



World Health
Organization

Indonesia



QUARTERLY REPORT

WHO HEALTH EMERGENCIES

July–September 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

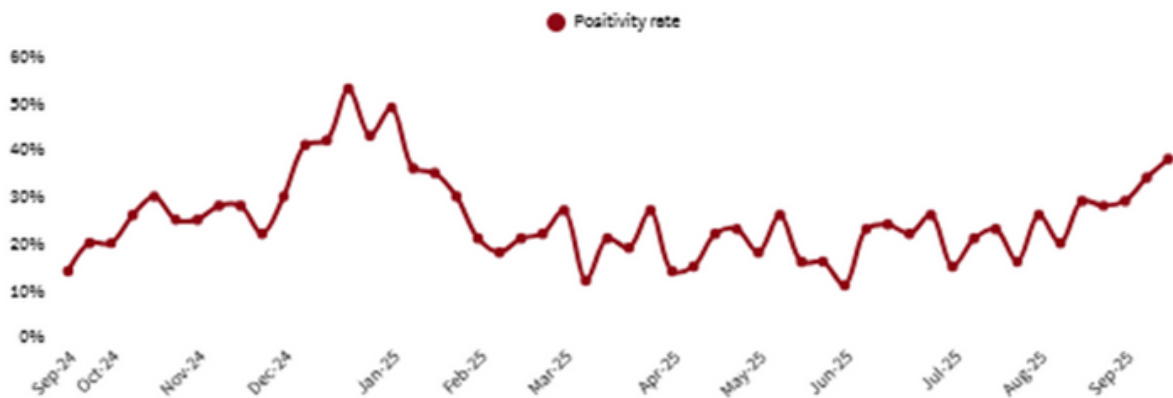
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Highlighted Activities

WHE activities during July-September 2025

DISEASE SITUATION SNAPSHOT

National influenza positivity rate, by week

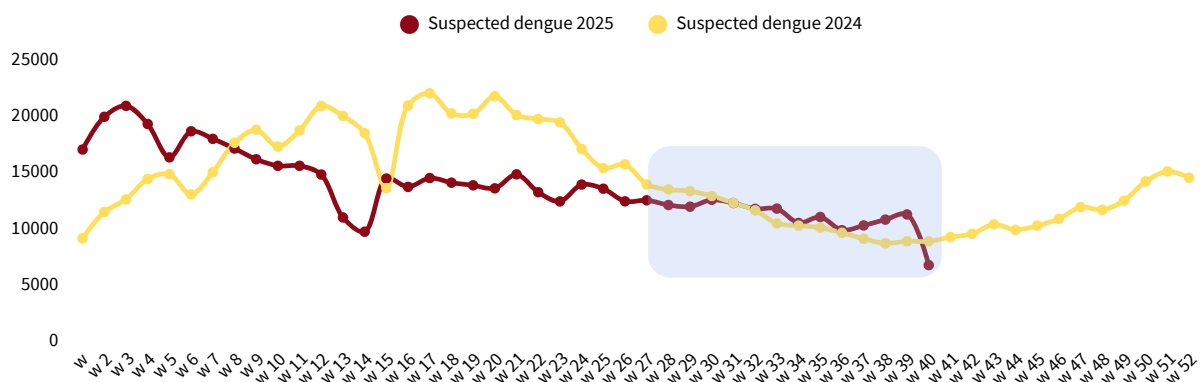


Source: WHO *Global Influenza Surveillance and Response System (GISRS)*.

As of September 2025, by week.

By September 2025, the influenza positivity rate had trended upward to the 35–40% range, a clear increase from the relatively stable levels in mid-year. With technical assistance from World Health Organization (WHO) Indonesia, specimen quality, laboratory turnaround time, and sentinel site activity have been strengthened, leading to more complete and timelier influenza-like illness (ILI) and severe acute respiratory infection (SARI) reporting.

National Dengue suspect trends 2024–2025



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

As of 25 September 2025

In week 38 of 2025, the national number of suspected dengue cases surpassed that of the same period in 2024, driven by global climate variability such as El Niño and La Niña. In weeks 35–36, 20 provinces (52.6%) and 209 districts/cities (40.7%) reported increases in suspected dengue cases. In response, close monitoring was conducted through week 39. The Ministry of Health (MoH) continues daily, weekly and monthly surveillance of suspected dengue cases through its Early Warning, Alert and Response System (EWARS). WHO Indonesia supports the MoH in analyzing EWARS trends to inform policy decisions and response actions. Regular acute monitoring meetings between MoH and WHO Indonesia are also conducted to review ongoing trends and coordinate timely interventions.

Emergency Situations in Indonesia



Source: MOH/Centre for Health Crisis

Data: July–September 2025

provinces with the most disasters

869
disasters
in April–June 2025

21
health crisis events

388
Non-Natural
Disaster

477
Natural Disaster

7
Social Disaster

Highlighted Emergency: Flashflood - Bali

Heavy rains on 9–10 September 2025 caused severe flooding across eight districts in Bali – Denpasar, Jembrana, Karangasem, Badung, Bangli, Gianyar, Klungkung, Badung and Tabanan – affecting over 25 000 people. The province declared a state of emergency in most-affected districts and initiated evacuation and emergency response. Local health offices, supported by MoH, provided medical assistance, monitored disease risks and coordinated partners to ensure essential health services. WHO Indonesia closely monitored the situation and coordinated with national and provincial health authorities, while offering technical support from both the Country Office and the WHO Regional Office also potential EMTs mobilization to strengthen ongoing response efforts.

552
Internally displaced

25 889
Affected population

18
Deaths

788
Light Injuries

53
Severe Injuries

*Source: Centre for Health Crisis – MoH

HIGHLIGHTED ACTIVITIES

STRENGTHENING INTEGRATED INFLUENZA SURVEILLANCE AND PANDEMIC PREPAREDNESS

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

Sentinel site strengthening and rightsizing for ILI-SARI surveillance across Papua and other provinces

From July to September 2025, WHO assisted MoH in strengthening the performance and quality of Indonesia's ILI-SARI sentinel surveillance. Monitoring visits and rightsizing activities led by MoH in Papua, South Papua, North Maluku, Gorontalo, Bangka Belitung and Central Kalimantan provinces addressed recommendations from the 2024 ILI and SARI joint review and improved data completeness and timeliness. WHO's technical support also enabled provincial teams to produce routine data bulletins, enhancing local decision making.



WHO Indonesia reached the easternmost region of the country to strengthen data management and performance monitoring for ILI and SARI sentinel sites in Papua. Credit: MoH

ILI-SARI sentinel surveillance data validation

MoH and WHO held a virtual data validation meeting covering weeks 1–31 of 2025 for ILI-SARI sentinel surveillance. The review found high reporting completeness and identified opportunities to improve data quality and timeliness at several sites. WHO supported sentinel site performance analysis and facilitated discussions on follow-up actions to strengthen outbreak detection and data entry into the New All Record (NAR) system. This reflects increased reporting in September, supported by improved specimen quality, shorter laboratory turnaround time and more active sites.



VALIDASI DATA SURVEILANS SENTINEL ILI-SARI

5-7 Agustus 2025

DIREKTORAT JENDERAL PENANGGULANGAN PENYAKIT
KEMENTERIAN KESEHATAN RI
2025



WHO Indonesia facilitated data validation meeting for ILI-SARI sentinel surveillance. Credit: MoH

STRENGTHENING INTEGRATED INFLUENZA SURVEILLANCE AND PANDEMIC PREPAREDNESS

One Health avian influenza surveillance piloting and training in Surabaya

MoH, the United Nations Development Programme (UNDP) and WHO conducted a pilot for integrated avian influenza surveillance through a One Health approach in Surabaya from 28 August–1 September. WHO provided technical guidance and on-the-job training on human surveillance. Human, animal and environmental health stakeholders from national and subnational level collaborated in specimen collection and risk assessment at high-risk sites. The pilot demonstrated Indonesia's capacity to implement integrated One Health surveillance, including the activation of local coordination mechanisms and joint reporting across sectors. MoH plans to conduct a comprehensive evaluation of the pilot activities in Q4 2025. WHO published a feature story capturing the dedication of local communities and the importance of partnerships that made the One Health pilot a success.



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Specimen collection during One Health avian influenza surveillance in markets in Surabaya City. Credit: WHO/Fieni Aprilia

Strengthening ILI sentinel surveillance at points of entry in Indonesia

WHO contributed to strengthening Indonesia's sentinel ILI surveillance at PoEs by presenting the global Global Influenza Surveillance and Response System, integrated surveillance of influenza and other respiratory viruses and best practices for ILI surveillance at PoEs. WHO also provided technical advice for the development of the national ILI PoE guideline to align with current WHO recommendations and support early detection and response capacities as per WHO guidelines and frameworks. This series of activities was led by MoH and funded by UNDP.

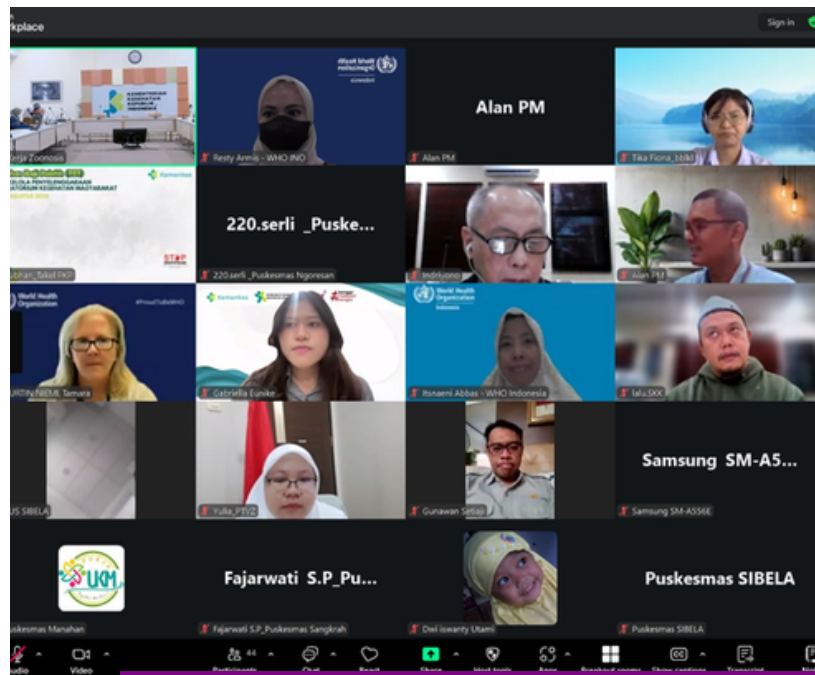


WHO Indonesia delivered presentation regarding global Global Influenza Surveillance and Response System. Credit: MoH

STRENGTHENING INTEGRATED INFLUENZA SURVEILLANCE AND PANDEMIC PREPAREDNESS

Follow-up review of integrated avian influenza surveillance and cross-sectoral coordination

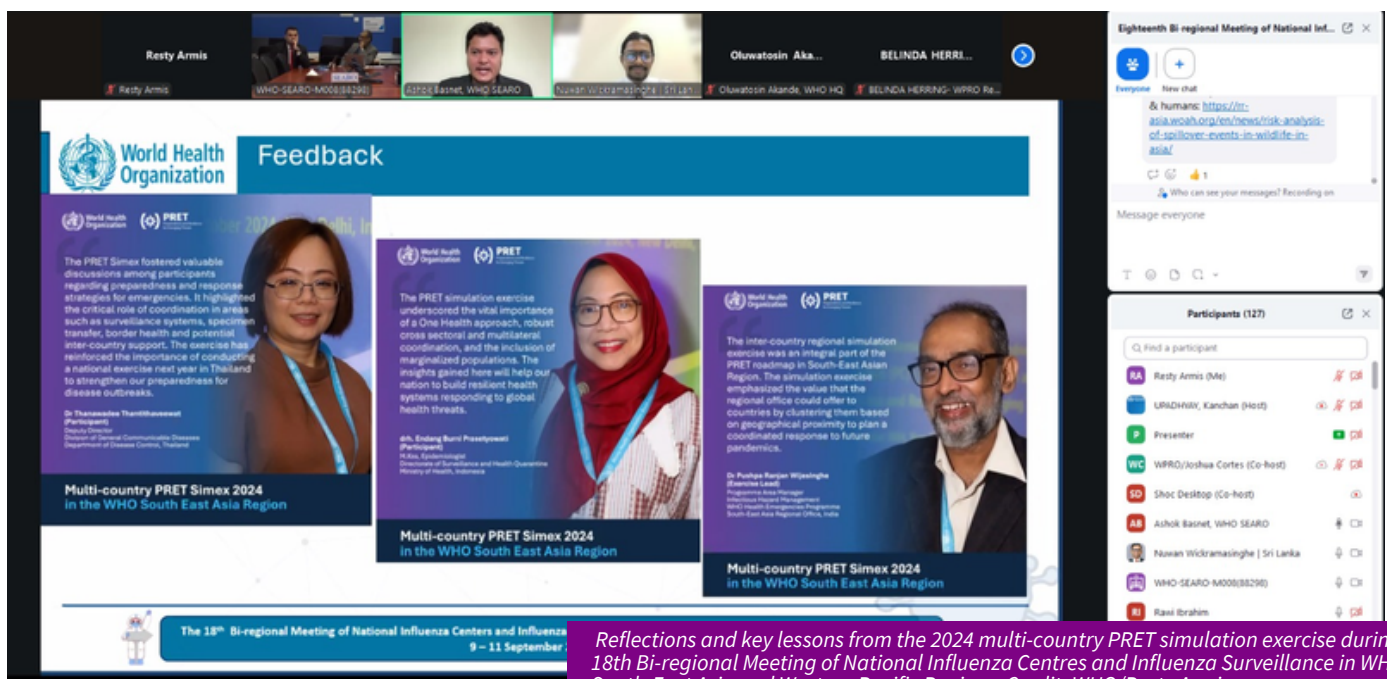
WHO and MoH, with funding from the Pandemic Influenza Preparedness (PIP), conducted a follow-up review of the integrated avian influenza surveillance pilot and the role of local coordination team (Tikorda). The review recommended strengthening standard operation procedures, surveillance workflows, governance and cross-sectoral coordination; risk communication and logistics. It also recommended sharing surveillance findings with pilot districts and institutionalizing joint risk assessments through Tikorda to guide subnational financing and preparedness. These recommendations will serve as a baseline for a comprehensive evaluation of the pilot at the end of 2025.



Opening session of review of integrated avian influenza surveillance and cross-sectoral coordination. Credit: WHO/Resty Armis

Bi-regional national influenza centre and influenza surveillance meeting

WHO Indonesia participated as observer in the virtual Bi-regional Meeting of National Influenza Centres and Influenza Surveillance in the WHO South-East Asia and Western Pacific Regions. The meeting reviewed regional progress, seasonal and zoonotic influenza trends and strategies to sustain surveillance.



Reflections and key lessons from the 2024 multi-country PRET simulation exercise during the 18th Bi-regional Meeting of National Influenza Centres and Influenza Surveillance in WHO South-East Asia and Western Pacific Regions. Credit: WHO/Resty Armis

STRENGTHENING INTEGRATED INFLUENZA SURVEILLANCE AND PANDEMIC PREPAREDNESS

Strengthening pandemic preparedness through PRET simulation and One Health

With technical assistance from WHO and funding from PIP, MoH held a national tabletop exercise on avian influenza preparedness that tested national readiness across sectors. The simulation applied the WHO Preparedness and Resilience for Emerging Threats (PRET) framework in Indonesia's context, strengthening understanding of how institutions can work together more effectively during health emergencies.

The exercise identified areas for improvement in early warning, command and contingency planning. It also consolidated multisectoral participation, fostered joint learning from COVID-19 and established recommended regular simulation exercises as part of the preparedness cycle. The exercise also highlighted introducing more complex scenarios and strengthening coordination between national and subnational levels to further enhance readiness.



National Table-Top Exercise to strengthen coordination and readiness for avian influenza response, engaging multiple sectors under the WHO PRET framework. Credit: WHO/Fien Aprilia and MoH

ZOONoses AND ONE HEALTH

Supporting regional coordination through ACPHEED's pathogen prioritization and capability mapping

WHO played a key role in regional consultations and in shaping the terms of reference (ToR) for the ACPHEED. This work focused on prioritizing pathogens, strengthening regional surveillance mechanisms and mapping collective capacities of ASEAN Member States. WHO thereby reinforced the basis for regional cooperation, enabling a more coordinated and evidence-driven approach to tackling EID threats in Southeast Asia.



Global arbovirus initiatives in the national strategic plan for dengue (2026–2030)

WHO contributed to the development of Indonesia's National Strategic Plan for Dengue 2026–2030 by embedding global arbovirus initiatives and technical priorities into the national framework. These include strengthening integrated vector control strategies, advancing innovation in surveillance and response, and promoting coalition building among government, research and community stakeholders. By aligning Indonesia's dengue roadmap with global standards, WHO supported the country in enhancing sustainability, cross-sectoral collaboration and preparedness for emerging arboviral threats.

Regional coordination for ASEAN One Health Joint Plan of Action 2025–2030.

WHO provided technical inputs to the development of ASEAN One Health Joint Plan of Action 2025–2030, which outlines priority collaborative actions among ASEAN countries to advance One Health. WHO supported the alignment of strategic priorities across sectors, focusing on coordination, workforce development, data sharing and evidence generation. Follow-up includes establishing an ASEAN One Health Network secretariat, developing technical frameworks and promoting cross-border collaboration through simulations, joint risk assessments and advocacy for integrating environment and health policies to strengthen regional One Health capacity.

Rapid risk assessment on Hanta virus and Legionellosis

WHO supported MoH on an online rapid risk assessment for Hanta virus on 4 August 2025 and for Legionellosis on 25 August 2025 with other sectors including the Ministry of Environment and the Ministry of Agriculture. Using evidence on hazard characteristics, exposure and local capacity, the assessment determined the levels of risk and formed recommendations, including improving detection through event-based and syndromic surveillance, improving multisectoral collaboration for example with the environment office to improve environment hygiene, risk communication and community engagement. WHO also presented EID preparedness and Hanta virus detection in a workshop for the Jakarta provincial health office in August 2025.

INTERNATIONAL HEALTH REGULATIONS (IHR)

Enhancing IHR point of entry (PoE) capacities.

WHO participated in the ASEAN (Association of Southeast Asian Nations) national consultative meeting on International Health Regulations (IHR) point of entry (PoE) capacity for public health emergency detection and assessment from 28-20 September 2025 in Jakarta. The WHO team presented the IHR PoE capacity assessment tool and ASEAN PoE capacities, and participated in discussions regarding Indonesia's progress in IHR PoE implementation, including policy coordination, risk assessment, surveillance and quarantine at PoEs. It also identified best practices such as a cross-border contact tracing guideline and tabletop exercises in ASEAN, contingency plans at PoEs and simulation exercises. Participants identified key challenges such as data-sharing among ASEAN countries, with no mechanism in place, and technical needs. Support from ASEAN's public health and disease centre, ACPHEED (ASEAN Centre for Public Health Emergencies and Emerging Diseases), may be required to enhance cross-border collaboration. The meeting will inform the upcoming ASEAN planning forum in October 2025 on PoE.

Stronger health security through global and regional collaboration under One Health

WHO facilitated Indonesia's participation in key regional and global technical platforms, including the Epidemic Intelligence from Open Sources (EIOS) training, the Global Outbreak Alert and Response Network (GOARN) training and the ASEAN One Health Joint Plan of Action discussion. These engagements enhanced Indonesia's technical capacity, including pandemic preparedness and fostered intersectoral collaboration under One Health. They also helped align Indonesia's priorities and experiences with regional strategies, contributing to stronger coordination and alignment with global health security frameworks. The nominations were funded by WHO WPRO funding. WHO also supported development of technical documents on the development of ASEAN One Health Joint Plan of Action (Virtual meeting)



National Consultative Meeting on Points of Entry (PoE) Capacity for Public Health Emergency Detection and Assessment in ASEAN. Credit: MoH

LABORATORY SYSTEM STRENGTHENING

Technical support for the national reference laboratory on HIV RDT pre-qualification process

WHO supported national reference laboratory evaluation for HIV rapid diagnostic tests (RDTs). This support included sessions on the evaluation of HIV RDTs and on becoming a performance evaluation laboratory (PEL) in WHO prequalification for in-vitro diagnostics. WHO contributed to improved diagnostic quality, knowledge exchange and key functions of laboratories in public health preparedness and response.

Biosafety guideline for public health laboratories tier 4 and tier 5

MoH, through the national reference laboratory, has fully developed the biosafety guideline following a series of technical meetings and consultations. Laboratory personnel from tier 4 and tier 5 public health laboratories were involved that the guideline addresses practical realities and operational needs. This participatory and consultative approach was in line with the 4th edition of WHO laboratory biosafety manual. Publication is expected by November 2025. This activities was funded by WHO PIP.



EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

Capacity building through a health crisis management MOOC

WHO supported the transformation of the health crisis management training into a massive open online course (MOOC), which is integrated into MoH's learning platform for ease of access and sustainability. Scheduled for official launch in 2026, the MOOC marks an innovative step in expanding standardized, accessible crisis management training for health professionals throughout Indonesia. Ongoing support, including monitoring and evaluation, helps the course deliver high-quality training.

EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

Strengthening EMT capacity through international mentorship

WHO facilitated international emergency medical team (EMT) mentors and provided tailored guidance to Indonesian EMTs, including the Indonesian Red Crescent (BSMI) and Mercy Corps Indonesia. WHO focused on gaining EMT type 1 mobile qualification and surgical team development in compliance with global standards and by improving readiness to deliver timely, quality care in emergencies. WHO has supported seven teams towards international EMT classification.

Advancing Integrated Emergency Operations through PHEOC–EOC Alignment

WHO provided technical expertise to advance the integration of Public Health Emergency Operations Centers (PHEOCs) within broader emergency operations center (EOC) systems. This included benchmarking international best practices, contextualizing operational models and presenting activation guidelines for different modes (watch, alert and response). Through WHO's technical support, stakeholders established a shared understanding of roles, activation modes and coordination between health and other EOCs. The session strengthened national commitment to build an integrated and interoperable emergency management system, aligning health response operations with the overall disaster management architecture.



National simulation exercise for a megathrust earthquake in Padang. Credit: WHO Indonesia

National simulation exercise for a megathrust earthquake in Padang

WHO played a key role in redesigning ToRs of the humanitarian country team (HCT) together with civil society organisations (CSOs) and in formulating those of the Indonesian humanitarian coordination platform. It emphasized prominent roles for nongovernmental organisations and CSOs in advocacy, resource mobilization and knowledge transfer; clarified responsibilities; improved multi-sectoral engagement and aligned national coordination mechanisms with international humanitarian frameworks. In turn, these would foster localization and inclusive and effective leadership.

EMERGENCY PREPAREDNESS AND CRISIS MANAGEMENT

Strengthening humanitarian leadership and coordination frameworks

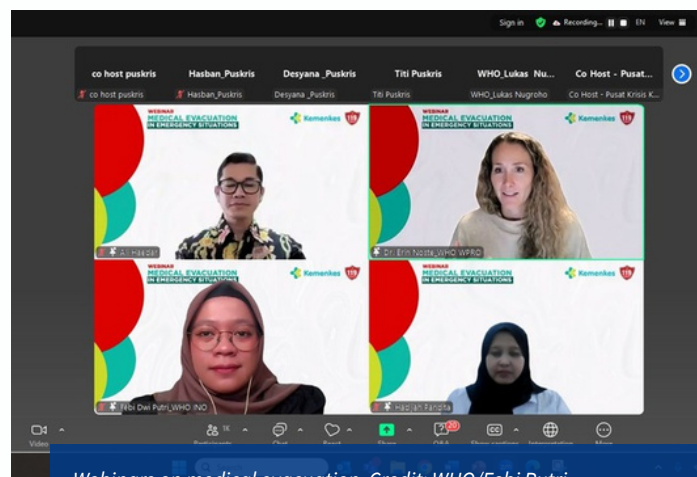
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Indonesian humanitarian coordination platform launching: UNOCHA/Arie Kustanti

Enhancing national preparedness through webinars on medical evacuation

WHO and MoH held a webinar on medical evacuation in emergencies for Public Safety Centre 119 (PSC 119) staff. Over 1 000 participants received practical guidance for medical and specialized care teams. This national learning platform reviewed global standards and discussed operational challenges in emergency response. WHO then facilitated Indonesia's participation in regional and global capacity-building activities, including the intergovernmental working group on the pandemic agreement, EIOS training in China and GOARN training in Thailand, further supporting national readiness and international collaboration.



Webinars on medical evacuation. Credit: WHO/Febi Putri

Enhancing the preparedness of the Muhammadiyah EMT through technical support and field-based training exercises.

WHO facilitated technical sessions with the Muhammadiyah EMT on clinical practice, logistics, core principles, and mental health and psychosocial support (MHPSS), in collaboration with the WHO Western Pacific Regional Office, Robert Koch Institute, and the Muhammadiyah Disaster Management Center. WHO also supported logistics, planning, and agenda development for the EMT field exercise and classification activities.

This engagement strengthened standard operating procedures, operational preparedness, peer-to-peer learning, alignment with international EMT standards, and Indonesia's readiness for deployment both domestically and internationally. The international EMT classification for Muhammadiyah is scheduled for October 2025.



Logistics coordination during the Muhammadiyah EMT Type 1 field hospital simulation. Credit: WHO/Fieni Aprilia

Thank you



**For more
information**

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