A. Background

1. That in order to follow up on the development of the situation of the SARS-CoV-2 virus transmission in various countries in the world and the results of cross-sectoral evaluations, it is necessary to adjust the control mechanism for international travel.
2. That based on the considerations as referred to in number 1, it is necessary to establish a Circular on Health Protocols for International Travel Amid the Corona Virus Disease 2019 (COVID-19) Pandemic.

B. Objective and Aim

The Objective of this Circular is to implement health protocols for international travelers during the COVID-19 pandemic. The Circular aims to prevent a spike in COVID-19 transmission.

C. Scope

The scope of this Circular is Health Protocols for international travelers.

D. Legal Bases

1. Law Number 4 of 1984 on Infectious Disease Outbreak;
2. Law Number 24 of 2007 on Disaster Management;
3. Law Number 6 of 2011 on Immigration;
4. Law Number 6 of 2018 on Health Quarantine;
5. Government Regulation Number 21 of 2008 on Disaster Management Operation;
6. Government Regulation Number 21 of 2020 on Large-Scale Social Restrictions to Accelerate COVID-19 Handling;
7. Presidential Regulation Number 1 of 2019 on National Disaster Management Agency, as amended by Presidential Regulation Number 29 of 2021 on Amendment to Presidential Regulation Number 1 of 2019 on National Disaster Management Agency;
8. Presidential Regulation Number 82 of 2020 on Committee for COVID-19 Handling and the National Economic Recovery, as amended by Presidential Regulation Number 108 of 2020 on Amendment to Presidential Regulation Number 82 of 2020 on Committee for COVID-19 Handling and the National Economic Recovery;
9. Decree of President of the Republic of Indonesia Number 11 of 2020 on Stipulation of Public Health Emergencies due to COVID-19;
10. Decree of President of the Republic of Indonesia Number 12 of 2020 on Stipulation of Non-natural Disaster of COVID-19 Spread as National Disaster; and

E. Definition

1. International travelers, hereinafter referred to as PPLN, are Indonesian citizens/foreign citizens who have conducted international travel in the last 14 days.
2. Reverse-Transcriptase Polymerase Chain Reaction, hereinafter referred to as RT-PCR, is a type of diagnostic test that detects viral genetic material from certain samples such as the nasopharyngeal/oropharynx swab test using the reverse transcriptase enzyme and polymerase chain reaction.
3. Quarantine is a measure to temporarily separate healthy people or people who have been exposed to COVID-19 (based on both contact history and history of traveling to regions where community transmissions have occurred) despite not showing any symptoms or currently being in an incubation period in order to ensure that there are no symptoms and to prevent possible transmission.
4. Independent health monitoring is a measure taken to observe PPLN physical health conditions which aims to ensure that
COVID-19 symptoms do not occur and prevent possible transmission.

5. Isolation is a measure to temporarily separate anyone who is sick and requires COVID-19 treatment or someone who has confirmed COVID-19 based on diagnostic results, from healthy people with the aim of reducing the risk of transmission.

6. Health insurance is proof of ownership of health insurance to the insured to replace any costs incurred for handling COVID-19 which includes costs for treatment, surgery and medicines.

7. Vaccine certificate is physical or digital documents as evidence of receipt of a series of vaccinations.

8. Community transmission is high transmission conditions detected between residents in one area, of which the source of transmission may come from within and/or outside of the area.

9. Centralized quarantine is quarantine for PPLN that is concentrated in quarantine facilities, either in Government-owned facilities or hotels.

10. PPLN under 18 years of age and requiring special protection are children who are in an emergency situation; children violating law; children from minority and marginalized groups; economically and/or sexually exploited children; children who are victims of abuse of narcotics, alcohol, psychotropic substances, and other addictive substances; children who are victims of pornography; children with HIV/AIDS; children who are victims of abduction and/or trafficking; children who are victims of physical and/or psychological violence; children who are victims of sexual crimes; children who are victims of terrorist networks; children with disabilities; children who are victims of abuse and neglect; children with deviant social behavior; and children who are victims of stigmatization from labeling related to their parents' condition.

11. Dispensation is a decision by an authorized government official as a form of approval of the request from the Citizens in the form of an exception to a prohibition or order in accordance with the provisions of laws and regulations.

12. S-Gene Target Failure, hereinafter referred to as SGTF, is a type of test using the molecular detection method or Nucleic Acid Amplification Test (NAAT) which is able to see the failure of detection of the S gene when other genes are detected as markers.
for screening variants with high mutation levels of spike (S) such as SARS-Cov-2 variant B.1.1.529.

13. COVID-19 positive confirmed case without symptoms is a person who is confirmed positive for COVID-19 with no clinical signs.

14. COVID-19 positive confirmed case with mild symptoms is a person who is confirmed positive for COVID-19 with symptoms such as fever, cough, fatigue, anorexia, shortness of breath (dyspnea), myalgia, and other unspecified symptoms, with no evidence of viral pneumonia or without hypoxia.

15. COVID-19 positive confirmed case with moderate symptoms is a person who is confirmed positive for COVID-19 with clinical signs of pneumonia, such as fever, cough, shortness of breath (dyspnea), and rapid breathing (tachypnea), without signs of severe pneumonia such as oxygen saturation below 93% in room air.

16. COVID-19 positive confirmed case with severe symptoms is a person who is confirmed positive for COVID-19 with clinical signs of pneumonia, such as fever, cough, shortness of breath (dyspnea), and rapid breathing (tachypnea), accompanied by one of the symptoms, namely a respiratory rate above 30 times per minute, severe respiratory distress, or oxygen saturation below 93% in room air.

17. Medical evacuation is mobilization actions with medical emergency standards for those who are confirmed positive for COVID-19 based on RT-PCR examinations from an area to care referral hospitals or isolation/treatment facilities.

**F. Protocols**

1. PPLN may enter the territory of Indonesia through the following entry points of international travels:
   a. Airports
      i. Soekarno Hatta Airport, Banten;
      ii. Juanda Airport, East Java;
      iii. Ngurah Rai Airport, Bali;
      iv. Hang Nadim Airport, Riau Islands;
      v. Raja Haji Fisabilillah Airport, Riau Islands;
      vi. Sam Ratulangi Airport, North Sulawesi;
      vii. Zainuddin Abdul Madjid Airport, West Nusa Tenggara;
      viii. Kualanamu Airport, North Sumatra;
      ix. Sultan Hasanuddin Airport, South Sulawesi;
      x. Yogyakarta Airport, Special Region of Yogyakarta;
xi. Sultan Iskandar Muda Airport, Aceh;  
   xii. Minangkabau Airport, West Sumatra;  
   xiii. Sultan Mahmud Badaruddin II Airport, South Sumatra;  
   xiv. Adisumarmo Airport, Central Java;  
   xv. Syamsuddin Noor Airport, South Kalimantan; and  
   xvi. Sultan Aji Muhammad Sulaiman Sepinggan Airport, East Kalimantan.

b. Sea Ports: All international sea ports in Indonesia are opened as entry points for international travel based on the consideration of the Directorate General of Sea Transportation of Ministry of Transportation.

c. Cross-border posts:
   i. Aruk border post, West Kalimantan;  
   ii. Entikong border post, West Kalimantan; and  
   iii. Motaain border post, East Nusa Tenggara.  
   iv. Nanga Badau border post, West Kalimantan;  
   v. Motamasin border post, East Nusa Tenggara;  
   vi. Wini border post, East Nusa Tenggara;  
   vii. Skouw border post, Papua; dan  
   viii. Sota border post, Papua.

2. Entry points as referred to in 1.a.xi, 1.a.xii., 1.a.xiii., 1.a.xiv., 1.a.xv., and 1.a.xvi. are only intended as an entry point for PPLN involved in the hajj program and will be opened within the period of June 4, 2022 until August 15, 2022.

3. PPLN are allowed to enter Indonesia by following strict health protocols set by the Government.

4. Foreign Citizens may enter the territory of Indonesia under the following conditions:
   a. Complying with provisions on immigration regulated by ministry that administers government affairs in the field of law and human rights;  
   b. Complying with the (bilateral) agreement scheme, including the Travel Corridor Arrangement (TCA); and/or  
   c. Being granted special consideration/permission by Ministries/Institutions in a written from.

5. The requirements for entering the territory of Indonesia through the entry points are as follows:
   a. PPLN must comply with health protocols set by the Government;  
   b. PPLN must use PeduliLindungi application and download the application prior to departure;  
   c. PPLN must show (physical or digital) card/certificate for the
second dose of COVID-19 vaccine received not less than fourteen days prior to departure as a requirement to enter Indonesia with the following conditions:

i. Indonesian citizens who have not received the vaccine shall get vaccinated at entry points for international travel after an RT-PCR examination on arrival with a negative result or at quarantine facilities after the second RT-PCR examination with a negative result is carried out;

ii. Foreign citizens who have not received the vaccine shall get vaccinated at entry points for international travel after the RT-PCR examination with negative results or at quarantine facilities after the second RT-PCR examination with negative results, under the following conditions:
   1) being aged between 6 and 17;
   2) holders of diplomatic residence permits and official residence permits; and/or
   3) holders of limited stay permit card (KITAS) and permanent residence permit card (KITAP).

iii. Foreign citizens who are already in Indonesia and intend to travel, both domestically and internationally, must get vaccinated through a program or mutual cooperation scheme in accordance with the provisions of laws and regulations;

iv. the card/certificate (printed or digital) of the COVID-19 second dose vaccine should be in English and in the language of the country of origin.

d. The obligation for showing COVID-19 card/certificate (printed or digital) as referred to in the letter c does not apply for:

i. foreigners holding diplomatic visas and service visas related to official/state visits of foreign officials at the ministerial level and above and foreigners entering Indonesia under the Travel Corridor Arrangement scheme, in accordance with the principle of reciprocity, while still complying with strict health protocols;

ii. foreigners who have not got vaccinated and intend to carry out a domestic travel as a transit for international flights, provided that they do not leave the airport area during transit before the international flights, under the following requirements:
   1) having a permit issued by the local Port Health Authority (KKP) to carry out domestic travel as a transit for flights to areas outside the territory of Indonesia; and
   2) showing a flight ticket to regions outside Indonesia for direct transit from the city of departure to the international airport in the
territory of Indonesia with the final point of arrival in another country.

iii. PPLN under 18 years old; and

iv. PPLN who have not received a complete dose of vaccination and have finished carrying out COVID-19 isolation or treatment and have been declared no longer actively transmitting COVID-19, with the requirement that they show a doctor’s certificate from the Government Hospital of the country of origin or from the Ministry that administers Government affairs in the health sector on the country of origin, stating that the person concerned is no longer actively transmitting COVID-19, or COVID-19 recovery certificate;

v. PPLN with special health conditions or comorbid diseases that prevent them to get vaccinated, with the requirement that they show a doctor’s certificate from the Government hospital of the country of origin stating that the person concerned has not and/or cannot receive COVID-19 vaccine.

e. in the event that the PPLN will carry out a centralized quarantine at their own expense, they must show proof of payment for the reservation of quarantine accommodation from the accommodation providers while staying in Indonesia;

f. foreigners must show proof of ownership of health insurance which covers financing for handling COVID-19 and medical evacuation to a referral hospital with a minimum coverage value as determined by the organizer, manager, or local governments;

g. upon arrival, the PPLN must undergo an examination for COVID-19 related symptoms, including body temperature checks under the following conditions:

i. in the event that the PPLN is detected to have COVID-19 related symptoms and/or have a body temperature above 37.5 degrees Celsius, they must undergo RT-PCR re-test with the cost being borne by the Government for Indonesian citizens and borne by the travelers for foreigners; or

ii. in the event that the PPLN do not have COVID-19 related symptoms and have a body temperature below 37.5 degrees Celsius, they are allowed to continue the trip under the following conditions:

1) the PPLN who have not been able to get vaccinated or have received the first dose of vaccine not less than 14 days prior to departure must undergo quarantine for 5 x 24 hours;

2) the PPLN who have received the second or third dose of vaccine not less than 14 days before departure are allowed to continue their trip;
3) for PPLN under 18 years of age or under 18 years of age and requiring special protection, the duration of quarantine or health monitoring must follow the provisions imposed on their parents or caregivers/travel companions; or

4) the PPLN with special health conditions or comorbid diseases that prevent them to get vaccinated must show a doctor’s certificate from the Government hospital of the country of origin stating that the person concerned has not and/or cannot receive COVID-19 vaccine.

h. after RT-PCR sampling on arrival as referred to in letter g.i., the PPLN must undergo the following procedures:

i. checking of immigration documents and customs documents;

ii. taking their baggage and having their baggage disinfected;

iii. picking-up and dropping-off directly to the hotel, places of accommodation, or places of residence;

iv. waiting for the results of the RT-PCR test in hotel rooms, rooms at places of accommodations, or places of residence; and

v. they are not allowed to leave the hotel rooms, places of accommodation, or places of residence and are not allowed to interact with other people before the results of the RT-PCR test show a negative result.

i. in the event that the results of the RT-PCR re-test on arrival as referred to in letter g.i. show a negative result, the following conditions apply:

   i. the PPLN who have not been able to get vaccinated or have received the first dose of vaccine not less than 14 days before departure must undergo quarantine for 5 x 24 hours;

   ii. the PPLN who have received the second or third dose of vaccine not less than 14 days before departure are allowed to continue their trip;

   iii. for PPLN under 18 years of age and or requiring special protection, the duration of quarantine or health monitoring must follow the provisions imposed on their parents or caregivers/travel companions; or

   iv. the PPLN with special health conditions or comorbid diseases that prevent them to get vaccinated must show a doctor’s certificate from the Government hospital of the country of origin stating that the person concerned has not and/or cannot receive COVID-19 vaccine.

j. in the event that the PPLN has obtained a negative result on the RT-PCR re-test upon arrival and is allowed to continue the trip as referred to in letter i.ii. and letter i.iv, they are encouraged to carry out
independent health monitoring of COVID-19 symptoms for fourteen days and comply with health protocols;

k. in the event that the RT-PCR re-test upon arrival as referred to in letter g.i. shows a positive result, the follow-up measures will be carried out under the following conditions:

i. in the event that the traveler shows no symptoms or shows mild symptoms, the isolation or treatment must be carried out in isolation facilities at hotels, at centralized isolation facilities determined by the Government, or through self-isolation at home with isolation/treatment time according to the recommendation from Ministry that administers Government affairs in the health sector; or

ii. in the event that the traveler shows moderate or severe symptoms, and/or with uncontrolled comorbidities, the isolation or treatment must be carried out at COVID-19 referral hospitals with isolation/treatment time according to the recommendation from medical doctors and recommendation from Ministry that administers Government affairs in the health sector; and

iii. the cost of COVID-19 treatment, medical evacuation, and isolation/treatment for foreigners is borne by the traveler, while the cost for Indonesian citizens is borne by the Government.

l. provisions on quarantine and health monitoring as referred to in letter g.ii.1 and letter i.i. must be carried out under the following conditions:

i. Indonesian citizens, namely Indonesian migrant workers; students who have completed their studies abroad; the Government employees returning from official trips overseas; or Indonesian representatives in international competitions or festivals must undergo quarantine or centralized health monitoring at the expense of the Government in accordance with the Decree of Head of COVID-19 Handling Task Force on Quarantine Facilities and Mandatory RT-PCR for Indonesian Citizens Traveling Overseas;

ii. Indonesian citizens not included in the criteria as referred to in number i must undergo quarantine or health monitoring at quarantine facilities or centralized health monitoring facilities at their own expense; and

iii. foreign PPLN, namely foreign diplomats other than the head of the foreign representative and the family of the head of the foreign representative must undergo quarantine or health monitoring in quarantine facilities or centralized health monitoring facilities at their own expense.
m. The PPLN who have not been able to get vaccinated or have received the first dose of vaccine and are quarantined for a duration of 5 x 24 hours must carry out a second RT-PCR test on the 4th day of the quarantine;

n. in the event that the second RT-PCR test as referred to in letter m shows a negative result, Indonesian/foreign citizens PPLN are allowed to continue their journey and are encouraged to carry out independent health monitoring of COVID-19 symptoms for fourteen days and comply with health protocols;

o. in the event that the RT-PCR re-test as referred to in letter m shows a positive result, the follow-up measures will be carried out under the following conditions:

i. in the event that the traveler shows no symptoms or shows mild symptoms, the isolation or treatment must be carried out in isolation facilities at hotels, at centralized isolation facilities determined by the Government, or through self-isolation at home with isolation/treatment time according to the recommendation from Ministry that administers Government affairs in the health sector; or

ii. in the event that the traveler shows moderate or severe symptoms, and/or with uncontrolled comorbidities, the isolation or treatment must be carried out at COVID-19 referral hospitals with isolation/treatment time according to the recommendation from medical doctors and recommendation from Ministry that administers Government affairs in the health sector; and

iii. the cost of COVID-19 treatment, medical evacuation, and isolation/treatment for foreigners is borne by the traveler, while the cost for Indonesian citizens is borne by the Government.

p. in the event that the foreign international traveler cannot afford to pay for quarantine or health monitoring and/or treatment in hospitals as referred to in letter k, letter l.iii and letter o, the sponsors or Ministries/Agencies/State-Owned Enterprises which provide recommendation for the entry permit for the foreign traveler must be held responsible;

q. the RT-PCR test as referred to in letter g.i. and letter m may be requested for a written comparison by filling out the form provided by the KKP or the Ministry in charge of health affairs with the cost of the examination being borne by the PPLN;

r. the RT-PCR comparison test as referred to in letter q is carried out simultaneously by the KKP in two laboratories designated for comparison examination of S-Gene Target Failure (SGTF) and
comparative examination of RT-PCR results, namely Health Research and Development Agency (Balitbangkes), Cipto Mangunkusumo Central General Hospital (RSCM), Gatot Soebroto Army Central Hospital (RSPAD), Bhayangkara Raden Said Sukanto Hospital (Polri Hospital) or other Government laboratories (Environmental Health Engineering Center, Regional Health Laboratory, or other government referral laboratories);

s. KKP in International Airports and Seaports must provide facilities for PPLN who need emergency medical services upon arrival in Indonesia in accordance with the provisions of laws and regulations;

t. Ministries/Agencies/regional governments that administer functions related to PPLN must follow up on this Circular by issuing a legal instrument which is in line with, and does not conflict with the provisions of laws and regulations; and

u. the legal instrument as referred to in letter t constitutes an integral part of this Circular.

6. Quarantine accommodation as referred to in number 5.l.ii and number 5.l.iii. must obtain a recommendation from COVID-19 Handling Task Force, which meets the terms and conditions set by the Indonesian Hotel and Restaurant Association (PHRI) for cleanliness, health, safety, and environmental sustainability (CHSE), or the Ministry in charge of health affairs for Jakarta area and its surrounding areas, or provincial office in charge of health affairs in the regions related to COVID-19 health protocol certification.

7. Dispensation in the form of exemption from mandatory quarantine may be granted to Indonesian citizens of international travelers who have not received the second dose of vaccine with urgent circumstances (such as: having a life-threatening health condition, having a health condition that requires special treatment, or having a deceased nuclear family) by following mandatory procedures for checking symptoms related to COVID-19 including checking body temperature as referred to in number 5.g.

8. Applications for dispensation in the form of exemption from mandatory quarantine for Indonesian citizens with urgent circumstances as referred to in number 7 must be submitted not less than three days prior to arrival in Indonesia to the National COVID-19 Handling Task Force and may be granted selectively, on an individual basis, and with a limited quota based on the

9. The health protocols as referred to in number 5 must meet the following terms and conditions:
   a. Using a three-ply cloth mask or medical mask that covers the nose, mouth, and chin while indoors or when in a crowd;
   b. Changing masks regularly every four hours, and disposing of mask waste in the designated place;
   c. Washing hands regularly using water and soap or hand sanitizer, especially after touching objects that have been touched by other people;
   d. Maintaining a minimum distance of 1.5 meters from others and avoiding crowds; and
   e. Not having one-way or two-way communication by telephone or in person throughout the trip using public transportation modes of land, rail, sea, river, lake, ferry, and air.

10. Every operator of transportation modes at the entry point of international travel must use the PeduliLindungi application.

11. The monitoring for health quarantine of cargo ships and crews must be carried out in accordance with the specific and technical arrangements stipulated by Ministry of Health, with the monitoring conducted by Port Health Authorities for each entry point for international travel.

G. Monitoring, Control, and Evaluation

1. Regional COVID-19 Handling Task Force, assisted by public transportation organizing authority, must jointly control people’s mobility and maintain public transportation safe from COVID-19 by establishing an Integrated Security Post;
2. Authorities, agencies, and operators of public transportation must control public transportation operations;
3. Ministries/Agencies, the Indonesian National Defense Forces (TNI), the Indonesian National Police (Polri), and regional governments have the rights to halt and/or prevent people’s mobility on the basis of this Circular which is in line with, and does not conflict with the provisions of laws and regulations;
4. Ministries/Agencies, the TNI, the Polri, assisted by the Airport and
Sea Port COVID-19 Handling Task Force c.q. Health Port Authorities in International Airports and Seaports must carry out routine monitoring to ensure compliance with the implementation of health protocols and quarantine, through telephone facilities, video calls, and on the ground monitoring during COVID-19 pandemic; and

5. Authorized agencies (Ministries/Agencies, the TNI, the Polri and regional governments) must carry out COVID-19 health protocols enforcement and law enforcement in accordance with the provisions of laws and regulations.

H. Conclusion

1. This Circular comes into force from May 18, 2022 until further notice.
2. With the issuance of this Circular, Circular of COVID-19 Handling Task Force Number 17 of 2022 and Addendum to Circular of COVID-19 Handling Task Force Number 17 of 2022 on Health Protocols for International Travel Amid COVID-19 Pandemic is revoked and declared null and void.

It is hereby ordered that this Circular be guidance and carried out with full responsibility.

Established in Jakarta
On May 18, 2022

Head of the National Disaster Management Agency as Head of the COVID-19 Handling Task Force,

Signed.
Let. Gen. TNI Suharyanto, S.Sos,M.M.