As of 14 May, the Government of Indonesia announced 16 006 confirmed cases, 1 043 deaths and 3 518 recovered cases from 382 districts across all 34 provinces.

WHO delivered technical assistance to orient the Ministry of Health (MoH) on the WHO Essential Supplies Forecasting Tool (ESFT) (pages 2-3).

WHO facilitated a coordination meeting on laboratory logistics between the National Board for Disaster Management (BNPB) and the MoH (page 10).

The online WHO course on ‘Severe Acute Respiratory Infection Treatment Facility Design’ was translated into Indonesian and published on the website and on the OpenWHO platform (page 16).
• Indonesia’s enforcement of the ban on mudik (returning to hometowns for Eid), effective since 24 April, is taking on added significance as several COVID-19 transmissions have been linked to those who travelled home prior to the ban. As reported on 10 May, a survey cited by the government indicated that 7% of people had already gone home in early April. Many COVID-19 cases were detected in people who had no travel history but were contacts of returnees from Java – the island with more than 70% of the country’s confirmed cases. The fear is that cases from Java island may burden health facilities in less developed regions

• On 12 May, the country’s death toll from confirmed COVID-19 cases surpassed 1 000. The COVID-19 Task Force includes deaths from cases confirmed by polymerase chain reaction (PCR) tests in their reports. Deaths from patients under surveillance (PDP) and persons under observation (ODP) are not included, despite many of them having been buried according to the COVID-19 protocol. Health experts have suggested that the true number of fatalities could have been four times the official figure announced by the government

• The COVID-19 pandemic has hit the country’s economy and businesses, affecting millions of workers as mobility restrictions have been imposed to reduce transmission. As reported on 12 May, at least 2.8 million people have lost their jobs as of 13 April, according to data from the Employees Social Security System (BPJS Ketenagakerjaan). On 11 May, the head of the COVID-19 Task Force stated that people under 45 years would be allowed to work outside their homes to prevent more people from being laid off. However, experts have advised to conduct further epidemiological studies before deciding to relax the restrictions

PLANNING, RISK AND NEEDS ASSESSMENT

• On 08 May, WHO participated in a meeting with the MoH and the United Nations Children’s Fund (UNICEF) to share and orient the WHO ESFT. The

1 https://www.straitstimes.com/asia/se-asia/cases-linked-to-jakarta-residents-who-travelled-before-exodus-ban
MoH, with support from UNICEF, is developing a dashboard for visualization of number of hospitalized cases, and forecasting the number of beds, intensive care units (ICU) and essential supplies needed at provincial level. On 12 May, WHO convened a follow up meeting to further discuss the details of the process and define the variables that the MoH will need to enter into the ESFT for each province to map forecasting needs.

- On 12 May, WHO facilitated a discussion with the MoH to support sentinel surveillance of severe acute respiratory infections (SARI) and influenza-like illness (ILI) as part of the COVID-19 surveillance strategy. The MoH requested WHO’s assistance for shipment of SARI and ILI specimens to the National Institute of Health Research and Development (NIHRD) to ensure timely testing of specimens from SARI and ILI sentinel sites for influenza as well as COVID-19. Many COVID-19 cases have mild symptoms and may not visit the designated referral hospitals; by testing samples from the SARI and ILI sentinel sites, it may be possible to identify the mild COVID-19 cases as these sentinel sites are visited by people with influenza-like and other respiratory disease symptoms. Furthermore, these existing sentinel surveillance sites could be useful in monitoring trends in community transmission of COVID-19 as well as detecting other priority respiratory diseases in communities. They will play a role in monitoring the spread of COVID-19 and understanding the co-circulation of COVID-19, influenza and other respiratory diseases.

- WHO provided technical inputs for the MoH guidance on:
  i) Prevention and control of COVID-19 in offices and industries, as part of the pandemic business continuity plan; and
  ii) Supplementary protocols for police officers during enforcement of large-scale social restrictions (PSBB).

- The WHO guidance on considerations for public health and social measures in the workplace in the context of COVID-19 was translated into Indonesian, published on the website, and shared with the MoH and the Ministry of Manpower (Kementerian Ketenagakerjaan). The guidance is for those involved in developing policies and standard operating procedures to prevent the transmission of COVID-19 in the workplace. This document describes the importance of organizing workplace risk assessment; defines low, medium and high exposure risk jobs or work tasks; and lists preventive measures for all workplaces (i.e. hand hygiene, respiratory hygiene, physical distancing, reducing work-related travels, regular surface cleaning and disinfection, risk communication and training, and management of people with COVID-19 and their contacts). This guidance also describes
specific measures that need to be followed up in medium and high-risk workplaces and jobs.

Figure 2: Daily and cumulative number of cases reported across Indonesia.

Source of data

- The number of new confirmed cases of COVID-19 reported on 14 May was 568. The cumulative number of confirmed cases nationwide on the same date was 16 006 (Fig. 2).

- As of 14 May, most of the confirmed cases were in Java Island, followed by South Sulawesi; cumulative confirmed cases by province are shown above (Fig. 3).
Among the confirmed cases as of 14 May, 42.6% were female and 57.4% were male, nationally; 3.5% of the data on gender was missing. Gender-disaggregated data on confirmed cases by province are shown below (Fig. 4).

As of 14 May, the proportion of confirmed cases was highest among 31-45-year-olds (29.1%), followed by 46-59-year-olds (28.9%), 18-30-year-olds (19.2%), over 60-year-olds (16.7%), 6-17-year-olds (4.6%) and 0-5-year-olds (1.4%) nationally; age-disaggregated data on confirmed cases of

Figure 3: Cumulative number of confirmed COVID-19 cases by province in Indonesia, as of 14 May 2020.

Source of data
COVID-19 have been displayed by province (Fig. 5). For 10.2% of confirmed cases, there were no data on age⁴.

Figure 4: Proportion of female and male among the confirmed cases of COVID-19 by province in Indonesia, as of 14 May 2020. Data missing for 3.5% of cases. Source of data

⁴ https://covid19.go.id/peta-sebaran
An unexplained increase in the number of burials was observed in Jakarta in March and April 2020 compared to the same months in 2019. The number of burials adhering to COVID-19 protocol was 356 out of 4,422 burials in March, and 1,241 out of 4,550 burials in April (Fig. 6). As of 14 May, deaths among PDP have been substantially higher than deaths among confirmed COVID-19 cases in provinces for which data are available (Fig. 7). Furthermore, there is a gap between the cumulative number of suspected COVID-19 cases (ODP and PDP) and the cumulative number of suspected cases that have been tested with PCR (Fig. 8).
Figure 6: Burials in Jakarta between January and April 2019 and 2020. Source of data

Figure 7: Deaths among confirmed COVID-19 cases and patients under surveillance (PDP) in selected provinces in Indonesia, as of 14 May 2020 (Data not available for other provinces). Sources: Jakarta, West Java, Central Java, East Java, Yogyakarta, Banten, South Sulawesi
On 09 May, the COVID-19 Task Force introduced a new data management platform called ‘Bersatu Lawan COVID’ (BLC) to be used by Province and District Health Offices, health centres, and hospitals. BLC will display data on COVID-19 cases (confirmed cases, ODP, PDP, contacts with symptoms) as well as data on logistics such as availability of personal protective equipment (PPE) and laboratory equipment. BLC is expected to shorten the reporting pathway from subnational to national level. This platform was introduced during a webinar with participation from all referral hospitals and Province and District Health Offices. BNPB will conduct training sessions for national and subnational levels using this platform.

As reported by the government on 14 May, the number of persons tested for COVID-19 on that day was 4,213 – far fewer than the President's requested 10,000 tests per day, as announced in mid-April. The cumulative number of persons tested was 127,813 (Fig. 9). The number of specimens tested as of the same date was 173,690.
From 05 to 09 May, WHO jointly with partners facilitated the second batch of virtual PCR training for COVID-19, organized by the NIHRD. This was attended by 119 participants from 48 laboratories that have qualified to perform COVID-19 testing. WHO presented the updated WHO guidance on laboratory testing.

On 08 May, WHO distributed primers and probes to the NIHRD: 40 000 for screening and 12 000 for confirmatory tests.

On 11 May, WHO participated in a meeting with the MoH on laboratory data entry into the new platform “Bersatu Lawan Corona” (BLC), introduced by the BNPB.

On 12 May, WHO facilitated a coordination meeting on laboratory logistics between the BNPB and the MoH. It was decided that Abbott m2000 and Cepheid GeneXpert® reagents will be distributed to rural areas first. The first batch of reagents procured by the BNPB will be distributed to Banten, East Kalimantan, East Nusa Tenggara, and North Sulawesi.

As of 14 May, the proportion of confirmed COVID-19 cases in relation to the number of persons tested with PCR is 12.5% (Fig. 10).

Figure 9: Daily and cumulative number of suspected COVID-19 cases tested with PCR in Indonesia.

Source of data
There has been an improvement in the proportion of people recovered among the total confirmed cases from 6.0% in early April to 22.0% as of 14 May (Fig. 11). As of the same date, there were 11,445 confirmed COVID-19 cases under care or in isolation⁵.

---

⁵ https://covid19.go.id/
From 08 to 11 May, WHO facilitated a training for around 10 000 community health clinics (puskesmas) in collaboration with the MoH, national Infection Prevention and Control (IPC) Working Group, professional organizations, and the Indonesian Medical College (Kolegium Kedokteran Indonesia). WHO provided the resource persons and moderators, primarily for the sessions on case management (triage) and IPC in the context of COVID-19. Around 540 healthcare workers, including doctors, paramedics, midwives, nutritionists and laboratory assistants, participated in the webinar. An additional 2 000 persons accessed the training through YouTube live streaming. All training materials, presentations and webinar videos will be available on the website of the Board for Development and Empowerment, Human Resources of Health.
From 14 to 15 May, WHO is supporting capacity building for healthcare workers in the prison system in the context of COVID-19, as requested by the Ministry of Law and Human Rights. Around 50 doctors from prison hospitals joined the online training. Surveillance, laboratory, and case management were covered on the first day. IPC and water, sanitation and hygiene in the context of COVID-19 will be covered on day two.

INFECTION PREVENTION AND CONTROL (IPC)

WHO, in collaboration with the Directorate of Referral Hospital Services, is collecting data from 200 hospitals for risk assessment of healthcare workers with potential exposure to COVID-19. The data collection will continue for one month.
• On 14 May, WHO participated in a meeting with the Directorate of Occupational Health and Sports, MoH, to plan a webinar on occupational safety and health protection for workers in healthcare facilities responding to COVID-19. The webinar will be conducted in four batches during the first week of June. Doctors, nurses, and occupational health officers from healthcare centres are expected to participate. The Indonesian Hospital Association, Indonesian Infection Control Association and WHO will provide resource persons.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

• On 12 May, the national guidance for continuing immunization services during COVID-19 response was finalized. It was endorsed by the National Technical Advisory Group on Immunization (NTAGI), and the Indonesian Pediatric Association (IDAI). On 13 May, the MoH organized a webinar to disseminate the guidance. All provinces and districts have been advised to continue immunization services with strict IPC protocols. Over 800 healthcare workers from across the country joined the webinar.

• On 13 May, WHO convened a meeting between the MoH and the Measles-Rubella Expert Committee to discuss incorporating vaccine-preventable disease (VPD) surveillance into COVID-19 surveillance to prevent an outbreak of VPD during the pandemic.

PARTNER COORDINATION

• On 09 May, WHO convened the weekly meeting of key development partners to discuss and coordinate COVID-19 response activities. Starting this week, the World Food Programme (WFP) has joined the meeting. Other attendees were the Australian Department of Foreign Affairs and Trade (DFAT), the European Union (EU), UNICEF, USAID, US CDC and the World Bank.

• On 12 May, WHO participated in the fourth UN in Indonesia Townhall Meeting, which virtually connected over 600 colleagues from UN organizations across the country. The WHO Representative to Indonesia updated participants on the COVID-19 situation and responded to questions.
Overall funding request for WHO operations and technical assistance is US$ 18 million, based on estimated needs as of May 2020 (Fig. 13).

Figure 13: WHO funding situation for COVID-19 response, May 2020
A LIST OF ONLINE WHO TRAINING AND INFORMATION MATERIAL

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
- Severe acute respiratory infection treatment facility design

WHO guidance:
- COVID-19 and food safety
- Guiding principles for immunization activities during the COVID-19 pandemic
- 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

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
- Communicating transmission
- Communicating severities
- Low risk is not no risk
- When and how to use a mask
- Noncommunicable diseases
- Healthy habits
- A selection of myth-busters

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

WHO Indonesia Situation Report – 8
who.int/indonesia