Coronavirus Disease 2019 (COVID-19)
Situation Report - 39

World Health Organization
Indonesia

20 January 2021

HIGHLIGHTS

- As of 20 January, the Government of Indonesia announced 939 948 (12 568 new) confirmed cases of COVID-19, 26 857 (267 new) deaths and 763 703 recovered cases from 510 districts across all 34 provinces.[1]

- In December 2020 and January 2021, WHO supported the Indonesia Medical Association to disseminate the 'Guidelines on Standardized Procedures for Doctors' Protection in the COVID-19 Era' (page 19).

- On 17 December 2020, WHO participated in the Human Rights Festival organized by the National Commission on Human Rights to commemorate Human Rights Day. The WHO Representative to Indonesia delivered a keynote speech and highlighted measures to safeguard human rights in the COVID-19 response (page 21).

Situation in Indonesia

Total confirmed cases
939 948

Total deaths
26 857

Total cases recovered
763 703

Total people tested
5 675 028

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 14 to 20 January 2021. *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://covid19.go.id/peta-sebaran-covid19

GENERAL UPDATES

- Indonesia officially launched its national COVID-19 vaccination from the State Palace on 13 January. Indonesian President Joko Widodo received the country's first COVID-19 vaccination along with the Minister of Health, several senior officials, and business and religious leaders.[2] The Ministry of Health (MoH) stated that around 1.4 million health workers in all 34 provinces are expected to receive vaccination during the first few months of the programme, starting from 15 January.[3]

- Following the rising number of COVID-19 cases in DKI Jakarta, Governor Anies Baswedan announced the decision to return to full large-scale social restrictions (PSBB) until 25 January, explaining that the restrictions aim to prevent hospitals from being overwhelmed with COVID-19 patients and staff from being overextended. Under the policy, essential sectors, healthcare facilities and construction projects are allowed to operate at full capacity with strict health protocols. This will be the second time Jakarta is re-imposing full PSBB measures.[4]

- On 13 January, the Indonesian Minister of Foreign Affairs Retno LP Marsudi was elected as one of the three co-chairs of the multilateral cooperation programme for vaccines, Gavi COVID-19 Vaccines Advance Market Commitment (COVAX AMC) Engagement Group.[5] The COVAX Facility is designed to benefit all participating countries and economies. It provides a lifeline to the majority of countries that would otherwise have limited or no access to COVID-19 vaccines. Higher-income countries participating in the COVAX Facility will pay for the cost of the vaccine doses they receive. Doses for lower-middle and low-income economies will also be procured through the COVAX Facility but will be paid for via the separate financial mechanism of the Gavi COVAX AMC, which will be largely funded through Official Development Assistance (ODA). [6]

[2] https://www.kemkes.go.id/article/view/21011400001/kemenkes-ingatkan-tenaga-kesehatan-penerima-sms-blast-untuk-segera-melakukan-registrasi-ulang.html
[3] https://nasional.kompas.com/read/2021/01/13/20330791/kemenkes-14-juta-nakes-bakal-divaksinasi-covid-dimulai-jumat-lusa
[4] https://www.thejakartapost.com/paper/2021/01/10/jakarta-tightens-rules-again-as-hospitals-struggle-to-keep-up.html
[5] https://setkab.go.id/en/indonesian-foreign-minister-joins-co-chairs-of-covax-amc-eg/
[6] https://www.gavi.org/vaccineswork/gavi-covax-amc-explained

SURVEILLANCE

- On 16 December 2020, WHO published updated COVID-19 case definitions for suspected cases, probable cases and confirmed cases. The main update was the addition of SARS-CoV-2 antigen-based rapid diagnostic tests (Ag-RDT) as a recognized diagnostic method for SARS-CoV-2 infection. Based on this interim guidance, a person with a positive Ag-RDT test result, who also meets the criteria of a suspected or probable case, is considered a confirmed case. In addition, an asymptomatic person with a positive Ag-RDT test result who is a contact of a probable or confirmed case is also considered a confirmed case. Additional information on the use of Ag-RDTs in the diagnosis of SARS-CoV-2 infection is outlined in the interim guidance released on 11 September 2020.

- On 20 January 2021, 12 568 new and 939 948 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days (14 to 20 January) was 11 701 cases per day.

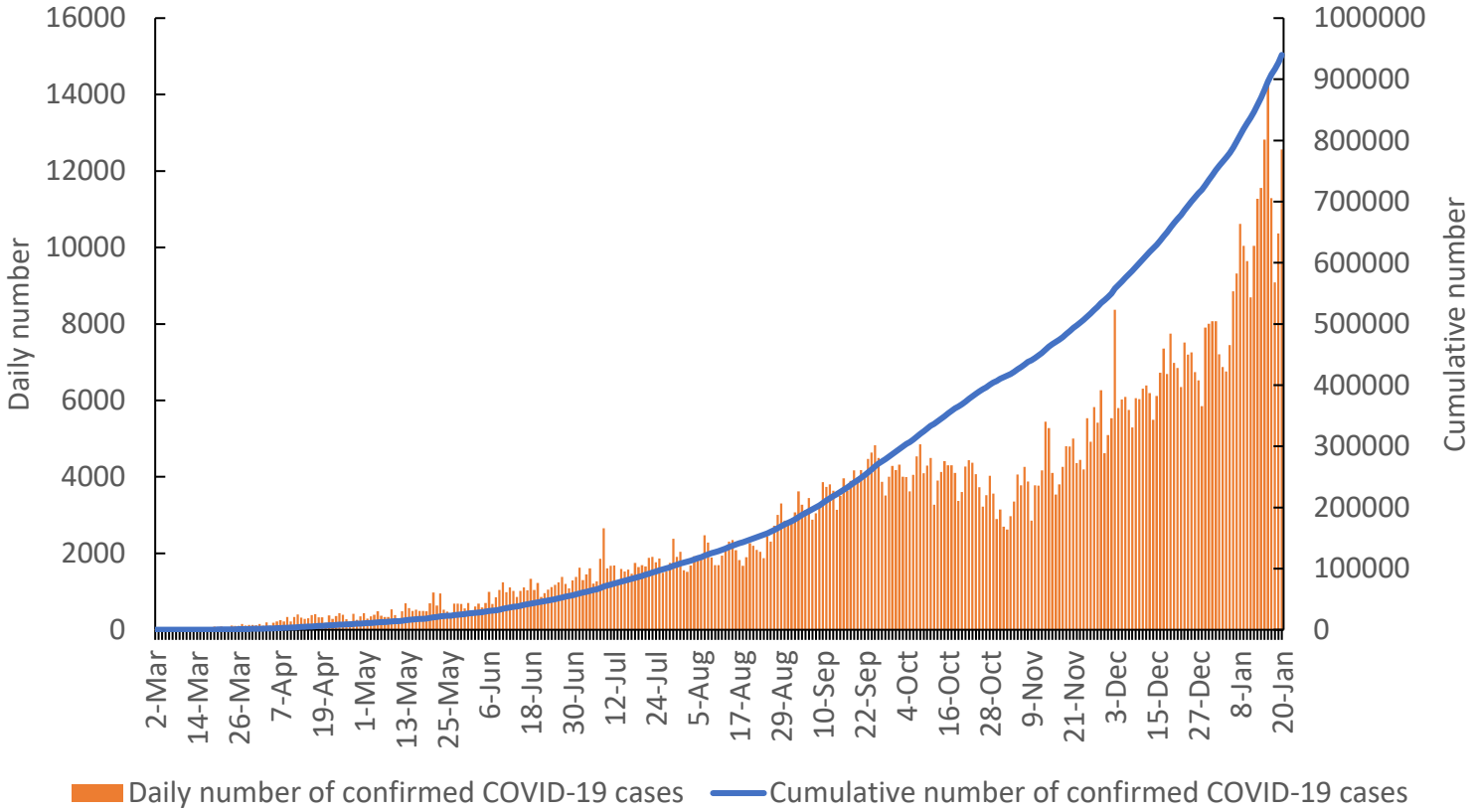

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 20 January 2021. *Source of data*

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 20 January 2021, 64.3% (604 274 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, North Kalimantan, West Papua, and Bali (Fig. 3).

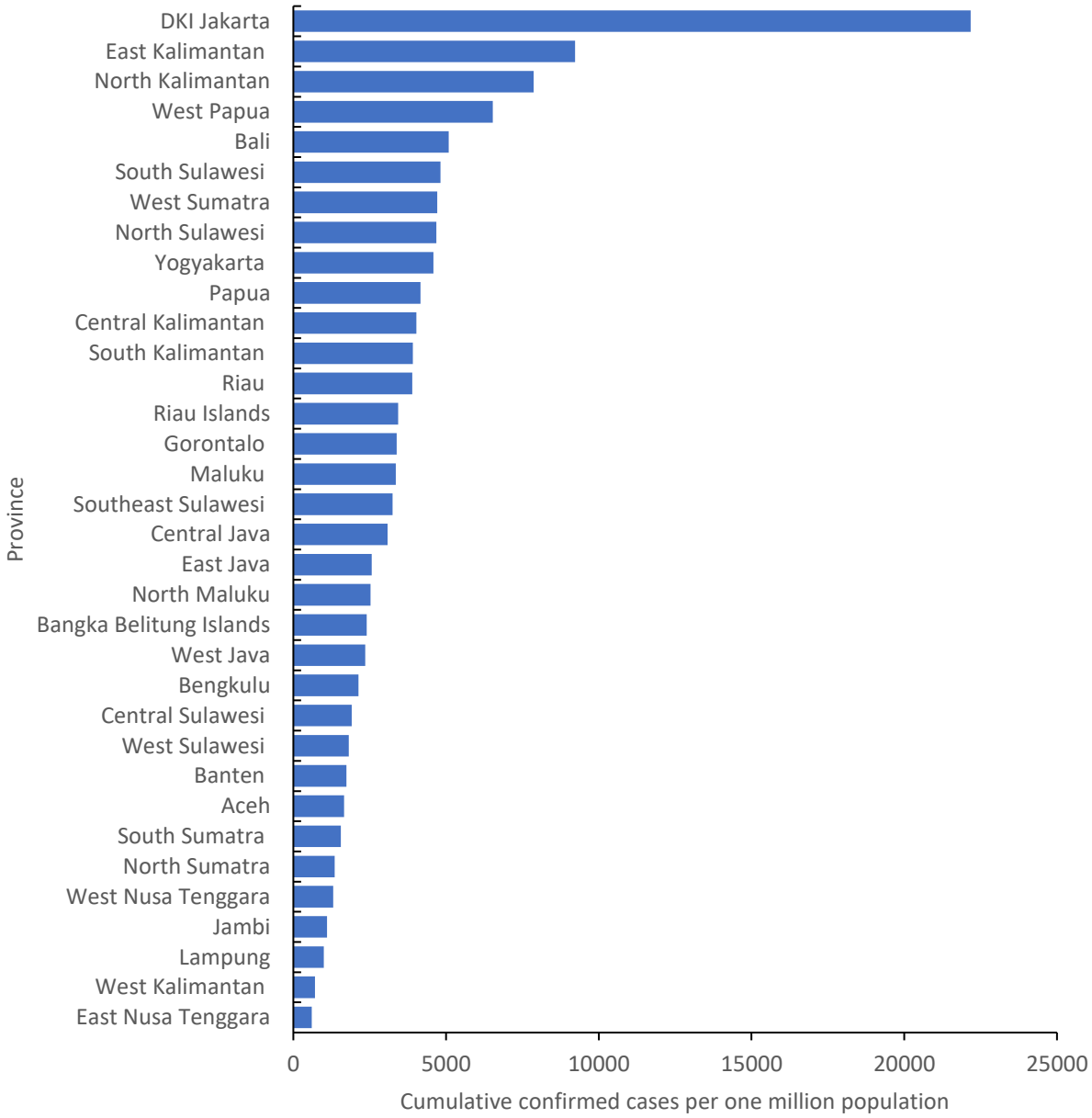

Fig. 3. Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 20 January 2021. *Source of data*

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.

- On 4 November 2020, WHO released updated interim guidance on "Considerations for implementing and adjusting public health and social measures (PHSM) in the context of COVID-19". The document highlights that the decision to adjust PHSM should be based on an analysis of the level of community transmission, the health system response capacity, and other contextual factors. Community transmission is the scenario of highest transmission level in a population. Indonesia has been classified as having community transmission since 13 April (see WHO Situation Report 84). Community transmission (CT) classification is divided into four levels: low incidence (CT1); moderate incidence (CT2); high incidence (CT3); and very high incidence (CT4). The updated guidance also introduces four primary epidemiological indicators to assess the level of COVID-19 community transmission: 1) hospitalization rate; 2) mortality rate; 3) case incidence; and 4) test positivity proportion. These indicators need to be interpreted with caution since there might be some limitations; interpretation of indicators may be heavily influenced by changes in the testing policy and strategy, laboratory capacity, surveillance system performance and data availability.

- During the week of 11 to 17 January 2021, the incidence[7] of COVID-19 in Indonesia was 23.7 per 100 000 population, compared to 19.6 per 100 000 in the previous week (Fig. 4). This was the highest weekly incidence since the first cases were reported in the country.

[7] Weekly incidence of COVID-19 is calculated as the number of new cases per 100 000 population per week averaged over a two-week period. *Source of population data*

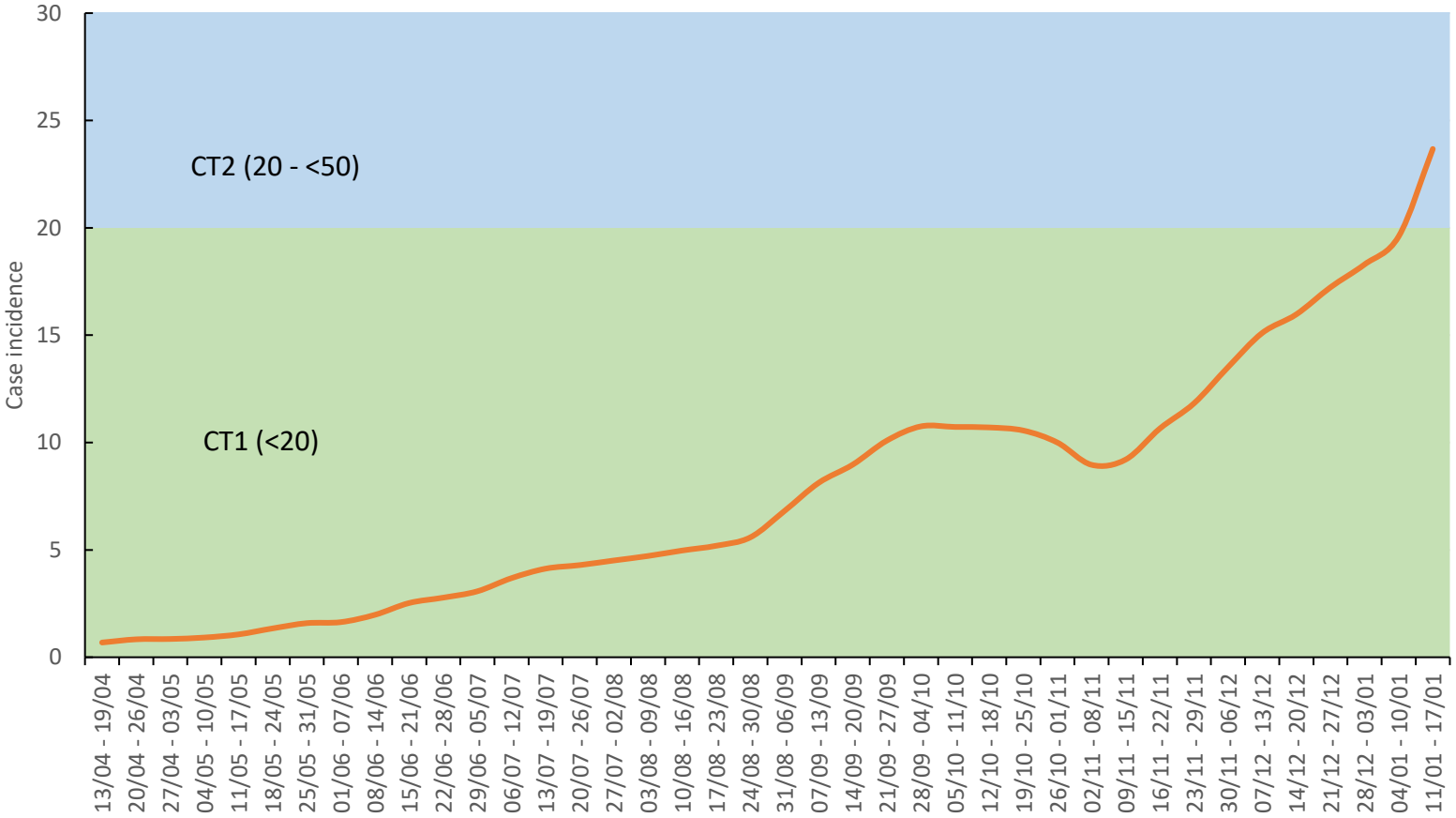

Fig. 4. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period reported in Indonesia from 13 April 2020 to 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. *Source of data*

Disclaimer: Caution should be exercised when interpreting this indicator due to limitations listed in the WHO interim guidance. Other epidemiological indicators also need to be evaluated to decide on the level of community transmission. This disclaimer applies to indicators at national-level (Fig. 4) and subnational-level (Figs. 5 to 10)

- The weekly incidence of COVID-19 increased in all provinces in Java during the week of 11 to 17 January 2021 compared to the previous week. All six provinces reported the highest weekly incidence since the first cases were reported (Figs. 5 to 10).

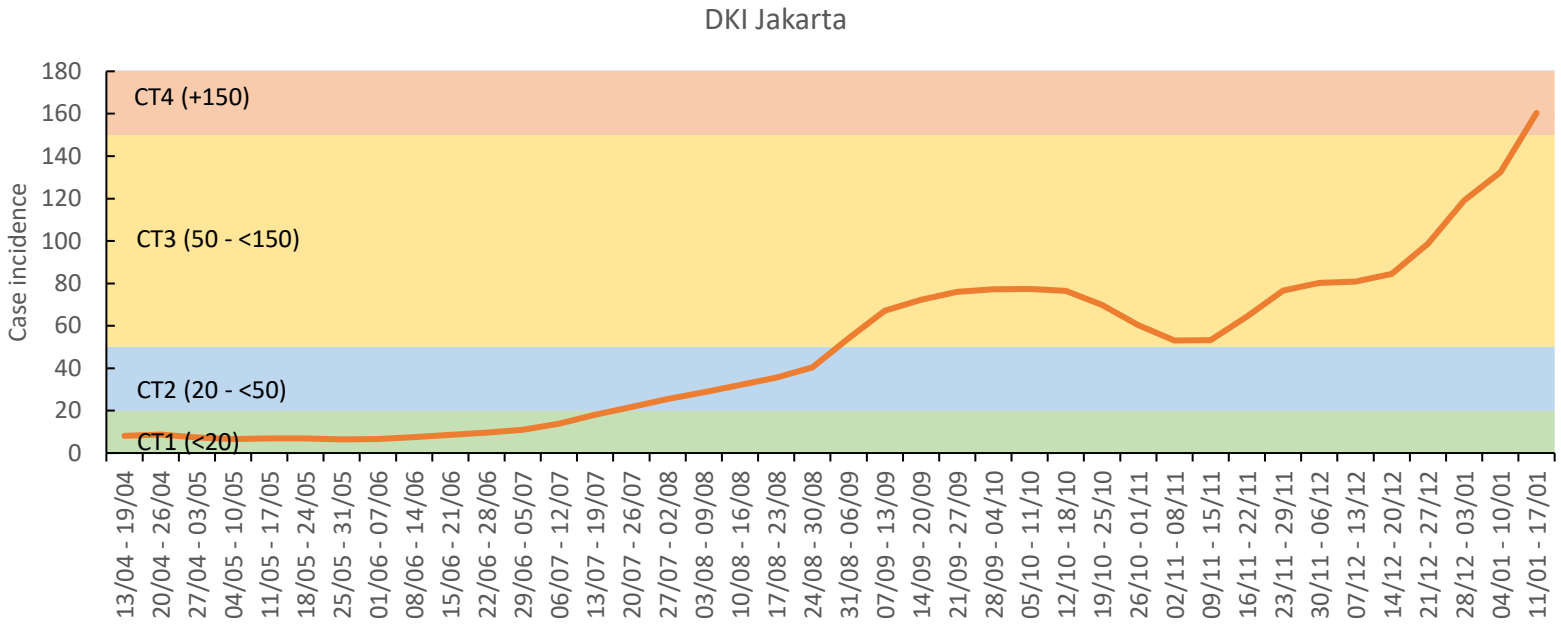

Fig. 5. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in DKI Jakarta, from 13 April 2020 to 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

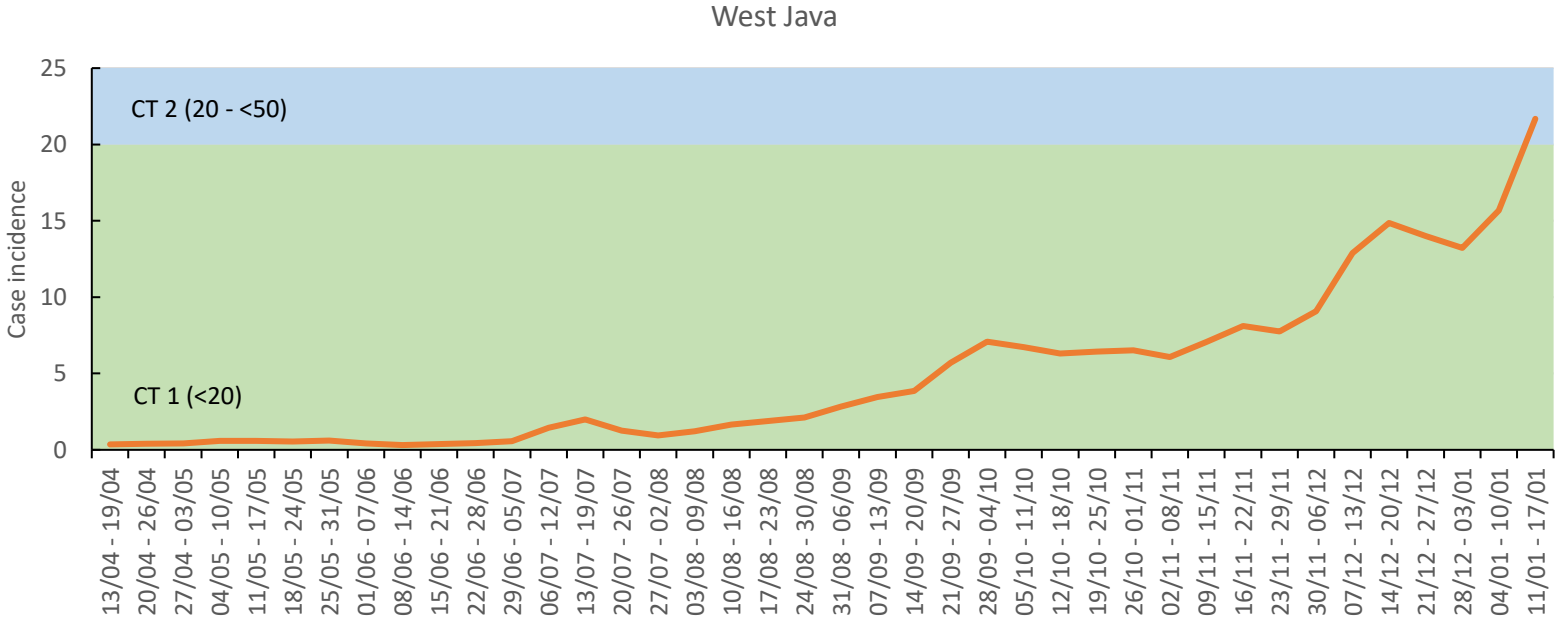

Fig. 6. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in West Java, from 13 April 2020 to 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

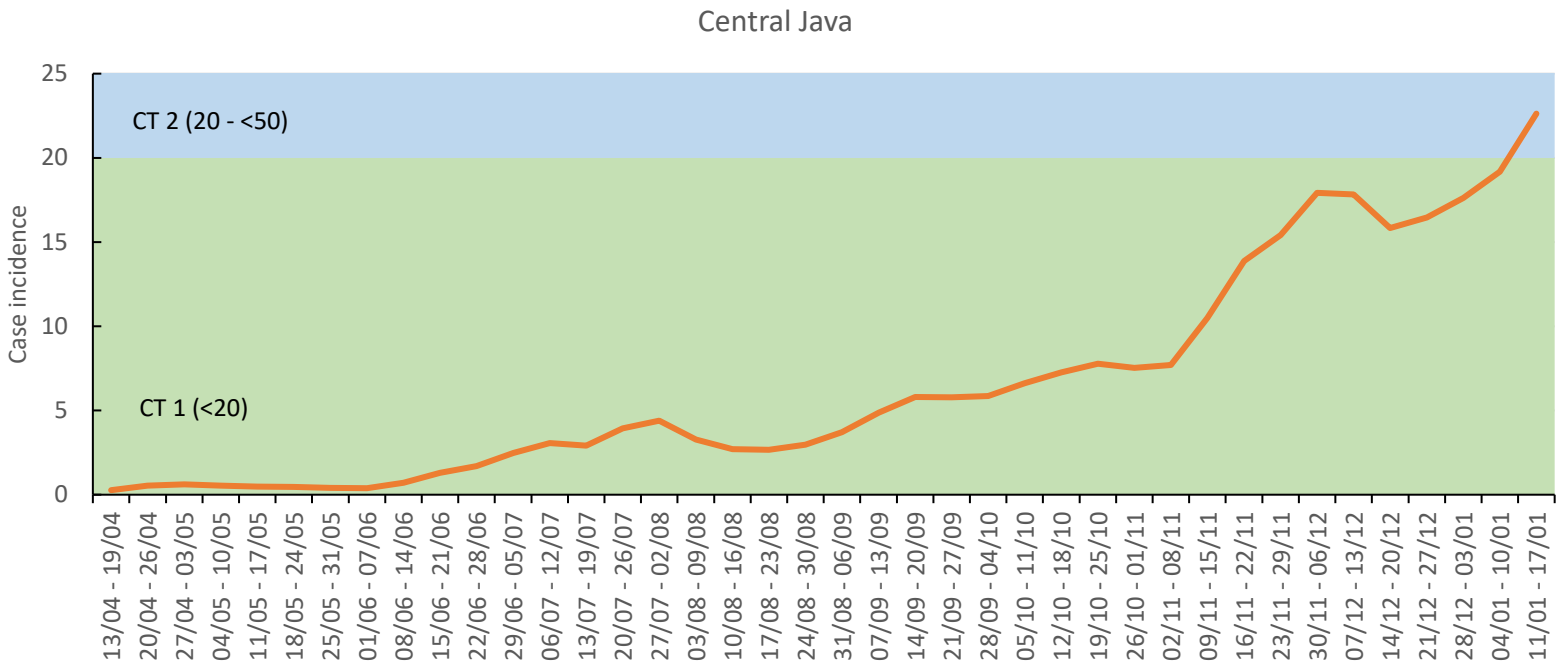

Fig. 7. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Central Java, from 13 April 2020 to 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

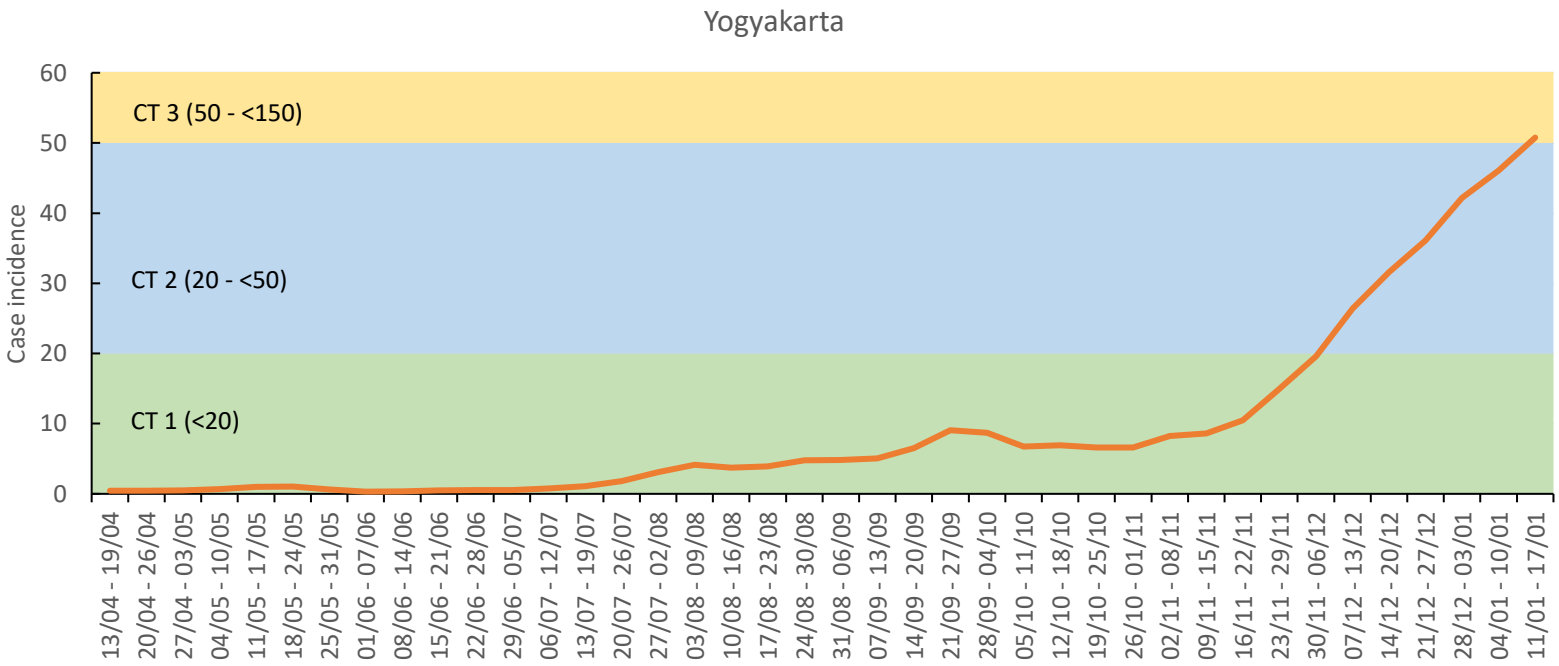

Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Yogyakarta, from 13 April 2020 to 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

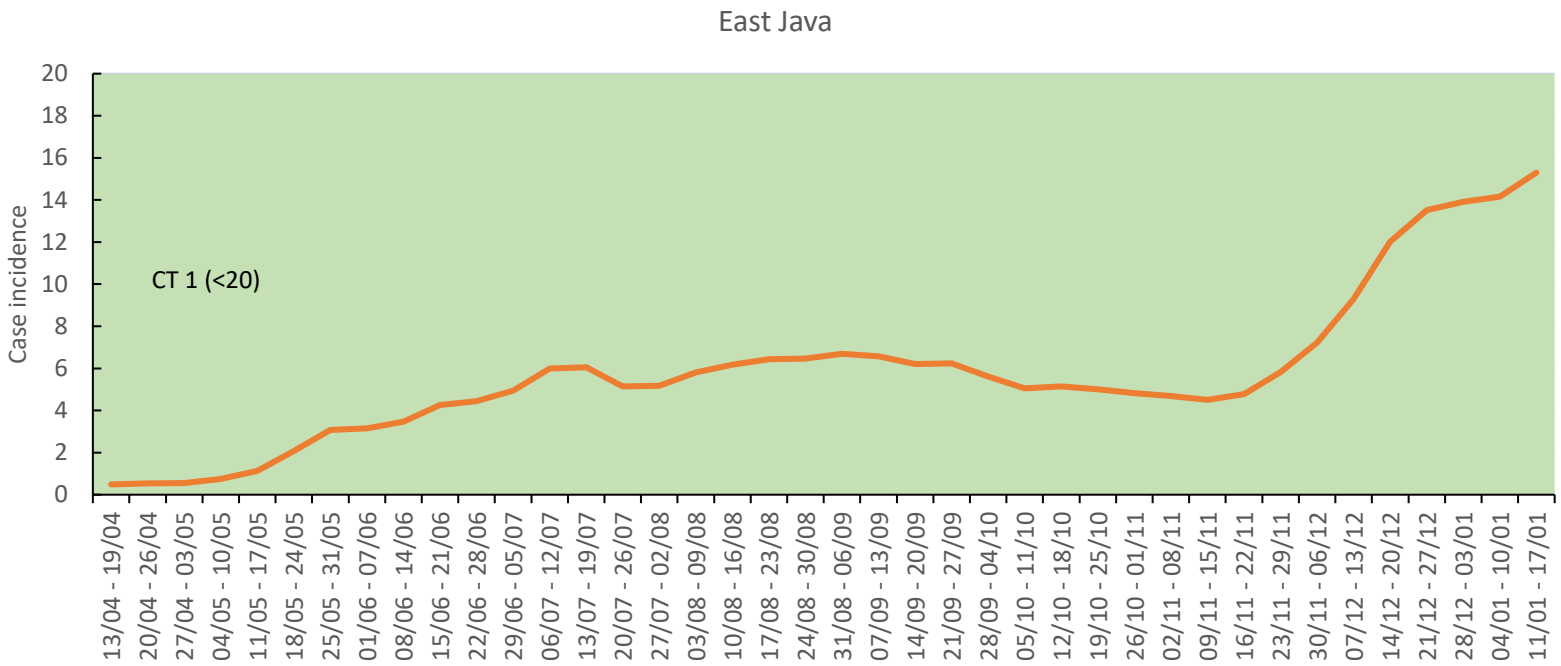

Fig. 9. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in East Java, as of 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

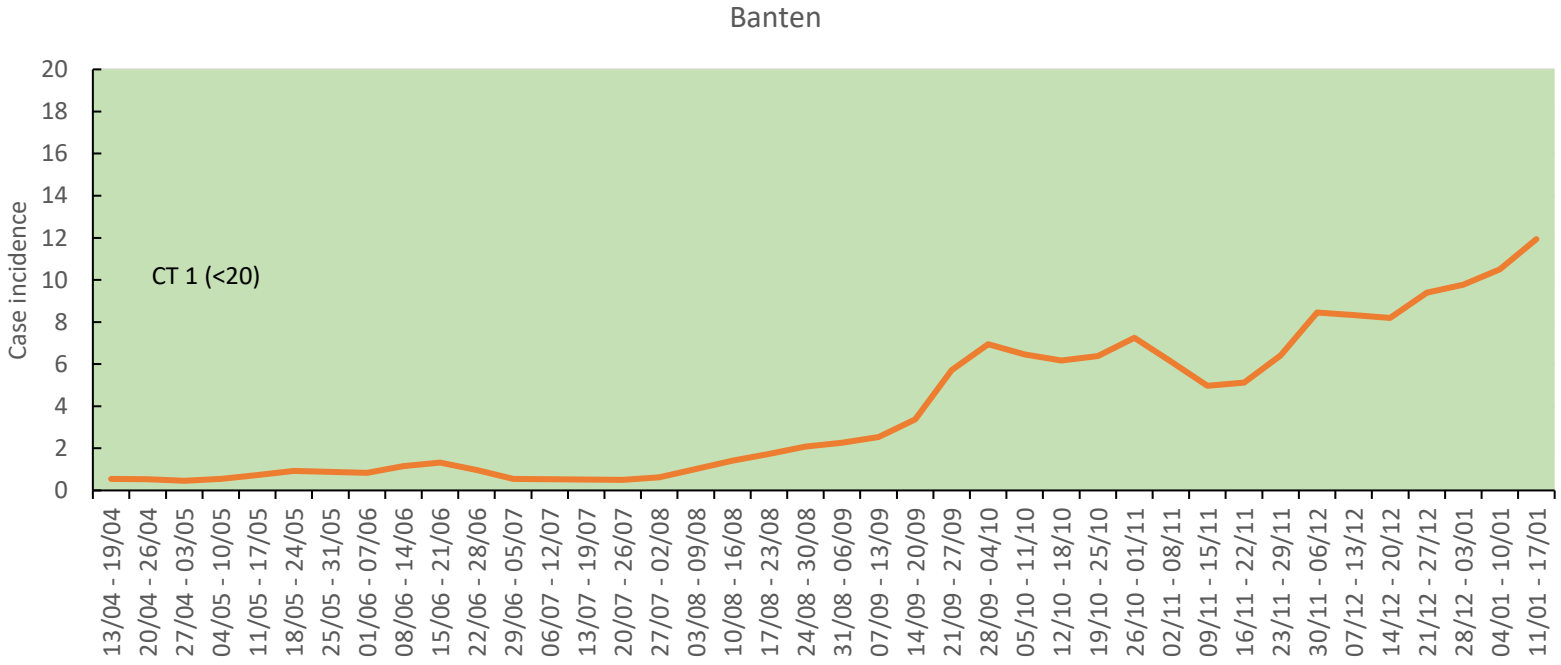

Fig. 10. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Banten, as of 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

- On 20 January 2021, the daily numbers of specimens and people tested were 58 805 and 43 748, respectively. On the same day, the daily number of suspected cases was 79 418 (Fig. 11). There is still a wide gap between the number of people tested and suspected cases; improving testing capacity is therefore imperative. Ag-RDT can be used as a diagnostic tool for SARS-CoV-2 infection under certain settings, especially in areas with limited access to laboratories with polymerase chain reaction (PCR) testing or long turnaround times for test results.

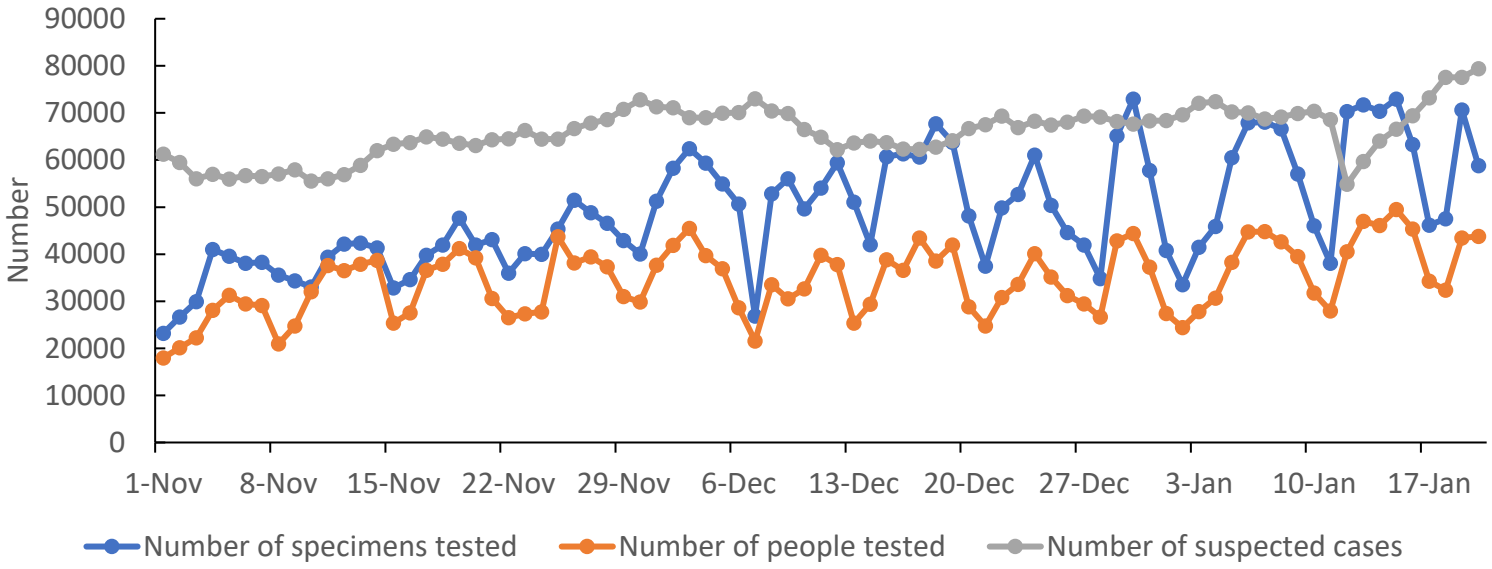

Fig. 11. The daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 1 November 2020 to 20 January 2021. *Source of data*

- Test positivity proportion increased sharply after 23 November and reached 25% on 17 January 2021 (Fig 12). However, the percentage of positive samples can be interpreted only with comprehensive surveillance and testing in the order of one person tested per 1 000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, Yogyakarta, West Sumatra and East Kalimantan for the last three weeks, but none of these provinces had a test positivity proportion of less than 5% (Fig. 13).

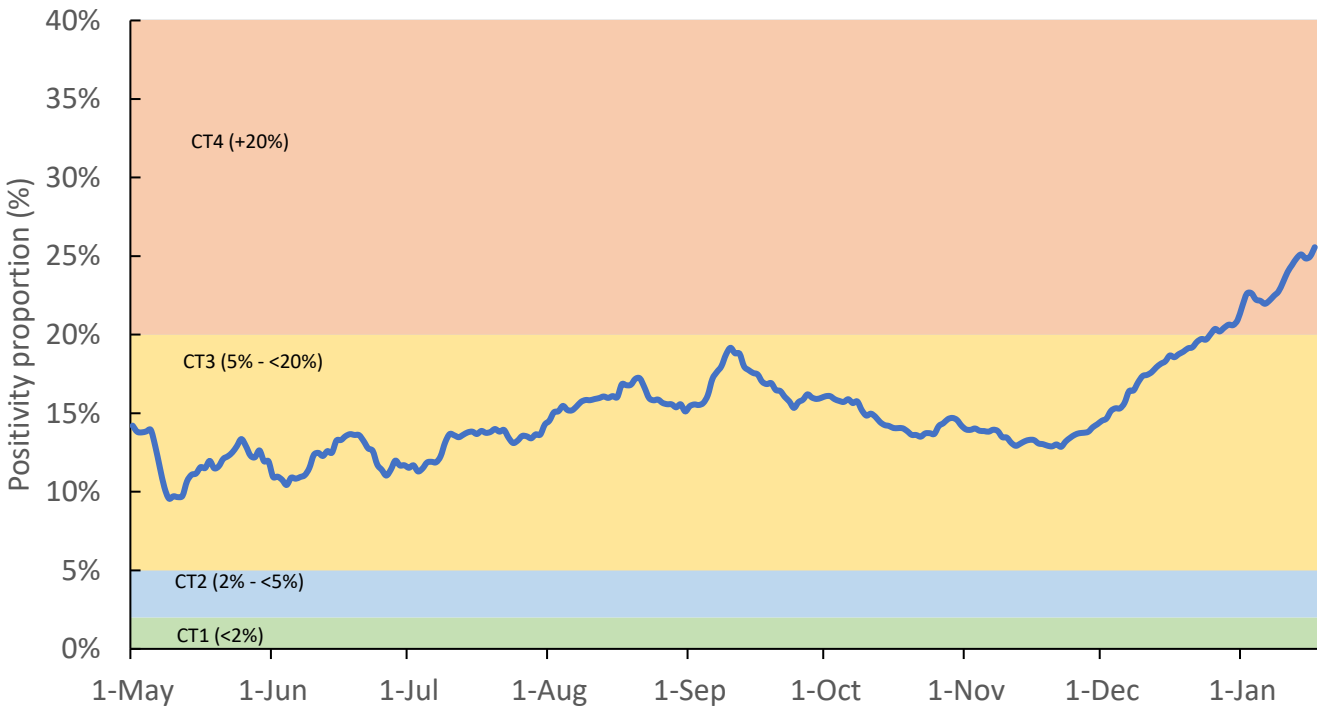

Fig. 12. Test positivity proportion averaged over a two-week period at the national-level in Indonesia, as of 17 January 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Disclaimer: Caution should be exercised when interpreting this indicator due to limitations listed in the WHO interim guidance. Other epidemiological indicators also need to be evaluated to decide on the level of community transmission.

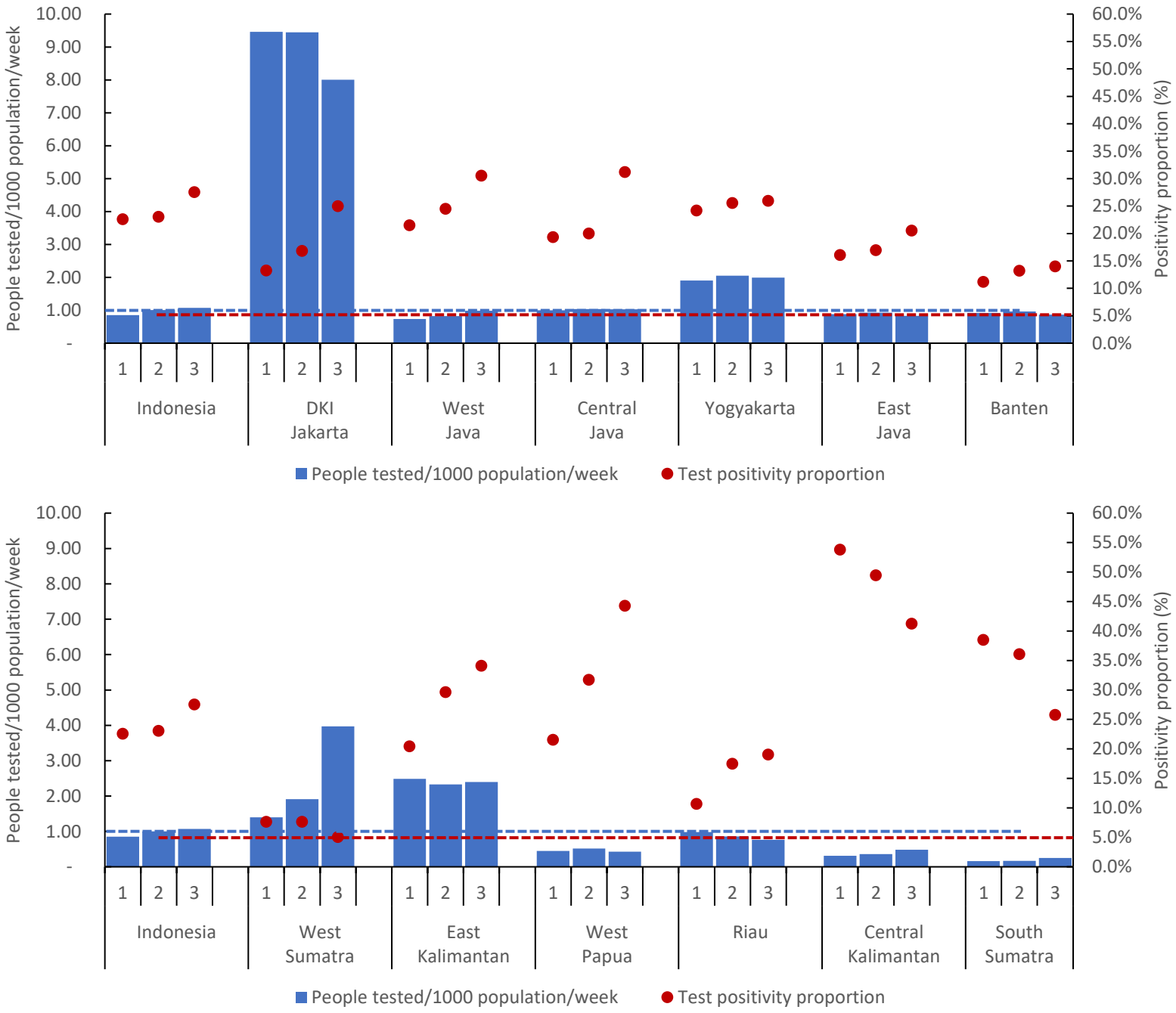

Fig. 13. Test positivity proportion and people tested per 1000 population per week at national-level and in select provinces:
Week 1: 28/12/20 to 03/01/21; Week 2: 04/01/21 to 10/01/21; Week 3: 11/01/21 to 17/01/21
Benchmark: one person tested per 1000 population per week
Threshold test positivity rate: <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 20 January 2021, the mortality rate in DKI Jakarta of 361 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, East Java, South Kalimantan, North Sulawesi, and Bali (Fig. 14).

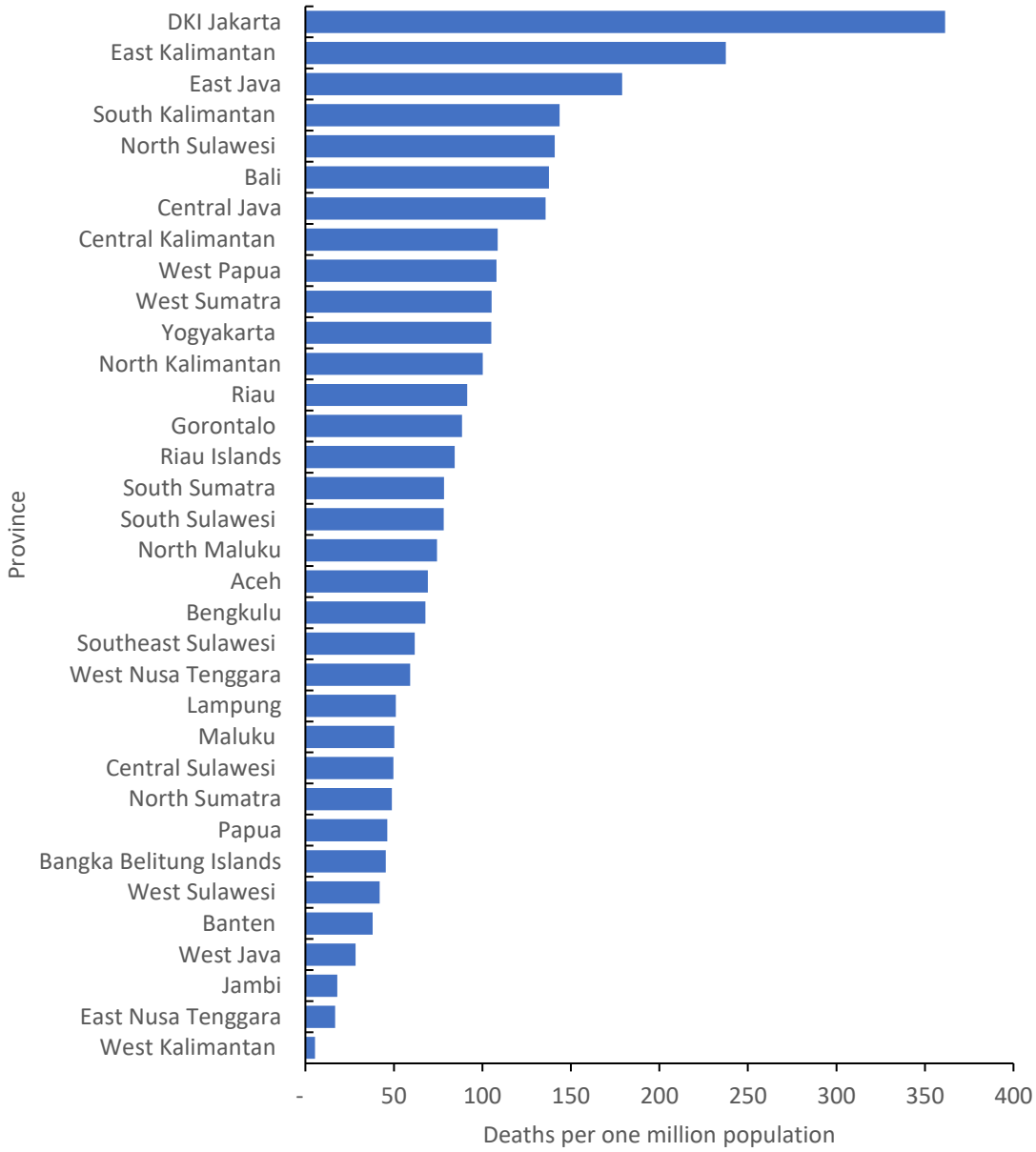

Fig. 14. Cumulative deaths per one million population by province in Indonesia, as of 20 January 2021. *Source of data*

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 11 to 17 January 2021, the number of confirmed COVID-19 deaths was 0.57 per 100 000 population - the highest since the first cases were reported in the country (Fig. 15).

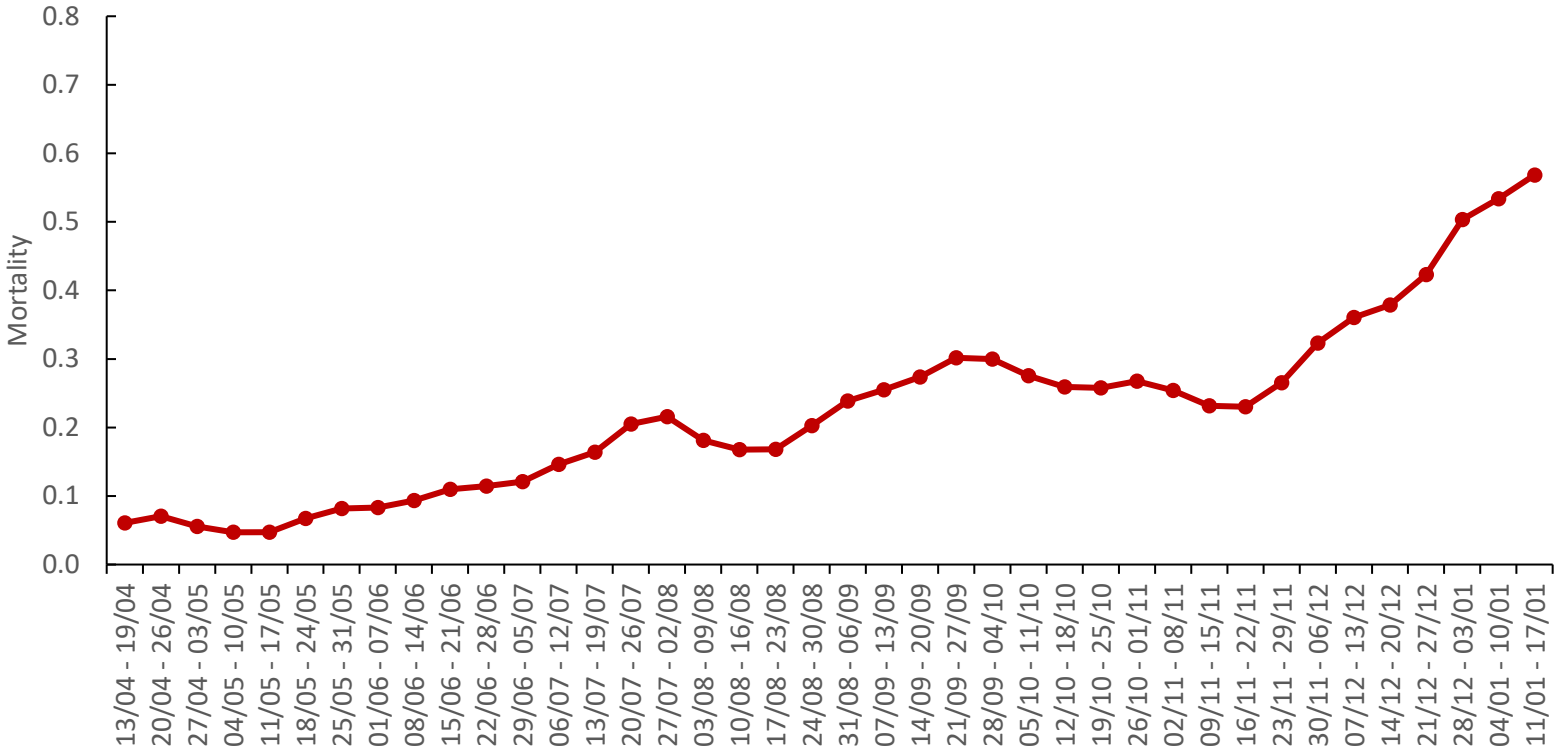

Fig. 15. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period in Indonesia, as of 17 January 2021. *Source of data*

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. Evaluation of level of community transmission could not be conducted due to data limitations.

- 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. 16). In DKI Jakarta and West Java, there were more deaths in probable cases than in confirmed cases from 28 December 2020 to 10 January 2021.

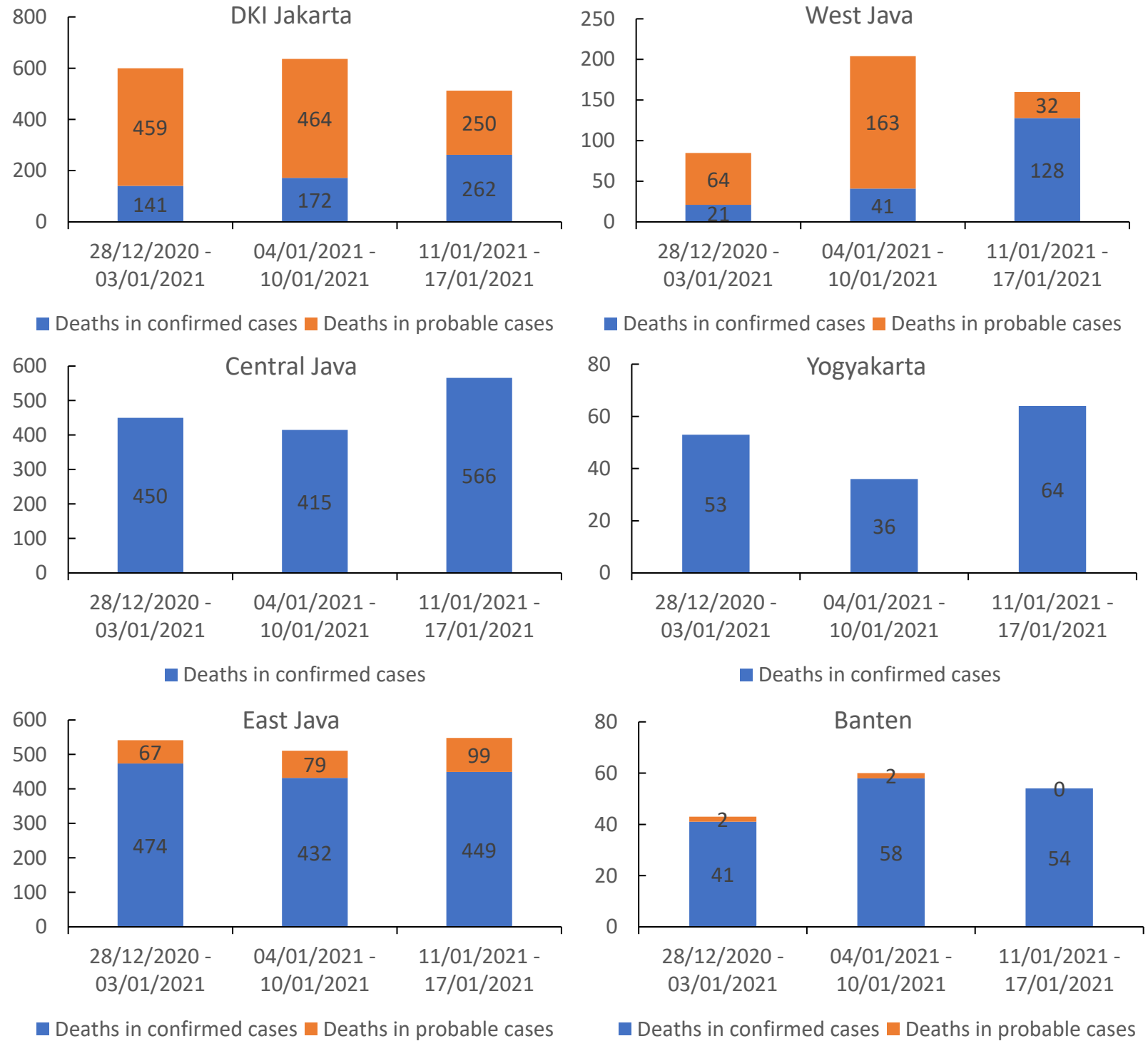

Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over the three weeks between 28 December 2020 and 17 January 2021 in Java. *Source of data: DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten*

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.

CONTACT TRACING

- MoH and the National COVID-19 Task Force (Satuan Tugas (Satgas)) previously recruited around 4 900 contact tracers across the 10 priority provinces (Aceh, Bali, Central Java, DKI Jakarta, East Java, North Sumatra, Papua, South Kalimantan, South Sulawesi and West Java) to enhance contact tracing activities in these provinces. Currently, the Satgas is planning to recruit approximately 80 000 additional tracers to accommodate the remaining 24 provinces. Preparations are ongoing to ensure a system is in place (including planning, funding, recruitment and training, data management and monitoring) to accommodate the large number of tracers and an increased volume of data that are expected to be collected during contact tracing activities.

HEALTH OPERATIONS

- As reported on 20 January 2021, the daily number of people tested for COVID-19 with PCR was 43 748 and the cumulative number of people tested was 5 675 028 (Fig. 17).

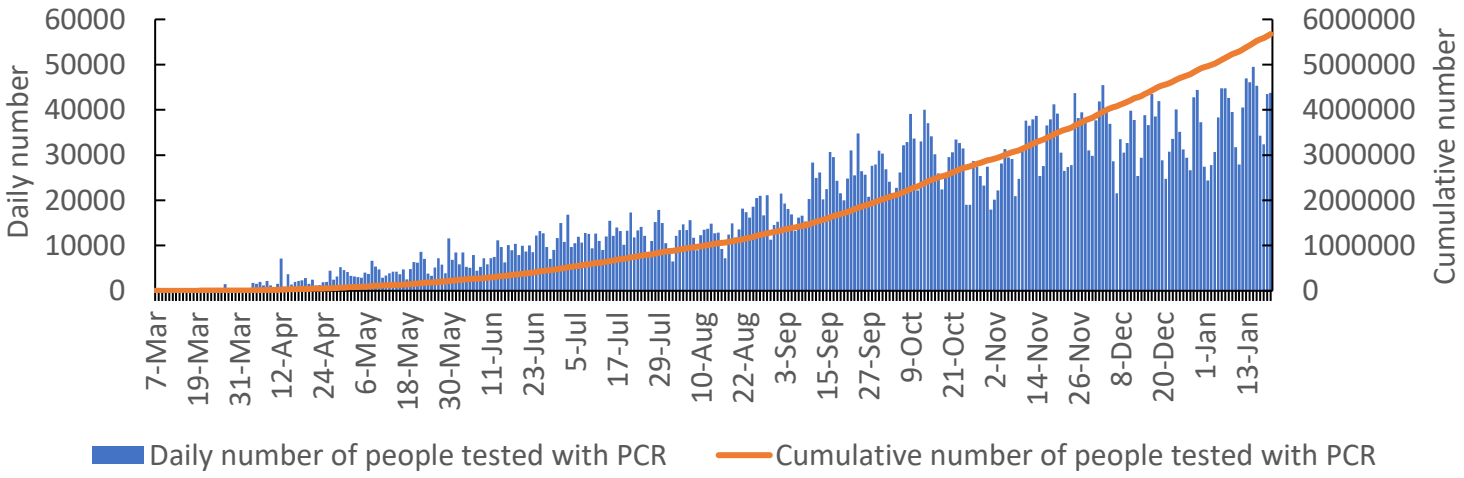

Fig. 17. Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 20 January 2021. *Source of data*

- As of 20 January 2021, the proportion of people that recovered among the total confirmed COVID-19 cases was 81.2%, and there were 149 388 active cases (Fig. 18).[8]

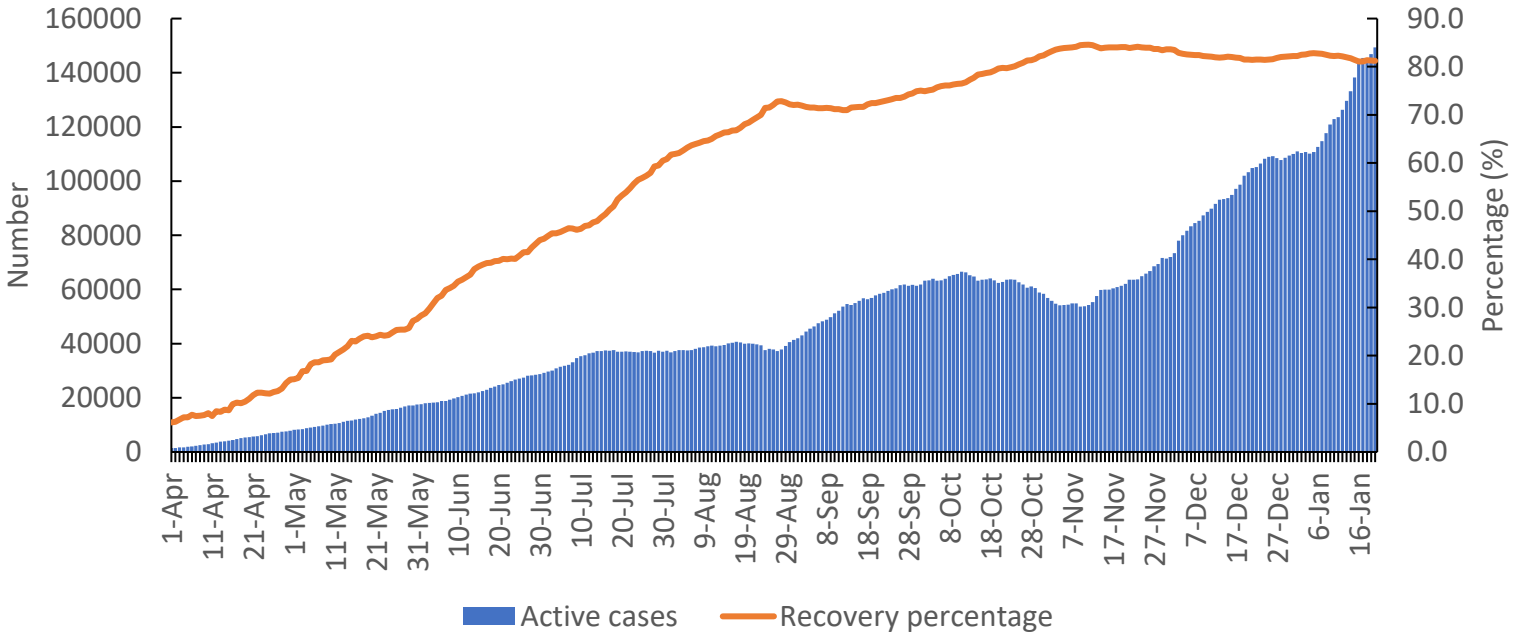

Fig. 18. Number of active cases and recovery percentage from COVID-19 in Indonesia, as of 20 January 2021. *Source of data*

- After an initial decline in the reported number of COVID-19 cases hospitalized in DKI Jakarta from the end of November to the beginning of December 2020, there has been a steady increase; there was a new peak of 5821 hospitalized cases on 31 December. The number of hospitalizations has remained high in January (Fig. 19). The hospitalization rate in DKI Jakarta from 11 to 17 January was 88.3%.[9]

[8] https://covid19.go.id/
[9] Source: https://eis.dinkes.jakarta.go.id/eis/.

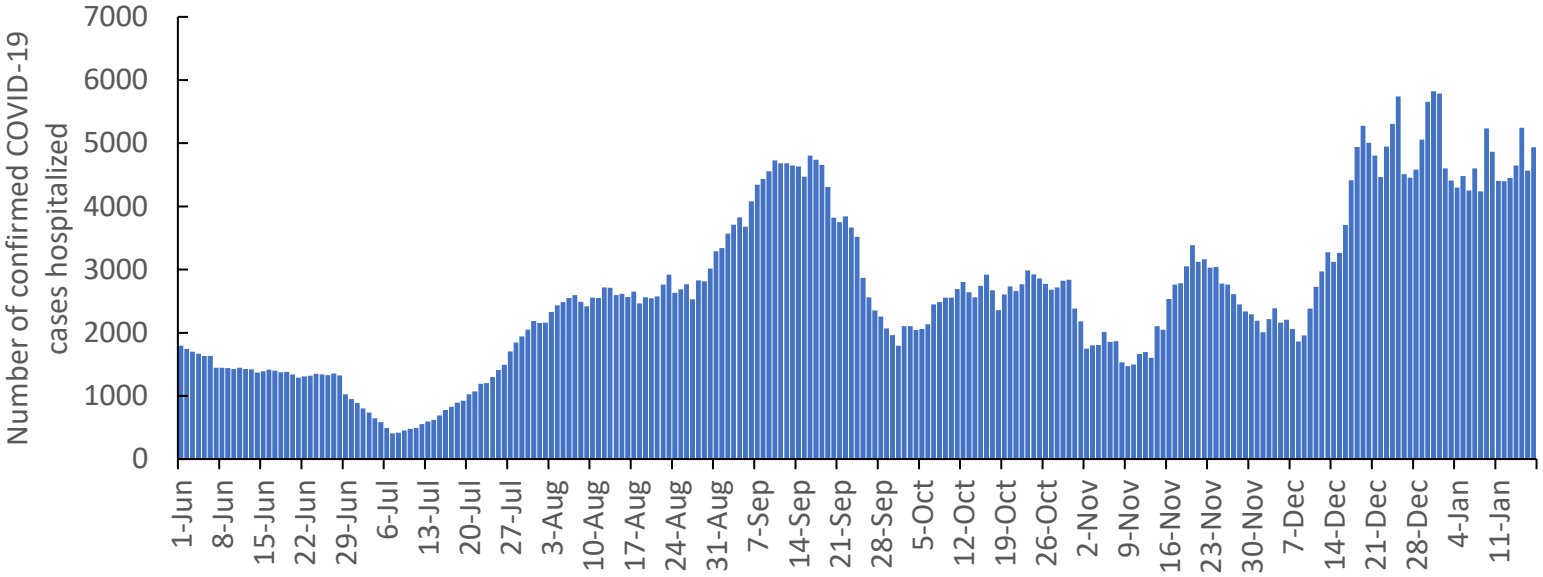

Fig. 19. Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 June 2020 to 17 January 2021. *Source of data*

Disclaimer: Data from Wisma Atlet are not included.

LABORATORY

- WHO continues to support the Government of Indonesia to strengthen laboratory capacity in the country. The WHO laboratory team translated the SARS-CoV-2 Antigen Rapid Diagnostic Test training package into Indonesian. This training package is a comprehensive collection of training resources and tools to enable relevant institutions to organize, run and evaluate training of trainers and/or training of health workers who will be performing SARS-CoV-2 testing using Ag-RDTs.

- As part of the seroepidemiological study in Indonesia, financially supported by the Australian Government Department of Foreign Affairs and Trade (DFAT) and Korea International Cooperation Agency (KOICA) and jointly led by the MoH Directorate General of Disease Prevention and Control and the National Institute of Health Research and Development (NIHRD),[10] enzyme-linked immunosorbent assay (ELISA) testing has started in several

[10] https://www.who.int/indonesia/news/detail/02-07-2020-indonesia-and-who-working-together-to-better-understand-the-extent-of-sars-cov-2-infection-and-population-immunity-as-part-of-who-unity-study

laboratories in Jakarta, Surabaya and Yogyakarta, involving the general population in 69 districts. The objective of this survey is to estimate the seroprevalence of SARS-CoV-2 antibodies in the general population by sex and age group.

INFECTION, PREVENTION, AND CONTROL

- WHO supported the Indonesia Medical Association (Ikatan Dokter Indonesia (IDI)) to conduct a series of meetings to disseminate the 'Guidelines on Standardized Procedures for Doctors' Protection in the COVID-19 Era'. The first series of the meeting was conducted on 16, 17 and 21 December 2020, attended by representatives from the IDI branch and regional offices. The dissemination was also conducted for provinces and districts which have a high burden of COVID-19 cases, namely: Jakarta, Bogor, Depok, Tangerang and Bekasi (12 December 2020); Central Java (29 December 2020); and West Sumatera (14 January 2021), attended by doctors from the respective areas. Further dissemination of this guideline was also conducted for the Indonesian Emergency Doctors Association (Perhimpunan Dokter Emergensi Indonesia (PDEI)) on 22 December 2020 and for the Indonesian General Practitioner's Association (Perhimpunan Dokter Umum Indonesia (PDUI)) on 7 January 2021.

Fig. 20. A physician in Puskesmas Sawah Besar is attending the virtual meeting to disseminate the 'Guidelines on Standardized Procedures for Doctors' Protection in the COVID-19 Era' through YouTube. Credit: IDI

- In October 2020, UN Women, together with WHO and the Ministry of Women Empowerment and Child Protection launched a Comic and Illustration Competition “Women and COVID-19”, with the support from the Government of Japan. The competition aimed to highlight the challenges faced by women and girls in Indonesia during the pandemic, and their important contribution in keeping their families safe and resilient. The organizers received 372 entries by the deadline, reflecting a high level of interest in this topic. On 17 December 2020, a virtual award ceremony followed by a talk-show was organized to announce the winners. During the virtual event, WHO highlighted the important role of healthcare workers and community health workers, who are mostly women, and reflected on the artwork of the finalists. The event was also a part of the 16 Days of Activism Against Gender-Based Violence.[11]

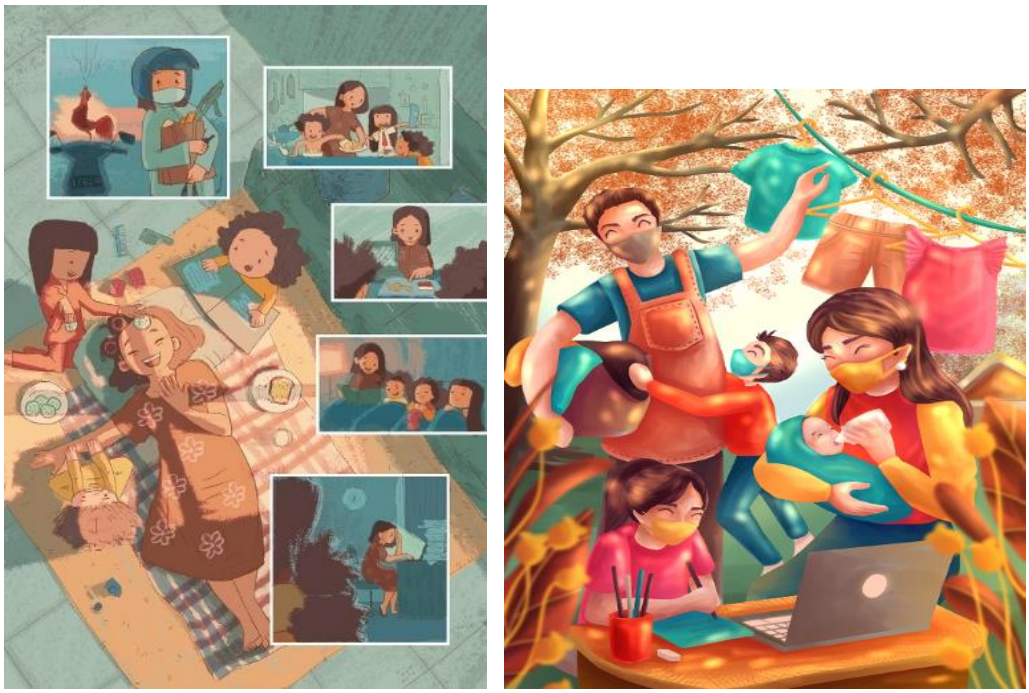

Fig. 21. Winners of the Comic and Illustration competition ‘Women and COVID-19’ launched by UN Women, WHO and the Ministry of Women Empowerment and Child Protection, and supported by the Government of Japan.

Left: ‘Women Head of the Household’ by Lidya Permata Sari, Winner of Category I (15-24 years).
Right: ‘Equal share of domestic and care work is especially important during this time,’ said Rahmawati Yayu Ningsih, Winner of Category II (≥ 25 years).

[11] Women’s Resilience, Strength and Contributions Visualised: Winners of the ‘Women and COVID-19’ Comic and Illustration Competition: https://www.who.int/indonesia/

- On 17 December 2020, WHO participated in the Human Rights Festival organized by the National Commission on Human Rights to observe Human Rights Day. WHO Representative to Indonesia, Dr. N. Paranietharan, delivered a keynote speech on leveraging human rights for the COVID-19 response and recovery. Dr. Paranietharan highlighted key measures to safeguard human rights in the COVID-19 response, including placing health equity at the center of the response, addressing stigma and discrimination, advancing gender equality and prioritizing vulnerable populations.

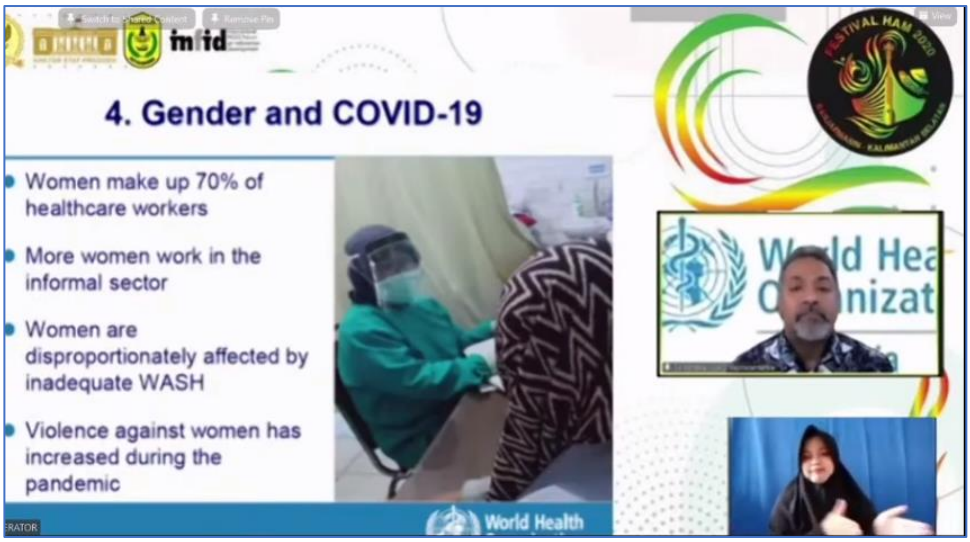

Fig. 22. Dr. N. Paranietharan delivered a presentation on “COVID-19 and Human Rights: Leveraging human rights for the COVID-19 response and recovery” during Human Rights Festival on 17 December 2020.

RISK COMMUNICATION

- WHO is regularly translating and sharing important health messages on its website and social media platforms – Twitter and Instagram – and has recently published:

  Infographics on:
  - COVID-19 symptoms
  - Social gathering

- Wahana Visi Indonesia (WVI), supported by WHO, completed a series of virtual trainings for health staff and community health workers at the end of December 2020 in West Kalimantan, North Maluku, East Nusa Tenggara, and Papua.

RISK, NEEDS ASSESSMENT, AND PLANNING

- As zoonotic diseases continue to be a threat to public health while also causing economic losses, a multisectoral, One Health approach is critical to address complex health threats at the human-animal-environment interface. Together with the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE), WHO developed a Joint Risk Assessment Operational Tool (JRA OT) to support countries in applying a consistent and harmonized approach to assess risks posed by zoonotic diseases. The tripartite collaboration supported the MoH, the Ministry of Agriculture (MoA) and the Ministry of Environment and Forestry (MoEF) to conduct a JRA training involving 75 participants from human, animal and wildlife sectors from national and subnational levels. Three batches of the five-day JRA training sessions were conducted between 30 November and 18 December 2020, attended by provincial health officers, provincial animal health officers and staff from Conservation of Natural Resources Offices (Fig. 23).[12]

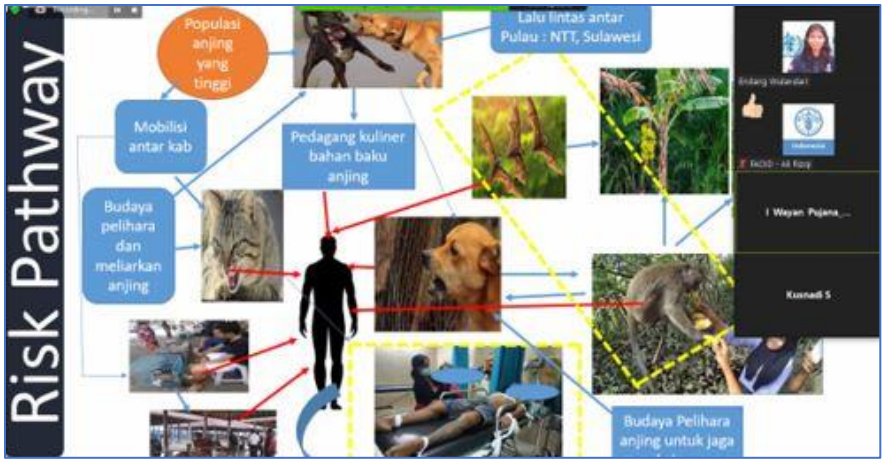

Fig. 23. WHO, FAO and OIE facilitated a group discussion on risk pathways as part of the joint risk assessment training. Credit: Endang Wulandari/WHO

PARTNER COORDINATION

- 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 January 2021 (Fig. 24).

[12] https://www.who.int/indonesia/news/detail/26-12-2020-joint-risk-assessment-training-programme-to-improve-zoonosis-preparedness

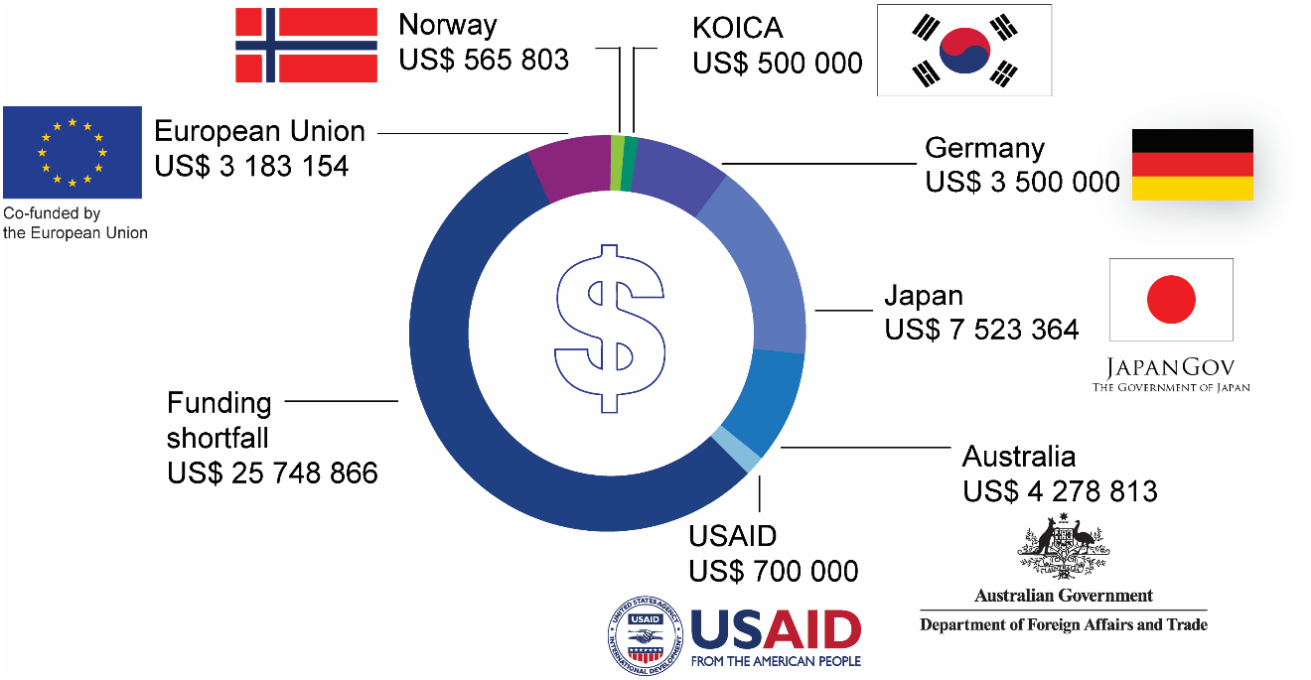

Fig. 24. WHO funding situation for COVID-19 response, January 2021

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/

Title	Details
Infection prevention and control guidance for long-term care facilities in the context of COVID-19 update, 8 January 2021	This interim guidance is for Long-Term Care Facility (LTCF) managers and corresponding infection prevention and control (IPC) focal persons in LTCF. The document is an update to the guidance published in March 2020. WHO will update these recommendations as new information becomes available.
Analysing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers, 14 January 2021	The objective of this interim guidance is to help countries monitor and analyze the impact of COVID-19 on essential health services to inform planning and decision-making. It provides practical recommendations on how to use key performance indicators to analyze changes in access to and delivery of essential health services within the context of the COVID-19 pandemic; how to visualize and interpret these data; and how to use the findings to guide modifications for safe delivery of services and transitioning towards restoration and recovery.
Statement on the 6th meeting of the International Health Regulations (2005) Emergency Committee regarding COVID-19 pandemic, 15 January 2021	The sixth meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding COVID-19 took place on 14 January 2021. The Committee concurred that the COVID-19 pandemic remains a public health emergency of international concern (PHEIC) and offered advice to the Director-General.
Episode 21 of Science in 5, WHO's series of conversations in science, 14 January 2021	WHO Scientist Dr. Peter Ben Embarek talks about understanding the origins of the virus that causes COVID-19.

A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

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:

- Evidence to recommendations for COVID-19 vaccines: Evidence framework
- Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises
- Interim Guidance: Mask use in the context of COVID-19
- Considerations for implementing and adjusting public health and social measures (PHSM) in the context of COVID-19
- Brief update on COVID-19 vaccines

Infographics:

- 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:

- Live Q&A COVID-19 vaccines
- Confused about when to wear a mask
- A properly fitted mask reduces your risk
- Life skills – with MoH

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