HIGHLIGHTS

- As of 2 December, the Government of Indonesia announced 549,508 (553,33 new) confirmed cases of COVID-19, 17,199 (118 new) deaths and 458,880 recovered cases from 507 districts across all 34 provinces.\(^1\)

- WHO is supporting the Ministry of Health to strengthen water, sanitation and hygiene in healthcare facilities for quality care and patient safety during the COVID-19 pandemic (pages 15 and 16).

- WHO is providing technical assistance to the government for continuity of essential health services. Highlights of the National AIDS Programme are detailed on pages 18 to 21.

![Map of Indonesia with COVID-19 cases distribution](image)

Figure 1: Geographic distribution of cumulative number of confirmed COVID-19 cases in Indonesia across the provinces reported from 26 November to 2 December 2020. **Source of data**

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

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\(^1\) [https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)
On 29 November, the daily number of new confirmed COVID-19 cases in Indonesia surpassed 6000 for the first time. There were 6267 new cases recorded on that day. Central Java reported the highest number with 2036 cases, followed by Jakarta (1431 cases), East Java (412 cases), West Sumatra (273), West Java (228 cases), East Kalimantan (204 cases), Riau (173 cases), Banten (151), South Sulawesi (113) and Bali (109).

Bogor Deputy Regent Iwan Setiawan informed the media that many hospitals in the region had reached their maximum capacity. The Bogor Regency Health Agency reported that as of 28 November, the bed occupancy rate of COVID-19 referral hospitals in the area was above 80%, with 662 out of 812 beds occupied. Eight hospitals in the area had already reached full occupancy, namely Sentra Medika Cibinong Hospital, Cileungsi General Hospital, Bina Husada, Thamrin, Dompet Dhuafa, KBP, Permata Jonggol and Anisa Hospital. To alleviate some of the burden on the hospitals operating at full or near full capacity, the regency administration increased the number of isolation rooms for asymptomatic patients and those with mild symptoms by converting a local training centre into an emergency isolation facility.

A recent survey by a local online booking service PegiPegi, conducted from 9 to 16 November, reported that 75% of Indonesians are planning to travel during the year-end holidays. Of a total of 1490 respondents, 45% indicated that they planned to drive to other cities during the holidays while 30% preferred to travel by plane. During the previous extended holidays, the daily average number of new confirmed cases increased in the subsequent two weeks. This increase was 69% after Eid-Ul-Fitr and 58% after the Independence Day weekend.

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- On 2 December, 5533 new and 549 508 cumulative confirmed COVID-19 cases were reported nationwide (Fig. 2). The average for the last seven days was 5382 cases per day.

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

Disclaimer: The number of cases reported daily is not the number of persons who contracted COVID-19 on that day; reporting of laboratory-confirmed results may take up to one week from the time of testing. Therefore, caution must be taken in interpreting this figure and the epidemiological curve for further analysis.
As of 2 December, 60.6% (333,118 cases) of the cumulative number of confirmed COVID-19 cases were in Java. DKI Jakarta had the highest number of confirmed cases per one million population, followed by West Papua, East Kalimantan, West Sumatra and Bali (Fig. 3).

Figure 3: Cumulative confirmed cases of COVID-19 per one million population by province in Indonesia, as of 2 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 23 to 29 November, the case incidence of COVID-19 per 100 000 population\(^5\) in Indonesia was 13.5 – an increase from 11.3 in the previous week (16 to 22 November) (Fig. 4). This was the highest case incidence per 100 000 population per week since the first cases were reported in the country.

Figure 4: Case incidence of COVID-19 per 100 000 population reported in Indonesia, as of 29 November 2020.

\(\text{Source of data}\)

\(^5\) Case incidence of COVID-19 per 100 000 population is calculated by dividing the number of new confirmed cases per week by total population and multiplying the result by 100 000.
• Case incidence of COVID-19 per 100,000 population increased in all provinces in Java during the week of 23 to 29 November compared to the previous week (Figs. 5 to 10). Central Java, Yogyakarta and Banten had a marked increase compared to the last week.

Figure 5: Case incidence of COVID-19 per 100,000 population in DKI Jakarta, as of 29 November 2020.

Figure 6: Case incidence of COVID-19 per 100,000 population in West Java, as of 29 November 2020.
Figure 7: Case incidence of COVID-19 per 100 000 population in Central Java, as of 29 November 2020.

Figure 8: Case incidence of COVID-19 per 100 000 population in Yogyakarta, as of 29 November 2020.
Figure 9: Case incidence of COVID-19 per 100,000 population in East Java, as of 29 November 2020.

Figure 10: Case incidence of COVID-19 per 100,000 population in Banten, as of 29 November 2020.
• As of 2 December, the daily numbers of specimens and people tested were 58,245 and 41,861, respectively. As of the same day, the daily number of suspected cases was 71,074 (Fig. 11). There remains a gap between the number of suspected cases and the number of people tested. It is crucial to improve laboratory capacity and ensure adequate supplies to test all suspected cases. Antigen-detection rapid diagnostic tests (Ag-RDTs) can be used to improve testing capacity, especially in areas with limited access to polymerase chain reaction (PCR) laboratories and in laboratories that have a long turn-around time for PCR test results. There is a need to develop a national regulation on the use of Ag-RDTs which can be based on WHO guidance on ‘Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays’.

![Graph showing the daily number of specimens and people tested and suspected COVID-19 cases in Indonesia, from 1 November to 2 December 2020.](source_of_data)

• The percentage of positive samples can be interpreted only with comprehensive surveillance and testing in the order of one person tested per 1000 population per week. This minimum case detection benchmark was achieved in DKI Jakarta, Central Java, 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. 12).
Figure 12: Test positivity proportion and people tested per 1000 population per week:
Week 1: 09/11/20 to 15/11/20; Week 2: 16/11/20 to 22/11/20; Week 3: 23/11/20 to 29/11/20
--- 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 2 December, the mortality rate in DKI Jakarta of 255 confirmed COVID-19 deaths per one million population was the highest in the country, followed by East Kalimantan, South Kalimantan, East Java, Bali and North Sulawesi (Fig. 13).

Figure 13: Cumulative deaths per one million population by province in Indonesia, as of 2 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 23 to 29 November, the number of confirmed COVID-19 deaths was 0.34 per 100 000 population, compared to 0.25 per 100 000 population in the previous week (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 9 to 29 November. The same was observed in West Java during the week of 16 to 22 November.

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.
Figure 15: Deaths among confirmed COVID-19 cases and probable cases per week over the weeks from 9 to 29 November 2020 in Java. Source of data: **DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten**

Disclaimer: The data are provisional. There may be a discrepancy in the number of deaths in confirmed COVID-19 cases between national and provincial data sources.
As reported by the government on 2 December, the daily number of people tested for COVID-19 with PCR was 41,861 and the cumulative number of people tested was 3,907,273 (Fig. 16). As of the same day, the proportion of people that recovered among the total confirmed COVID-19 cases was 83.5%, and there were 73,429 active cases (Fig. 17).\(^6\)

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\(^6\) [https://covid19.go.id/](https://covid19.go.id/)
- DKI Jakarta had a peak in the number of COVID-19 cases hospitalized in mid-September, since the first cases were reported in the country on 2 March 2020. Since then, though there has been an overall decline, notable rises in hospitalizations were observed in October and November. (Fig. 18).

- WHO is supporting the Ministry of Health (MoH) to strengthen water, sanitation and hygiene (WASH) in healthcare facilities to enhance quality of care and patient safety during the COVID-19 pandemic. WHO and MoH conducted a training of trainers (ToT) on *Water, Sanitation and Hygiene for Health Facility Improvement Tools (WASH FIT)* on 9, 17, 19, 24 and 26 November. Through interactive discussions, WHO trained participants on using WASH FIT to identify the needs, gaps and challenges related to WASH in healthcare facilities. In addition, WHO presented on how to integrate climate change preparedness and resilience, gender equality and social inclusion into WASH infrastructure. Around 30 participants attended the training, including: MoH; the United Nations Children’s Fund (UNICEF); the United Nations Development Programme (UNDP) and other development partners; and professional associations and NGOs that work with WASH in different provinces in Indonesia, including Doctors Without
Borders (MSF), SNV Netherlands Development Organization, Plan International Indonesia, Yayasan Noken Papua, Indonesian Association of Environmental Health Experts (HAKLI), Indonesian Society of Public Health Scholars (PERSAKMI) and Indonesian Public Health Association (IAKMI). At the end of the ToT, participants conducted a virtual assessment of a community health centre (puskesmas) using WASH FIT, developed an improvement plan and a road map for actions to strengthen WASH in their programmes in 2021.

On 24 November, WHO supported Wahana Visi Indonesia (WVI) with the second training in a series of five on risk communication and community engagement (RCCE). A total of 156 volunteer community health workers participated from West Kalimantan. The topic of discussion was the stigma faced by individuals who had recovered from COVID-19, as well as the role of volunteers to address stigma in the community. On the same day, WHO facilitated another WVI training on 'The impact of stigma during the COVID-19 pandemic'. This was the fourth in the series of five webinars for volunteer community health workers in North Maluku. During this session, participants discussed how to improve awareness of health protocols within communities.
• On 26 and 27 November, WHO supported MoH in a meeting to monitor the implementation of recommendations from the Intra-Action Review (IAR). The recommendations covered nine areas: (i) command and coordination, (ii) RCCE, (ii) logistics and operational support, (iv) infection prevention and control, (v) case management, (vi) surveillance, (vii) laboratory, (viii) points of entry (PoE) and (ix) essential health services. Focal points for each area at MoH presented the activities they have carried out following the recommendations and highlighted challenges and constraints. Other attendees included: PoE officers; hospital staff; representatives from Provincial Health Offices, the Office of the President, the Cabinet Secretariat, the Ministry of Internal Affairs, the Ministry of Transportation, Indonesian Red Cross; and development partners including the Australian Department of Foreign Affairs and Trade (DFAT), UNICEF and the United States Agency for International Development (USAID).

• Some of the achievements from the implementation of the IAR recommendations include: revision of the National COVID-19 Response Plan (being finalized by the Secretary General); development of information, education and communication (IEC) materials; improvement in training for contact tracing and infection prevention and control; ensuring continuous supply of laboratory reagents; and development of the National Vaccine Deployment Plan. The participants agreed that regular coordination meetings are necessary to continuously monitor the implementation of the IAR recommendations, identify gaps, propose solutions and improve the overall response.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

• WHO is supporting the government for programme analysis of various essential health services to ensure their continuity during the pandemic. Initial highlights of the National AIDS Programme (NAP) analysis can be found in WHO Situation Report 16. Updates from the programme are presented below:

i. As mentioned in the previous report, the number of HIV tests per month had declined by almost 50% and 60% in April and May 2020, respectively, compared to the same period in 2019. Since June, HIV testing services increased in line with the WHO guidance on
‘Maintaining essential health services: operational guidance for the COVID-19 context’; the overall reduction in testing between January to September 2020 compared to the same period in 2019 is now 11%.

ii. Similarly, the number of people living with HIV (PLHIV) entering HIV care and initiating antiretroviral treatment had reduced to half between March and May in 2020, compared to the same period in 2019. The overall reduction between January to September is now 11%, compared to the same period in 2019.

iii. NAP has substantially increased access to viral load tests by ensuring availability of viral load test machines and establishing a sample transportation and referral system; a 15-fold increase was reported in the number of tests conducted in the third quarter (July to September) of 2020 compared to the first quarter.

Figure 20: Viral load tests and viral load suppression after six months on treatment in Quarter 1: January to March 2020; Quarter 2: April to June 2020; Quarter 3: July to September 2020. Source of data

Note: HIV treatment reduces the amount of HIV in the body (viral load) to a level which keeps the immune system working – this is called viral suppression.
iv. HIV testing coverage among pregnant women was similar between January to September (Q1-Q3) in 2020 compared to the same period in 2019 (Fig. 21). However, the coverage of Early Infant Diagnosis (EID) in babies born to mothers with HIV was severely impacted in 2020 compared to 2019.

Figure 21: Pregnant women tested for HIV in 2019 vs 2020. Quarter 1: January to March; Quarter 2: April to June; Quarter 3: July to September. Source of data

To mitigate the impact of COVID-19 and maintain essential HIV services, interventions are being implemented in the following areas:

i. Guidelines: Several important documents will strengthen HIV response during the pandemic, including the National Action Plan 2020 to 2024 and an updated version of the Minister of Health Regulation no. 21/2013 on HIV Prevention and Control.

ii. Human resources: From September to November, NAP, with support from WHO and partners, has expanded HIV service facilities by
establishing 238 district mentor teams and by training healthcare workers from more than 1000 health facilities. Virtual trainings will be followed by on-the-job training in districts by the district mentor teams.

iii. Diagnosis: From 20 to 24 October, WHO assisted NAP to conduct a laboratory capacity assessment for viral load tests. The assessment will be followed by placement of viral load test machines in the eligible laboratories, making viral load testing available in all provinces.

iv. Surveillance: NAP has trained healthcare workers on the new HIV-AIDS Information System (Sistem Informasi HIV AIDS or SIHA 2.0). NAP and WHO continue to monitor the impact of COVID-19 on HIV service delivery.

v. Logistics: Antiretroviral (ARV) stocks have been secured for at least three months at national and provincial levels. Monitoring of ARV and other related supplies continues.
vi. World AIDS Day, 1 December 2020: The theme for World AIDS Day this year was ‘Strengthening collaboration, increasing solidarity! 10 years to end AIDS in 2030’. The objective was to increase engagement from policy makers and communities in HIV prevention and control. WHO supported MoH to prepare IEC materials which promote HIV testing across the country and mainstream HIV tests and treatment.

Figure 23: Triple tests for HIV, syphilis and hepatitis B for pregnant women – continuity of these services during the pandemic is essential to ensure the health of mothers and babies. 

Credit: WHO

PARTNER COORDINATION

• On 27 November, WHO convened the twenty-third meeting of key development partners to discuss and coordinate COVID-19 response activities. The Asian Development Bank (ADB), DFAT, the European Union (EU), the Japan International Cooperation Agency (JICA), UNICEF, the World Bank and the World Food Programme (WFP) joined the meeting. WHO informed partners of important COVID-19 related updates, discussed
the epidemiological situation at national and subnational levels using publicly available data, shared an update on the preparation for the COVID-19 vaccine introduction (including results from the COVID-19 Vaccine Introduction Readiness Assessment Tool), and explained key WHO interventions to support the national pandemic response.

- 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. 24).

![Figure 24: WHO funding situation for COVID-19 response, December 2020](image)

Data presented in this situation report have been taken from publicly available data from the MoH ([https://infeksiemerging.kemkes.go.id/](https://infeksiemerging.kemkes.go.id/)), COVID-19 Mitigation and National Economic Recovery Team (KPCPEN) ([http://covid19.go.id](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>SARS-CoV-2 Antigen Rapid Diagnostic Test training package</td>
<td>The SARS-CoV-2 Ag-RDTs training package is a structured 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.</td>
</tr>
<tr>
<td>Episode 14 of Science in 5, WHO’s series of conversations in science, 27 November</td>
<td>WHO Assistant Director-General for Antimicrobial Resistance Dr Hanan H. Balkhy explains testing for COVID-19.</td>
</tr>
<tr>
<td>Draft landscape of COVID-19 candidate vaccines, 26 November 2020</td>
<td>This document lists the updated candidate vaccines in clinical and pre-clinical evaluations. These landscape documents have been prepared by WHO for information purposes only concerning the COVID-19 pandemic.</td>
</tr>
</tbody>
</table>
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 Antimicrobial Awareness Week
- 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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