HIGHLIGHTS

- As of 3 March, the Government of Indonesia reported 1,353,834 (6,808 new) confirmed cases of COVID-19, 36,721 (203 new) deaths and 1,169,916 recovered cases from 510 districts across all 34 provinces.¹

- WHO handed over laboratory supplies worth US$ 1.3 million to the National Institute of Health Research and Development to increase capacity of COVID-19 testing (page 19).

- WHO translated the online WHO course on ‘COVID-19 vaccination training for health workers’ into Indonesian, which is now available on the OpenWHO platform (page 20).

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 25 February to 3 March 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
During a press conference on 17 February, the Minister of Health Budi Gunadi Sadikin discussed recent challenges with COVID-19 testing in the country. He mentioned that the large amount of data and a complicated user interface of the government’s COVID-19 test reporting application had created challenges for laboratory staff to report complete test data; reporting positive polymerase chain reaction (PCR) test results has been prioritized over negative results to ensure that infected people are isolated as soon as possible. However, this has contributed to a drop in the number of tests reported and an increase in the test positivity rate. The Ministry of Health (MoH) is working to improve the user interface for its test reporting application to make it easier for laboratories, hospitals and other health facilities to submit reports. In addition, the Minister mentioned that there was a decline in the number of tests performed during the long weekend period of the Chinese New Year holiday from 12-14 February, which resulted in a decline in the reported number of cases.²³

During an open dialogue on COVID-19 vaccination that was hosted by Change.org Indonesia on 18 February, the MoH Director of Disease Control and Prevention stated that MoH continues to improve the COVID-19 recording and reporting system by integrating data from several existing platforms; addressing the discrepancy in data reported at the national and subnational levels; and conducting data cleaning and validation down to the subnational level. MoH described several challenges, including data incompleteness and human error in data entry. Furthermore, MoH mentioned that the national COVID-19 data system is being strengthened through integration with Silacak, an application to support testing and contact tracing activities in the country.⁴

On 25 February, the Head of Disease Prevention and Control of DKI Jakarta Provincial Health Office (PHO) reported that there had been an error in the data entry of the number of COVID-19 cases in DKI Jakarta. On 18 February, it was reported that the province recorded 373 new confirmed COVID-19 cases, which gave the impression that there had been a substantial drop in the number of cases. On 1 March, DKI Jakarta PHO updated that the error had been corrected. One of the reasons stated for the drastic drop in the number of confirmed cases was the delay in reporting test results in the MoH test reporting system.⁵

---

• During the Minister of Health’s visit to monitor COVID-19 vaccination of older people (above 60 years old) on 27 February in Surabaya, he mentioned that MoH is aiming to complete the second stage of COVID-19 vaccination for essential public service workers and older people by June 2021. The Minister also said that MoH and health facilities will continue to improve the vaccination registration and queuing system to ensure easier access and prevent crowding at vaccination sites. On 21 February, a long queue of older people was reported during COVID-19 vaccination registration at Kembangan Hospital, Jakarta. The Director of Kembangan Hospital said that the crowd occurred because many of them were not well informed about the online registration mechanism to receive the vaccination.

• The Government of Indonesia has started administering COVID-19 vaccination for teachers on 24 February. Hundreds of teachers and education personnel received their first dose of the COVID-19 vaccine during a vaccination campaign organized at SMA Negeri 70 high school in Jakarta. During a virtual conference, President Joko Widodo mentioned that the government is aiming to vaccinate around five million teachers and education personnel by June 2021 with the hope of reopening schools for the new school term in July.

• On 2 March, the Deputy Minister of Health confirmed that the variant of the SARS-CoV-2 virus first identified in the United Kingdom (B.1.1.7) has been detected in two confirmed COVID-19 cases in Indonesia. The Deputy Minister further said that this new variant will cause more challenges in the COVID-19 response in Indonesia.

---

9 https://nasional.kompas.com/read/2021/03/02/12043751/wamenkes-ditemukan-2-kasus-mutasi-virus-corona-dari-inggris-di-ri
• On 3 March, 6808 new and 1 353 834 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 25 February to 3 March was 6813 cases per day, compared to 8928 cases per day reported in the previous week.

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 3 March 2021. Source of data

Disclaimer: The number of cases reported daily is not the number of persons who contracted COVID-19 on that day and might be influenced by the number of people tested on that day (see Fig. 11); 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, either at national or subnational level.
As of 3 March, 66.8% (904,101 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, Bali, and West Papua (Fig. 3).

Fig. 3. Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 3 March 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.
During the week of 22 to 28 February, the incidence\(^\text{10}\) of COVID-19 in Indonesia was 22.4 per 100,000 population, compared to 23.9 per 100,000 in the previous week (Fig. 4).

**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 (when Indonesia first reported community transmission in the country) to 28 February 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:** There are seven categories for transmission classification: (1) no (active) cases; (2) imported/sporadic cases; (3) cluster of cases; (4) community transmission 1 (CT1); (5) Community transmission 2 (CT2); (6) Community transmission 3 (CT3); and (7) Community transmission 4 (CT4).

Caution should be exercised when interpreting this indicator due to limitations listed in the **WHO interim guidance**. Other limitations include data incompleteness and data quality issues reported by **MoH**. Other epidemiological indicators also need to be evaluated to decide on the level of community transmission. This disclaimer applies to indicators at national (Fig. 4) and subnational levels (Figs. 5 to 10).

---

\(^{10}\) 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**

WHO Indonesia Situation Report - 45

[who.int/indonesia](http://who.int/indonesia)
- The weekly incidence of COVID-19 decreased in all provinces in Java except for Banten and West Java during the week of 22 to 28 February compared to the previous week (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 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

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 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
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 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

Source of data

Fig. 8. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in DI Yogyakarta, from 13 April 2020 to 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. 

Source of data
Fig. 9. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in East Java, from 13 April 2020 to 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data

Fig. 10. Incidence of COVID-19 per 100,000 population per week averaged over a two-week period in Banten, from 13 April 2020 to 28 February 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence. Source of data
On 3 March, the daily numbers of specimens and people tested were 78 673 and 47 582, respectively. On the same day, the daily number of suspected cases was 69 631 (Fig. 11). There is still a wide gap between the number of suspects and people tested. This indicates that improving testing capacity, especially among suspected cases, is integral to narrow the gap.

Test positivity proportion increased sharply after 23 November and was 25.6\% at national level on 28 February (Fig. 12). However, the percentage of positive samples can be interpreted reliably 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, DI Yogyakarta, 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 28 February 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 determine 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: 08/02/21 to 14/02/21; Week 2: 15/02/21 to 21/02/21; Week 3: 22/02/21 to 28/02/21

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

Source of data: Indonesia, DKI Jakarta, West Java, Central Java, DI 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 3 March, the mortality rate in DKI Jakarta of 528 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, East Java, Bali, and North Sulawesi (Fig. 14).

Fig. 14. Cumulative deaths per one million population by province in Indonesia, as of 3 March 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 22 to 28 February, the number of confirmed COVID-19 deaths was 0.56 per 100 000 population, compared to 0.55 per 100 000 in the previous week (Fig. 15).

Out of six provinces in Java, DKI Jakarta, DI Yogyakarta and East Java showed a consecutive decline over the last three weeks in the number of deaths in confirmed and probable cases (Fig. 16).

---

**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.

---

11 Weekly mortality of COVID-19 is calculated as the number of COVID-19 deaths per 100 000 population per week averaged over a two-week period. 

Source of population data

WHO Indonesia Situation Report - 45

who.int/indonesia
Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over three weeks between 8 to 28 February 2021 in Java. Source of data: DKI Jakarta, West Java, Central Java, DI 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 23 February, WHO attended a national seminar on ‘Building National-Regional Health Information System in the Context of Regional Autonomy Framework’, hosted by the Association of Indonesia Local Health Offices (Asosiasi Dinas Kesehatan (ADINKES)). During the seminar, WHO discussed information systems for COVID-19 and lessons learned from other countries. The seminar highlighted that data availability and quality are critical in the COVID-19 response and it is important to ensure interconnectivity of data at national and sub-national levels.

Fig. 17. Dr. Mushtofa Kamal from WHO presented on ‘COVID-19 Information System: Lessons learned from other countries’ during a national seminar hosted by the Association of Indonesia Local Health Offices on 23 February 2021. Credit: WHO/Mushtofa Kamal

HEALTH OPERATIONS

As reported on 3 March, the daily number of people tested by polymerase chain reaction (PCR) for COVID-19 was 47 582 and the cumulative number of people tested was 7 290 849 (Fig. 18).
As of 3 March, the proportion of people recovered among the total confirmed COVID-19 cases was 86.4% and there were 147,197 active cases (Fig. 19).

Fig. 18. Daily and cumulative number of people tested with polymerase chain reaction (PCR) in Indonesia, as of 3 March 2021. Source of data

Fig. 19. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 3 March 2021. Source of data
After an increase in the reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta in December 2020, there was a decline since 23 January 2021. However, the number has been increasing since 31 January and reached a peak of 9888 hospitalized cases on 12 February. The number of hospitalized cases has since decreased to 4425 on 28 February (Fig. 20).

WHO is supporting the National Institute of Health Research and Development (NIHRD) and MoH Board for Development and Empowerment of Health Human Resources to conduct a three-day training for around 900 laboratory staff across Indonesia from 1 to 3 March. The training aims to expand and standardize the COVID-19 laboratory network in the country. The method used will be a combination of theoretical learning as well as active discussion and exercises. This training will provide information on the global and national situation of and control policy for COVID-19, SARS-CoV-2 detection methods, specimen collection and processing, laboratory biosafety and biosecurity measures, quality control and quality assurance for COVID-19 testing, and recording and reporting.

**Disclaimer:** Data from Wisma Atlet are not included.
On 25 February, WHO handed over nucleic acid extraction kits, real-time fluorescent reverse transcriptase polymerase chain reaction (RT-PCR) kits and disposable sampling kits for 157,250 tests, with an estimated cost of US$ 1.3 million, to NIHRD. The laboratory supplies are expected to increase the capacity of COVID-19 testing at NIHRD as the national COVID-19 referral laboratory.

INFECTION PREVENTION AND CONTROL

On 25 February, WHO supported the Indonesian Medical Association (Ikatan Dokter Indonesia (IDI)) to conduct a virtual meeting to launch the second revision of the ‘Guidelines on Standardized Procedures for Doctors’ Protection in the COVID-19 Pandemic Era’. More than 880 participants attended the session, including the Deputy Minister of Health, Head of the National COVID-19 Task Force, Head of IDI, as well as doctors and health workers from across the country. During the meeting, Deputy Head of WHO Indonesia Dr. Arturo Pesigan expressed an appreciation for the valuable role of IDI during the collaborative work and emphasized the importance of ensuring the implementation of occupational safety protocols and prioritizing the health of health workers.

Fig. 21. A virtual meeting to launch the second revision of the ‘Guidelines on Standardized Procedures for Doctor’s Protection in the COVID-19 Pandemic Era’, conducted by the Indonesian Medical Association (Ikatan Dokter Indonesia (IDI)) on 25 February 2021. Credit: IDI
The WHO online course on ‘COVID-19 vaccination training for health workers’ was translated into Indonesian and is available on the OpenWHO platform. This course provides general information on COVID-19 and specific information on storage, handling and administration of the vaccine, recording and monitoring, including for adverse events following immunization (AEFI), and communication (acceptance and demand). It consists of a series of short video lectures and exercises. The course is designed for frontline health workers who will be vaccinators and priority recipients. In the January/February 2021 edition of the OpenWHO newsletter, Indonesian was reported to be one of the top ten languages with the most enrolments on average per COVID-19 course in the OpenWHO platform.

WHO is supporting MoH to develop the national influenza pandemic contingency plan. It will take into consideration the lessons learned from the COVID-19 response to strengthen the country capacity for health security. A series of technical meetings between WHO and MoH is ongoing to draft the contingency plan. The plan will be further discussed in consultation meetings with a broader range of stakeholders.

On 8 and 23 February, WHO facilitated the participation of MoH, the Ministry of Home Affairs (MoHA) and the DKI Jakarta Provincial Administration in a series of webinars on ‘Advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond’, organized by WHO. During the webinar on 8 February, the Deputy Governor of DKI Jakarta updated on the COVID-19 pandemic response and elaborated on the implementation of the 3T (testing, tracing, treatment) strategy in the province. Among others, he reported that DKI Jakarta has 87 laboratories in the laboratory network for COVID-19 testing, engaged more than 1500 paid medical professionals for contact tracing activities, and set up 101 COVID-19 referral hospitals with a capacity of more than 1100 ICU beds and 8000 isolation beds for treatment of COVID-19 patients.
As of 1 March, the cumulative number of people who have received the first dose of the COVID-19 vaccine was 1,705,239 (Fig. 23), including health workers, public service workers and older people (above 60 years old). As of the same day, a total of 1,010,028 health workers have received the second dose of the vaccine (Fig. 24). The daily average number of the first dose of vaccination conducted since 13 January is 35,526. Meanwhile, the daily average number of the second dose of vaccination since 27 January is 29,707.
Fig. 23. Cumulative number of people who have received the first dose of the COVID-19 vaccine in Indonesia, from 22 January to 1 March 2021. Source of data

Disclaimer: The first dose of COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January. The second stage of COVID-19 vaccination started on 17 February, targeting essential public service workers and older people (above 60 years old).

Fig. 24. Cumulative number of health workers who have received the second dose of the COVID-19 vaccine in Indonesia, from 28 January to 1 March 2021. Source of data

Disclaimer: The second dose of COVID-19 vaccination started on 27 January. Published data from MoH is available starting from 28 January.
As the Government of Indonesia started to roll-out COVID-19 vaccination for adults over the age of 60, on 23 and 24 February, WHO attended a virtual meeting hosted by MoH to discuss COVID-19 vaccination for this target group. This two-day meeting was attended by staff members of the PHOs, District Health Offices (DHOs) and community health centres (puskesmas) from seven high-risk provinces, namely Bali, Banten, Central Java, DI Yogyakarta, DKI Jakarta, East Java, and West Java. During the meeting, the MoH Directorate of Family Health emphasized several important aspects of COVID-19 vaccination for older people, including screening, a strategy to implement vaccination in healthcare facilities and care homes (including cross-sectoral coordination), the involvement of families/caregivers, and post-vaccination observation. MoH also mentioned that the government has provided information about the mechanisms and links to the vaccination registration portal for older people on kemkes.go.id and covid19.go.id. The government has continued to provide essential health services for older adults during the COVID-19 pandemic by ensuring that geriatric clinics remain available, establishing services for COVID-19 cases in elderly people in several referral hospitals, and releasing the Guidelines for Elderly Health Services in the COVID-19 Pandemic Era.

WHO has been regularly supporting MoH to translate information, education and communication (IEC) materials related to older adults and the COVID-19 pandemic. WHO has recommended older people to continue an active lifestyle and to strengthen their immune system by doing the following:

---

Fig. 25. A virtual meeting to discuss COVID-19 vaccination for older people, hosted by the Ministry of Health (MoH) on 23 and 24 February 2021. Credit: MoH
Some activity is better than none at all! Start with light activity and work your way up.
Try not to sit for long periods. Stand up and move around throughout the day. Doing chores counts.
Use your own body weight and objects around to work out.
Check out online workouts or connect virtually to work out with friends and family.

**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 March 2021 (Fig. 26)

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.
### Table 1: Title and details of recent WHO resource materials

Source: https://www.who.int/

<table>
<thead>
<tr>
<th>Title</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO living guideline: Drugs to prevent COVID-19</strong>, 2 March 2021</td>
<td>This first version of the ‘Drugs to prevent COVID-19: A WHO living guideline’ contains new information and a recommendation on hydroxychloroquine. It follows the publication of six trials synthesized in a living network meta-analysis (NMA).</td>
</tr>
<tr>
<td><strong>COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)</strong>, 24 February 2021</td>
<td>The COVID-19 Strategic Preparedness and Response Plan (SPRP 2021) and its accompanying documents aim to guide the coordinated action that must be taken at national, regional, and global levels to overcome the ongoing challenges in the response to COVID-19, address inequities, and plot a course out of the pandemic.</td>
</tr>
<tr>
<td><strong>COVID-19 vaccine introduction and deployment costing tool (CVIC tool)</strong>, 20 February 2021</td>
<td>This tool aligns with the COVID-19 vaccine introduction readiness assessment tool, the Guidance on developing a national deployment and vaccination plan and WHO Strategic Advisory Group of Experts on Immunization (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination. It is designed to support a rapid, yet comprehensive, estimation of the incremental costs of COVID-19 vaccine introduction for resource mobilization purposes. The tool’s output includes estimates which can be directly inserted into COVID-19 vaccine introduction readiness assessment tool.</td>
</tr>
<tr>
<td><strong>Anti-interleukin-6 therapies for hospitalized patients with COVID-19: a protocol for a prospective meta-analysis of randomized trials</strong>, 19 February 2021</td>
<td>The overall objective of this prospective meta-analyses (PMA) is to estimate the effect of anti-interleukin-6 therapy compared with usual care in hospitalized patients with suspected or confirmed COVID-19.</td>
</tr>
</tbody>
</table>
A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:
- Standard precautions: Environmental cleaning and disinfection
- 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

WHO guidance:
- Operational considerations to expedite genomic sequencing component of GISRS surveillance of SARS-CoV-2
- COVID-19 vaccination: supply and logistics guidance
- Maintaining a safe and adequate blood supply and collecting convalescent plasma in the context of the COVID-19 pandemic
- National Blood Services on Protecting the Blood Supply During Infectious Disease Outbreaks

Infographics:
- COVID-19 vaccines and vaccination
- The truth about COVID-19 vaccines
- Quarantine and self-monitoring
- COVID-19 tests
- Mental health

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

Videos:
- Time to abide (1-10)
- Hand sanitizer routine
- COVID-19 virus variants
- Science in 5: “I am vaccinated, what next?”

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

WHO Indonesia Reports