

# Surge in COVID-19 cases in Indonesia

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Indonesia passed 500,000 cases of COVID-19 on Monday, according to the country's Ministry of Health. The grim milestone occurs amid a resurgence of the pandemic and the abandonment of any immediate measures to halt the spread of the virus by the government of President Joko Widodo.

The ministry announced another 4,442 new confirmed cases on Monday, pushing the total infections to 502,110, with the death toll rising by 118 to 16,002. Broken down by region, the capital city Jakarta recorded the most cases with 1,009, bringing its total to 128,173. This was followed by Central Java with 1,005 cases, West Java 602, East Java 365, Riau Islands 273 and East Kalimantan with 132.

The official figures are undoubtedly an extreme under-representation. Despite being touted as the world's third largest "democracy" with a population of 274 million, it ranks among the worst in terms of testing.

According to the latest statistics from the non-profit research group 'Our World In Data', Indonesia tests on average 14 people per 100,000 a day, just over half that of daily tests in the nearby Philippines with 27 per 100,000. Indonesia has a GNI per capita of \$US4,050 compared to the Philippines \$3,850. In another comparison, Australia conducts approximately 185 daily tests per 100,000, and the US 395 per 100,000.

The percentage of daily tests returning positive also indicates that the pandemic is spiralling out of control. At least 11.4 percent are returning positive in Indonesia compared with 5 percent in the Philippines. This means with the low level of testing that the number of confirmed cases in Indonesia likely represents a small number of the true number of infections.

According to criteria set by the World Health Organisation in May, a positive rate of less than 5 percent for at least two weeks indicates that the pandemic is under control. Our World in Data shows that the share of positive cases in Indonesia has been

hovering consistently between 10 percent and 17 percent since early June.

The escalating number of cases and lack of preventive measures are bound up with the crisis of the Indonesian economy and the need of the capitalist class to keep workplaces open regardless of the risks to workers.

Indonesia's economy fell by 3.49 percent in the third quarter of this year, following a 5.32 percent fall in the second quarter, signalling that the country is formally in recession. The last time this occurred was in the Asian Financial crisis of 1998.

The ruling elite of Indonesia is committed to avoiding a lockdown, and at the same time placing the burden of the pandemic onto the working class. The government has cynically used the pandemic to justify breaking up the protests on health grounds.

The pro-business omnibus bill, signed into law earlier this month by Widodo, triggered mass strikes in October and was met with police repression which used water cannon and tear gas. An estimated 3.5 million workers could lose their jobs in the months ahead.

Social tensions are also being fuelled by the pro-market policies implemented since 1998 that have led to a huge gulf between rich and poor. Oxfam reported in 2017 that the country's four richest individuals owned more wealth than the bottom 40 percent of the population, or 100 million people.

Conscious of the mass opposition to his policies, President Widodo has been pinning hopes on an early vaccine.

After indicating that a vaccination programme would begin in November, Widodo announced in an interview with Reuters on November 13: "We expect to start the vaccination process by the end of this year following a series of tests by BPOM [the National Agency of Drug and Food Control]."

"We will put pressure on the cases so they can stay

flat,” Widodo continued, “and then we will hit it with the vaccines.” He said that the first recipients would be health workers, followed by police and the military.

Just four days later, these plans were denied in a parliamentary hearing by BPOM, which declared that the Emergency Use Authorisation (EUA) of the vaccine would not be given until at least January, and only then in limited numbers.

“We continue to carry out quality control, efficacy, and safety under the [World Health Organization’s] references and guidelines,” the agency head Dr Penny K. Lukito stated. “If the data is complete, the estimation for the vaccine to get EUA is the third or fourth week of January.”

Indonesia does not have the capacity to utilize some of the vaccines that are becoming available, including that being developed by the Pfizer and German partner BioNTech. Its use would require a “cold chain” distribution network across Indonesia’s tropical archipelago capable of storage temperatures of minus 70 degrees Celsius.

“Indonesia does not have such capabilities,” state-owned Bio Ferma president director, Honesti Basyir, said last Friday. “And it is hazardous if this vaccine is not stored at the proper temperature. In fact, it will be damaged so that later when it is given to the community, it will be dangerous.”

Indonesia is currently aiming to vaccinate 107.2 million people by the end of next year, using vaccines from China’s Sinovac Biotech, as well as China National Pharmaceutical Group (Sinopharm), and CanSino Biotech. All of them, unlike the Pfizer vaccine, are yet to announce the results of their stage III clinical trials.

Indonesia has been testing at least 1,620 volunteers with the Sinovac Vaccine in Bandung in West Java which will be produced in Indonesia after regulatory approval. Its storage temperatures are between 2 and 8 degrees Celsius and therefore do not require the storage technology required for the Pfizer vaccine.

The vaccines are specifically slated to cover those aged between 18 and 59, with 30 per cent of this group having the cost covered. The remaining 70 per cent would have to pay the full amount. Basyir indicated in October that the Sinovac vaccine will cost around 200,000 rupiahs (\$US14.11) per dose. The median weekly salary in Jakarta is approximately 3,250,000

rupiahs (\$229.36).

Another potential stumbling block to the timely roll out of the vaccine is whether or not it will be certified halal, or permissible according to Islamic law. Along with applying for an EUA from BPOM, the health ministry is also seeking a halal certificate from the Indonesian Ulema Council (MUI).

In 2018, the MUI declared that the vaccines for measles and rubella were haram, or unlawful, as they contained several porcine elements, leading to a large drop in the vaccination of children. Work is still underway for replacement, halal-certified vaccines that will not be available for at least another decade.



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