

INDONESIA DASHBOARD



INDONESIA DASHBOARD 2020

The goal of a malaria-free Indonesia by 2030 is within reach

Indonesia has made remarkable progress towards malaria elimination over the last decade. Since 2010, Indonesia has more than halved its malaria case load. Malaria cases have fallen by 47% in 2019 compared to 2010. (See Figure 1). This has been achieved even in the face of several challenges. As the world's largest

archipelago, Indonesia is home to 17,508 islands with diverse conditions and geographies spanning forests to plantations to mining areas. The Indonesian population is quite mobile—often traveling within and between islands, which has implications on disease spread and makes disease control even more challenging.

Malaria cases in Indonesia

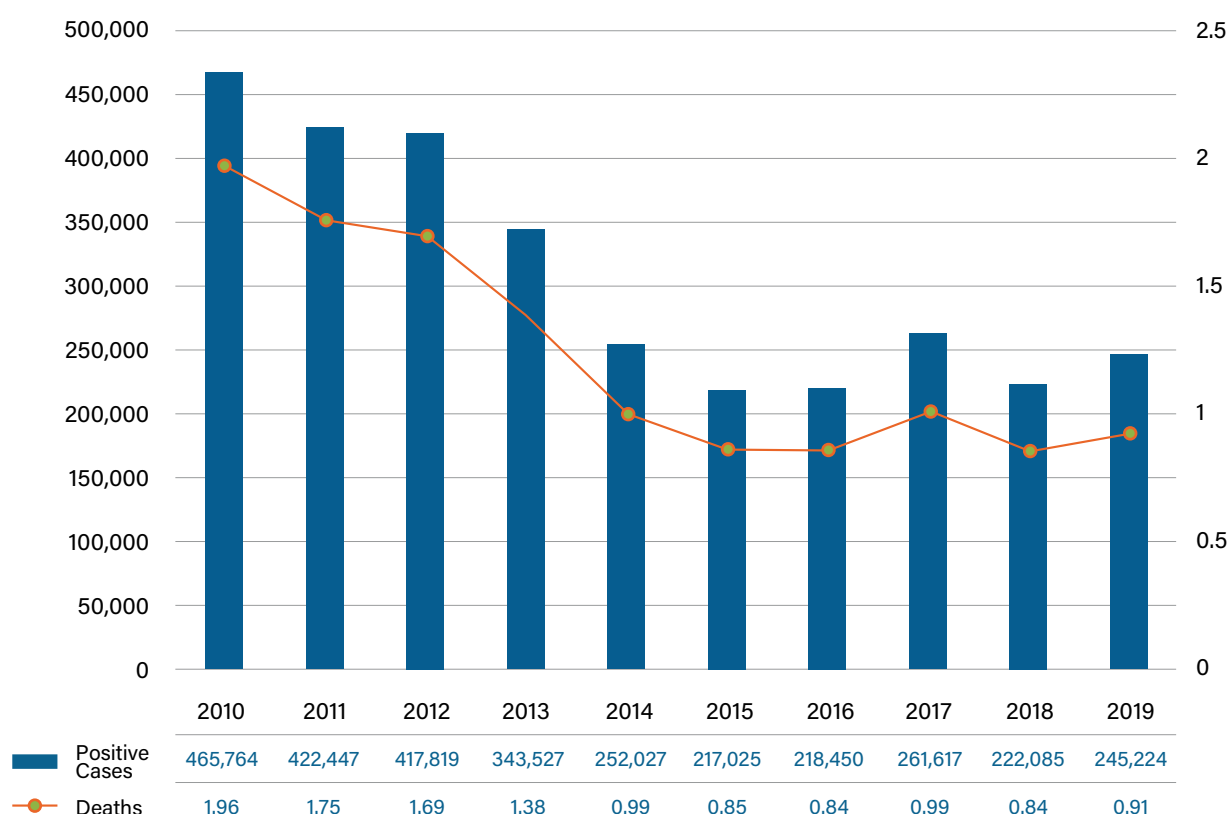


Figure 1: Malaria cases in Indonesia: 2010-2019 (Source: Ministry of Health, Republic of Indonesia)

Indonesia has been a founding member of the Asia Pacific Malaria Elimination Network (APMEN), since 2009. At the 9th East Asia Summit (EAS) in 2014 Honourable President Joko Widodo and 17 other Leaders committed to the goal of an Asia Pacific free of malaria by 2030 and subsequently endorsed the Asia Pacific Malaria Elimination [Roadmap](#) at the 10th East Asia Summit in 2015. The Asia Pacific Leaders' Malaria Elimination [Dashboard](#) records Indonesia as having successfully achieved all key policy milestones for elimination since 2018, from the establishment of a cross-ministerial taskforce for elimination to strategies for financial sustainability for the malaria response (See figure 2).

	Status	Progress Towards Elimination			Unite national efforts and regional action		Map, prevent, test and treat the disease everywhere		Ensure high quality malaria tests, medicines, nets and insecticides	Improve targeting and efficiency to get the most impact	Mobilize domestic financing and leverage external support	Innovate for elimination
Country	Country program status	Indigenous malaria deaths 2019	Indigenous malaria cases 2019	Administrative units free of malaria (%)	Functional elimination task force (or equivalent) in place	Costed malaria elimination plan in place and adopted	Case reporting from all providers	Legislation in place to make malaria a notifiable disease within 24-48 hrs	Formal mechanism in place to ensure quality of health commodities for the prevention, diagnosis and treatment of malaria and other priority diseases	Targeting interventions based on up to date malaria risk stratification	Elimination financing sustainability plan developed	Innovative tools/ approaches supported or implemented
Indonesia	Moving to Elimination	▲ 49	▲ 250,644	58								

Figure 2: APLMA Leaders Dashboard 2020- Indonesia

Indonesia aims for a malaria-free certification from the WHO by 2030. Given its archipelagic geography, the country has adopted an island-based approach to achieve this goal. Malaria elimination strategies are based on the endemicity level in each region and are being applied in stages, moving from local district to provincial to regional level. Under the National Malaria Action Plan for Acceleration of Malaria Elimination 2020-24, Indonesia is aiming for 75% of the country to be free of malaria transmission with no high endemic districts by end of 2024. Figure 3 shows the timeline for Indonesia's elimination strategy.

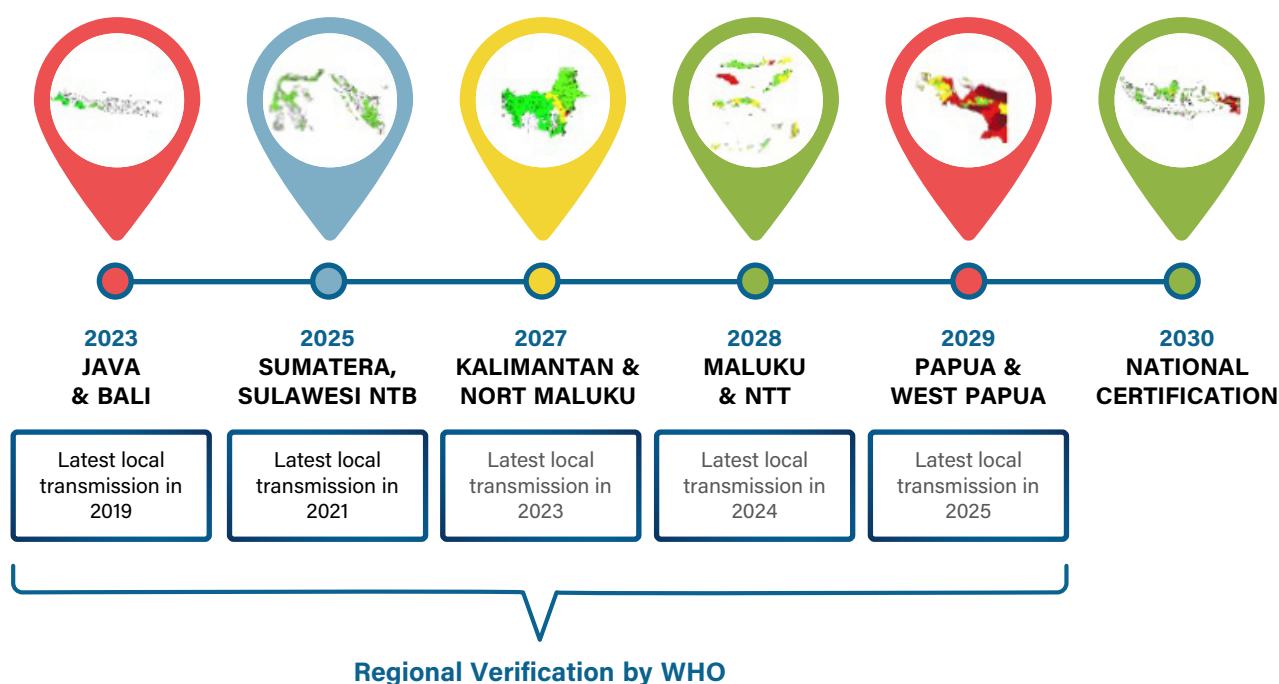


Figure 3: Timeline for elimination strategy (Source: Ministry of Health, Republic of Indonesia)

KEY HIGHLIGHTS

SUB NATIONAL COMMITMENT AND PROGRESS

Adopting a subnational approach to elimination supported by advocacy at all levels of the government has been critical for Indonesia's success in reducing the overall malaria burden. In 2009, a National Ministerial Decree on Malaria Elimination was passed, committing Indonesia to eliminating malaria by 2030. This spurred political commitment from provincial governors, district regents, and municipal mayors. By the end of 2019, 300 out of 524 districts were declared malaria free and 76% of Indonesia's population now lives in malaria-free areas.

In 2012, Indonesia launched the subnational malaria elimination assessments to proactively reward successes and encourage districts to continue to strive for elimination. The malaria elimination assessment was developed using WHO elimination guidelines based on districts/cities in Indonesia. A key tenet of the process is the awarding of a malaria elimination certificate to the head of the district government by the Minister of Health upon the successful achievement of elimination.

INCREASED DOMESTIC FUNDING FOR MALARIA

Indonesia has shown increasing financial commitment to the fight against malaria. Domestic financing has steadily become the dominant source of financing for malaria in Indonesia.

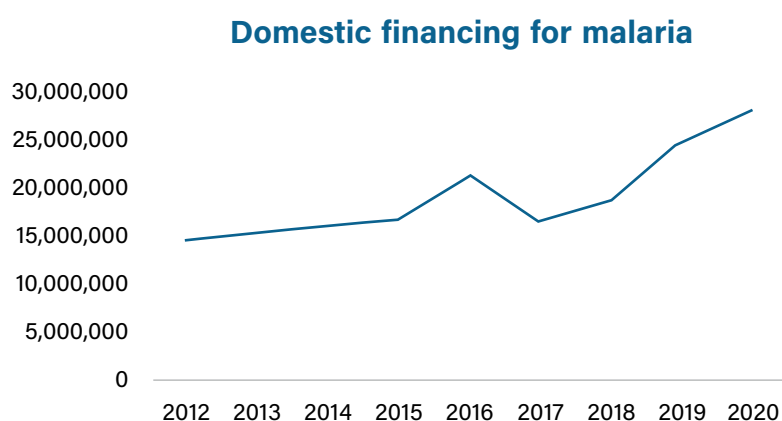


Figure 4: Domestic financing for malaria (Source: Global Fund data, unpublished)

Domestic funding has almost doubled in 2020 compared to 2012 (See Figure 4). Nonetheless, external sources remain an important source of financing for the malaria program.

IMPROVED MALARIA SURVEILLANCE

The surveillance policy in Indonesia aims for early detection, prevention, and response with the support of the malaria information and surveillance system (e-SISMAL)². e-SISMAL was developed to allow for data analysis down to village level and involve both private services and communities. It has also been successfully integrated with basic health services in all health facilities. Malaria laboratory confirmations form part of the surveillance. Indonesia's exemplary surveillance system gears the country for better and more timely infectious disease monitoring and reporting, a core tenet of health security.

KEY HIGHLIGHTS

WHOLE OF SOCIETY APPROACH

With the National Malaria Program in the lead, non-governmental organizations (NGOs), community organizations, and the private sector play important roles in providing malaria-related services in Indonesia. This helps to improve access to malaria services for all. Malaria centres have been established in high burden districts and embrace multi-sectoral approaches. Partnerships at the community level have proven to be very effective in certain areas. Districts where such partnerships have flourished have seen exceptional progress against malaria.

Multisectoral collaboration in Sikka District in Flores Island: Multiple actors were involved in malaria control efforts aimed at school children, women, and the armed forces in Sikka District on Flores Island. Doctors and pharmacists were trained on malaria prevention and treatment. NGOs were involved in environmental management of mosquito-breeding lagoons. Radio stations and churches provided malaria education. These efforts have helped Sikka district to maintain a low endemic status.

NGOs and community engagement: NGOs, particularly faith-based organizations, have been especially effective in the eastern parts of the country and are integral to effective malaria control efforts. Local governments are

encouraged to work with NGOs to form malaria cadres of non-medical workers drawn from volunteers in the community. Increased case detection involving malaria cadres has proven critical to mitigate malaria in isolated or inaccessible areas. These cadres increase public awareness and improve malaria detection and treatment in communities. The NGOs and cadres also play an important role in promoting community-driven activities to identify and solve malaria problems in their village. The armed forces and police departments are also engaging in malaria control efforts in addition to NGOs and private sector partners.

Private sector collaborations: The private sector includes the not-for-profit medical practitioners and private sector companies who are partnering with the government in tackling malaria. For example, PT Freeport Indonesia has contributed to malaria control efforts in the Mimika regency in Papua through the Malaria Centre, a collaboration between the Department of Health and other partners. The Tahir Foundation, who is a pioneering partner and supporter of [M2030](#) has pledged \$26.5 million to support malaria elimination programs in Indonesia. Other M2030 partners in Indonesia include JD.id, Mayapada Healthcare and Sampo Insurance.

CROSS BORDER COLLABORATION

Indonesia is also leading in cross-border collaboration, especially with Timor-Leste. Cross border collaboration on health was initiated in 2017 with a Memorandum of Understanding (MoU). The MoU covered a joint strategic action plan to initiate referral mechanisms, service pathways, malaria screening at border control check points and joint data sharing. Several meetings were held between Timor Leste and the Nusa Tenggara Timor (NTT) province of Indonesia which were attended by high level, provincial level, and district level authorities. Facilitated by The Global Fund and WHO, a joint action plan was developed, agreed upon and signed. A template for data sharing between both countries was developed and intended for the exchange of information in real time on cases across the border.

Indonesia's progress against malaria is exemplary. Read more about progress against malaria in Indonesia and in the Asia Pacific Region [here](#).