HIGHLIGHTS

- As of 16 December, the Government of Indonesia announced 636,154 (67,250 new) confirmed cases of COVID-19, 19,248 (137 new) deaths and 521,984 recovered cases from 510 districts across all 34 provinces.\(^1\)

- On 13 December, WHO presented on the Global Influenza Surveillance and Response System (GISRS) at a national seminar hosted by Universitas Pembangunan Nasional Veteran Jakarta (page 14).

- WHO and UNICEF supported the Ministry of Health with a one-day training on improving water, sanitation and hygiene in health facilities for West Nusa Tenggara (page 16).

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1. [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)

WHO Indonesia Situation Report - 38

who.int/indonesia
On 16 December, Indonesian President Joko Widodo announced that the COVID-19 vaccine will be delivered free of charge for all citizens. The President instructed his cabinet, ministries, and local governments to prioritize the vaccination programme for 2021. According to the announcement, the Minister of Finance is expected to prioritize and reallocate funding from the government budget for vaccine procurement and roll-out. The President stated that he will be the first recipient of COVID-19 vaccination in Indonesia, and reminded the public of the importance of adhering to health protocols.²

The Government has decided to prioritize Java and Bali islands for the first round of vaccination due to the high number of COVID-19 cases on these two islands. On 9 December, the National Board for Disaster Management (Badan Nasional Penanggulangan Bencana (BNPB)) reported that active cases in 6 provinces in Java and Bali had reached 50,892, totalling 376,112. The National COVID-19 Task Force (Satuan Tugas (Satgas)) spokesman Prof. Wiku Adisasmita said that administering vaccines to people in high-risk areas is expected to curb the transmission.³

Sleman District Administration is taking measures to prevent COVID-19 case spikes following the year-end holidays. The Head of Sleman Health Agency, Joko Hastaryo, said that the Administration has set a program called ‘weeks of silence’ after the Christmas and New Year holidays. The policy is expected to start on 4 January 2021 and will continue for 10 days after. It requires healthy citizens to quarantine, while those who tested positive for COVID-19 will have to be isolated at hospitals or other government facilities. Residents who are allowed to work outside of the home include health care workers and essential public service staff.⁴

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WHO Indonesia Situation Report - 38
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- On 16 December, 6725 new and 636,154 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days was 6179 cases per day.

![Graph showing daily and cumulative number of COVID-19 cases]

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 16 December 2020. [Source of data](who.int/indonesia)

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 16 December, 61.4% (390 736 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 East Kalimantan, West Papua, West Sumatera and Papua (Fig. 3).

Fig. 3. Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 16 December 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 7 to 13 December, the incidence\(^5\) of COVID-19 in Indonesia was 15.5 per 100 000 population, compared to 15.3 per 100 000 in the previous week (30 November to 6 December) (Fig. 4). This was the highest weekly incidence since the first cases were reported in the country.

\(^5\) Incidence of COVID-19 is calculated by dividing the number of \textit{new confirmed cases} per week by \textit{total population} and multiplying the result by 100 000.
The incidence of COVID-19 increased in all provinces in Java, except West Java, during the week of 7 to 13 December compared to the previous week. Yogyakarta and East Java reported the highest weekly incidence since the first cases were reported in both provinces (Figs. 5 to 10).

Fig. 5. Incidence of COVID-19 per 100 000 population in DKI Jakarta, as of 13 December 2020.

Fig. 6. Incidence of COVID-19 per 100 000 population in West Java, as of 13 December 2020.
Fig. 7. Incidence of COVID-19 per 100,000 population in Central Java, as of 13 December 2020.

Fig. 8. Incidence of COVID-19 per 100,000 population in Yogyakarta, as of 13 December 2020.
Fig. 9. Incidence of COVID-19 per 100,000 population in East Java, as of 13 December 2020.

Fig. 10. Incidence of COVID-19 per 100,000 population in Banten, as of 13 December 2020.
- On 16 December, the daily numbers of specimens and people tested were 61 291 and 36 592, respectively. On the same day, the daily number of suspected cases was 62 364 (Fig. 11).

- 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, Yogyakarta, West Sumatera and East Kalimantan for the last three weeks, but none of these provinces had a test positivity proportion of less than 5% (Fig. 12).

Fig. 11. The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 1 November to 16 December 2020. Source of data
Fig. 12. Test positivity proportion and people tested per 1000 population per week:
Week 1: 23/11/20 to 29/11/20; Week 2: 30/11/20 to 06/12/20; Week 3: 07/12/20 to 13/12/20

Benchmark: one person tested per 1000 population per week
Threshold test positivity proportion: <5%

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, test positivity proportion is calculated as the number of confirmed cases divided by the number of people tested for diagnosis.
As of 16 December, the mortality rate in DKI Jakarta of 281 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, North Sulawesi, and Bali (Fig. 13).

Fig. 13. Cumulative deaths per one million population by province in Indonesia, as of 16 December 2020.

Source of data

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.
During the week of 7 to 13 December, the number of confirmed COVID-19 deaths was 0.40 per 100,000 population - the highest since the first cases were reported in the country (Fig. 14).

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. 15). In DKI Jakarta, there were more deaths in probable cases than in confirmed cases from 23 November to 13 December.

Fig. 14. Number of confirmed COVID-19 deaths per 100,000 population per week in Indonesia, as of 13 December 2020. Source of data

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.
Fig. 15. Deaths among confirmed COVID-19 cases and probable cases per week over the three weeks between 23 November and 13 December 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.
WHO continues to provide technical assistance to MoH and Satgas to strengthen monitoring of the implementation of contact tracing activities. Intense monitoring is needed to ensure seamless operation of contact tracing activities at the national and subnational levels.

On 13 December, WHO participated in a national seminar on the "Implementation of Epidemiological Surveillance System in COVID-19 Response in Indonesia" hosted by Universitas Pembangunan Nasional Veteran Jakarta. As one of the keynote speakers, WHO presented on the Global Influenza Surveillance and Response System (GISRS). The presentation highlighted how influenza sentinel surveillance can be utilized to support COVID-19 surveillance, in line with WHO global guidance. Furthermore, WHO discussed the benefit of monitoring long-term epidemiological trends and the evolution of the SARS-CoV-2 virus, as well as the co-circulation of influenza and SARS-CoV-2 viruses.

As reported on 16 December, the daily number of people tested for COVID-19 with PCR was 36,592 and the cumulative number of people tested was 4,383,985 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 82.1%, and there were 94,922 active cases (Fig. 17).

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**Source of data**

6 [https://covid19.go.id/](https://covid19.go.id/)
There was a peak in the number of COVID-19 cases hospitalized in DKI Jakarta in mid-September. Although there has been an overall decline since mid-September, notable rises in hospitalizations were observed in October, November, and early December (Fig. 18).

Fig. 17. Number of active cases and recovery percentage from COVID-19 in Indonesia, as of 16 December 2020. Source of data

Fig. 18. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June to 13 December 2020. Source of data

Disclaimer: Data from Wisma Atlet are not included.
On 11 December, WHO and UNICEF supported the MoH to conduct a one-day training on water, sanitation and hygiene (WASH) in healthcare facilities for West Nusa Tenggara. This activity is the follow-up of the training of trainers (ToT) on the WHO Water and Sanitation for Health Facility Improvement Tool (WASH FIT) that was conducted by WHO in November. Representatives from the Provincial Health Office West Nusa Tenggara, District Health Office East Lombok, Mataram City Administration, as well as local drinking water task force and Provincial Environmental Health Experts Association (Himpunan Ahli Kesehatan Lingkungan (HAKLI)) also attended this training. As a follow-up, participants will visit 22 community health centres (puskesmas) in the province to conduct WASH assessments and implement WASH FIT.

Fig. 19. WHO and UNICEF supported the Ministry of Health in the training on WASH assessment and WASH FIT implementation in West Nusa Tenggara. Credit: WHO
WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and continues to publish infographics that can be useful for the public.

On 8 December WHO facilitated the last session of the 5-day virtual training for community health workers in West Kalimantan and presented on "Social stigma during the COVID-19 pandemic and its impact on health efforts". More than 130 participants from the province participated in this training (Fig. 20).

Fig. 20. Y. Anandita presented on social stigma during the COVID-19 pandemic in a virtual training for community health workers in West Kalimantan on 8 December 2020. Credit: WHO
• On 8 December WHO attended the inter-cluster meeting convened by the Coordinating Ministry for Human Development and Cultural Affairs to discuss about how to improve multisectoral collaboration and coordination to improve COVID-19 response and address recovery needs that span the health, social, and economic domains. This meeting was also attended by the COVID-19 Response and National Economic Recovery Committee (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional (KPCPEN)).

• On 9 and 10 December, WHO attended a virtual workshop hosted by the Indonesian Food and Drug Authority (Badan Pengawasan Obat dan Makanan (BPOM)) on “Enhancing Collaboration amongst the Organization of Islamic Cooperation (OIC) National Medicines Regulatory Authorities (NMRAs) in Research, Manufacturing, Management of Medicines and Vaccines in the OIC Member States”. A total of 52 OIC Member States attended this workshop. The objectives of this workshop were to: (i) provide a valuable platform for sharing OIC Member States’ initiatives in response to the COVID-19 pandemic and for proposing collaboration; (ii) discuss the roles of the NMRAs to establish appropriate strategies, including regulatory flexibility to increase access to quality assured, safe, effective and affordable medicines and vaccines, particularly during the COVID-19 pandemic; and (iii) identify and address the shortage of essential and affordable medicines and vaccines during the COVID-19 pandemic in OIC Member States.

• 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 December 2020 (Fig. 21).
Data presented in this situation report have been taken from publicly available data from the MoH (https://infeksiemerging.kemkes.go.id/), COVID-19 Mitigation and National Economic Recovery Team (KPCPEN) (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.
## 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>COVID-19 vaccine introduction and deployment costing tool, 10 December 2020</td>
<td>Countries are planning the introduction of COVID-19 vaccines for 2021 and need an estimate of the incremental costs for resource mobilization purposes. Countries can also use this tool to prepare budgets for vaccination beyond 2021. The tool aligns with the COVID-19 vaccine introduction readiness assessment tool, Guidance on developing a national deployment and vaccination plan, and WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination.</td>
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<tr>
<td>Evidence to recommendations for COVID-19 vaccines: Evidence framework, 10 December 2020</td>
<td>This Strategic Advisory Group of Experts (SAGE) evidence framework is intended to offer guidance for considering data emerging from clinical trials in support of issuing vaccine-specific evidence-based recommendations.</td>
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<tr>
<td>Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises, 11 December 2020</td>
<td>The purpose of this checklist is to enhance compliance and adherence with the public health measures outlined in the recently updated ‘Considerations for school-related public health measures in the context of COVID-19’ guidance document. This checklist was developed in accordance with the health-promoting schools principles and approaches, and highlights the importance of multi-level coordination and both participatory and co-designed approaches among various stakeholders.</td>
</tr>
<tr>
<td>Episode 16 of Science in 5, WHO’s series of conversations in science, 12 December</td>
<td>WHO Director of Immunization, Vaccines and Biologicals, Dr Katherine O’Brien explains how vaccines work to protect us.</td>
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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:
- World AIDS Day 2020
- How to protect yourself from COVID-19
- Solidarity not stigma
- COVID-19 and NCDs
- Organizing small gatherings
- Staying safe during COVID-19
- Staying healthy in the workplace
- Substance abuse
- Contact tracing

Questions and answers:
- COVID-19: Vaccines
- COVID-19: Vaccine research and development
- COVID-19: Vaccine access and allocation
- How are vaccines developed?

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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