



World Health
Organization

Indonesia



QUARTERLY REPORT

WHO HEALTH EMERGENCIES

April–June 2025



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.

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Emergency Situations in Indonesia

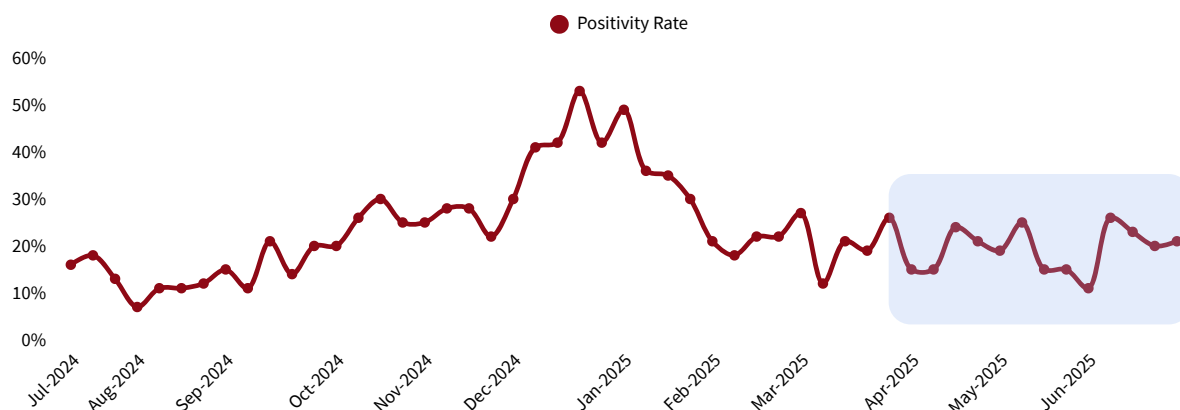
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Highlighted Activities

WHE activities during April-June 2025

DISEASE SITUATION SNAPSHOT

National **influenza** positivity rate, by week

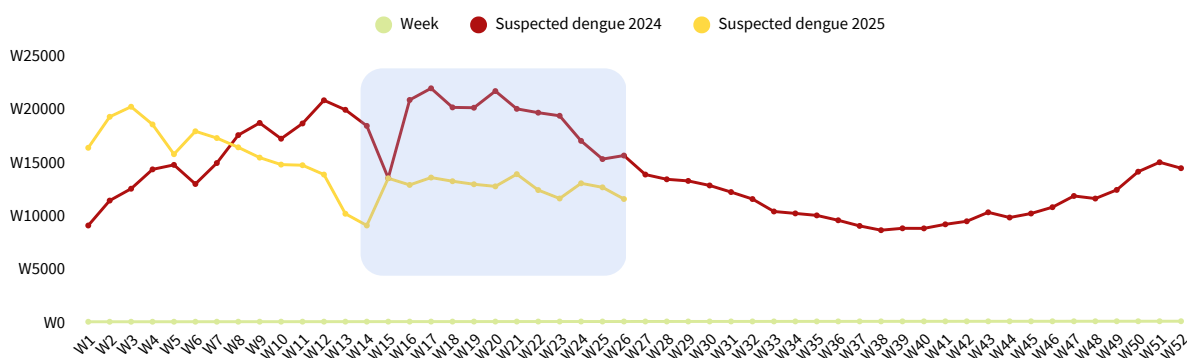


Source: WHO *Global Influenza Surveillance and Response System (GISRS)*.

As at 4 July 2025, by week.

From April to June, the influenza positivity rate remained relatively stable at 15–20%, following a sharp decline from the January peak. Influenza A(H3) increased among subtypes and was predominant each week.

National **Dengue** suspect trends according to EWARS 2024–2025

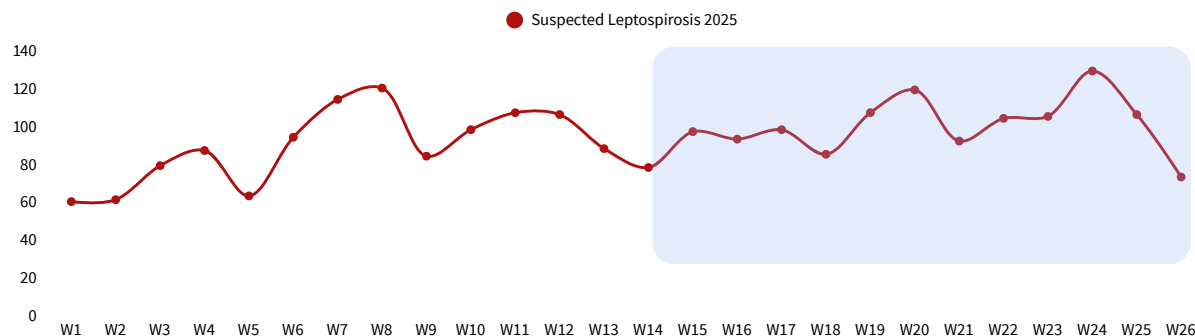


Source: Indicator-based surveillance (IBS) of Early Warning Alert and Response System (EWARS)

As at 26 June 2025

Between April and June 2025 (week 14–26), suspected dengue cases remained stable, ranging from 12,000 to 15,000 per week.

National **Leptospirosis** suspect trends according to EWARS 2025



Source: Indicator-based surveillance (IBS) of Early Warning Alert and Response System (EWARS)

As at 26 June 2025

Between April and June 2025 (week 14–26), suspected leptospirosis cases fluctuated, with a peak in week 24 before declining two weeks after.

Emergency Situations in Indonesia



Source: MOH/Centre for Health Crisis

Data: April-June 2025

📍 provinces with the most health crisis events

📍 **694**

disasters
in April-June 2025

64

health crisis events

35

provinces



A health crisis is a situation requiring urgent response due to a significant increase in the affected population exceeding the capacity and resources of the healthsystem.



Hydrometeorological disasters were the most common health crises in April-June 2025, mainly in floods and landslides.



Hydrometeorological disasters are events triggered by extreme weather or climatological conditions, including floods, droughts, strong winds, and storms.



Photos by: WHO/ Fieni Aprilia

HIGHLIGHTED ACTIVITIES

INFLUENZA AND OTHER RESPIRATORY DISEASES SURVEILLANCE

WHO Indonesia supported influenza surveillance and pandemic preparedness through the following key activities in April to June:

1

WHO supported ILI/SARI sentinel site performance with workshops and visits in six provinces. It focused on enhancing knowledge, capacity and monitoring, including data analysis and interpretation. Follow-up is underway, and further actions are to be rolled out in Q3 this year.

2

WHO provided technical input during a conference on virus characterization and integrated virus monitoring. The meeting updated seasonal and zoonotic human influenza cases. It supported national efforts to strengthen surveillance, enhance awareness across sectors and further improve laboratory and response capacities for early detection of infectious diseases with epidemic potential. This meeting was funded by FAO and led by the Ministry of Agriculture.

3

In May 2025, WHO Indonesia supported One Health integrated avian influenza surveillance piloting in Surakarta. Human, animal and environmental health sector partners were involved, including in specimen collection and risk assessment at high-risk sites. WHO's contribution spanned field visits, technical input and coordination to identify exposure risks and critical control points. The pilot recommended strengthening biosecurity, governance and early warning systems by October. The pilot was funded by UNDP and led by MoH.

4

WHO Indonesia contributed in MoH-led meetings on integrated surveillance of influenza and other respiratory diseases. It provided presented the latest global and regional COVID-19 updates and benchmarks from other ASEAN countries. These inputs supported regional situational analyses on evolving trends of influenza-like illness (ILI), severe acute respiratory infection (SARI) and COVID-19. WHO also delivered key recommendations and including standing recommendations to maintain national vigilance and preparedness.



Animal health officers took samples from poultry in at the Semanggi live bird market during an avian influenza integrated surveillance pilot in Surakarta City. Credit: WHO/Resty Armis



WHO Indonesia participated in an avian influenza integrated surveillance pilot in Surakarta City, Central Java. Credit: WHO/Resty Armis



Animal health officers visited poultry vendors during an avian influenza integrated surveillance pilot in Surakarta City, Central Java. Credit: WHO/Resty Armis

LEPTOSPIROSIS AND DENGUE RESPONSE IN INDONESIA



WHO Indonesia supported a coordination meeting to review data flow and gaps between the e-Puskesmas system and SKDR. Credit: MoH

Public awareness and prevention efforts amid rising leptospirosis cases

To address the rises in suspected leptospirosis cases observed from April to June 2025, MoH conducts daily surveillance through SKDR. MoH provided guidance, hosted webinars, distributed educational materials, and undertook risk communication and community engagement (RCCE) efforts through social media campaign to promote prevention. Six provinces, including DI Yogyakarta, Central Java, and East Java, and 28 districts reported significant increases in suspected cases.

Dengue control strategy consultation

WHO supported a meeting on dengue control at the Indonesian House of Representatives, presenting national strategies, WHO shared lessons from multisource collaborative surveillance (MSCS) for dengue and the integrated vector control. This presentation informed Indonesia's upcoming national dengue strategic plan, supporting evidence-based policy formulation and strengthening national dengue prevention and control.

Trends and monitoring of suspected dengue cases

MoH and WHO Indonesia worked together from April to June 2025 to monitor and respond to a dengue outbreak. Their surveillance and coordination efforts included daily, weekly, and monthly monitoring of suspected dengue cases through SKDR. To ensure timely response, every morning the two bodies reviewed real-time data to guide vector control and public health measures.

Workshop on health, border, and mobility management (HBMM)

WHO spoke took part in a workshop on health border and mobility management (HBMM). In this International Organization for Migration (IOM)-led event, WHO spoke about strengthening PoE capacities and infectious disease surveillance. Multisectoral discussions with agencies explored collaboration on refugee health and priority diseases such as HIV and TB. Challenges in measuring surveillance impact were identified, with follow-up planned to advance joint efforts.

INTERNATIONAL HEALTH REGULATIONS (IHR)



WHO Indonesia delivered the presentation on PoE training and simulation exercise. Credit: PoE Tanjung Priuk

Point of entry (PoE) IHR training and capacity assessment

WHO supported MoH trainings and knowledge sessions on International Health Regulations (IHR) core capacities at designated points of entry (PoEs), including a multi-sectoral tabletop exercise was conducted. These activities addressed coordination mechanisms, routine and emergency response capacities, risk assessment and capacity monitoring. A presentation by WHO also introduced multisectoral stakeholders to a PoE capacity assessment tool and key preparedness, detection and response requirements at border crossing points. Collectively, these efforts improved technical understanding, cross-sectoral coordination and Indonesia's operational readiness and progress towards IHR health security benchmarks at PoEs.

Zika case IHR notification follow-up

Following an IHR notification from South Korea of a Zika case with travel history to Bali, WHO Indonesia supported MoH in coordinating multisectoral response. Facilitating communication among the Indonesian IHR national focal point, South Korea and the WHO Western Pacific Regional Office (WPRO), WHO Indonesia and WHO WPRO provided technical input on Zika virus epidemiology, the regional context and recommendations including case investigation, enhanced surveillance, updated protocols and vector control.

Strengthening National Public Health Authority (NPHA)

WHO supported MoH in strengthening the national public health authority (NPHA) by facilitating the submission of Indonesia's NPHA list and provided feedback on the NPHA framework to the WHO South-East Asia Regional Office (SEARO). In collaboration with the IHR National focal point and MoH stakeholders (Directorate of Surveillance and Health Quarantine and Central for Health Crisis), WHO also took part in a regional NPHA webinar to promote alignment with global standards and strengthen the national public health architecture.

SURVEILLANCE ACTIVITIES

EWARS monitoring and evaluation and endline survey

With MoH and Japan International Cooperation Agency (JICA), WHO supported the development of monitoring and evaluation tools for EWARS. These tools were piloted in East Kalimantan and Banten to improve local early detection and response. MoH stated it would apply these evaluation tools in other provinces. Monthly EWARS evaluations are still ongoing, and WHO continues discussion with partners to further strengthen Indonesia's early warning systems.



WHO Indonesia presented SKDR monitoring and evaluation findings and endline survey dissemination.
Credit: JICA

Surveillance for Anthrax outbreaks via EWARS

In May 2025, WHO supported the Ministry of Health in enhancing EWARS activities to improve early detection and timely response to potential outbreaks, including recent anthrax cases in Central Java and DI Yogyakarta. As a result, targeted recommendations were developed to strengthen preparedness and surveillance capacities at both national and subnational levels.

ZOONOSIS AND ONE HEALTH

Strengthening Legionella detection and surveillance

WHO participated in a technical discussion on legionellosis in Batam, Riau Islands. Legionellosis is a potentially fatal bacterial infection that can cause severe pneumonia, particularly in vulnerable groups such as children and the elderly. In the session, WHO shared insights on the epidemiology, detection, and control of legionellosis, drawing from international experiences. Recommendations included strengthening water quality monitoring, enhancing laboratory diagnostic capacity and integrating legionellosis into national disease surveillance systems.

ASEAN One Health Joint Plan of Action (OH JPA) update

WHO supported the early stages of the ASEAN One Health Joint Plan of Action (OH JPA) revision. WHO contributed to regional coordination, cross-border collaboration and data sharing for priority health threats. The outcomes of this meeting informed an ASEAN consultative meeting on 23 June, a forum where final positions and joint actions are shaped.

ZOONOSIS AND ONE HEALTH

Malaria risk assessment and Intra-Action Review (IAR) support

WHO provided guidance on online session of systematic risk assessments for integrated malaria control in Boalemo, Gorontalo, attended also by MoH and local health offices. WHO supported intra-action review (IAR) of malaria response in Pohuwato, in terms of methodology and discussion around key questions. This engagement aimed to strengthen local response by identifying best practices, challenges and recommendations to improve malaria outbreak management.

National Action Plan on Zoonoses and AMR and stakeholder meeting

In support of Indonesia's health security planning and regulatory alignment, Indonesia contributed to mapping current regulations and identifying gaps and strengths related to the National Action Plan for Health Security (NAPHS) and the Joint Plan of Action on Zoonoses and Antimicrobial Resistance (AMR). Conducted in collaboration with the Coordinating Ministry for Human Development and Cultural Affairs (Kemenko PMK) and the European Union (EU) AMR project, the discussions aimed to enhance multisectoral coordination and align national frameworks with international standards. WHO also helped review and refine NAPHS activities and budgeting. The process involved over 100 stakeholders from 19 technical areas, ensuring a coordinated and evidence-based approach.



Photos by: WHO/Resty Armis

LABORATORIES SYSTEM STRENGTHENING

Microbiology diagnostic guidance

WHO advised on diagnostic techniques in the draft microbiology diagnostic guidance for public health laboratories. Funded through the Global Fund Resilient and Sustainable Systems for Health (GF RSSH) initiative, this development produced a draft guidance document aiming to standardize microbiology diagnosis and enhance the public health laboratory services in Indonesia.

National Essential Diagnostics List (NEDL)

WHO supported MoH in developing a national essential diagnostics list (NEDL). In collaboration with key partners, including the Foundation for Innovative New Diagnostics (FIND) and the Economic Research Institute for ASEAN and East Asia (ERIA), WHO ensures the NEDL aligns with national priorities and support equitable access to essential diagnostic services in Indonesia. MoH plans to launch the NEDL document in Q4.

Introduction to Coronavirus Variant Network (CoViNeT) surveillance network

WHO introduced the national reference laboratory to the Coronavirus Variant Network (CoViNeT) initiative. The laboratory expressed interest in participating in the global genomic surveillance network for COVID-19 variants. It also applied to join the network, which is currently under review by WHO Headquarters.

Polymerase Chain Reaction (PCR) training curriculum

WHO supported the national reference laboratory in developing a polymerase chain reaction (PCR) training curriculum and modules, aimed to align with international laboratory standards. Funded by the UNDP, this activity produced a standardized PCR training package for laboratories across Indonesia. MoH approval is being requested.

ASEAN Essential Diagnostics List (AEDL)

WHO participated in the regional committee meeting (RCM) on the ASEAN essential diagnostics list (AEDL) initiative. It supported the development and alignment of AEDL with regional priorities and global standards, improving access across ASEAN. WHO working with MoH and partners to finalize the draft at the end of September 2025.



LABORATORIES SYSTEM STRENGTHENING

ASEAN Diagnostics and Specimen Sharing Roadmap (ADxSSR)

WHO also actively participated in the RCM on the ASEAN Diagnostics and Specimen Sharing Roadmap (ADxSSR). WHO provided technical inputs to support the development of ADxSSR, focusing on strengthening regional collaboration for diagnostics and specimen sharing mechanisms to enhance preparedness and response to public health threats within ASEAN. WHO will continue to support ASEAN Member States by providing technical input related to this activity.

Malaria rapid diagnostic test (RDT) validation

WHO took part in determining the timeline for national reference laboratory quality control and validation of malaria rapid diagnostic tests (RDTs). This activity, funded by the Global Fund (GF), aims to ensure RDT validation standards, strengthening quality assurance. WHO will continue to support MoH to finalize the national RDT validation.



Photos by: WHO/ Fieni Aprilia

EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

SEARHEF annual meeting

WHO supported the Ministry of Health in the 14th South-East Asia Regional Health Emergency Fund (SEARHEF) Annual Meeting. During the meeting, member states discussed and endorsed the SEARHEF 2.0 business rules and standard operating procedures (SOPs). Indonesia contributed particularly in defining funding allocation criteria and strengthening fund efficiency and accountability through transparent reporting on the SEARHEF website. This meeting also marked Indonesia's final contribution to the SEARHEF Working Group, demonstrating its continued commitment as the country transitioned to WPRO.

EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

Reproductive health online course

WHO offered expertise early in the development of an online course on reproductive health. WHO shared lessons from previous online course initiatives, advised on content development and facilitated engagement with the Tenaga Cadangan Kesehatan platform to ensure broader access for reproductive health education in Indonesia.

MoH decree on the national health cluster

WHO discussed the draft national health cluster decree with MoH and non-government stakeholders. Discussions managed to contextualize the global health cluster model, based on Inter-Agency Standing Committee (IASC) principles and WHO's global framework, to Indonesia's national coordination mechanisms. The process brought together a wide range of actors, including MoH directorates, national and international non-government organisations also UN agencies. A health cluster structure was drafted to support clearer roles, streamlined coordination and stronger partnerships for emergency health response in the country.

Health cluster and health emergency operations centre (HEOC) activation

To enhance coordinated emergency response across levels of government, WHO is supporting MoH Centre for Health Crisis in developing national guidelines for subnational health cluster and Health Emergency Operations Centre (HEOC) activation. These guidelines will help ensure timely, effective, and interoperable health emergency coordination from national leadership down to district levels. Finalization will continue throughout the year with technical discussions and inter-agency consultations. The guidelines will lay the groundwork for structured dissemination, targeted capacity-building, and simulation exercises for operational readiness.



Development of a Ministry of Health decree for national health cluster. Credit: WHO/Lintang Sibarani

Thank you



Photos by: WHO/ Resty Armis

**For more
information**

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