As of 12 August, the Government of Indonesia announced 130,718 confirmed cases of COVID-19, 5,903 deaths and 85,798 recovered cases from 481 districts across all 34 provinces.

WHO handed over 253,800 viral transport media and swabs, amounting to US$ 532,980 to the Ministry of Health (MoH) to enhance case finding.

The government, WHO and partners continue to work together to mitigate the impact of COVID-19 on essential immunization programmes (pages 19-23).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported between 06 to 12 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/
• President Joko Widodo has ordered nationwide enforcement of COVID-19 protocols, such that violations are subject to legal sanctions. The rules established by the Presidential Instruction (Inpres) No. 6/2020 seek to improve public compliance with health protocols to reduce the spread of COVID-19. All regional heads – governors, mayors and regents – are required to formulate and issue policies for the prevention of COVID-19 and to enforce sanctions for violations of policies. The sanctions may range from a written warning and community service to fines and temporary suspension of businesses and organizations.

• On 07 August, the government issued a revised joint ministerial decree to allow schools in yellow zones to reopen. A month earlier, the government had decided to allow schools only in COVID-19 green zones – areas with no recorded COVID-19 transmission – to reopen. Over the month, the number of confirmed COVID-19 cases in Indonesia has surged, partially due to an increase in testing. The decision to allow students in yellow zones to return to school risks worsening local transmission, putting a heavier burden on the nation’s limited healthcare facilities and workers and, in the long term, slowing down the economic recovery. Currently, 43% of Indonesian students live in green and yellow zones across 276 regencies and cities. Globally, from 24 February through 12 July 2020, the proportion of confirmed cases aged zero to four years has increased seven-fold while there has also been a six-fold increase of cases aged five to 24 years. Data show that children in the age group of five to 14 years account for 6.8% of the total number of recorded cases in Indonesia – well above the global average of 2.5%, based on COVID-19 WHO surveillance. The figure could rise if face-to-face lessons resumes.

• On 08 August, Jakarta reported the highest daily case count with 721 new confirmed COVID-19 cases. An epidemiologist from the University of Indonesia stated that the transitional period to the ‘new normal’ applies to a yellow zone and Jakarta is still in the red zone (high risk of transmission). Therefore, it was suggested to strictly implement large-scale social restrictions (PSBB).
• On 12 August, 1,942 new and 130,718 cumulative confirmed COVID-19 cases were reported (Fig. 2). The average for the last seven days was 1,978 cases per day, which was higher than the previous seven-day average of 1,777 per day.

Figure 2: Daily and cumulative number of confirmed COVID-19 cases reported in Indonesia, as of 12 August 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 12 August, most confirmed COVID-19 cases were in DKI Jakarta and East Java, followed by Central Java, South Sulawesi, West Java, South Kalimantan and North Sumatra. Java contributed 57.5% 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 12 August 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 12 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 12 August 2020. **Source of data**

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per WHO guideline COVID-19 related death is defined as death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, 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 12 August, the daily number of specimens and suspected cases tested were 26 248 and 13 698, respectively (Fig. 5). The weekly average number of specimens and suspected cases tested in the last seven days were 25 699 and 12 745, respectively. The fifth revision of national guidelines on COVID-19 prevention and control has adopted the WHO guidance for discharge criteria, which is expected to narrow the gap between specimens and suspected cases tested. Therefore, it is important to evaluate the implementation of the revised guidelines at all administrative levels to monitor this trend.

Figure 5: The daily number of specimens and suspected cases tested in Indonesia, from 01 May to 12 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 people tested, which might not have been the situation.

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Table 1: Assessment of epidemiological criteria for six provinces in Java for the 3-week period from 20 July to 09 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>Latest peak last week</td>
<td>Yes</td>
</tr>
<tr>
<td>Central Java</td>
<td>Less than 50% since latest peak</td>
<td>No</td>
</tr>
<tr>
<td>Yogyakarta</td>
<td>More than 50% for one week</td>
<td>Yes</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>Yes</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 20 July to 09 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

- None of the provinces in Java have shown a decline of at least 50% for three weeks since the latest peak (Figs. 6 to 11). Four provinces in Java (DKI Jakarta, West Java, East Java and Banten) experienced an increase in the number of confirmed COVID-19 cases.
Figure 6: Weekly and cumulative number of confirmed COVID-19 cases in DKI Jakarta, as of 09 August 2020. [Source of data]

Figure 7: Weekly and cumulative number of confirmed COVID-19 cases in West Java, as of 09 August 2020. [Source of data]
Figure 8: Weekly and cumulative number of confirmed COVID-19 cases in Central Java, as of 09 August 2020. Source of data

Figure 9: Weekly and cumulative number of confirmed COVID-19 cases in Yogyakarta, as of 09 August 2020. Source of data
Figure 10: Weekly and cumulative number of confirmed COVID-19 cases in East Java, as of 09 August 2020. [Source of data]

Figure 11: Weekly and cumulative number of confirmed COVID-19 cases in Banten, as of 09 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 has achieved this minimum case detection benchmark (Fig. 12). There is a significant difference between the number of suspected cases tested in Jakarta compared to the rest of Indonesia.

Figure 12: Positivity rate of cases, and suspected cases tested per 1,000 population per week: Week 1: 20/07/20 - 26/07/20; Week 2: 27/07/20 - 02/08/20; Week 3: 03/08/20 - 09/08/20

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: Indonesia, DKI Jakarta

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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-PDP
- Death-ODP

Central Java

- Death-Confirmed-Case
- Death-PDP

Yogyakarta

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

East Java

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

Banten

- Death-Confirmed-Case
- Death-PDP
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 20 July to 09 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, some provinces have adopted 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.

- On 07 August, the fifth and final batch of webinars for the ‘Tagana’ (community volunteers for responding to disasters) was completed for East Nusa Tenggara on how to establish quarantine and isolation facilities at community level, including the role of community volunteers in case finding by implementing a screening system. WHO presented the health protocols of quarantine and isolation facilities at community level. The series of webinars covered five priority provinces (Central Java, East Nusa Tenggara, East Java, South Kalimantan and West Java).

HEALTH SYSTEM CRITERIA TO ASSESS COVID-19 TRANSMISSION

- The number of confirmed COVID-19 cases hospitalized in DKI Jakarta since the beginning of June gradually decreased until 07 July; however, since 08 July, the number has been progressively increasing, with a slight decrease over the past two days (Fig. 14).

Figure 14: Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 01 June to 09 August 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
• As reported by the government on 12 August, the number of suspected cases tested for COVID-19 with polymerase chain reaction (PCR) was 13,698 and the cumulative number of suspected cases tested was 1,012,104 (Fig. 15).

![Figure 15: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 12 August 2020. Source of data](source)

• On 04 August, WHO handed over 253,800 viral transport media and swabs, amounting to US$ 532,980, to the Directorate of Surveillance and Health Quarantine, MoH, to support case finding. These items will be distributed to all 34 provinces.
• As of 12 August, the proportion of people that recovered among the total confirmed COVID-19 cases was 65.6% (Fig. 16). As of the same date, there were 39 017 confirmed COVID-19 cases under care or in isolation.\footnote{https://covid19.go.id/}

Figure 16: Cumulative number of recovered cases and percentage recovery from COVID-19 in Indonesia, as of 12 August 2020. \textit{Source of data}

• On 06 August, WHO and MoH conducted the first meeting to orient participants from hospital management teams and Province Health Offices (PHOs) on the ‘oxygen survey’. On 13 August, WHO and MoH will meet PHOs to discuss plans for subsequent orientations and trainings. There will be three batches of socialization meetings, followed by training for the surveyors during the last week of August. The training will be divided into three batches, based on regions (western, central, eastern), to accommodate the large number of participants (close to 850 surveyors).

• On 07 August, WHO published an \textit{information note} on ‘Substandard/Falsified medical devices and personal protective equipment (PPE) used in the context of the COVID-19 pandemic’. The note advises the users of medical devices and PPE, procurement entities, customs officials, national programme managers and their implementing partners, laboratories, MoH and national regulatory authorities on actions to be taken to identify and
prevent distribution of substandard/falsified medical devices and PPE for COVID-19. It also provides classification of substandard, falsified and unregistered or unlicensed medical devices.

**PLANNING, RISK AND NEEDS ASSESSMENT**

- On 06 and 07 August, WHO supported the MoH to conduct an orientation for the facilitators of the Intra-Action Review (IAR). The facilitators presented a summary of their desk review for each pillar (country-level coordination; planning and monitoring; risk communication and community engagement (RCCE); surveillance, case investigation and contact tracing; points of entry; the national laboratory system; infection prevention and control (IPC); case management and knowledge sharing about innovations and the latest research; operational support and logistics in the management of supply chains and the workforce; and maintaining essential health services during the COVID-19 outbreak). The desk review covered, for instance, the timeline of the response in each pillar, standard operating procedures, available guidelines, selected trigger questions for the IAR and drafts of best practices, challenges and recommendations. The orientation was a simulation of the IAR that will take place from 11 to 14 August. WHO delivered inputs for the selected trigger questions and briefed the participants on facilitating techniques, in line with WHO guidance on ‘Conducting a country-level COVID-19 IAR’.

- On 07 August, WHO convened a meeting with MoH and the Hasanuddin University to discuss the feedback on the field assessment tool and prepare for the assessment that will take place during the last week of August. Feedback was collected through field testing of the tools, i.e., checklists for PHOs, District Health Offices (DHOs), provincial laboratories, hospitals, port health posts, COVID-19 Task Force, puskesmas and community health posts (posyandu). WHO incorporated inputs from the nine provinces in which the tools were piloted. The enumerators for the upcoming field assessment exercise will be trained on information collection, compilation and analysis for two weeks during mid-August; the field assessment will take place at the end of August and in early September.
• The results of the field assessment and the IAR will be used to identify strengths, best practices, gaps and challenges, of the COVID-19 response to date and will subsequently guide the development of national and province-specific recommendations when updating the provincial and national COVID-19 response plans.

• On 07 August, WHO participated in a coordination meeting to discuss strengthening the laboratory network for influenza-like illnesses (ILI) and severe acute respiratory infections (SARI) sentinel sites. It was recommended to include public health laboratories in the influenza sentinel surveillance network under the existing Global Influenza Surveillance and Response System (GISRS). The samples from influenza sentinel sites should be tested for both influenza and COVID-19. WHO reiterated the procedures for COVID-19 sentinel surveillance using the GISRS.

• MoH is developing a risk assessment tool for mass gatherings during COVID-19. WHO provided input to the tool in line with the WHO guidance on ‘WHO mass gathering COVID-19 risk assessment tool – Generic
events’. The tool has been translated to Indonesian, adapted to the country context, and will be finalized soon.

RISK COMMUNICATION

- WHO is regularly translating and sharing important health messages on the website and social media platforms – Twitter and Instagram – and has recently published:

  - **Infographics:**
    
    - Five on **breastfeeding and COVID-19**
    
    - Six on recommendations for **management at the workplace**, in collaboration with the Indonesia Global Compact Network (IGCN), the International Labour Organization (ILO) and the United Nations Development Programme (UNDP) (Fig. 18).

    ![Infographic Series](image)

    **Figure 18:** An infographic from the **workplace infographic series**, developed and published by WHO and partners, August 2020.
- **Animations:**
  - Six on ‘Stay healthy at home’
  - One on ‘How to protect yourself from COVID-19’

- **Questions and answers** on contact tracing

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**CONTINUITY OF ESSENTIAL HEALTH SERVICES**

- WHO is supporting the government for programme analysis of various essential health services to ensure their continuity during the pandemic. Highlights of the initial immunization programme analysis can be found in [WHO Situation Report 13](https://who.int/indonesia). Updates from the programme are presented below:

  i. There has been an increase in monthly vaccination coverage for all available vaccine preventable diseases (VPDs), ranging from 3 to 41%, from May 2020 to June 2020. However, the overall coverage in June 2020 remained 10 to 20% lower than in June 2019, excluding measles-containing-vaccine 2 (MCV2) (Fig. 19). There has been an increase in the national DPT-HB-Hib 3 (vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – third dose) coverage from April to June 2020 (Fig. 20).
Figure 19: Cumulative coverage of routine immunization from March to June 2020 compared to the same period in 2019. **Source**: Expanded Programme on Immunization (EPI) Unit, Ministry of Health (unpublished data)

**BCG**: Bacillus Calmette–Guérin vaccine against meningitis and disseminated tuberculosis in children  
**HB0**: Hepatitis birth dose to prevent hepatitis-B transmission from mother to child  
**OPV 4**: Oral Polio Vaccine  
**DPT-HB-HiB 1**: Vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – 1st dose  
**DPT-HB-HiB 3**: Vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – 3rd dose  
**MCV2**: Measles-containing-vaccine – 2nd dose

Figure 20: National DPT-HB-HiB 3 (vaccine for Diphtheria, Pertussis, Hepatitis B, Haemophilus Influenza Type B – 3rd dose) coverage from March to June 2020, showing annual target population of below one-year old children. **Source**: Expanded Programme on Immunization (EPI) Unit, Ministry of Health (unpublished data)
ii. On 09 July, the Director General of Disease Prevention and Control issued a circular letter on the continuity of school-based immunization as scheduled in August and November. The strategy will be adjusted with local transmission of COVID-19. If the schools remain closed, there will be an option to coordinate with puskesmas to arrange frequent, smaller, vaccination sessions to vaccinate children in the empty school premises. All health workers, caregivers and students will be expected to comply with health protocols during vaccination sessions which will be conducted through scheduled appointments.

iii. MoH plans to conduct subnational supplementary immunization activities for inactive polio vaccine (IPV) targeting children below 15 years of age and catch-up immunization of all vaccines for children below three years of age in North Kalimantan. Starting in August, these activities aim to mitigate transmission risk of the ongoing outbreaks of circulating vaccine-derived poliovirus type 1 (cVDPV1) and circulating vaccine-derived poliovirus type 2 (cVDPV2) from nearby Malaysia and Philippines. Furthermore, chronic low coverage of immunization and suboptimal acute flaccid paralysis (AFP) surveillance has increased the risk to these outbreaks. The Indonesian Technical Advisory Group on Immunization (ITAGI) released a recommendation to support the activities.

To mitigate the impact of COVID-19 and maintain essential immunization programmes, the government, WHO and partners are carrying out the following interventions:

i. Piloting an online dashboard for monitoring the Expanded Programme on Immunization (EPI) and VPD surveillance in Lampung in July 2020. The dashboard provides an update on various indicators, for instance, monthly EPI coverage, vaccine stocks, immunization sessions, monthly VPD surveillance performance and the involvement of EPI and VPD surveillance officers in the COVID-19 response. The dashboard will be expanded to all provinces this month.

ii. Continuation of virtual meetings and workshops in all provinces for capacity building of EPI and VPD officers in puskesmas, DHOs and PHOs. As of August 2020, more than 2 000 health workers have been trained using online platforms.
iii. To address low vaccination coverage and reporting of VPD cases, MoH conducted a workshop on 23 and 24 July in North Maluku to discuss a strategy for catch-up immunization. The workshop aimed to strengthen capacity of health workers in identifying children below three years of age who missed routine immunization using defaulter tracking tools and developing microplanning to reach the immunization target. WHO supported MoH and PHOs to prepare for the workshop, develop the materials, and facilitate workshop discussions.
iv. The updated VPD surveillance technical guidance during the COVID-19 pandemic, in line with WHO guidance, is being finalized and will be released this month. The recommendation by national experts on integration of VPD and COVID-19 surveillance has been adopted.

v. A total of 700 vials (10 000 international units per vial) of diphtheria antitoxin were procured and delivered to MoH. These will be distributed to provinces with high transmission of diphtheria such as Aceh, DKI Jakarta, East Java and West Java.

PARTNER COORDINATION

- On 07 August, WHO convened the fifteenth meeting of key development partners to discuss and coordinate COVID-19 response activities. The Asian Development Bank (ADB), the Australian Department of Foreign Affairs and Trade (DFAT), the British Embassy, the Canadian Embassy, the European Union (EU), the Japan International Cooperation Agency (JICA), the United Nations Children’s Fund (UNICEF), the United States Agency for International Development (USAID), the World Bank (WB), and the World Food Programme (WFP) participated in the meeting. WHO provided important national COVID-19 response-related updates, presented on the COVID-19 epidemiological and health system situation in the country and informed partners on the technical assistance provided to government counterparts. DFAT has delivered 20 non-invasive ventilators to East Java, from a total of 100 that arrived in Indonesia; ADB has delivered 200 boxes of N-95 masks to the government. JICA is collaborating with the national police to support management of dead bodies along with provision of disposable PPE. UNICEF shared its report from the rapid assessment on the effects of COVID-19 on maternal, newborn and child health (MNCH) services to identify gaps, gather perceptions of health workers, prepare for the resumption and safe scale up of MNCH activities. WB is continuing to assess the economic impact of the response, along with support related to tracking government expenditure.

- WHO continues to collaborate with IGCN, ILO and UNDP for the second webinar of the ‘Business Unusual in the New Normal’ series. The first webinar, on 06 August, discussed WHO protocols and government policies in Indonesia for prevention of COVID-19 in workers in general, alongside challenges faced by companies and workers in implementing the health protocols. The second webinar, on 13 August, will focus on food businesses.
WHO will present the WHO guidance on ‘COVID-19 and food safety’. Other resource persons include: the Ministry of Cooperation and Small-Medium Enterprises; the United Family Food (UNIFAM); the Indonesian Catering Employers Association; and the Traditional Market Association. The webinar aims to facilitate dialogue between UN agencies, government stakeholders, business associations, employers and workers on challenges and experiences in implementing the health protocols in food businesses during the COVID-19 pandemic.

Figure 22: Poster of the webinar for food businesses in the ‘new normal’, 13 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:
- Safe Eid-al-Adha practices in the context of COVID-19
- 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:
- Take care in your workplace
- Safe travel during COVID-19
- Tuberculosis and COVID-19
- Nutrition tips
- Three places to avoid
- ‘Be Active’
- Is dexamethasone a treatment for all COVID-19 patients?
- The ‘new normal’

Questions and answers:
- COVID-19 transmission

Videos:
- Take care in your workplace
- Safe travel during COVID-19
- COVID-19 is a virus not bacteria
- Health workers and stigma
- Managing stress
- Who wears what masks when
- COVID-19 spread

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

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