the Ministry also showed that between 02 March 2020 (when the first cases of COVID-19 were announced) and 26 April 2020, there were 173 cases of violence against women. According to a survey by the National Commission on Violence Against Women, 80% of female respondents in the income group of less than 5 million Indonesian Rupiah (US$ 350) reported that they are experiencing increased violence during the pandemic.


<table>
<thead>
<tr>
<th>Dates</th>
<th>Number of reported cases of violence against women</th>
<th>Number of reported cases of domestic violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 January – 03 June 2019</td>
<td>3 879</td>
<td>2 546</td>
</tr>
<tr>
<td>01 January – 03 June 2020</td>
<td>1 478</td>
<td>908</td>
</tr>
</tbody>
</table>

- Indonesia has developed a protocol on violence against women during the COVID-19 pandemic. The protocol stipulates inter-agency coordination in responding to violence against women, involving the Ministry of Women Empowerment and Child Protection, MoH, Ministry of Social Affairs, Ministry of Foreign Affairs and the police. It further mentions practical steps to be taken by responders, among others, with regards to victim rescue, referral to health services and shelter, and provision of psychosocial support.

**WHO continues to support the government to minimize risks to vulnerable populations, including women and children during the COVID-19 response.**

i. WHO supported the MoH in drafting the national guidance on mental health and psychosocial support (MHPSS) to ensure non-judgmental and empathetic listening, and response tailored to the needs, concerns and experiences of survivors/victims;

ii. WHO translated and published 13 infographics on domestic violence during the pandemic (Fig. 15), and will continue regular public
engagement through social media to disseminate information describing coping mechanisms, potential steps that can be taken, and positive messaging around gender equality.

iii. WHO supports the MoH in programme analysis of immunization activities to protect children from vaccine-preventable diseases, and sexual, reproductive and maternal health services, to highlight the importance of their continuity during the pandemic. The detailed analyses can be found in Situation Report 11 (pages 18 and 19) and 13 (pages 19 and 20), respectively.

Figure 15: A snapshot of some infographics that WHO translated and published on domestic violence during COVID-19, available online, June 2020.
WHO is supporting the government for programme analysis of various essential health services to maintain their continuity during the pandemic. Highlights of the dengue programme are presented below:

**Impacts of COVID-19 on the Dengue Control Programme (DCP) in Indonesia:**

i. Some government funds for routine DCP activities and human resources at subnational level have been diverted to the COVID-19 response; moreover, 85% of dengue endemic districts have reported confirmed COVID-19 cases;

ii. Challenges and delays are reported in some of the key DCP activities at all levels, including epidemiological investigation, large-scale vector control, sentinel surveillance, and supervision, monitoring and evaluation;

iii. Fear among patients, communities and healthcare workers is exacerbated by fake news, rumours and misinformation as COVID-19 and dengue infection share similar clinical symptoms (e.g., high fever); and

iv. Reporting of dengue cases and deaths has declined between January and May 2020 compared to the same period in 2019, except for deaths in March (Fig. 16). The increase in deaths in March 2020 was discussed with DCP and Central Java Province Health Office in early April. All deaths were considered to be related to dengue shock syndrome. Experienced and trained medical staff are essential in dengue control as the disease does not have specific medication and fluid management plays an important role in preventing death.
To mitigate the impact of COVID-19 and maintain essential dengue control activities, interventions are being made in the following areas:

i. Guideline: A circular from the Director General of Diseases Prevention and Control, MoH, on continuity of DCP was disseminated to all provinces and districts on 06 April, with a focus on differential diagnosis between COVID-19 and dengue infection, implementation of epidemiological investigation for dengue, fogging, and community participation in vector control measures. WHO shared guidance on the continuity of neglected tropical disease programmes during the COVID-19 pandemic and guidance on strengthening vector control measures to prevent dengue outbreaks.

ii. Surveillance: WHO is supporting sentinel surveillance to assess the rate of co-infection between dengue and COVID-19 in Bandung, West Java, in collaboration with DCP and the Dengue Secretariat of Padjajaran University.

Figure 16: Trend of dengue cases and death from January to March 2019 vs. January to March 2020. Source: National Dengue Control Programme Indonesia, unpublished data.

Note: Data for 2019 and 2020 was collected from all 34 provinces in Indonesia.
iii. Diagnosis: WHO recommends a non-structural protein 1 rapid diagnostic test (RDT) for initial diagnosis in puskesmas for all suspected dengue cases within five days of fever onset. If the initial diagnosis is positive, a healthcare worker should perform an epidemiological investigation, using personal protective equipment. Diagnosis can also be performed using high quality IgG-IgM dengue RDT in healthcare facilities. These recommendations have been adopted into the national guidance.

iv. Vector control: Community participation and awareness have been increased for source reduction measures. Commercial household-insecticide can be used to control Aedes population or fogging can be done, but only if epidemiological investigations are fulfilled, for instance, if Aedes larvae are present in houses around a confirmed COVID-19 case.

v. Logistics: Adequate stocks of RDTs and insecticides have been ensured for all provinces to prevent and control an outbreak.

vi. Human resources: Routine webinars and communication with dengue programme officers at the subnational level via online platforms have continued since March to ensure that all dengue control activities are implemented and to strengthen programme monitoring and evaluation.

vii. From 23 to 25 June, the WHO Regional Office for South-East Asia organized a consultative meeting on adapting interventions for prevention and control of vector-borne diseases during the COVID-19 pandemic and to facilitate cross-learning among Member States. Indonesia shared experiences on community and school-based vector-borne disease control activities that effectively controlled the dengue outbreak in early 2020.

PARTNER COORDINATION

- On 26 June, WHO convened the twelfth 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, UNICEF, the World Food Programme (WFP), USAID, US CDC, and the World Bank joined the meeting. Partners are interested in identifying the availability and occupancy of intensive care unit (ICU) beds, especially in areas with high transmission, to inform interventions. Paediatric cases and deaths remain a concern among all partners; WHO is in the process of making an official
request to obtain data collected by the Indonesian Paediatric Association (IDAI) on the number of cases and deaths in children in the country.

- WHO, ILO and UNDP will support the government and jointly convene a series of webinars for private sectors in July on “Business unusual in the ‘new normal’”. The objective is to facilitate absorbing the socio-economic shocks resulting from COVID-19 that are aggravating the existing inequality and ecological fragility. The webinars will cover the following topics:
  - Health and safety standards for businesses during COVID-19
  - Food industry
  - Transportation sector
  - Mass gatherings and sports events
  - Hotel and tourism

- 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. 17).

![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:
- 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
- Healthy at home (Home ‘Dos’)
- Recognize and response
- A selection of myth-busters

Videos:
- Breastfeeding and COVID-19
- Depression due to COVID-19
- Children hand washing and staying mentally healthy
- Healthy at home
- Message for health workers

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

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