As of 24 March, the Government of Indonesia reported 1,476,452 (5227 new) confirmed cases of COVID-19, 39,983 (118 new) deaths and 1,312,543 recovered cases from 510 districts across all 34 provinces.¹

WHO supported the National Institute of Health Research and Development to conduct a virtual training on surveillance of SARS-CoV-2 genetic sequences on 19 March (page 16).

WHO continues to provide technical assistance to the Ministry of Health in ensuring the smooth implementation of COVID-19 vaccination in Indonesia. WHO Representative to Indonesia was present during a mass vaccination using the AstraZeneca COVID-19 vaccine from the COVAX Facility, organized in Surabaya (page 19).

Fig. 1. Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 18 to 24 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 hearing with the Commission IX of the House of Representatives on 15 March, the Minister of Health emphasized that a COVID-19 vaccination certificate cannot be used as a requirement for domestic travel, especially for travel by plane, considering the current epidemiological situation of COVID-19 in Indonesia. He said that having a negative COVID-19 test result should remain a prerequisite for those who want to travel.²

On 15 March, the Minister of Tourism and Creative Economy stated that he is planning to have 2 million Bali residents vaccinated for COVID-19 by July 2021. The plan is an effort to boost the national vaccination campaign and to reopen the province for tourism.³

During a press conference on 17 March, the Indonesian Ulema Council (Majelis Ulama Indonesia (MUI)) announced that it issued a fatwa related to COVID-19 vaccination during the month of Ramadhan. MUI stated that the COVID-19 vaccine that is administered through intramuscular injection does not invalidate fasting. At the same time, MUI also urged Indonesian Muslims to participate in the government’s vaccination campaign to achieve herd immunity and curb the transmission of the virus.⁴

On 22 March, the Indonesian National Agency of Drug and Food Control (Badan Pengawas Obat dan Makanan (BPOM)) announced that the AstraZeneca COVID-19 vaccine was safe to be used. The announcement came after the European Medicines Agency (EMA) stated that the benefits of the vaccine in preventing hospitalizations and deaths among confirmed COVID-19 cases outweighed the risk of side effects. Together with the National Committee on Adverse Events Following Immunization (Komite Nasional Kejadian Ikutan Pasca Imunisasi (Komnas KIPI)) and the Indonesian Technical Advisory Group on Immunization (ITAGI), BPOM reviewed the safety and efficacy of the vaccine and urged the public to get vaccinated as scheduled. According to BPOM, the AstraZeneca vaccine can be used for people aged 18 years and above, with an interval of eight to twelve weeks between the first dose and the second dose.⁵

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³ https://en.tempo.co/read/1442599/tourism-minister-intends-to-vaccinate-2-million-bali-residents
⁵ https://www.thejakartapost.com/paper/2021/03/21/indonesia-ready-to-start-using-astrazeneca-after-suspension.html
• On 24 March, 5227 new and 1 476 452 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days from 18 to 24 March was 5596 cases per day, compared to 5529 cases per day reported in the previous week.

Fig. 2. Daily and cumulative number of cases reported in Indonesia, as of 24 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. 17); 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 the national or subnational level.
During the week of 15 to 21 March, the provinces of West Nusa Tenggara, Jambi, Southeast Sulawesi, Bangka Belitung Islands and Central Kalimantan experienced an increase in the number of weekly cases of more than 30% compared to the previous week (Fig. 3). It is critical to investigate reasons for the increase in new confirmed cases to guide decisions on response activities and inform the adjustment of public health and social measures.

Fig. 3. Percentage change of weekly number of confirmed cases by province during 15 to 21 March 2021 compared to the previous week. Source of data

Disclaimer: The number of weekly confirmed cases is calculated taking into consideration the daily number of reported cases. Caution should be exercised when interpreting this figure due to data limitations reported by MoH.
During the week of 15 to 21 March, the incidence\(^6\) of COVID-19 in Indonesia was 15.2 per 100,000 population, compared to 16.6 per 100,000 in the previous week (Fig. 4).

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\(^6\) 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

**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 11).
During the week of 15 to 21 March, the incidence of COVID-19 per 100,000 population ranged between 50 and 150 in DKI Jakarta and East Kalimantan, which corresponds to community transmission level 3 (Fig. 5). Based on WHO interim guidance, community transmission level 3 means that there is a high risk of COVID-19 infection for the general population and that a high incidence of locally acquired, widely dispersed cases was detected in the past 14 days.

Source of data
• The weekly incidence of COVID-19 decreased in all provinces in Java Island except Banten during the week of 15 to 21 March compared to the previous week (Fig. 6 to 11).

DKI Jakarta

![Graph showing incidence of COVID-19 per 100,000 population per week in DKI Jakarta, from 13 April 2020 to 21 March 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.]

Source of data

West Java

![Graph showing incidence of COVID-19 per 100,000 population per week in West Java, from 13 April 2020 to 21 March 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.]

Source of data

who.int/indonesia
Fig. 8. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Central Java, from 13 April 2020 to 21 March 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 DI Yogyakarta, from 13 April 2020 to 21 March 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 East Java, from 13 April 2020 to 21 March 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. 11. Incidence of COVID-19 per 100 000 population per week averaged over a two-week period in Banten, from 13 April 2020 to 21 March 2021, classified by level of community transmission (CT): CT1: low incidence; CT2: moderate incidence; CT3: high incidence; CT4: very high incidence.

Source of data
- Test positivity proportion nationwide increased sharply after 23 November and reached a peak of 30.5% in mid-February. Subsequently, the positivity proportion has declined and stands at 13.5% on 21 March (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 21 March 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 determine the level of community transmission.
Fig. 13. Test positivity proportion and people tested per 1000 population per week at the national level and in select provinces.

Week 1: 01/03/21 to 07/03/21; Week 2: 08/03/21 to 14/03/21; Week 3: 15/03/21 to 21/03/21

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.
During the week of 15 to 21 March, DKI Jakarta had the highest weekly number of confirmed COVID-19 deaths per 100 000 population, followed by East Kalimantan, Bali, North Kalimantan, and DI Yogyakarta (Fig. 14).

Fig. 14. Number of confirmed COVID-19 deaths per 100 000 population per week averaged over a two-week period by province in Indonesia during 15 to 21 March 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: 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 15 to 21 March, the number of confirmed COVID-19 deaths was 0.42 per 100 000 population\(^7\), compared to 0.47 per 100 000 in the previous week (Fig. 15).

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

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\(^7\) 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

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 the level of community transmission could not be conducted due to data limitations.
Fig. 16. Deaths among confirmed COVID-19 cases and probable cases per week over three weeks between 1 to 21 March 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.
• As reported on 24 March, the daily number of people tested for COVID-19 was 49 788 and the cumulative number of people tested was 8 176 521 (Fig. 17).

Fig. 17. Daily and cumulative number of people tested for COVID-19 in Indonesia, as of 24 March 2021. Source of data

• As of 24 March, the proportion of people recovered among the total confirmed COVID-19 cases was 88.9% and there were 123 926 active cases (Fig. 18).

Fig. 18. Number of active cases of COVID-19 and recovery percentage in Indonesia, as of 24 March 2021. Source of data
- The reported number of confirmed COVID-19 cases hospitalized in DKI Jakarta reached a peak of 9888 hospitalized cases on 12 February. The number of hospitalized cases has since decreased to 3463 on 21 March (Fig. 19).

![Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 July 2020 to 21 March 2021.](source-of-data.png)

**Fig. 19.** Number of confirmed COVID-19 cases hospitalized in DKI Jakarta from 1 July 2020 to 21 March 2021. **Source of data**

**Disclaimer:** Data from Wisma Atlet are not included.

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### LABORATORY

- On 19 March, WHO supported the National Institute of Health Research and Development (NIHRD) to conduct a virtual training on the surveillance of SARS-CoV-2 genetic sequences, attended by around 80 participants from the genomic surveillance lab network in Indonesia. WHO presented the SARS-CoV-2 variants of concern (VoC) and explained the impact of those variants on COVID-19 epidemiology, antibody neutralization, disease severity and mortality, and also their impact on the effectiveness of available diagnostics and vaccines. In addition, WHO explained the working definitions of variants of interest (VoI) and VoC, which were included in the **WHO Weekly Epidemiological Update - 25 February 2021.**
WHO is regularly translating and sharing important health messages on its [website](https://www.who.int/indonesia) and social media platforms – [Twitter](https://twitter.com) and [Instagram](https://www.instagram.com) – and has recently published:

**Infographics:**
- **Contact tracing**

![Infographics](image)

Fig. 21. WHO infographics on [Contact tracing](https://www.who.int/indonesia), March 2021

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**RISK COMMUNICATION**

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Fig. 20. WHO supported the National Institute of Health Research and Development (NIHRD) to conduct a virtual training on surveillance of SARS-CoV-2 genetic sequences, on 19 March 2021. Credit: WHO/Tina Kusumaningrum
• As of 22 March, 8 226 632 vaccine doses have been administered to health workers, essential public service workers and older people (above 60 years old) in the national COVID-19 vaccination campaign; 5 732 210 people have received the first dose and 2 494 422 people have received the second dose (Fig. 22).

Fig. 22. Cumulative number of vaccine doses administered in Indonesia, from 22 January to 22 March 2021. Source of data

Disclaimer: COVID-19 vaccination started on 13 January. Published data from MoH is available starting from 22 January.

• As of 22 March, the number of health workers who have received the second dose of the COVID-19 vaccine (fully vaccinated) was 1 245 055 (84.8% of the target population of 1 468 764). The number of essential public service workers who have received the first dose of the vaccine was 3 221 959 (18.6% of the targeted 17 327 169); and the number of older people who have received the first dose of the COVID-19 vaccine was 1 011 483 (4.7% of the targeted 21 553 118) (Fig. 23).
The Ministry of Health (MoH) and the East Java branch of Nahdlatul Ulama (PWNU), one of the major Islamic organizations in Indonesia, held a mass COVID-19 vaccination for around 100 Muslim leaders and PWNU administrators using the AstraZeneca vaccine from the COVAX Facility, organized in Surabaya on 23 March. WHO Representative to Indonesia Dr N. Paranietharan and United Nations Children’s Fund (UNICEF) Representative to Indonesia Debora Comini were present at the event.

The first roll-out of AstraZeneca COVID-19 vaccine was given to 50 Muslim leaders in East Java during a mass vaccination organized at the Delta Wibawa Hall, Sidoarjo on 22 March, which was attended by President Joko Widodo. Previously, BPOM issued the emergency use authorization (EUA) for AstraZeneca vaccine on 22 February\(^8\). Following the issuance of the EUA, MUI issued a fatwa on the use of the vaccine on 16 March, allowing the use of AstraZeneca vaccine in an emergency situation and urging Indonesian Muslims to get vaccinated.

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On 23 March, WHO facilitated the participation of MoH, the Ministry of Home Affairs (MoHA) and the Deputy Governor of DKI Jakarta in the 'Fifth WHO Urban Preparedness Working Group Meeting on Risk Assessment, Identification of Gaps and Capacity Building'. The meeting was part of a series on ‘Advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond’, organized by WHO between the period of February to March 2021. The meeting was attended by around 30 participants from WHO Member States and aimed to provide information on the COVID-19 urban setting simulation exercise and how to conduct a multi-hazard risk assessment to inform the development of an urban emergency preparedness plan and exercises. The meeting also discussed various tools that can be used to improve emergency preparedness in cities and urban settings such as public health system resilience scorecard, integrating health in urban and territorial planning: a sourcebook for urban leaders, and the interim checklist on strengthening preparedness in cities and urban settings for the COVID-19 pandemic and beyond.
On 19 March, WHO convened the fifth meeting of key development partners in 2021 to discuss and coordinate COVID-19 response activities in Indonesia. The meeting was attended by partners, including the Asian Development Bank (ADB), Australian Government Department of Foreign Affairs and Trade (DFAT), British Embassy, Japan International Cooperation Agency (JICA), Korea International Cooperation Agency (KOICA), UNICEF, United States Agency for International Development (USAID), and United States Centers for Disease Control and Prevention (US CDC). WHO presented COVID-19 updates, discussed the latest epidemiological situation at national and subnational levels, and explained the key WHO interventions to support the national pandemic response. Several key points of discussion among partners included the use of Ag-RDTs and data recording and reporting, updates on national vaccination campaign, support on cold chain equipment, and support on whole genome sequencing (WGS).
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).

Fig. 26. WHO funding situation for COVID-19 response, March 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.
### 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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Episode 30</strong> of Science in 5, WHO’s series of conversations in science, 19 March 2021</td>
<td>WHO Chief Scientist Dr Soumya Swaminathan answers questions and concerns around COVID-19 vaccine development, vaccination, and vaccine side effects.</td>
</tr>
<tr>
<td>Interim guidance for developing a Smart Vaccination Certificate, 19 March 2021</td>
<td>As Member States are increasingly looking to adopt digital solutions for a vaccination certificate for COVID-19, this document aims to provide Member States with a baseline set of requirements and standards specifications that will allow for a compliant smart vaccination certificate (SVC) solution to be interoperable with other SVC standards-based solutions.</td>
</tr>
<tr>
<td>A guide to contracting for health services during the COVID-19 pandemic (conference copy), 19 March 2021</td>
<td>This document offers a practical introduction to contracting the private sector in support of national COVID-19 responses. The target audience of this document is policy makers in low- and middle-income countries (LMICs) that have, at this time, limited experience of using contracts for health services but are expected to do so in the emergency conditions created by COVID-19.</td>
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</tbody>
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A SNAPSHOT OF WHO COURSES AND INFORMATION MATERIAL

Online WHO COVID-19 courses:
- COVID-19 vaccination training for health workers
- 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

WHO guidance:
- How to monitor and report COVID-19 vaccine side effects
- Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data

Infographics:
- COVID-19 new variants
- COVID-19 vaccines and vaccination
- The truth about COVID-19 vaccines
- Quarantine and self-monitoring
- COVID-19 tests

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

WHO Indonesia Situation Report - 48
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