As of 25 November, the Government of Indonesia announced 511,836 (5,534 new) confirmed cases of COVID-19, 16,225 (114 new) deaths and 429,807 recovered cases from 505 districts across all 34 provinces.¹

WHO is supporting the Ministry of Health in monitoring and evaluating adherence to health protocols in offices, public places and health care facilities (page 16).

WHO and partners conducted a series of activities to improve awareness of antimicrobial resistance through effective communication, education and training, as part of World Antimicrobial Awareness Week 2020 (pages 16 to 18).

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 19 to 25 November 2020. Source of data

Disclaimer: The number of cases reported daily is not equivalent to the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing.

¹ https://infeksiemerging.kemkes.go.id/
The United Nations (UN) international campaign, **16 Days of Activism against Gender-Based Violence**, is taking place from 25 November – **International Day for the Elimination of Violence against Women** – to 10 December – Human Rights Day. The campaign is an opportunity for individuals and organizations around the world to call for prevention and elimination of violence against women and girls. The UN Secretary-General’s **UNiTE Campaign to End Violence against Women (UNiTE)** aims to increase awareness, stimulate advocacy and share knowledge and innovations. During the COVID-19 pandemic, the world has witnessed an increase in violence against women and girls, particularly domestic violence. In Indonesia, 1786 cases of violence against women were reported between January and August 2020 compared to 1419 during the same period in 2019.² The campaign urges governments, civil society, women’s organizations, young people, the private sector, the media and the UN system to join forces in addressing the global pandemic of violence against women and girls.

As reported on 22 November, 2094 patients (1017 men and 1077 women) with mild and moderate COVID-19 symptoms were hospitalized in Towers 6 and 7 of Wisma Atlet (the largest national makeshift hospital). Additionally, 1239 asymptomatic patients (674 men and 565 women) were in isolation in Towers 4 and 5. The four towers have a combined capacity of 5994 beds. Since 23 March, Wisma Atlet has recorded a total of 26 521 inpatients, of whom 23 960 have recovered. The hospital has also accommodated a total of 14 468 asymptomatic patients for isolation, of whom 14 408 have recovered.³

² [https://en.komnasperempuan.go.id/](https://en.komnasperempuan.go.id/)
• On 25 November, 5534 new and 511,836 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). This was the highest daily count since the first cases were reported in Indonesia on 2 March. The average for the last seven days was 4731 cases per day.

Figure 2: Daily and cumulative number of cases reported in Indonesia, as of 25 November 2020. Source of data

Disclaimer: The number of cases reported daily is not the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.
As of 25 November, 60.1% (307,819 cases) of the cumulative number of confirmed COVID-19 cases were in Java. DKI Jakarta had the highest number of confirmed cases per one million population, followed by West Papua, East Kalimantan, West Sumatra and Bali (Fig. 3).

**Figure 3**: Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 25 November 2020. [Source of data]

Disclaimer: Data from DKI Jakarta include patients isolated or hospitalized in Wisma Atlet (RSDC: Rumah Sakit Darurat COVID-19), which is the largest national makeshift hospital for COVID-19; some patients may not be residents of DKI Jakarta. The same may apply to other provinces.
During the week of 16 to 22 November, the case incidence per 100,000 population\textsuperscript{4} in Indonesia was 11.3 – an increase from 10.9 per 100,000 population in the previous week (9 to 15 November) (Fig. 4).

\textsuperscript{4}Case incidence per 100,000 population is calculated by dividing \textit{new confirmed cases} per week by \textit{total population} and multiplying the result by 100,000.

Figure 4: Case incidence of COVID-19 per 100,000 population reported in Indonesia, as of 22 November 2020.

Source of data

\textsuperscript{2.00} \textsuperscript{4.00} \textsuperscript{6.00} \textsuperscript{8.00} \textsuperscript{10.00} \textsuperscript{12.00}

02/03 - 08/03 09/03 - 15/03 16/03 - 22/03 23/03 - 29/03 30/03 - 05/04 06/04 - 12/04 13/04 - 19/04 20/04 - 26/04 27/04 - 03/05 04/05 - 10/05 11/05 - 17/05 18/05 - 24/05 25/05 - 01/06 02/06 - 08/06 09/06 - 15/06 16/06 - 22/06 23/06 - 29/06 30/06 - 06/07 07/07 - 13/07 14/07 - 20/07 21/07 - 27/07 28/07 - 03/08 04/08 - 10/08 11/08 - 17/08 18/08 - 24/08 25/08 - 01/09 02/09 - 08/09 09/09 - 15/09 16/09 - 22/09 23/09 - 29/09 30/09 - 06/10 07/10 - 13/10 14/10 - 20/10 21/10 - 27/10 28/10 - 04/11 05/11 - 11/11 12/11 - 18/11 19/11 - 25/11 26/11 - 02/12 03/12 - 09/12 10/12 - 16/12 17/12 - 23/12 24/12 - 31/12 01/01 - 07/01 08/01 - 14/01 15/01 - 21/01 22/01 - 28/01 29/01 - 04/02 05/02 - 11/02 12/02 - 18/02 19/02 - 25/02 26/02 - 01/03 02/03 - 08/03
• In Java, case incidence per 100 000 population increased in DKI Jakarta, East Java and Yogyakarta during the week of 16 to 22 November compared to the previous week (Figs. 5 to 10).

![Figure 5: Case incidence of COVID-19 per 100 000 population in DKI Jakarta, as of 22 November 2020.](image)

![Figure 6: Case incidence of COVID-19 per 100 000 population in West Java, as of 22 November 2020.](image)
Figure 7: Case incidence of COVID-19 per 100,000 population in Central Java, as of 22 November 2020.

Figure 8: Case incidence of COVID-19 per 100,000 population in Yogyakarta, as of 22 November 2020.
Figure 9: Case incidence of COVID-19 per 100,000 population in East Java, as of 22 November 2020.

Figure 10: Case incidence of COVID-19 per 100,000 population in Banten, as of 22 November 2020.
• As of 23 November, the daily numbers of specimens and people tested were 40 083 and 27 334, respectively. As of the same day, the daily number of suspected cases was 66 279 (Fig. 11). There remains a large gap between the number of suspected cases and the number of people tested. It is crucial to improve laboratory capacity and ensure adequate supplies for testing of all suspected cases. Antigen detection rapid diagnostic tests (Ag-RDTs) can be used to improve testing capacity, especially in areas with limited access to polymerase chain reaction (PCR) laboratories and in laboratories that have a long turn-around time for PCR test results.

Figure 11: The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 1 November to 23 November 2020. Source of data
The percentage of positive samples can be interpreted only with comprehensive surveillance and testing in the order of one person tested per 1000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, East Kalimantan and West Sumatra for the last three weeks, but none of these provinces had a positivity rate of less than 5% (Fig. 12).

Figure 12: Positivity rate of samples, and people tested per 1000 population per week:
Week 1: 02/10/20 - 08/11/20; Week 2: 09/11/20 - 15/11/20; Week 3: 16/11/20 - 22/11/20
Source of data: Indonesia, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, West Sumatra, East Kalimantan, West Papua, Riau, Central Kalimantan, South Sumatra

Note: Due to a limitation in data, other provinces could not be evaluated. For surveillance purposes, positivity rate is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.
• During the week of 16 to 22 November, the mortality rate was 0.25 per 100 000 population, compared to 0.22 per 100 000 population in the previous week (Fig. 13).

Disclaimer: Based on data availability, only confirmed COVID-19 deaths have been included. As per the WHO definition, however, death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case is a COVID-19-related death, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma); there should be no period of complete recovery between the illness and death.

• None of the provinces in Java have shown a consecutive decline over the last three weeks in the number of deaths in confirmed and probable cases (Fig. 13). In DKI Jakarta, there were more deaths in probable cases than in confirmed cases from 2 to 22 November; the same was observed in West Java during the week of 16 to 22 November.
Figure 14: Deaths among confirmed COVID-19 cases and probable cases per week over the last three weeks from 2 to 22 November 2020 in Java. Source of data: DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten

Disclaimer: The data are provisional. There may be a discrepancy in the number of deaths in confirmed COVID-19 cases between national and provincial data sources.
On 21 and 22 November, WHO, in collaboration with the Ministry of Health (MoH) and the National COVID-19 Task Force (Satuan Tugas (Satgas)), conducted meetings with contact tracers, supervisors and data managers from 10 priority provinces. The purpose of the meetings was to evaluate contact tracing in the provinces for the previous seven days. Some of the topics discussed were: addressing stigma; the need to quarantine close contacts for 14 days; challenges in coordination and communication systems within and among provinces; and data analysis. WHO provided an update on new features of the mobile and desktop contact tracing application (Silacak) to facilitate data analysis and daily monitoring in community health centres (puskesmas) and at district level.

On 21 November, WHO had a meeting with Satgas on enhancing community engagement for contact tracing. The Community Engagement Working Group and civil society organizations will meet in the coming weeks to identify the roles of the community and to draft guidance on community engagement in contact tracing.

As reported by the government on 25 November, the daily number of people tested for COVID-19 with PCR was 43,720 and the cumulative number of people tested was 3,651,964 (Fig. 15). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 84.0%, and there were 65,804 active cases (Fig. 16).5

5 https://covid19.go.id/
Figure 15: Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 25 November 2020. Source of data

Figure 16: Number of active cases and percentage recovery from COVID-19 in Indonesia, as of 25 November 2020. Source of data
• Since the first cases were reported in the country, the highest number of hospitalized COVID-19 cases in DKI Jakarta was reported in mid-September. There has been an overall decrease since that time. However, the number of confirmed COVID-19 cases hospitalized has been increasing this month, with 3165 cases reported on 22 November (Fig. 17).

![Graph showing number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June to 22 November 2020.](source_of_data)

Disclaimer: Data from Wisma Atlet are not included.

• On 20 November, WHO participated in a meeting convened by the National Institute of Health Research and Development (NIHRD) on COVID-19 laboratory network evaluation. During the meeting, NIHRD presented the findings of the WHO-facilitated supportive supervision visits to some laboratories which took place from early to mid-November. Supportive supervision will continue to be provided to laboratories as needed.
WHO is providing technical and financial support to the MoH Directorate of Occupational Health and Sports to conduct monitoring and evaluation activities for adherence to health protocols in offices, public places and health care facilities. As of 23 November, MoH has completed activities in seven out of nine selected provinces: Central Kalimantan, North Sumatra, South Sulawesi, South Sumatra, Riau, Riau Islands and West Nusa Tenggara. The remaining provinces are Banten and West Java. Results will be compiled by January 2021 and used for advocacy with local government and the private sector to inform policy updates.

Figure 18: Implementation of health protocols in Citimall Sampit, Central Kalimantan. Credit: The Ministry of Health

WORLD ANTIMICROBIAL AWARENESS WEEK

World Antimicrobial Awareness Week (WAAW) was observed from 18 to 24 November with the aim of increasing understanding of antimicrobial resistance among the general public, health workers and policy makers to prevent further emergence and spread of drug-resistant infections. This year’s campaign is particularly significant to convey an important message during the pandemic: COVID-19 is caused by a virus, not by a bacterium, and therefore, antibiotics should not be used to prevent or treat it. Antibiotics are indicated if bacterial infections are also present.
- In her message on WAAW, WHO’s Regional Director for South-East Asia, Dr. Poonam Khetrapal Singh, highlighted that unless urgent action is taken, by 2050 antimicrobial resistance (AMR) will be responsible for 10 million annual deaths globally, at a cost of US$ 100 trillion.

- To commemorate WAAW globally, WHO and partners organized a series of activities. One of the events was the launch of the global report on ‘Antimalarial drug efficacy, resistance and response: 10 years of surveillance (2010-2019)’. The report contains global, regional and country-specific data and analyses, including information from Indonesia.

- WHO, in line with the WAAW 2020 theme of improving awareness and understanding of antimicrobial resistance through effective communication, education and training, conducted the following activities in the country:
  
  i. On 18 November, WHO, the Food and Agriculture Organization (FAO), MoH and the Ministry of Agriculture participated in a media briefing to commemorate WAAW. More than 20 national media outlets participated in this event. WHO highlighted that combating AMR needs a coherent, comprehensive and integrated approach at global, regional and national levels, involving different sectors such as human health, animal husbandry, agriculture and environment (Fig. 19).

Figure 19: Dr B. Sihombing participated in a media briefing to commemorate World Antimicrobial Awareness Week on 18 November 2020. Credit: WHO
ii. WHO, in collaboration with MoH and partners, convened a webinar for health professionals on 24 November. A total of 600 participants joined, including doctors, nurses and midwives. Discussions included the impact of COVID-19 on AMR from global and national perspectives. WHO explained that the interplay between antimicrobial stewardship, diagnostics and infection prevention and control is vital for health systems strengthening and that the COVID-19 pandemic provides an entry point to strengthen all three during and after the pandemic.

iii. WHO conducted a social media campaign on antimicrobial resistance throughout the week by publishing important messages on Instagram, Twitter and its website:

![Image of infographic](image-url)

**Figure 20:** An infographic from the ‘Antimicrobials and One Health’ series, November 2020.
- On 19 November, WHO participated in a meeting convened by civil society organizations and the National Tuberculosis Programme (NTP). WHO provided technical input on the information, education and communication (IEC) materials that NTP is developing for patients with tuberculosis (TB) during COVID-19. These IEC materials include posters with a flow chart on the management of TB services during the pandemic as well as a pocket book with guidance for patients with TB and their families on symptoms, treatment and provision of care.

VACCINATION

- On 20 November, WHO and the United Nations Children’s Fund (UNICEF) participated in a talk show organized by the COVID-19 Mitigation and National Economic Recovery Team (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional or KPCPEN) to inform the public on government efforts in preparation for the introduction of COVID-19 vaccination. The results of the COVID-19 vaccine acceptance survey, supported by MoH, National Immunization Technical Advisory Group, WHO and UNICEF was also shared during the event.

- As part of government commitment to a comprehensive COVID-19 response, Indonesia is planning to vaccinate its population as one of the strategies to end the COVID-19 pandemic. To review the country’s plan and readiness for vaccine introduction at all levels, the government has been intensively collaborating with WHO and other partners to ensure a high-quality vaccination campaign, following best practices. In this regard, WHO provided technical assistance for simulation exercises in Bogor and Bekasi on 18 and 19 November related to COVID-19 vaccine introduction; these exercises ensure that quality services can be delivered and that health protocols are followed to prevent transmission of COVID-19.
Figure 21: President Joko Widodo visited Bogor to observe vaccination simulation exercises, 18 November 2020. Credit: Government of Indonesia

Figure 22: Dr V. Bura from WHO in discussion with the Minister of Health Terawan Agus Putranto on preparation of cold chain management for COVID-19 vaccines, 18 November 2020. Credit: Government of Indonesia
On 23 November, WHO participated in the seventh UN in Indonesia Townhall Meeting, which virtually connected over 500 colleagues from UN organizations across the country. The WHO Representative to Indonesia Dr Paranietharan updated colleagues on the situation of COVID-19 in the country, including epidemiological and health system criteria analysis in Jakarta and the progress of COVID-19 vaccine introduction (Fig. 23). He reiterated the essential preventive measures for COVID-19 and responded to questions.

The overall funding request for WHO operations and technical assistance is US$ 46 million (US$ 27 million for response and US$ 19 million for recovery phase), based on estimated needs as of November 2020 (Fig. 24).
Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id/), BNPB (http://covid19.go.id) and provincial websites. There may be differences in national and provincial data depending on the source used. All data are provisional and subject to change.

Figure 24: WHO funding situation for COVID-19 response, November 2020
## RECENT AND UPCOMING WHO RESOURCE MATERIALS

Table 1: Title and details of recent WHO resource materials

Source: [https://www.who.int/](https://www.who.int/)

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting Global Influenza Surveillance and Response System (GISRS) and sentinel systems during the COVID-19 pandemic</strong>, interim guidance, 13 November</td>
<td>This interim guidance is most useful for countries interested in monitoring relative circulations of influenza and SARS-CoV-2 viruses. The document provides practical information to maintain surveillance of influenza and monitor SARS-CoV-2 using existing surveillance systems. It contains updated considerations for addressing disruptions in influenza sentinel surveillance and expanding this system to include COVID-19 wherever possible. Updated algorithms for testing of both influenza and SARS-CoV-2 for surveillance are also included.</td>
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<tr>
<td><strong>Episode 13 of Science in 5</strong>, WHO’s series of conversations in science, 13 November</td>
<td>The WHO Director of Immunization, Vaccines and Biologicals, Dr Katherine O’Brien, explains the process of vaccine trials.</td>
</tr>
<tr>
<td><strong>Priority medical devices list for the COVID-19 response and associated technical specifications</strong>, interim guidance, 19 November</td>
<td>This document describes the medical devices required for the clinical management of COVID-19, selected and prioritized according to the latest available evidence and interim guidelines. This includes: oxygen therapy, pulse oximeters, patient monitors, thermometers, infusion and suction pumps, X-ray, ultrasound and CT scanners as well as personal protective equipment. In order to facilitate access to quality assured priority medical devices, the document also includes guidance on technical and performance characteristics, related standards, accessories and consumables.</td>
</tr>
<tr>
<td><strong>Therapeutics and COVID-19: living guideline</strong>, 20 November</td>
<td>This living guideline on therapeutics for COVID-19 includes a conditional recommendation against the use of remdesivir, informed by results from clinical trials, including the WHO SOLIDARITY trial. Recommendations pertaining to hydroxychloroquine and lopinavir will follow.</td>
</tr>
</tbody>
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Online WHO COVID-19 courses:
- Management of COVID-19 in long-term care facilities
- 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
- Design of severe acute respiratory infection treatment facility

WHO guidance:
- Preventing and addressing stigma
- Adverse events of special interest (AESI) for COVID-19 vaccine
- Considerations for school-related public health measures
- Cleaning and disinfection of environmental surfaces
- Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays
- Diagnostic testing for SARS-CoV-2

Infographics:
- Solidarity not stigma
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in the workplace
- Substance abuse
- Contact tracing
- Flu and COVID-19

Questions and answers:
- Lockdown and herd immunity
- Children and masks
- COVID-19 transmission
- Contact tracing

Videos:
- Navigating infodemics
- Guidance to prevent COVID-19 in the food sector
- When to wash hands
- Organizing small gatherings

For more information please feel free to contact: seinocomm@who.int

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