As of 16 April, the Government of Indonesia announced a total of 5,516 confirmed cases of COVID-19 with 496 deaths and 548 cases recovered from across all 34 provinces¹.

On 09 April, the eastern province of East Nusa Tenggara reported its first confirmed case of COVID-19. The following day, the only remaining unaffected province in the country, Gorontalo in the northern part of Sulawesi, reported its first confirmed case². More than 60% of Indonesia’s confirmed cases are from Java Island, the most densely-populated area in the archipelago.

Considering the rising fatalities and extensive socio-economic impact, President Joko Widodo signed a decree declaring COVID-19 a national disaster on 13 April. The decree reaffirms that regional governments must follow the policies of the central government in handling the pandemic³.

**HIGHLIGHTS**

- **Situation in Indonesia**
  - Total confirmed cases: 5,516
  - Total new cases in last 24 hours: 380
  - Total deaths: 496
  - Total cases recovered: 548
  - Total number of specimens tested: 34,975

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Figure 1: Geographic distribution of confirmed COVID-19 cases in Indonesia, as of 16 April 2020. Source of data: [https://www.covid19.go.id/](https://www.covid19.go.id/)

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[who.int/indonesia](http://who.int/indonesia)
The President also urged local administrations to reprogramme respective regional budgets to fund the ongoing COVID-19 mitigation efforts⁴.

- On 14 April, the President, accompanied by the Foreign Minister and the Health Minister, attended the virtual Special Association of South-East Asian Nations (ASEAN) Summit and Special ASEAN Plus Three Summit in the context of COVID-19. The leaders of the ASEAN Member States agreed to establish an ASEAN COVID-19 Response Fund to help procure crucial medical supplies and equipment for the frontline response⁵.

- The Ministry of Health (MoH) approved the implementation of large-scale social restrictions in West Java’s Bogor, Depok, and Bekasi regions from 11 April and in Greater Jakarta’s Tangerang City, Tangerang District and South Tangerang District from 15 April⁶.

- On 13 April, the President announced that the country is expected to increase its testing capacity to 10 000 specimens per day. The government estimates that the pandemic may affect 95 000 people by the end of May. The country is ramping up its COVID-19 testing capacity after facing criticism for having one of the lowest testing rates per capita⁷. As of 16 April, 34 975 suspected case of COVID-19 have been tested using polymerase chain reaction (PCR)⁸. Even though the number of specimens tested has increased three-fold from the previous week, it is still limited for a population of 270 million. Indonesia is attempting to acquire the additional test kits needed from other countries⁹.

- As of 13 April, at least 22 doctors, six dentists, and 10 nurses have died from COVID-19¹⁰. The Indonesian Medical Association stated that the reason for the deaths is insufficient personal protective equipment (PPE) for healthcare workers. Hospitals across the country lack sufficient numbers of medical staff and intensive care facilities, forcing some healthcare workers to use makeshift gear with raincoats and their own masks¹¹.

- To facilitate the efforts of healthcare workers in the fight against COVID-19, the Pertamina Foundation in Jakarta is providing housing for workers treating patients at the Pertamina General Hospital in South Jakarta. On 10 April, the Director of the Pertamina Foundation announced that the two available guesthouses may accommodate up to 92 healthcare workers between their 46 rooms¹².

- On 14 April, Siloam International Hospital, a private chain of hospitals in Indonesia, officially launched two hospitals designated for COVID-19 patients. The hospitals in South Jakarta and Tangerang District have a combined capacity of more than 630 inpatients¹³.

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**PLANNING, RISK AND NEEDS ASSESSMENT**

- On 11 April, WHO translated the COVID-19 strategy update into Indonesian and shared it with the National Board for Disaster Management (BNPB), the MoH and the Ministry of National Development Planning (BAPPENAS).

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⁶ https://jakartaglobe.id/news/largescale-social-restriction-to-start-for-6m-tangerang-residents-on-saturday
⁸ https://infeksiemerging.kemkes.go.id/
• The national response plan is awaiting finalization. On 03 April, the draft national response plan, along with inputs from WHO, was shared with the MoH, the National Board for Disaster Management and the Ministry of National Development Planning.

• Virtual consultations have been ongoing with province-level stakeholders to develop and implement province and district-level response plans. Comprehensive subnational response plans will need to be developed by involving multiple public sectors, communities, and private sectors, among others, to ensure joint implementation and monitoring at all levels.

• From 15 to 21 April, the MoH is organizing interactive discussion sessions through video conferences with the provincial health offices to discuss the implementation of COVID-19 guidelines and advise on any challenges provinces might be facing. WHO, the MoH, and the National Board for Disaster Management are providing resource persons and materials for the sessions.

SURVEILLANCE

Figure 2: Number of confirmed cases by reporting date. Source: https://www.covid19.go.id/situasi-virus-corona/

• Global Surveillance for COVID-19 at WHO headquarters released a global e-platform for weekly aggregate data submission for reporting from Member States to WHO. On 07 April, technical staff from the country office participated in a video conference with the Sub-Directorate of Surveillance and the WHO Regional Office for South-East Asia to understand the details of aggregated reporting.

• On 09 April, WHO along with the Regional Office and the MoH discussed the use of the Global Influenza Surveillance and Response System (GISRS) platform for influenza like illnesses (ILI) and severe acute respiratory infections (SARI) to be used for COVID-19 surveillance, in line with WHO guidance. The National Institute of Health Research and Development (NIHRD) would be responsible for conducting COVID-19 PCR testing of specimens sent from sentinel sites. Discussions are ongoing on how to ensure that all specimens from existing sentinel sites are transported to the NIHRD, and new sentinel sites can be introduced.

• WHO is providing technical assistance to the MoH on the fifth revision of the national guidance for COVID-19 surveillance. The update will incorporate the revised case definitions for suspects, close contacts, COVID-19 related deaths and discharge criteria. This will also be reflected in the revised case reporting forms.

• On 15 April, WHO met with the International Federation of Red Cross and Red Crescent Societies (IFRC) to discuss nationwide community-based surveillance (CBS) for COVID-19. There is an urgent need to develop a practical approach for CBS, especially in anticipation of the “mudik” when people return to their hometown during or before major holidays, especially Eid. In coordination with the community health centres (puskesmas) the community health workers are expected to conduct screening for COVID-19 for all travellers.

• The MoH, the Indonesian Epidemiology Association and WHO are finalizing the protocol for field visits to Aceh and West Sumatra provinces to improve case detection and contact tracing as part of containment measures for COVID-19.

![Figure 3: Cumulative number of specimens tested, confirmed cases and deaths by reporting date. Source: https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)

* Cumulative number of specimens tested is based on the test date. As results can take up to one week to become available, there will be a delay in detecting a corresponding effect on the number of cumulative confirmed cases.
• On 10 April, the Indonesian Hospital Accreditation Committee organized a webinar and invited WHO to provide an update on the COVID-19 response in hospital settings. WHO technical staff presented on case management, case definitions, surveillance, laboratory and infection prevention and control (IPC) and answered questions from the participants. More than 450 persons registered for and participated in the webinar, including hospital accreditation surveyors, hospital management staff and clinicians. Most questions concerned guidelines and best practices for IPC, including dead body management in hospitals. The committee acknowledged the session was highly valued and plans for another session with more specific topics in the coming days.

• On 15 April, the COVID-19 Task Force launched an integrated information system to accelerate data collection and consolidation from the puskesmas, provincial and district health offices, laboratories and the national surveillance system. Since the system will now integrate information on contact tracing, laboratories and case management, it will be possible to decipher the total number of testing among contacts and suspects and the number of patients discharged from the hospitals.

• On 14 April, WHO participated in a Water, Sanitation and Hygiene (WASH) coordination meeting, chaired by the Ministry of Social Affairs and co-organized by UNICEF. WHO highlighted the principles of IPC protocols, disinfection and decontamination practices at the community level and the importance of hand washing to prevent the transmission of COVID-19. The WHO guidance on IPC for home care and WASH and waste management were disseminated. During the meeting challenges regarding the availability of clean water and access to hand washing facilities in public places, such as markets and bus stations, were discussed.

• On 14 April, WHO participated in a virtual meeting organized by the Netherlands Development Organization. Participants from district and province health offices and local NGOs joined from East Nusa Tenggara, Lampung, West Nusa Tenggara and West Sumatra. WHO presented the role of WASH to prevent and control COVID-19 in healthcare facilities and at the community level. Poor sanitation and hygiene conditions and stunting were raised as concerns by the participants. Sustainability of safe sanitation services, water supply and hand washing facilities at the community level as well as reallocating local funds to boost these facilities were recommended.

• On 15 April, WHO participated in a meeting with the Directorate of Referral Hospital Services and the national working group on IPC to discuss exposure of healthcare workers to COVID-19 infection during the response. As a result WHO, in collaboration with the MoH, is developing an assessment questionnaire to determine needs for PPE to outline the strategy for procurement and needs for healthcare worker training on proper use of PPE. The questionnaire will be initially distributed to the 132 second-level referral hospitals (i.e. treating severe and critical patients).
LABORATORY

• On 08 April, WHO participated in a discussion with the Sub-Directorate of Tuberculosis, MoH, the Department of Microbiology, University of Indonesia, and other relevant partners to develop a training video on COVID-19 testing using point-of-care real-time PCR. WHO provided input for the video to include sample collection, testing and reporting following good laboratory practices and safety guidelines.

• On 11 and 12 April, WHO participated in a webinar for COVID-19 laboratory diagnosis, organized by the Indonesian Clinical Pathology Association and the Indonesian Hospital Association. The webinar covered: infrastructure for serology and molecular laboratory testing for SARS-CoV-2; methods and gene targets for COVID-19 PCR testing and COVID-19 laboratory testing strategies.

• On 14 April, WHO and other stakeholders participated in a Laboratory Coordination Meeting, convened by the NIHRD. The need to develop a collaborative strategic plan for laboratory testing was discussed. WHO is coordinating with partners and relevant stakeholders to streamline the strategic plan.

• On 15 April, the WHO laboratory assessment tool for laboratories implementing COVID-19 testing was translated into Indonesian and shared with the NIHRD.

• On 16 April, 1,000 pieces of Viral Transport Media (VTM) procured by WHO were delivered to the Directorate of Surveillance and Health Quarantine.

COMMUNICATIONS

• The Central Communication Team of the COVID-19 Task Force, in collaboration with UNICEF, is organizing a media training for subnational spokespersons on the COVID-19 pandemic. UNICEF, WHO and the Indonesian Journalist Association will jointly moderate the training which is scheduled for 22 and 23 April. Participants are expected from the Provincial Task Force, Regency/City Task Force, Provincial Health Offices and religious leaders.

RESEARCH

• On 13 April, the shipment of hydroxychloroquine to be used for SOLIDARITY Trial I arrived in Jakarta. In-country distribution will be handled by the NIHRD. Interferon, remdesivir and lopinavir/ritonavir for the clinical trial are in the process of being shipped by drug manufacturers.

• On 14 April, the site Principal Investigators (PIs) received a randomization demonstration and a training on website reporting. Once the trial website is set up for Indonesia, hospitals can begin the trial with the drugs available on site.
• The number of participating hospitals has increased from 20 to 22, and the NIHRD continues to recruit additional hospitals.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

• Immunization activities are continuing on a smaller scale at healthcare centres and through outreach immunization sessions in villages in Merauke district, Papua. The healthcare workers make appointments with parents by phone to avoid overcrowding during each vaccination session and maintain safe physical distancing. To ensure protective measures for COVID-19 at these vaccination venues, healthcare workers are equipped with appropriate PPE and hand washing facilities have been made available.

• WHO, the MoH and relevant partners are planning to conduct a series of webinars, starting from 22 April, to discuss the continuity of essential health services alongside the pandemic response. The objectives are to coordinate stakeholders, discuss the way forward, and address challenges to maintaining essential health services, such as maternal health, immunization, tuberculosis, and noncommunicable disease programmes.

PARTNER COORDINATION

• On 11 April, WHO held a coordination meeting with several development partners to align response interventions and avoid duplication.

• On 14 April, WHO participated in the second meeting with the UN Office for Coordination of
Humanitarian Affairs (OCHA) and the ResidentCoordinator’s Office for discussion on the UN-wide response plan for COVID-19. The duration of the plan will be six months and will cover the immediate response as well as early recovery interventions.

- During a virtual consultative meeting with the health advisor of the National Board for Disaster Management on 14 April, WHO was requested to provide support for surveillance data management. With the increase in the number of laboratories testing for COVID-19, WHO has also been requested to support training for the new laboratories.

FUNDING

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

For further information please feel free to contact: seinocomm@who.int
Online WHO COVID-19 courses:
- 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

Trainings on COVID-19 are available in other languages at OpenWHO, a knowledge-transfer platform offering free online courses.

WHO technical guidance:
- 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

Media statements:
- Confirmed COVID-19 cases
- Dos and don’ts of mask use
- Risk factors for vulnerable populations
- Dual language online training

Infographics:
- FIFA campaign
- Mental health
- Communicating transmission
- Low risk is not no risk
- Coping with stress
- When and how to use a mask
- Getting workplace ready
- Social distancing
- Be Ready Campaign
- World Health Day
- Noncommunicable diseases
- Pregnancy, childbirth and breastfeeding
- Communicating severities
- Protecting the vulnerable
- Healthy habits

A selection of myth-busters, including:
- Can an ultraviolet disinfectant lamp kill the new coronavirus?
- Can spraying alcohol or chlorine all over your body kill the new coronavirus?
- Does smoking have an effect on COVID-19?
- Does drinking water alleviate a sore throat and protect against COVID-19?
- Can COVID-19 spread through faeces?
- Is the new coronavirus airborne?
- Can pets at home spread COVID-19?
- Does the new coronavirus affect older people or are younger people also susceptible?