World Health Organization
Indonesia

QUARTERLY REPORT

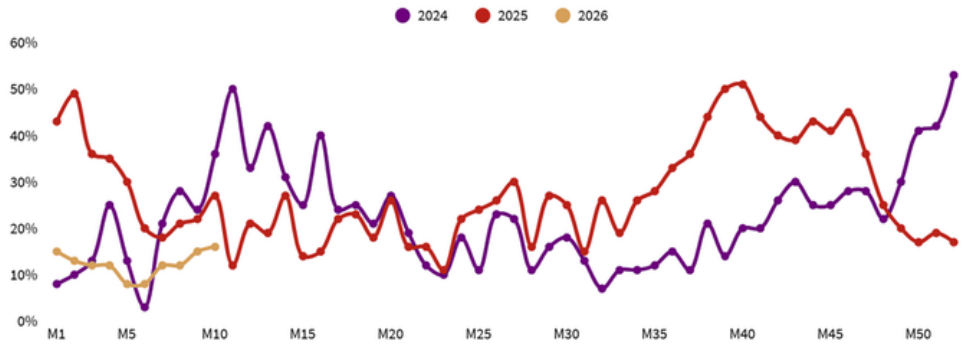
WHO HEALTH EMERGENCIES

January – March 2026

Overview

This quarterly report provides an update on select zoonoses, emerging infectious diseases (EIDs) and emergencies in Indonesia along with WHO Health Emergencies (WHE) team activities.

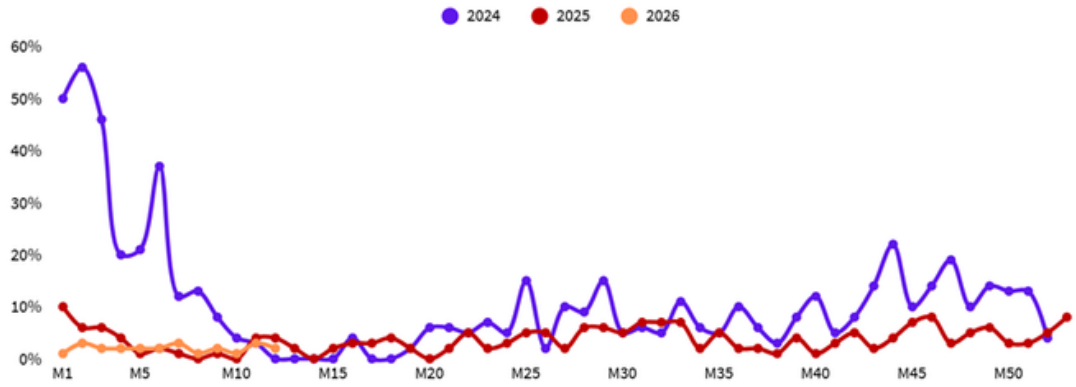
National influenza positivity rate by week



Source: WHO Global Influenza Surveillance and Response System (GISRS).
As of March 2026, by week.

From January to March 2026, influenza activity in Indonesia remained relatively low and stable, with no sustained rise in test positivity. In early January influenza A (H3N2) subclade K drew media attention, but national surveillance data and official assessments indicated a contained situation: no evidence of increased severity. The World Health Organization's (WHO) global assessment pointed to the same direction, with no evidence that strains in circulation are causing more severe diseases.

National COVID-19 positivity rate by week

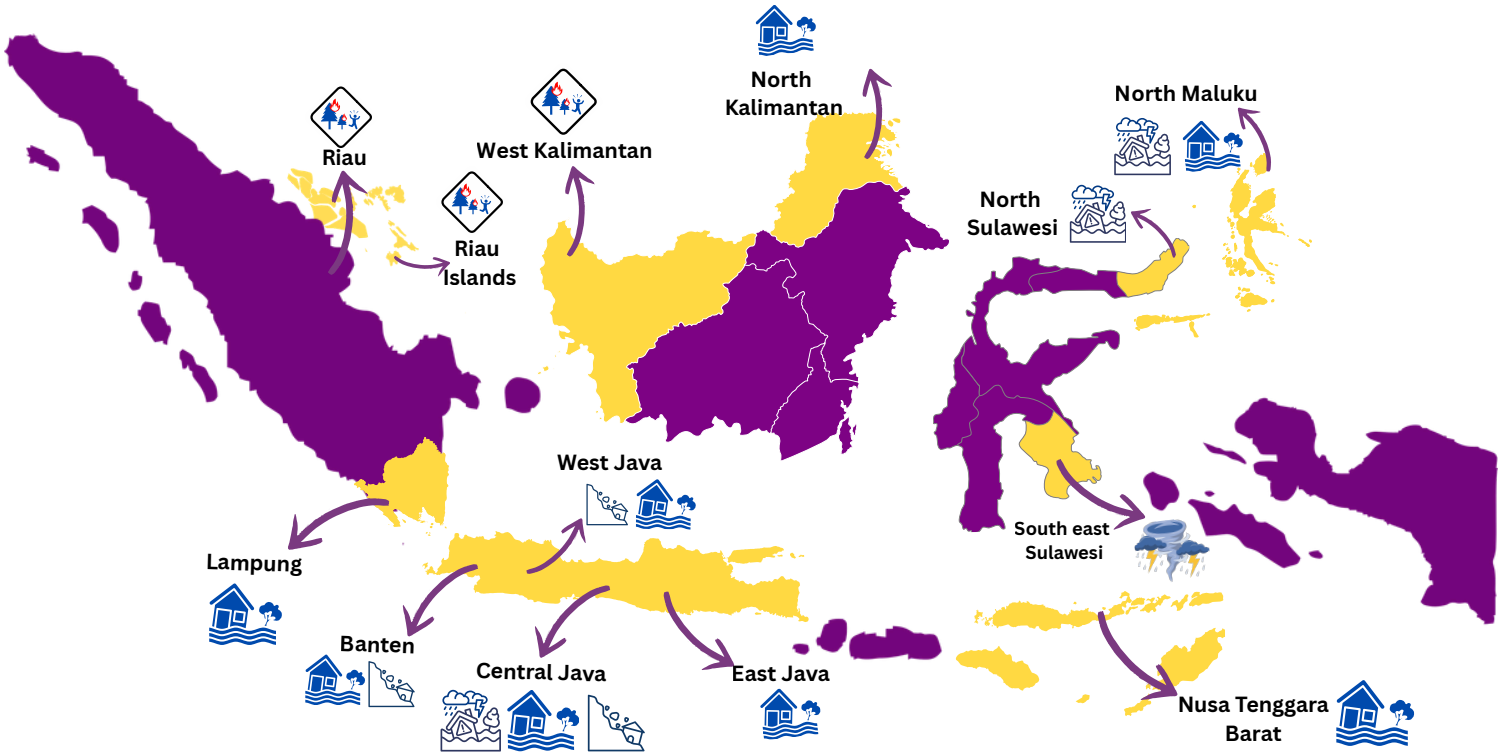


Source: ILI and SARI sentinel sites
As of March 2026, by week.

From January to March 2026, COVID-19 positivity rates stayed low and stable, with only minor weekly fluctuation. No sustained resurgence was observed. Current data also show no uptick in severity or hospital admissions linked to SARS-CoV-2 variant BA.3.2, which WHO classifies as a Variant Under Monitoring (VUM).

Health Crisis situations in Indonesia

January - March 2026



Source: Central for Health Crisis MoH
Data: January – March 2026

22

Health crisis occurred in 12 provinces January – March 2026

23 348 internal displaced persons

5 092 injured

680 396 affected population

98 deaths

Top 3 health crisis

- Flood
- Land Slide
- Flash flood

HIGHLIGHTED ACTIVITIES

STRENGTHENING INTEGRATED DISEASE SURVEILLANCE SURVEILLANCE AND PANDEMIC PREPAREDNESS

WHO Indonesia supported disease surveillance and pandemic preparedness through the following key activities in January to March 2026.

Informing evidence-based action on avian influenza transmission in Indonesia

WHO helped build assumptions for a forthcoming avian influenza modelling study from surveillance data and operational insights. In this discussion, held by Universitas Gadjah Mada, WHO considered progress in avian influenza control and important gaps at the human–animal interface. The study will be led by a research team from the university.

WHO Indonesia participated in multistakeholder focused group discussion led by Universitas Gadjah Mada to prioritize avian influenza transmission risks in Indonesia. Credit: UGM

WHO Indonesia facilitating an orientation on Epidemic Intelligence from Open Sources (EIOS) to strengthen event based surveillance capacity. Credit: WHO/Resty Armis

Building baseline capacity for event based surveillance using EIOS

WHO Indonesia introduced Epidemic Intelligence from Open Sources (EIOS) to the acute respiratory infection (ARI), zoonotic disease and vector-borne disease programmes on 18 February 2026. It presented EIOS concepts and relevance for event-based surveillance, showing how open-source intelligence can support early detection and situational awareness. The orientation set a common baseline for use of the system, ahead of hands-on practice in April 2026 to further build the participants' operational capacity.

Strengthening routine disease surveillance through early warning, alert and response coordination

WHO Indonesia offered technical input in February's evaluation and coordination meeting on early warning, alert and response system (EWARS). It addressed influenza-like illness (ILI) and severe acute respiratory infection (SARI) surveillance, as well as surveillance methodologies more generally. This helped bring understanding among participants around interpretation and use of EWARS data in routine monitoring and response.

STRENGTHENING INTEGRATED DISEASE SURVEILLANCE SURVEILLANCE AND PANDEMIC PREPAREDNESS

Strengthening integrated food safety surveillance and emergency response systems

WHO supported the integration of food safety surveillance and emergency response with national and regional activities. Support focused on integrating food-safety events, including food poisoning, into existing surveillance and epidemic intelligence systems to improve early warning and response. In parallel, WHO supported the preparation of food-safety emergency response (FSER) by coordinating with the Indonesian Food and Drug Authority (BPOM), and its South-East Asia and Western Pacific Regional Offices. They reviewed FSER terms of reference to ensure alignment with global standards prior to implementation in July 2026. The work aimed to make detection of and response to food-safety events nationwide less fragmented, data-driven and coordinated.

INTERNATIONAL HEALTH REGULATIONS (IHR)

Strengthening IHR core capacities at points of entry through assessment and contingency planning

Through meetings and a national webinar, WHO supported the Ministry of Health to strengthen International Health Regulations (IHR) (2005) core capacities at points of entry. The focus was on improved assessment tools, contingency planning and alignment with national Healthy District and Healthy Port/Airport frameworks. A WHO officer also spoke on contingency planning within the IHR preparedness and response cycle to 1000 participants from points of entry, provinces and districts.

Enhancing compliance with international travel health requirements

WHO worked with the Ministry of Health in surveying international vaccination requirements, including for yellow fever, to inform policies and strengthen compliance with IHR (2005) regarding international travel. By advising survey design, data collection and data analysis WHO helped map practices, gaps and challenges at points of entry to the country. If acted upon properly, the findings could result in more aligned national vaccination policies, tighter verification and certification, and risk-proportionate management of cross-border public-health threats.

Strengthening IHR through State Party Annual Reporting

WHO supported the Ministry of Health in completing the IHR State Party Annual Reporting (SPAR), which covers 15 core areas for health emergency preparedness and response. A series of multisectoral consultations assessed capacities, identified key gaps and strengths, and prioritized actions. Beyond this function, SPAR served to strengthen coordination, communication and continuous improvement of national health security capacities across sectors.

LABORATORY SYSTEM STRENGTHENING

Finalizing Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Roadmap for laboratory preparedness and response

WHO helped push the completion of Indonesia's Emerging Molecular Pathogen Characterization Technologies (EMPaCT) roadmap, particularly on strengthening laboratory preparedness and response in genomic survailance for health emergencies. The roadmap supports improved coordination between national and subnational laboratories, integration with surveillance systems, and readiness to quickly detect priority pathogens. Due for completion by April 2026, the roadmap is meant to strengthen national laboratory systems and overall preparedness for health emergencies.

Genomic sequencing activities on SARS-CoV2 at the National Health Biology Laboratory (BB Lab Biokes). Credit: MoH/Arie Ardiansyah and Hartanti Dian Ikawati

ZOONOSES AND ONE HEALTH

Applying One Health for improved assessment and mitigation of Nipah virus risks

WHO engaged various sectors in a joint risk assessment (JRA) on Nipah virus to determine how transmission might most plausibly occur at the human–animal interface. WHO also helped convert JRA findings into mitigation measures and, in the final report, priorities for subsequent assessments. Separately in a national online meeting on cross-sectoral preparedness for the virus, WHO presented the case for application of One Health in Indonesia's zoonotic-threat preparedness.

Identifying zoonotic spillover pathways in wildlife markets

WHO worked with the Ministry of Forestry and other stakeholders to find how zoonotic spillover is most likely to arise in wildlife markets. The focus was on high-risk interaction among human, animal and the environment. Technical discussions under this umbrella mapped risk hotspots, strengthened surveillance linkages and promoted coordination of risk mitigation efforts by different sectors. The exercise contributes to implementation of the One Health Joint Plan of Action by enhancing intersectoral coordination, improving early detection of zoonotic threats and basing mitigation of spillover risks in evidence.

Advancing One Health coordination and visibility through high-level engagement and global advocacy

WHO's technical and coordination support on national and global platforms advanced the One Health agenda. Domestically, it included engagement of and alignment among stakeholders for an upcoming One Health Summit. The summit aimed to accelerate implementation and yield high-level deliverables on priority areas including zoonotic diseases, antimicrobial resistance (AMR) and community-based surveillance. In parallel, WHO helped frame Indonesia's One Health initiatives for the World Health Day, projecting the country's multisectoral collaboration to international audience and reinforcing advocacy for integrated approaches to health security.

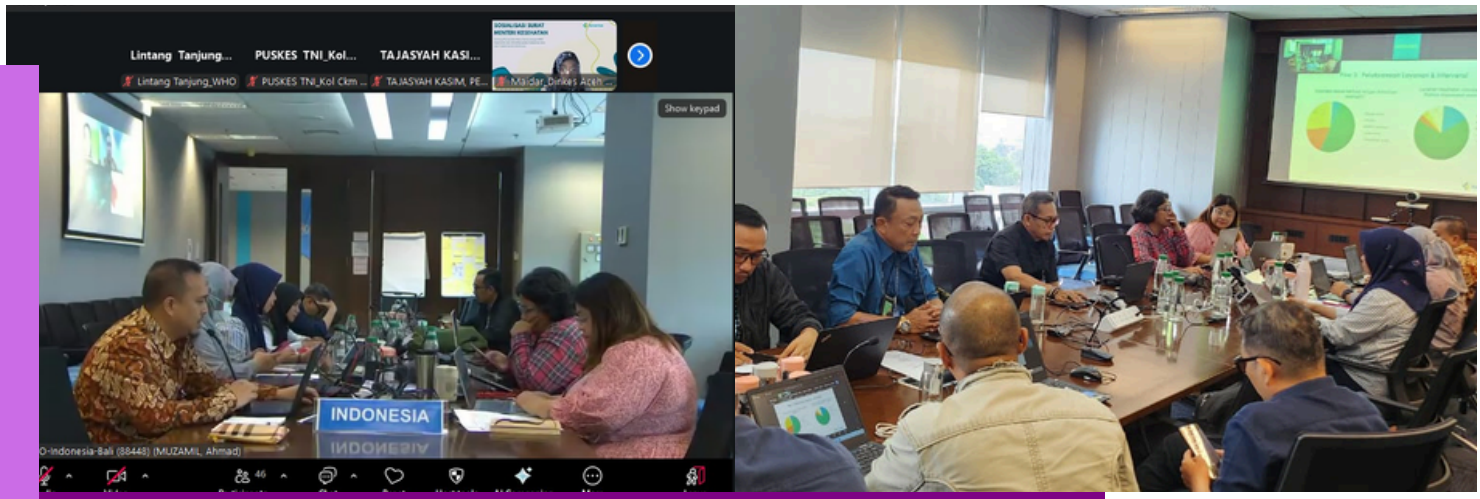
EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

Enhancing Public Health Emergency Operations Centre (PHEOC) readiness and coordination

WHO provided technical support to review and strengthen the Public Health Emergency Operations Centre (PHEOC) guidelines. This support strengthened coordination mechanisms, clarity on roles and responsibilities, and communication and information flow across preparedness, alert and response phases. The support also deepened integration with national emergency management structures, including PHEOC operations, and promoted standardized procedures for timely decision-making, reporting and multisectoral coordination. These efforts contribute to improved operational readiness and effectiveness in management of public health emergencies.

After-Action Review (AAR) for hydrometeorological disaster response in North Sumatra Utara, West Sumatera and Aceh

WHO supported the Ministry of Health's Centre for Health Crisis review the health response to the late 2025 hydrometeorological disasters in Aceh, North Sumatra and West Sumatra. In a WHO-standard process called After-Action Review (AAR) held on 18–20 February, the review brought together different stakeholders to reflect on the response's coordination, information management, service delivery and resource management. The AAR recommended better system integration, formalized surge capacity and stronger preparedness for health emergencies.



AAR for Hydrometeorological Disaster Response in Sumatra. Credit: WHO/Resty Armis

For more information

Contact us
wpwhoindonesia@who.int

Visit our website
www.who.int/indonesia

Design & Layout: Lintang Sibarani

Editor: Resty Armis

Translator: Lukas Nugroho