• As of 23 April, the Government of Indonesia announced that 7,775 persons have COVID-19, 647 died and 960 recovered from COVID-19, across all 34 provinces¹.

• On 20 April, the national response plan for COVID-19 was finalized and approved by the Ministry of Health (MoH) (page 3).

• Many people with COVID-19 remain undetected due to limited testing capacity using polymerase chain reaction (PCR) (page 6).

• On 23 April, the first patient from Indonesia was enrolled into the WHO Solidarity Trial (page 10).

Figure 1: Geographic distribution of confirmed COVID-19 cases in Indonesia, as of 23 April 2020. Source of data: https://www.covid19.go.id/
• On 02 April, President Joko Widodo advised the public to skip the yearly tradition of mudik, when people travel back to their hometown for the festival of Eid, but refrained from imposing an official ban on the tradition\textsuperscript{2}. However, after reviewing a Ministry of Transportation survey that showed that 24% of respondents had plans to travel home and 7% had already left, the decision to impose a ban on mudik was made on 21 April. The implementation of the ban will begin on 24 April. Regional heads across Java have reported that many residents of Greater Jakarta had returned to their hometowns, and some cases of COVID-19 could be linked to these travellers\textsuperscript{3}. In the absence of strict implementation of the ban, more people may go on mudik and boost the spread of the disease across the country.

• On 22 April, the Jakarta administration announced that the large-scale social restrictions (PSBB) in the capital will be extended throughout the month of Ramadan, until 22 May. The Governor of Jakarta urged Muslims to conduct religious rituals during Ramadan, such as tarawih (evening prayers), at home with their families rather than in congregations, and not to participate in mudik, in compliance with the government’s ban\textsuperscript{4}.

• On 18 April, the President instructed all governors, district heads and mayors to intensify screening for COVID-19 in their respective regions as the number of people contracting COVID-19 continues to soar. The President ordered health officials to conduct at least 10 000 tests nationwide per day\textsuperscript{5}. Since the first confirmed cases were announced on 02 March, the country has conducted PCR tests for COVID-19 on less than 50 000 suspected cases.

• On 18 April, the Indonesian Doctors Association stated that the country’s death toll from COVID-19 has likely reached 1 000, almost double the official figures of 535 reported that day. The discrepancy may be due to the fact that official data do not include deaths of individuals who were awaiting their COVID-19 PCR test results\textsuperscript{6}.

• On 18 April, 46 medical workers in Semarang were confirmed to have contracted COVID-19 after reportedly treating patients who had covered up their travel history to affected locations. The healthcare workers have been isolated at the province-owned Kesambi Hijau Hotel, the quarantine centre for COVID-19 patients in the region\textsuperscript{7}.

\textsuperscript{1} https://infeksiemerging.kemkes.go.id/
\textsuperscript{5} https://infeksiemerging.kemkes.go.id/
22 April, a webinar was conducted to discuss and explain the use of the WHO Essential Supplies Forecasting Tool (ESFT) and the Surge Planning Support Tool (ADAPTT) to enhance planning for the response.

- On 20 April, the national response plan for COVID-19 was finalized and signed by the Head of the Centre for Health Crisis Management, MoH. On 22 April, the MoH shared the response plan with the National Board for Disaster Management, the COVID-19 Task Force, and to the Provincial Health Offices to be used as a reference for the province-level response plans. WHO recommends all stakeholders including public sector institutions, communities, and private sector, among others, to be engaged in the development of operational response plans to ensure joint implementation and monitoring at all levels.

- On 22 April, the WHO guidance on considerations in adjusting public health and social measures (PHSM) in the context of COVID-19 was translated to Indonesian and shared with the MoH. The guidance recommends that decisions to tighten, loosen or re-institute PHSM (‘lockdown’) should be based on scientific evidence and real-world experience, and consider other critical factors, such as economic factors, human rights, food security, public sentiment and adherence to measures.

- The number of new confirmed cases reported in the last 24 hours was 327.

Figure 2: Daily number of persons with newly acquired COVID-19 infection across Indonesia.
Source: https://www.covid19.go.id/situasi-virus-corona/

* https://jakartaglobe.id/news/jokowi-calls-on-districts-to-boost-testing-as-coronavirus-cases-surpass-6000
As of 11 April, WHO has updated the guidance for reporting COVID-19 deaths: a COVID-19 death is defined as a 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). Based on this definition, cumulative deaths from people who had or may have had COVID-19 should be reported as COVID-19 related deaths. Figure 3 (below) summarizes deaths in five provinces as of 24 April, except for Jakarta for which data were available until 20 April.

WHO is in discussion with the Association of Indonesia Local Health Offices (ADINKES) regarding isolation and quarantine facilities and contact tracing at province and district levels. Province and District Health Offices requested a simpler, practical guidance on how to establish these facilities. As of 19 April, WHO guidance is being implemented for home quarantine of contacts and isolation for persons with mild disease symptoms. In addition to WHO, the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Development Programme (UNDP), United Nations Children’s Fund (UNICEF) and International Organization for Migration (IOM) are supporting the development of the national technical guidance on quarantine and isolation.

The Indonesian Epidemiology Association (PAEI), in collaboration with the MoH and WHO, has developed a training plan – consisting of webinars and on-the-job sessions – to strengthen the COVID-19 surveillance system at the province and district levels. Aceh and West Sumatra were selected as pilot provinces where representatives from the Indonesian Epidemiology Association will review the surveillance system and subsequently support local health system strengthening. Based on the experience from these provinces, the surveillance system model is further expected to be replicated in other provinces. The field visits will take place during the week of 27 April.

From 20 April, the MoH has started to electronically submit weekly COVID-19 surveillance data to WHO’s International Health Regulations (IHR) portal. This global surveillance system provides a mechanism for all Member States to
report cases of COVID-19 to WHO in a timely manner, in order to monitor the pandemic and its severity over time and place as well as to inform national, regional and global risk assessment to guide decision-making for preparedness and response.

Figure 4: Cumulative number of persons who have COVID-19, died and recovered from COVID-19 in Indonesia. Source: https://infeksiemerging.kemkes.go.id/

LABORATORY

- As of 22 April, 47,361 people have been tested for COVID-19 using PCR, of which 7,418 (15.7%) have been confirmed to have COVID-19. However, the scale of testing continues to be low. List of laboratories that are approved to perform PCR tests for COVID-19 is available as annex on page 11.

- Prior to a call by the President on 13 April to conduct at least 10,000 PCR tests per day, the average daily testing was 954 persons between 17 March and 13 April. Since the President’s announcement, the daily average number of patients tested has increased 2 times to 2,069 persons between 14 and 23 April. Correspondingly, the daily average number of persons confirmed to have COVID-19 increased two-fold from 158 to 321, before and after the President’s announcement, respectively.

https://infeksiemerging.kemkes.go.id/
The national guidance for COVID-19 PCR testing recommends two consecutive tests are conducted within 24 hours for a person who may have COVID-19. This means if the laboratory protocols are followed correctly, the number of specimens tested should be double the number of persons tested. Yet, between 01 and 23 April, while 41,870 persons underwent testing the total number of specimens tested was 59,935.

Figure 5: Daily and cumulative number of persons who may have COVID-19 tested with PCR.
Source: https://infeksiemerging.kemkes.go.id/

- The national guidance for COVID-19 PCR testing recommends two consecutive tests are conducted within 24 hours for a person who may have COVID-19. This means if the laboratory protocols are followed correctly, the number of specimens tested should be double the number of persons tested. Yet, between 01 and 23 April, while 41,870 persons underwent testing the total number of specimens tested was 59,935.

Figure 6: Daily number of persons tested for COVID-19 and confirmed to have COVID-19.
Source: https://infeksiemerging.kemkes.go.id/

* Data on daily testing available as of 17 March 2020

https://twitter.com/aw3126/status/1253245574024847360
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• On 16 April, WHO shared:
  i) **PCR protocol** with the Indonesian Institute of Sciences (LIPI). LIPI plans to produce primers locally;
  ii) **Considerations for selection of SARS-CoV-2 diagnostics and potential multiplexing** with the National Institute of Health Research and Development (NIHRD) and the Sub-Directorate of TB;
  iii) **Advice on the use of point-of-care immunodiagnostic tests for COVID-19** with the NIHRD, Directorate of Communicable Disease Control, National AIDS Programme, National TB Programme and National Board for Disaster Management.

• On 21 April, WHO participated in a meeting with the NIHRD, the US Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories to plan a virtual PCR training for COVID-19 testing. The training will cover the standard operating procedures for specimen retrieval, testing, recording, and results interpretation, followed by biosafety and biosecurity components. WHO will lead the sessions on updated laboratory protocols and guidelines for COVID-19 testing. The training will take place in two batches:
  i) 28 April to 02 May; and
  ii) 05 May to 09 May

• The first batch will be attended by 50 laboratories, of which 12 laboratories are under the Indonesian Food and Drug Administration (BPOM). On 22 April, WHO was requested to coordinate the involvement of 20 of the BPOM’s subnational laboratories for training on COVID-19 testing during a meeting with the BPOM. Subsequently, WHO shared the readiness assessment tool with the BPOM to assess the capacity of each of the participating laboratories to tailor the training to the needs of the participants.

CASE MANAGEMENT

• As of 23 April, the Wisma Atlet emergency hospital in Jakarta is providing care to 605 persons who have COVID-19, 75 persons who may have COVID-19 and 13 persons who were contacts of a COVID-19 patient. The Pulau Galang emergency hospital in Riau Islands is looking after 32 persons who have COVID-19, 3 persons who may have COVID-19 and 11 persons who were contacts of a COVID-19 patient. Disaggregated data for patients in other referral hospitals are not publicly available.

• WHO has been sharing updated guidelines and recommendations on COVID-19 case management with professional organizations such as the Indonesian Hospital Association, the Indonesian Society for Infection Control and the Indonesian Midwives Association.

• On 22 April, the Indonesian Midwives Association conducted a webinar on case management and infection prevention and control (IPC) for COVID-19 at the

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primary healthcare and community-level for maternal and childcare services. The webinar was moderated by resource persons from the Indonesian Midwives Association, the Indonesian Society of Infection Control, and WHO. Four hundred healthcare workers from the association participated from across the country.

- On 22 April, WHO convened a meeting with the Directorate of Primary Health Service and the Indonesia Medical College (Kolegium Kedokteran Indonesia) to discuss the COVID-19 response in primary healthcare centres. There is a need to improve knowledge and skills of healthcare workers on IPC (particularly on the rational use of personal protective equipment (PPE)), surveillance, laboratory and case management. WHO is working with the MoH to develop a practical plan and methodology as approximately 10 000 puskesmas have requested training. Online trainings have been planned for the first week of May.

INFECTION PREVENTION AND CONTROL (IPC)

- On 17 April, WHO shared further IPC guidance, including rational use of PPE (in Indonesian) with the MoH, the national working group for IPC and the Indonesian Hospital Association.

- WHO, in collaboration with the national working group for IPC, will conduct a risk assessment of healthcare workers (HCWs) who become exposed to COVID-19 infection during the response. It is crucial to understand the risk to ensure the implementation of specific IPC measures required to protect HCWs from COVID-19 infection. The concept notes, and an assessment tool have been discussed with the MoH and will be finalized by late April. The assessment is expected to take place in early May.

- On 21 April, WHO with the MoH, UNICEF, the Ministry of Social Affairs, the Ministry of Environment and Forestry, the National Board of Disaster Management and NGOs participated in a Water, Sanitation and Hygiene (WASH) coordination meeting to discuss waste management facilities at the community level. The MoH reported that an abundance of healthcare waste is accumulating in health facilities, including emergency hospitals. There is an urgent need for mobile incinerators and autoclaves in Kalimantan, Java, Sumatra, and Sulawesi. WHO and UNDP are working together to meet the request.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- On 17 April, the National Hospital Accreditation Committee (KARS) convened a webinar to discuss mental health and well-being of healthcare workers during the COVID-19 response. Around 230 hospital managers and mental health focal persons participated from across the country. Some recommendations included:
i) Providing one single and reliable source for guidance documents;
ii) Teleconsulting to reduce the need for PPE during the pandemic.

COMMUNICATIONS

• On 17 April, the UN in Indonesia launched a Solidarity social media campaign for COVID-19, emphasizing solidarity among UN agencies in response to the pandemic. The campaign is driven by solidarity messages of the UN Secretary-General and from the Department of Global Communications. Quotes from the UN Resident Coordinator, WHO Representative, and the Director of UN Information Centre were shared, focusing on hope and reiterating evidence-based guidance on preventive measures against COVID-19.

• On 15 April, WHO headquarters released guidance on “Safe Ramadan practices in the context of COVID-19”. On 20 April, WHO provided a complementary advisory note, tailored to the Indonesian situation. The notice has been developed in both English and Indonesian to be shared with the MoH and relevant stakeholders.

• From 22 to 23 April, UNICEF conducted spokesperson training, jointly moderated by WHO, for representatives from nine provinces, namely Aceh, Central Java, East Java, East Nusa Tenggara, Maluku, Papua South Sulawesi, West Nusa Tenggara, and West Papua provinces. This will allow for more streamlined, timely and accurate dissemination of information on COVID-19 in high-risk areas.

• As of 19 April, the global Solidarity trial website for Indonesia has been established and the site Principal Investigators have been provided access to the online system to begin enrollment and randomization.

• On 23 April, the Solidarity trial was launched and the first patient was enrolled. The trial has started with two arms, hydroxychloroquine and lopinavir/ritonavir. Interferon, which arrived in country on 22 April, will be included once the drug has been distributed to participating hospitals. Shipment of remdesivir is pending.

RESEARCH

• On 06 April, the MoH disseminated guidance to all provincial health offices on maintenance of dengue control programmes, including diagnosis, epidemiologic investigation and vector control activities during the COVID-19
pandemic. Mandatory differential diagnosis for each positive IgM serological dengue test is required, especially when there are other clinical signs of COVID-19. In collaboration with WHO, the national dengue control programme will activate dengue sentinel surveillance, starting next week, in Jakarta, West Java, and Lampung. These provinces reported the highest number of dengue cases in 2020 and a high number of persons reporting with confirmed COVID-19.

- On 22 April, WHO had a virtual meeting with the BPOM and discussed support for a rapid assessment of availability of essential medicines as part of a broader review of continuity of essential services, in addition to the COVID-19 response. It was agreed to review the WHO MEDMON tool that helps assess availability and affordability of medicines in health facilities.

**PARTNER COORDINATION**

- On 18 April, WHO held a virtual coordination meeting with the Australian Department of Foreign Affairs and Trade, European Union delegation, United States Agency for International Development, US Centers for Disease Control and Prevention, UNICEF, and World Bank.

- The UN-wide COVID-19 response plan, developed by the UN Office for Coordination of Humanitarian Affairs (OCHA), the Resident Coordinator’s Office and WHO, is being finalized and will be disseminated soon.

**FUNDING**

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

Figure 7: WHO funding situation for COVID-19, April 2020
Table 1: Names of designated laboratories per province. Source: https://www.litbang.kemkes.go.id/

<table>
<thead>
<tr>
<th>Province</th>
<th>Names of supporting laboratories</th>
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<tr>
<td>Aceh</td>
<td>Balai Litbangkes Aceh BBLK Jakarta</td>
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<td>Bali</td>
<td>BBTKLPP Surabaya RSUP Sanglah RS UNUD</td>
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<td>Bangka Belitung Islands</td>
<td>BBLK Palembang RSUD Depati Hamzah</td>
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<td>Banten</td>
<td>RSUD Tangerang BBTKLPP Jakarta</td>
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<td>BBLK Palembang</td>
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<td>Jakarta</td>
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<tr>
<td>Yogyakarta</td>
<td>BBTKLPP Yogyakarta RSUP Sardjito RS UGM</td>
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</tbody>
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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
- Maintaining a safe and adequate blood supply during the COVID-19 pandemic
- Advice for the use of immunodiagnostic tests (point-of-care) in health facilities for COVID-19

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
- Disability
- The elderly and co-morbidity
- A selection of myth-busters