• As of 05 August, the Government of Indonesia announced 116,871 confirmed cases of COVID-19, 5,452 deaths and 73,889 recovered cases from 479 districts across all 34 provinces¹.

• WHO is supporting a rapid assessment on community receptiveness and information needs for COVID-19 prevention and control in 16 districts of four provinces (page 17).

• WHO and the United Nations Children’s Fund published a joint release to commemorate World Breastfeeding Week, calling on governments and stakeholders to support breastfeeding mothers during the pandemic (page 19).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 30 July to 05 August 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/
Jakarta has again extended its first phase of transitional large-scale social restrictions (PSBB) until 13 August. The first transitional PSBB phase started on 05 June and was set to last until 02 July. Due to the increasing number of confirmed COVID-19 cases, the administration extended the phase until 16 July and then to 30 July. Governor Anies Baswedan stated that businesses that had resumed operating from office buildings recorded an alarming number of new COVID-19 clusters over the past two weeks. He reiterated that businesses can open only at half-capacity while adhering to health protocols and should implement alternating working hours.

The Ministry of Transportation recorded a significant increase in travellers using private cars and public transportation at several main toll road sections, airports, seaports, bus terminals, and train stations during the Eid-al-Adha holiday. A total of 145,546 cars were recorded leaving several toll road sections in Jakarta on 29 July – an 18% increase from that of normal days. The Soekarno-Hatta International Airport recorded more than 37,000 passengers travelling on 30 July. The 16% increase in passengers was followed by a 13% rise in aircraft movements, with 460 aircraft movements that day.

At least 70 doctors and 50 nurses have died from COVID-19 in Indonesia, with hundreds more contracting the disease while fighting the pandemic. The Indonesian Medical Association (IDI) estimated between 200 and 300 of the country’s 160,000 doctors had been infected by the virus. In the second week of July alone, 14 doctors died from the disease. The National Nurses Association (PPNI) stated that at least 300 of the country’s 1.3 million nurses have contracted the disease, but cautioned the figure could be higher. The associations are calling for regular testing of healthcare workers, guaranteed access to personal protective equipment (PPE) and further education on reducing the transmission of the disease.

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• On 05 August, 1,815 new and 116,871 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 1,777 cases per day, compared to 1,812 per day for the previous seven days.

![Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 05 August 2020. Source of data](source)

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 05 August, most confirmed cases were in East Java and DKI Jakarta, followed by Central Java, South Sulawesi, West Java, South Kalimantan and North Sumatra. Java contributed 57% of the total cases in Indonesia. 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 05 August 2020. [Source of data](https://who.int/indonesia)

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 05 August, DKI Jakarta had the highest confirmed COVID-19 mortality per one million population, followed by South Kalimantan, North Sulawesi, East Java, North Maluku and South Sulawesi (Fig. 4).

Figure 4: Cumulative deaths per one million population by province in Indonesia, as of 05 August 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 05 August, the daily number of specimens and suspected cases tested were 28 738 and 14 722, respectively (Fig. 5). The weekly average number of specimens and suspected cases tested in the last seven days were 22 314 and 11 669, respectively. There was a decrease in the number of suspected cases tested over the last week. Therefore, it is crucial to strengthen primary-care and hospital-based surveillance, intensify contact tracing, implement community-based surveillance (whereby the community members monitor and report health events to local authorities), and enhance surveillance for people who live in closed settings such as in prisons, residential facilities or care homes for the elderly and people with disabilities.

Figure 5: The daily number of specimens and suspected COVID-19 cases tested in Indonesia, from 01 May to 05 August 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.

• The Ministry of Social Affairs and relevant partners convened the third and fourth batches of webinars for the ‘Tagana’ (community volunteers for responding to disasters) on the preparation of quarantine and isolation facilities at the community level. These batches covered the provinces of
Central Java and West Java on 27 and 29 July, respectively. WHO delivered an update on the COVID-19 pandemic in Indonesia, discussed the role of volunteers in surveillance, and suggested procedures for preparing quarantine and isolation facilities.

- On 30 July, WHO participated in a follow-up meeting with the Provincial Health Office (PHO) of East Java and the Field Epidemiology Training Programme (FETP) to discuss strategies for strengthening surveillance and contact tracing capacities in the provinces.

**EPIDEMIOLOGICAL CRITERIA TO ASSESS COVID-19 TRANSMISSION**

Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 13 July to 02 August.

<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>More than 50% over three-weeks since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Central Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>Latest peak last week</td>
<td>No</td>
</tr>
<tr>
<td>East Java</td>
<td>Less than 50% since latest peak</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 differs for each province (see Figs. 6 to 11 for details)
**decrease in deaths is calculated from 13 July to 02 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

- West Java is the only province in Java that has seen a decline in the number of confirmed COVID-19 cases of at least 50% over a three-week period since the latest peak (Figs. 6 to 11).
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 02 August 2020. [Source of data](#)

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 02 August 2020. [Source of data](#)
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 02 August 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 02 August 2020. Source of data
**Figure 10:** Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 02 August 2020. [Source of data](who.int/indonesia)

**Figure 11:** Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 02 August 2020. [Source of data](who.int/indonesia)
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 has achieved this minimum case detection benchmark (Fig. 12).

![Figure 12: Positivity rate of cases, and suspected cases tested per 1 000 population per week: Week 1: 13/07/20 - 19/07/20; Week 2: 20/07/20 - 26/07/20; Week 3: 27/07/20 - 02/08/20](image)

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: Indonesia, DKI Jakarta
Criterion 3: Decline in the number of deaths among confirmed and probable cases for the last 3 weeks

**DKI Jakarta**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Other Death with COVID-19 protocol</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>44</td>
<td>77</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>31</td>
<td>117</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>73</td>
<td>84</td>
</tr>
</tbody>
</table>

**West Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Other Death with COVID-19 protocol</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>17</td>
<td>73</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>16</td>
<td>63</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Central Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-PDP</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>44</td>
<td>121</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>88</td>
<td>95</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>85</td>
<td>166</td>
</tr>
</tbody>
</table>

**Yogyakarta**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-PDP</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**East Java**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-PDP</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>158</td>
<td>192</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>166</td>
<td>187</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>98</td>
<td>135</td>
</tr>
</tbody>
</table>

**Banten**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Death-PDP</th>
<th>Death-Confirmed-Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/07/20 - 19/07/20</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>20/07/20 - 26/07/20</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>27/07/20 - 02/08/20</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
Figure 13: Deaths among confirmed COVID-19 cases, patients under investigation (PDP) and persons under observation (ODP) per week over the last three weeks from 13 July to 02 August 2020 in six provinces in Java. Source of data: DKI Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten.

Disclaimer: The data are provisional. As of 20 July, DKI Jakarta and East Java are in the process of adopting case definitions based on the fifth revision of the national guidelines on COVID-19 prevention and control. 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 progressively increasing (Fig. 14).

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 02 August 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
During the last three-week period, an increase in the weekly number of confirmed COVID-19 cases in DKI Jakarta was observed: 2,033, 2,713 and 3,025 from 13 to 19 July, 20 to 26 July and 27 July to 02 August, respectively. This is a result of the active case finding strategy implemented in the province. The positivity rate has also increased from 5.4% to 5.6% and 7.9%, respectively. Despite DKI Jakarta exceeding the benchmark of one suspected case tested per 1,000 population per week, there is an increase in the positivity rate which shows a high level of on-going transmission.

As reported by the government on 05 August, the number of persons tested for COVID-19 with polymerase chain reaction (PCR) was 14,722 and the cumulative number of persons tested was 922,709 (Fig. 15).
• On 28 and 30 July, WHO participated in meetings with the National Institute of Health Research and Development (NIHRD) to further discuss the protocol, testing procedure, requirement for consumables and quality control mechanism for the seroepidemiological study.

• On 29 July, WHO participated in a coordination meeting with the NIHRD to discuss the logistics for COVID-19 PCR testing. The NIHRD will coordinate requests from the provinces for automatic extraction machines required to prepare samples for PCR tests. These machines are expected to speed up the sample extraction process for COVID-19 testing.

CASE MANAGEMENT

• As of 05 August, the proportion of people that recovered among the total confirmed COVID-19 cases was 63.2% (Fig. 16). As of the same date, there were 37,530 confirmed COVID-19 cases under care or in isolation.\(^5\)

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\(^5\) [https://covid19.go.id/](https://covid19.go.id/)
On 29 July, WHO participated in a meeting with the Indonesian Medical Association (IDI) to discuss a risk mitigation strategy for the increasing number of doctors infected with COVID-19. The association has begun recording the number of COVID-19 deaths in doctors. The IDI requested WHO’s technical assistance to develop (i) supplementary comprehensive protocols for doctors, focusing on their personal protection during COVID-19 service delivery, and (ii) an information system to collect data on the number COVID-19 infections, hospitalizations, recoveries and deaths in doctors. Similarly, the National Nurses Association (PPNI) has been concerned about the increasing number of nurses infected and requested participation from WHO in one of their daily webinars to reiterate preventive measures for nurses. The PPNI also requested support to develop educational materials on IPC, focusing on PPE, and to assess nurses’ exposure to COVID-19 to understand why, how and where they got infected by the virus. The results from the assessment will be used to develop an action plan to mitigate risk of exposure and infection in nurses. As requested, on 25 July, a resource person from WHO presented at the 77th daily webinar for nurses on IPC, attended by 800 nurses nationwide (Fig. 17).
From 29 to 31 July, WHO and Ministry of Health (MoH) delegates from the WHO South-East Asia Region and Western Pacific Region participated in the Asia-Pacific Strategy for Emerging Diseases Technical Advisory Group (APSED) bi-regional video conference. Countries from both regions shared their best practices, challenges and lessons learned during the COVID-19 response. Participation in the meeting was a valuable opportunity for all members to consider possible best practices that may be adaptable by other countries to resolve bottlenecks faced during implementation of COVID-19 response plans.

WHO is collaborating with Wahana Visi Indonesia (WVI) for activities related to risk communication and community engagement. A rapid assessment was conducted during the last week of July to gain insight into community receptiveness and information needs as well as identify appropriate communication strategies in 16 districts of four provinces: East Nusa Tenggara, North Maluku, Papua and West Kalimantan (Fig. 18). On 12 August, WVI, with input from WHO, will present the results of the assessment to the PHOs.
• WHO is regularly translating and sharing important health messages on the [website](https://www.who.int) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:

  - [Questions and answers](https://www.who.int) on COVID-19 transmission
  - [Guidance](https://www.who.int) on safe Eid-al-Adha practices in the context of COVID-19
  - [Infographics](https://www.who.int) and [videos](https://www.who.int) on:
    - Take care in your workplace (Fig. 19)
    - Safe travel during COVID-19

![Image of infographic series](https://www.who.int)

**Figure 19:** An infographic from the ‘take care in your workplace’ infographic series, translated and published by WHO, available online, August 2020.
On 03 August, WHO and UNICEF published a joint release in English and Indonesian to commemorate World Breastfeeding Week from 01 to 07 August. The statement calls on the government and stakeholders to safeguard and promote access to services that support mothers to continue breastfeeding practices during the COVID-19 pandemic, including:

i. Prioritizing services and programmes to protect, promote and support breastfeeding as a critical component of the health and nutrition response to the COVID-19 pandemic;

ii. Continuing to support breastfeeding mothers with improved quality counselling and accurate information on maternal, infant and young child nutrition, including strengthening the ‘Baby Friendly Hospital Initiative’;

iii. Ending the promotion of breastmilk substitutes to enable mothers and caregivers to make informed decisions on best way to feed their babies; and

iv. Encouraging women to continue to breastfeed during the pandemic, with no separation of mother and baby, even if a mother is confirmed or suspected to have COVID-19, while adhering to appropriate IPC measures.

Figure 20: Early and exclusive breastfeeding helps children survive and provides them with antibodies; therefore, programmes that safely promote breastfeeding practices, adhering to appropriate infection prevention and control measures, during the pandemic must be prioritized. Credit: WHO
WHO is supporting the government for programme analysis of various essential health services to ensure their continuity during the pandemic. Highlights of the noncommunicable disease (NCD) programme are presented below:

**Impact of COVID-19 on NCD services and interventions in Indonesia:**

Indonesia contributed to WHO’s global rapid assessment of service delivery for NCDs during the COVID-19 pandemic in May 2020. The data indicated the following:

i. Outpatient NCD services have been open with limited access; and inpatient NCD management services have been open for emergencies only.

ii. Hypertension management, cancer treatment, diabetes and diabetic complication management, asthma and palliative care services have been partially disrupted. One reason for these disruptions has been limited stocks of essential medicines and medical diagnostics in health facilities.

iii. Public screening for NCD risk factors, which is usually carried out in community-based health facilities, has stopped during the pandemic to reduce the transmission risk of COVID-19.

**To mitigate the impact of COVID-19 and maintain essential NCD services, interventions focus on the following areas:**

i. Guidelines: On 14 April 2020, the MoH issued a circular on management guidelines for NCDs and their risk factors during the COVID-19 pandemic. The circular acknowledges the vulnerability of NCD patients to contracting COVID-19 and emphasizes the need to strengthen preventive measures. It urges people with risk factors and NCDs to stay at home, practice physical distancing, maintain hand hygiene and wear masks if required to leave the house. It also recommends that they utilize digital health platforms to obtain health information, and to visit health facilities immediately if they experience any COVID-19 symptoms, for instance fever, cough or breathing difficulty. WHO also shared modifications for the safe delivery of NCD services in its interim guidance 'Maintaining essential health services: operational guidance for the COVID-19 context'.
ii. Diagnosis, monitoring and evaluation of signs of risk: The MoH circular advises persons with diabetes to routinely check their blood glucose level and pay attention to the signs and symptoms of increased blood glucose level such as thirst, headache, or lethargy; and those with hypertension to routinely check their blood pressure at home and pay attention to the signs and symptoms of increased blood pressure for instance headaches, palpitations or blurry vision.

iii. Logistics: Persons with NCDs who are Jaminan Kesehatan Nasional (national health insurance scheme) members are allowed to obtain a two-month prescription for their medicines during the COVID-19 pandemic.

iv. Human resources: To increase awareness on COVID-19 as well as to improve early detection of NCDs by community health workers, the government has conducted virtual roadshows in all 34 provinces to promote the guideline on “Adaptation of new habits in NCD prevention and control”.

v. Prevention: In line with WHO information note on COVID-19 and NCDs, the government has recommended people with NCD risk factors to check their condition at home, implement a healthy lifestyle, consume healthy food with less sugar, salt and fat, as well as to keep physically active and to avoid smoking. In addition, the Directorate of Noncommunicable Diseases has been actively promoting smoke-free homes and early NCD detection virtually, as well as spreading awareness through social media for NCD as comorbidities for COVID-19. The ongoing social media campaign is done to promote a healthy lifestyle among people with NCDs and people with NCD risk factors so they can maintain their health and general immunity. WHO has also translated and shared many related infographics on the website and social media platforms – Twitter and Instagram (Fig. 21).
As a follow up to the ‘Kick-Off Executive Roundtable Dialogue’, on 06 August, WHO together with the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP) will moderate a webinar on “Health, safety and environmental standards in the workplace”. The webinar aims to facilitate dialogue between UN agencies, governments, business associations, the private sector and workers regarding the needs, concerns and challenges for health and safety standards for businesses in the private sector during the COVID-19 pandemic. WHO will present the WHO guidance on ‘Considerations for public health and social measures in the workplace in the context of COVID-19’.
Figure 22: Poster of the webinar on “Health, safety and environmental standards in the workplace”, 06 August 2020. Credit: Indonesia Global Compact Network (IGCN)
• 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 August 2020 (Fig. 23).

Figure 23: WHO funding situation for COVID-19 response, August 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.
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:
- Tuberculosis and COVID-19
- Nutrition tips
- Three places to avoid
- ‘Be Active’
- Is dexamethasone a treatment for all COVID-19 patients?
- The ‘new normal’
- Science solutions solidarity
- Helping the elderly
- The ‘new normal’
- Domestic violence
- A selection of myth-busters

Videos:
- COVID-19 is a virus not bacteria
- Health workers and stigma
- Managing stress
- Who wears what masks when
- COVID-19 spread
- Seven steps to prevent the spread of COVID-19
- Alternate to handshakes, hugs and high-fives

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