As of 07 May, the Government of Indonesia announced 12,776 confirmed cases, 930 deaths and 2,381 recovered cases from 354 districts across all 34 provinces.

WHO is supporting the Ministry of Health (MoH) with national and provincial COVID-19 data analyses (pages 3-7).

WHO conducted a training on COVID-19 surveillance, case management, infection prevention and control (IPC), and laboratory diagnosis for the referral hospital for prisons in Jakarta (page 3).

As of 06 May, a total of 711 laboratory staff have been trained on PCR testing for COVID-19 by WHO and partners (page 5).

---

**Situation in Indonesia**

- **Total confirmed cases**: 12,776
- **Total deaths**: 930
- **Total cases recovered**: 2,381
- **Total people tested**: 96,717
- **Total patients under surveillance (PDP)**: 28,508

---

*Figure 1: Geographic distribution of confirmed COVID-19 cases in Indonesia, as of 07 May 2020. [Source of data]*

who.int/indonesia

WHO Indonesia Situation Report – 7
On 30 April, the President stated at the National Development Planning Conference that the COVID-19 pandemic has uncovered problems in the country’s overall healthcare system, in terms of pharmaceutical ingredients, medical equipment and human resources. The country has 1.2 hospital beds per 1,000 people1 and the ratio of the number of doctors is only 0.4 per 1,000 population2.

On 04 May, the President announced a new five-point plan to manage the COVID-19 pandemic, consisting of the following3:

i) Thorough evaluation of the large-scale social restriction (PSBB) that has been in place in 12 districts and four provinces across the country;

ii) Setting easily measurable targets in terms of PCR testing to be conducted, aggressive contact tracing and social isolation policies by provinces and districts that imposed PSBB;

iii) Stricter monitoring of migrant workers who have recently returned from overseas, pilgrims who attended the Islamic gathering in South Sulawesi, factory workers, and people from urban centres who returned to their hometown ahead of Eid;

iv) The social safety net programme to reach low-income families;

v) A new hotline to process complaints of citizens about public services.

On 30 April, WHO had a discussion with the Regional Office for South-East Asia and the German Development Bank (KfW) regarding the OSCAR tool. This tool can be utilized for risk assessment and mapping of indicators for monitoring and evaluation of PSBB. On 05 May, WHO shared the proposed indicators with the KfW for a trial demonstration. The indicators were formulated taking into consideration results of hazard, exposure, population vulnerability and context assessment, and response capacities in the country.

WHO is in discussion with the Indonesian Hospital Association (PERSI) regarding the WHO Essential Supply Forecasting Tool (ESFT) which can be used in addition to the adapt tool for forecasting needs of personal protective equipment (PPE), biomedical equipment, laboratory diagnostics, beds and human resources for

hospitals. The ESFT can be used to forecast commodity packages and human resources for each hospital by populating cumulative case estimations in the tool.

**SURVEILLANCE**

Figure 2: Daily and cumulative number of cases reported across Indonesia. Source: https://covid19.go.id/

- The number of new confirmed cases of COVID-19 reported on 07 May was 338. The cumulative number of confirmed cases was 12,776 (Fig. 2).

- WHO is supporting the MoH for national and provincial COVID-19 data analyses, using publicly available data from the MoH and the National Board for Disaster Management (BNPB) websites. These analyses are crucial to design evidence-based strategies and inform policy changes.

- On 05 May, WHO conducted an online training for the prison referral hospital in Jakarta, Pangayoman Hospital. The hospital is under the Ministry of Law and Human Rights. A technical team from WHO presented on surveillance, case management, IPC, water safety, sanitation hygiene, waste management, and environmental cleaning in health facilities, and PCR testing for COVID-19. The training was attended by 57 doctors, nurses and management staff from the hospital. The hospital has agreed to set up its own surveillance team to monitor the situation more closely.
As reported on 07 May, the number of persons tested for COVID-19 was 3,741 and the cumulative number of persons tested was 96,717 (Fig. 3). The number of specimens tested as of the same date was 134,151. Ideally, the number of specimens tested should be double the number of persons tested given the national guidance recommends two consecutive tests within 24 hours for suspected cases of COVID-19. In addition, the number of persons under observation (ODP) was 243,455 and the number of patients under surveillance (PDP) was 28,508. The ODP and PDP have not been confirmed to have COVID-19 with PCR testing. Therefore, the laboratory capacities need further strengthening.
On 01 to 09 May, WHO and partners facilitated two batches of a virtual PCR training, organized by the National Institute of Health Research and Development (NIHRD). The training was attended by 366 participants from 52 laboratories that may perform PCR for COVID-19 testing. WHO presented the updated [WHO guidance](https://www.who.int) on laboratory testing, and shared the laboratory assessment tool to appraise laboratory capacity and identify challenges and gaps. As of 06 May, a total of 711 laboratory staff have been trained on PCR testing for COVID-19.

The highest proportion of confirmed COVID-19 cases in relation to the number of people tested was 24.9% on 03 April. As of 07 May, the proportion is 13.2% (Fig. 5).

*Figure 4: Test coverage among suspected COVID-19 cases in Indonesia. Source: [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)*
On 05 May, WHO facilitated a logistics coordination meeting between the National Board for Disaster Management (BNPB) and the MoH to streamline the rational distribution of laboratory consumables for COVID-19 PCR testing and PPE for hospitals.

On 06 May, WHO participated in a discussion with the HIV and Tuberculosis Sub-Directorates, MoH, and the surveillance and emerging infectious disease teams, regarding the flowchart for COVID-19 PCR testing using HIV viral load machines.

From 08 to 11 May, WHO is facilitating a training for healthcare workers in around 10,000 community health centres (puskesmas), upon request from the Directorate of Primary Healthcare Services, MoH. Audio-visual training materials have been developed for case definitions, case management and IPC in the context of the COVID-19 response.

The WHO guidance on oxygen source and distribution for COVID-19 treatment centres, and the tool to assess oxygen treatment capacity have been translated into Indonesian and published on the website. Preparation for an oxygen capacity survey, led by the NIHRD, is in progress.
• As of 06 May, the government appointed 755 hospitals in 34 provinces as COVID-19 referral hospitals. Total in-patient bed capacity is 166,832, including 11,002 beds for isolation.

• WHO has been requested to support a training for newly appointed referral hospitals. Tailored audio-visual training materials will be developed for case definitions, case management and IPC in the context of the COVID-19 response.

• There has been an improvement in the proportion of people recovered among the total confirmed cases from 6% in early April to almost 19% in early May (Fig. 6).

Figure 6: Cumulative number of recovered cases and the recovery rate from COVID-19 in Indonesia. Source: https://infeksiemerging.kemkes.go.id/

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

• On 01 May, the MoH, in collaboration with the Indonesia Psychologist Association (HIMSI), initiated the provision of mental health service facilities through a COVID-19 call centre for people experiencing discomfort or anxiety during the pandemic. Additionally, the official websites of the Indonesian Psychiatric Association (PDSKJI) and Indonesia Clinical Psychologists Association (IPK) are providing tele-counselling.
COMMUNICATIONS

- On 05 May, WHO published an information document on “Immunity passports” in the context of COVID-19 in Indonesian. Currently, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.”

CONTINUITY OF ESSENTIAL HEALTH SERVICES

- On 30 April, WHO participated in a virtual meeting with surveillance officers from the MoH and province health offices (PHOs) to discuss Early Warning, Alert and Response System (EWARS) during the pandemic. Completeness and timeliness in weekly EWARS reporting has reduced as many surveillance officers have been repurposed to the COVID-19 response. This has also affected surveillance of other diseases.

- On 06 May, WHO facilitated an internal meeting between the national expert committee for acute flaccid paralysis (AFP) surveillance and polio eradication, and the Sub-Directorate of Surveillance, MoH. The meeting discussed ways to sustain AFP surveillance, along with COVID-19 surveillance, as per WHO recommendations. WHO will facilitate similar meetings for measles-rubella and diphtheria expert committees.

PARTNER COORDINATION

- On 30 April, WHO participated in a weekly United States Agency for International Development (USAID) partners meeting for COVID-19 response and provided updates on the response activities undertaken from 23 to 29 April by WHO Indonesia. Other attendees of the meeting were USAID Indonesia GHS (Global Health Security), Johns Hopkins University, the United Nations Children’s Fund (UNICEF) and Infectious Diseases Detection and Surveillance (IDDS) of USAID GHS project.

- On 02 May, WHO convened the weekly meeting of key development partners to discuss and coordinate COVID-19 response activities. The meeting was attended by the Australian Department of Foreign Affairs and Trade (DFAT), the European Union (EU), UNICEF, USAID, US Centers for Disease Control and Prevention and the World Bank.

- The UN-wide response plan for COVID-19, jointly developed by the UN Office for Coordination of Humanitarian Affairs (OCHA), the Resident Coordinator’s Office, UN agencies and other international and national organizations, has been finalized on 07 May. The duration of the plan is six months and will cover the immediate response as well as early recovery interventions.
Overall funding request for WHO operations and technical assistance is US$ 18 million, based on estimated needs as of May 2020 (Fig. 7).

Figure 7: WHO funding situation for COVID-19 response, May 2020
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

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

WHO guidance:
- Safe Ramadan practices
- 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 immunodiagnostics tests (point-of-care) in health facilities

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

Infographics:
- Physical distancing is not social isolation
- Safe grocery shopping and food safety
- Ramadan at home
- Medical workers: super heroes
- Healthy at home (Home ‘Dos’)
- Recognize and response
- Young adults and COVID-19
- The elderly and co-morbidity
- Protecting the vulnerable
- Disability
- FIFA campaign
- Mental health
- Communicating transmission
- Communicating severities
- Low risk is not no risk
- Coping with stress
- When and how to use a mask
- Getting workplace ready
- Be Ready campaign
- World Health Day
• Noncommunicable diseases
• Pregnancy, childbirth and breastfeeding
• Healthy habits
• A selection of myth-busters

For more information please feel free to contact: seinocomm@who.int
WHO Indonesia Situation Reports