LATEST SITUATION OF THE PROGRESS OF THE MALARIA CONTROL PROGRAMME IN INDONESIA YEAR 2024

1. National Programme Achievement

Malaria is one of the global priority diseases as stated in the SDGs 3.3 to eliminate the disease by 2030. It is also a national priority listed in the 2020–2024 National Medium-Term Development Plan (*Rencana Pembangunan Jangka Menengah Nasional*/RPJMN), with the main indicator being the number of districts/cities that have achieved malaria elimination. It is also included in the Programme Performance Indicators (*Indikator Kinerja Program*/IKP), namely the number of districts/cities with API <1 per 1,000 population. Since 2021, an additional indicator being monitored is the number of districts/cities with malaria PR <5%. Malaria is also monitored by the Presidential Staff Office (*Kantor Staf Presiden*/KSP) through the percentage of malaria cases receiving standard treatment recorded in SISMAL (*Sistem Informasi Surveilans Malaria*/Malaria Information Surveillance System). The following are national indicator achievements for the malaria programme:

a. National Medium-Term Development Plan (RPJMN) and Strategic Plan of the Ministry of Health 2020–2024

The malaria indicator in the 2020–2024 RPJMN is the cumulative number of districts/cities achieving malaria elimination. As of 2024, a total of 401 districts/cities have achieved malaria elimination. Meanwhile, the Programme Performance Indicator, namely the number of districts/cities with API <1 per 1,000 population, has reached 455 districts/cities in 2024. Additionally, the Activity Performance Indicator (*Indikator Kinerja Kegiatan*/IKK) of malaria positivity rate (PR) <5% achieved 366 districts/cities in 2024.

Table 1. RPJMN Indicator Achievement 2020–2024.

RPJMN Indicator (Cumulative number of districts/cities that have achieved malaria elimination)	**2020**	**2021**	**2022**	**2023**	**2024**
Target	325	345	365	385	405
Achievement	318	347	372	389	401

Table 2. Programme Performance Indicator (IKP) Achievements 2020–2024.

Programme Performance Indicator (Cumulative number of districts/cities with API <1 per 1,000 population)	**2020**	**2021**	**2022**	**2023**	**2024**
Target	466	475	484	495	500
Achievement	467	471	455	455	455

Table 3. Activity Performance Indicator (IKK) Achievements 2020–2024.

Activity Performance Indicator (Number of districts/cities with Positivity Rate (PR) malaria <5%)	2021	2022	2023	2024
Target	-	374	394	414
Achievement	354	348	333	366

b. Presidential Priority Programme Indicators 2020–2024.

Malaria is one of the 100 national priority programmes and activities included in the Presidential Promise Action Plan (*Aksi Janji Presiden*). These priority programmes and activities are monitored regularly every quarter by the Presidential Staff Office and the Coordinating Ministry for Human Development and Cultural Affairs (*Kemenko-PMK)*. The monitoring indicator for the Presidential Priority Programme up to 2024, as set by the Presidential Staff Office, is as follows:

Table 4. Achievement of Presidential Priority Programme Indicators 2020–2024.

Achievement parameter	2020	2021	2022	2023	2024
Achievement of ≥95% of positive malaria cases being treated according to the standard	95/95	95/98	95/93	95/90	95/93

2. National Malaria Elimination Roadmap

The malaria programme in Indonesia aims to achieve malaria elimination in a gradual manner no later than the year 2030. Based on the Minister of Health Regulation No. 22 of 2022 on malaria control, the goal of national malaria elimination is to be pursued through phased elimination at the local level across all regions in Indonesia. Malaria elimination is determined based on the following criteria:

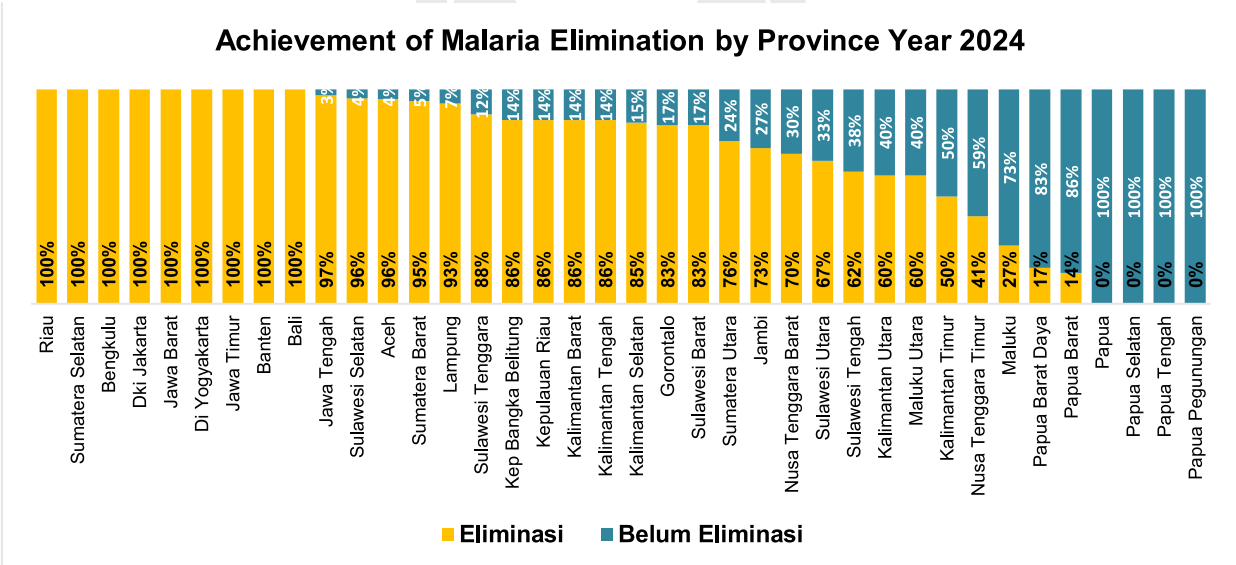
a. No local transmission cases for three consecutive years;
b. The existence of an optimal malaria surveillance system; and
c. The presence of integrated malaria control management.

The stages of malaria elimination in Indonesia are conducted progressively at the district/city, provincial, regional, and ultimately national levels. The Ministry of Health will submit an application for malaria elimination certification to the World Health Organization (WHO) in 2030. This process will be preceded by regional-level verification. Indonesia is divided into five regions: (1) Java and Bali Region; (2) Sumatra, West Nusa Tenggara (NTB), and Sulawesi Region; (3) Kalimantan and North Maluku Region; (4) East Nusa Tenggara (NTT) and Maluku Region; and (5) Papua Region. Indonesia's Malaria Elimination Roadmap is aligned with the global targets, as shown in Figure 1 below.

National Target	**325 districts** achieved malaria-free status	Decrease in proportion of **high endemic districts to <3%**	**All districts** achieve API of <1 per 1000 population	All districts achieve **malaria-free** status
Indicator	Number of districts achieving malaria-free status	**425 districts** achieve malaria-free status	**480 districts** achieve malaria-free status	All districts achieve **malaria-free** in 2030
Global Technical Strategy Target	• Incidence **reduced by 40%** • Malaria mortality **reduced by 40%**	• Incidence **reduced by 75%** • Malaria mortality **reduced by 75%**		• Incidence **reduced by 90%** • Malaria **mortality reduced by 90%**

Figure 1. Indonesia's malaria elimination roadmap according to global targets.

The national elimination target is carried out in stages, starting with malaria elimination at the district/city level, with the goal that all districts/cities reach an Annual Parasite Incidence (API) of less than 1 per 1,000 population by 2028, and by 2030, all districts/cities are targeted to achieve malaria elimination. As of 2024, a total of 401 districts/cities (78%) have achieved malaria elimination.



Graph 1. Achievement of malaria elimination by province as of 2024.

Provincial-level malaria elimination requires that all districts and cities within the province have achieved elimination status. In addition, the province must ensure that maintenance efforts are continuously implemented to prevent the re-establishment of local or indigenous

transmission. There are two districts in the Papua and West Papua region that have successfully achieved malaria elimination: South Sorong District in Southwest Papua Province in 2022, and Arfak Mountains District in West Papua Province in 2024. As of 2024, there are nine provinces where all districts/cities have achieved malaria-free status, but only five provinces have been granted provincial-level malaria elimination certificates, as shown in the Table 5 below.

Table 5. Achievement of Province-Level Malaria Elimination as of 2024.

No.	Provinces	Elimination Year
1.	Banten	2022
2.	Jakarta	2023
3.	West Java	2023
4.	Bali	2023
5.	East Java	2023

3. Malaria Endemicity in Indonesia Year 2024

The map of malaria endemicity distribution by district/city can be seen in the Figure 2 below. It shows that districts/cities with high malaria endemicity remain concentrated in eastern Indonesia, particularly in the Papua region, with only one district in East Nusa Tenggara Province, Southwest Sumba, still classified as high endemicity.

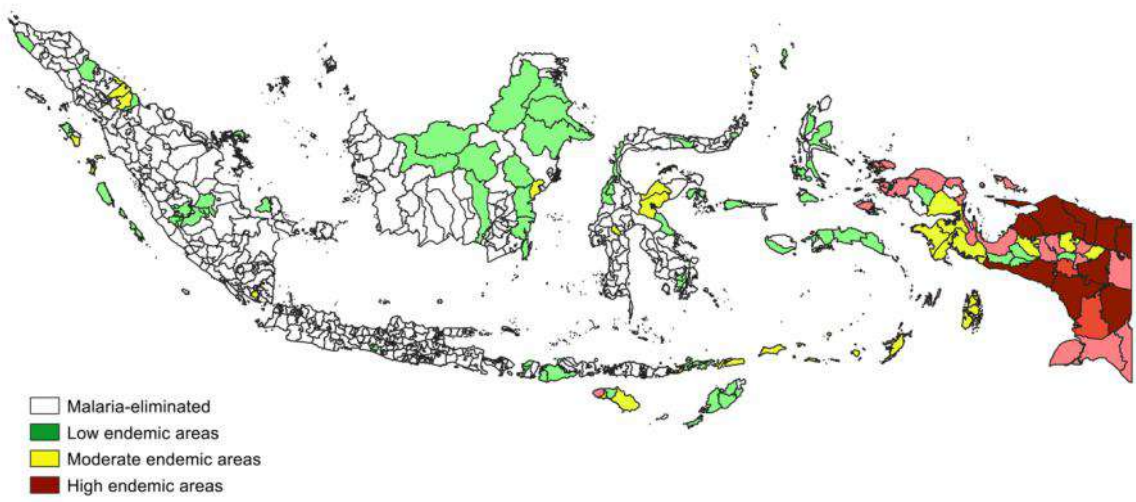


Figure 2. Endemic areas of malaria in Indonesia as of 2024.

Table 6 provides details on the number of districts/cities and population by endemicity zone in Indonesia, showing that 91% of Indonesia's population lives in malaria-free areas, and 78% of them are in areas that have achieved malaria elimination.

Table 6. Number of Malaria-Endemic Districts and Cities by Population Year 2024.

No.	Malaria endemicity	Population 2024		Districts 2024	
		Frequency	%	Frequency	%
1	Elimination (Malaria-free)	256,084,995	91	401	78
2	Low endemicity (API <1‰)	15,437,731	5	60	12
3	Moderate endemicity (API 1-5 ‰)	5,572,401	2	23	4
4	High endemicity (API >5 ‰)	4,508,672	2	30	6
	TOTAL	**281,603,799**	**100**	**514**	**100**

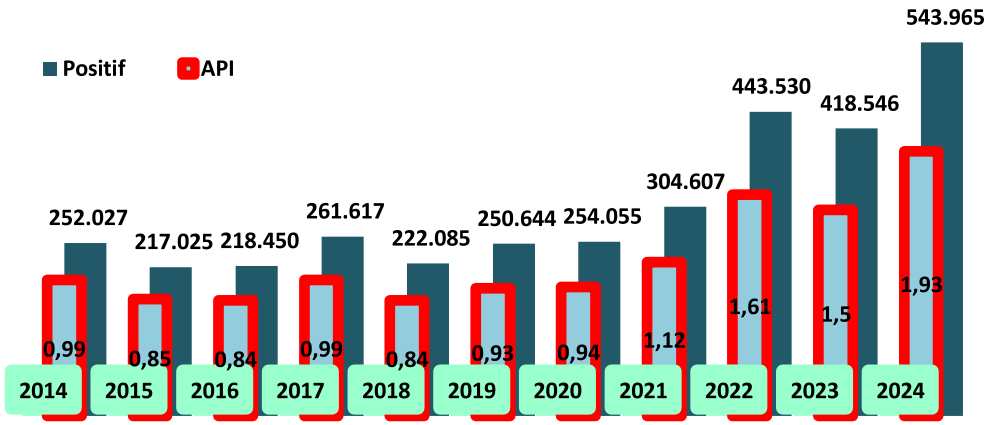
The following Table 7 outlines the elimination achievements by province as of 2024.

Table 7. Malaria Endemicity by Province Year 2024.

No	Provinces	Number of districts/cities	Malaria-free	Low endemicity	Moderate endemicity	High endemicity
1	Aceh	23	22	1		
2	North Sumatra	33	25	4	4	
3	West Sumatra	19	18	1		
4	Riau	12	12			
5	Jambi	11	8	3		
6	South Sumatra	17	17			
7	Bengkulu	10	10			
8	Lampung	15	14		1	
9	Bangka Belitung Islands	7	6	1		
10	Riau Islands	7	6	1		
11	Jakarta	6	6			
12	West Java	27	27			
13	Central Java	35	34	1		
14	Yogyakarta	5	5			
15	East Java	38	38			
16	Banten	8	8			
17	Bali	9	9			
18	West Nusa Tenggara	10	7	3		
19	East Nusa Tenggara	22	9	8	4	1
20	West Kalimantan	14	12	2		
21	Central Kalimantan	14	12	2		
22	South Kalimantan	13	11	2		
23	East Kalimantan	10	5	4	1	
24	North Kalimantan	5	3	2		
25	North Sulawesi	15	10	4	1	
26	Central Sulawesi	13	8	3	2	
27	South Sulawesi	24	23		1	
28	Southeast Sulawesi	17	15	2		
29	Gorontalo	6	5	1		
30	West Sulawesi	6	5	1		
31	Maluku	11	3	4	4	
32	North Maluku	10	6	4		
33	West Papua	7	1		3	3

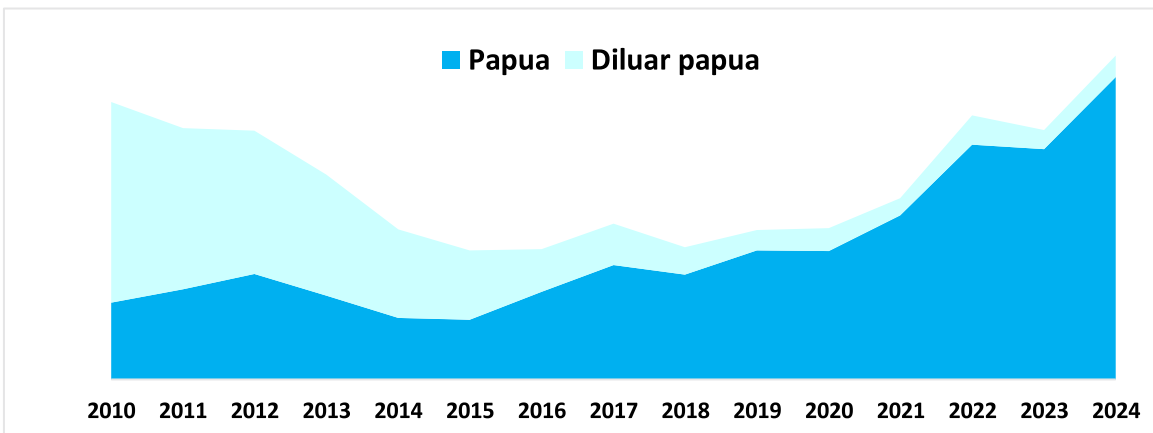
No	Provinces	Number of districts/cities	Malaria-free	Low endemicity	Moderate endemicity	High endemicity
34	Southwest Papua	6	1	1		4
35	Papua	9				9
36	Highland Papua	8		1	2	5
37	South Papua	4				4
38	Central Papua	8		4		4
Total		**514**	**401**	**60**	**23**	**30**

4. Trend of Malaria Cases



Graph 2. Trend of malaria cases and API from 2014 to 2024.

Based on the trend, the number of positive malaria cases and the Annual Parasite Incidence (API) have shown an overall increase from 2014 to 2024. This rising trend is primarily driven by the increasing number of malaria cases in the Papua region, outbreaks in several areas, and improvements in the completeness of case reporting.

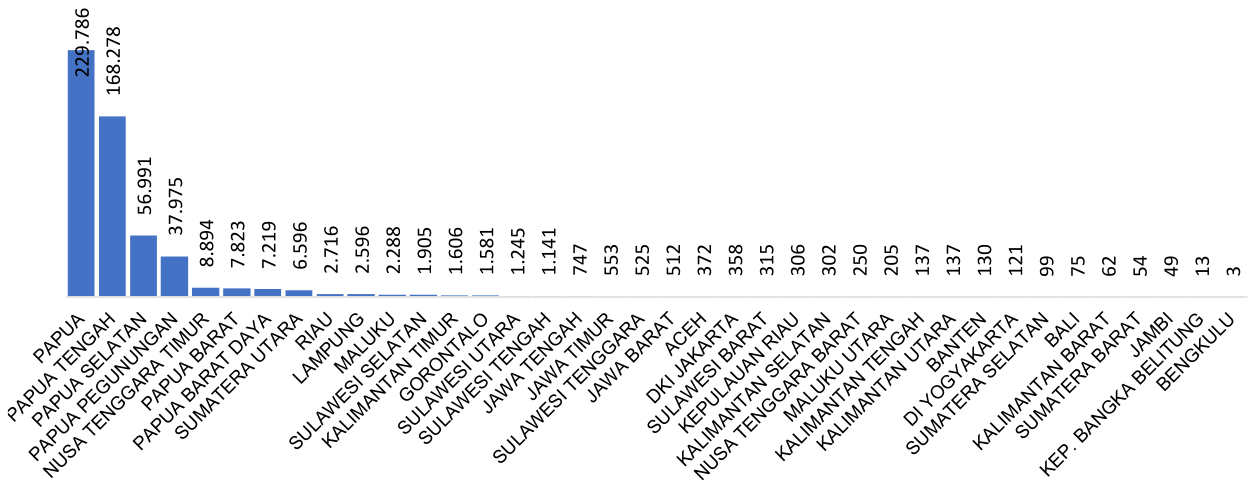


Graph 3. Trend of malaria cases in Papua and outside of Papua from 2010 to 2024.

Graph 3 shows a decline in malaria cases across most provinces in Indonesia from 2010 to

2024. The decrease in malaria cases is particularly significant outside of the Papua region; however, in Papua, malaria cases have continued to rise.

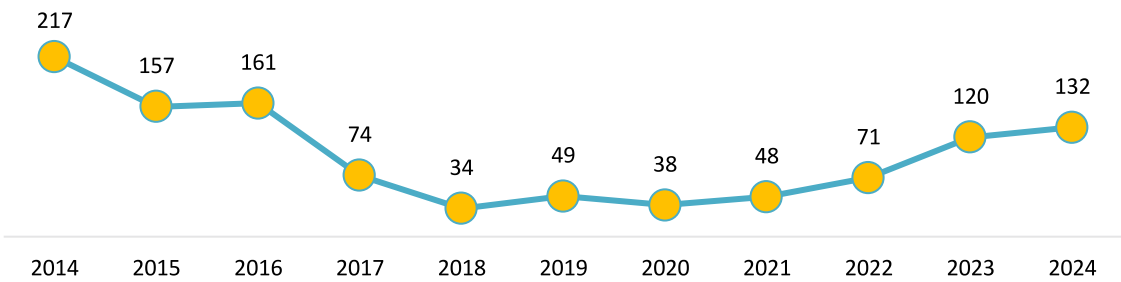
In 2024, Indonesia recorded a total of 543,965 positive malaria cases, representing a 30% increase compared to 2023, which had 418,546 cases. The Papua region contributed the majority of malaria cases in Indonesia, accounting for 93% (508,072 cases), with the highest distribution reported in Papua Province, which recorded 229,786 positive cases. Graph 4 illustrates this distribution.



Graph 4. Distribution of malaria cases by province in 2024.

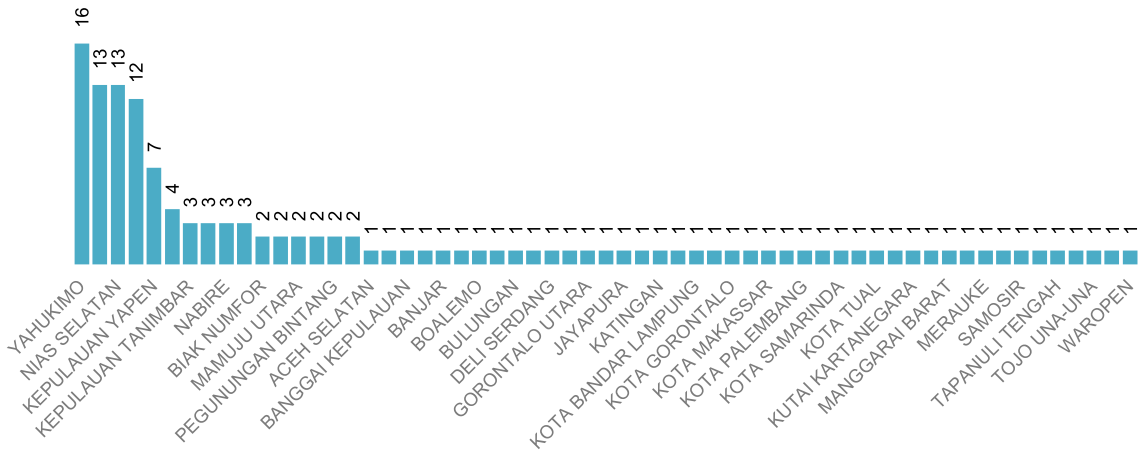
5. Malaria-related Deaths

Malaria-related deaths are still being reported from several regions in Indonesia. The trend in mortality has been fluctuating, with a significant increase observed from 2020 to 2024. In 2024, a total of 132 malaria-related deaths were reported.



Graph 5. Trend of malaria mortality from 2013 to 2024.

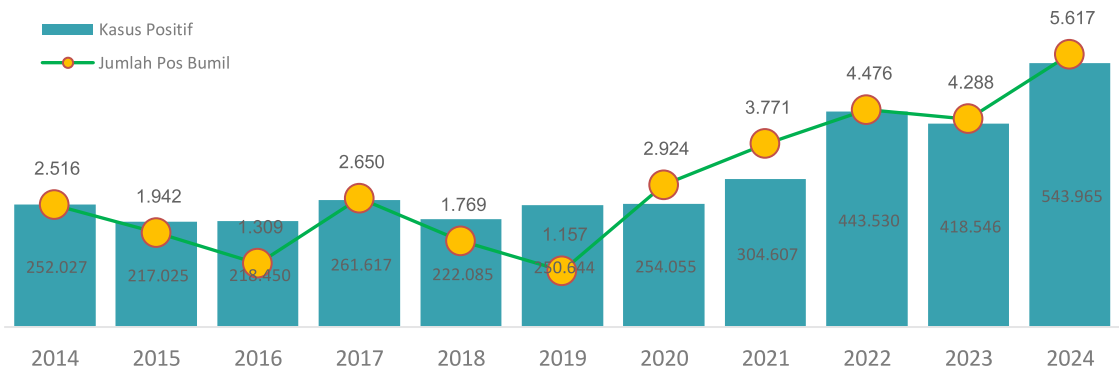
Graph 6 shows the highest number of deaths was reported in Yahukimo District, Highland Papua Province, with 16 deaths out of 30 districts that reported malaria-related deaths.



Graph 6. Malaria-related deaths by district and cities in 2024.

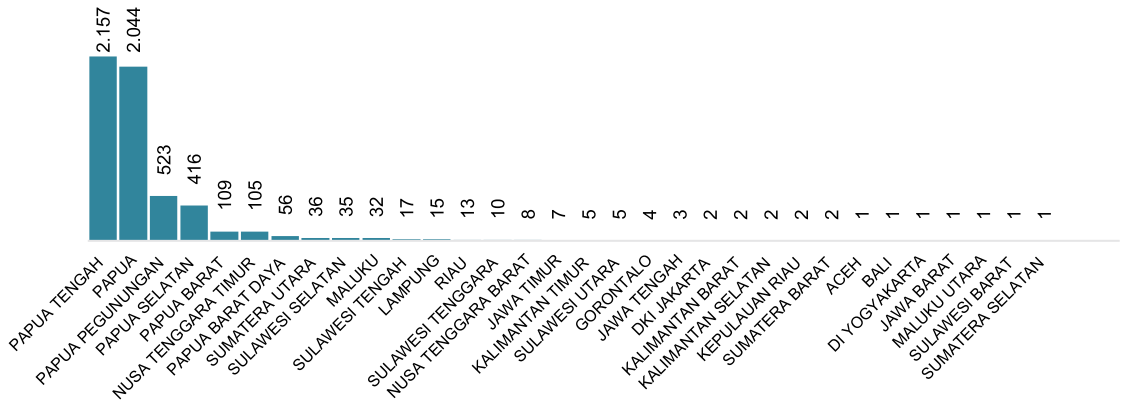
6. Malaria in Pregnancy and Children Under Five

Malaria in pregnant women is a serious public health concern, as it can lead to various complications such as anaemia, preterm birth, low birth weight (LBW), and even maternal and infant mortality. The long-term risks of malaria during pregnancy include impaired growth and cognitive development in children due to prematurity and low birth weight. A study on malaria in pregnancy conducted in Mimika District showed that infection in pregnant women led to severe maternal anaemia and reduced foetal birth weight. Malaria in infants is a major cause of severe anaemia and, together with helminth infections, is a leading contributor to stunting in malaria-endemic areas. The trend of positive malaria cases in pregnant women between 2014 and 2018 was relatively fluctuating; however, from 2019 to 2024, a noticeable increase was observed, as illustrated in Graph 7.



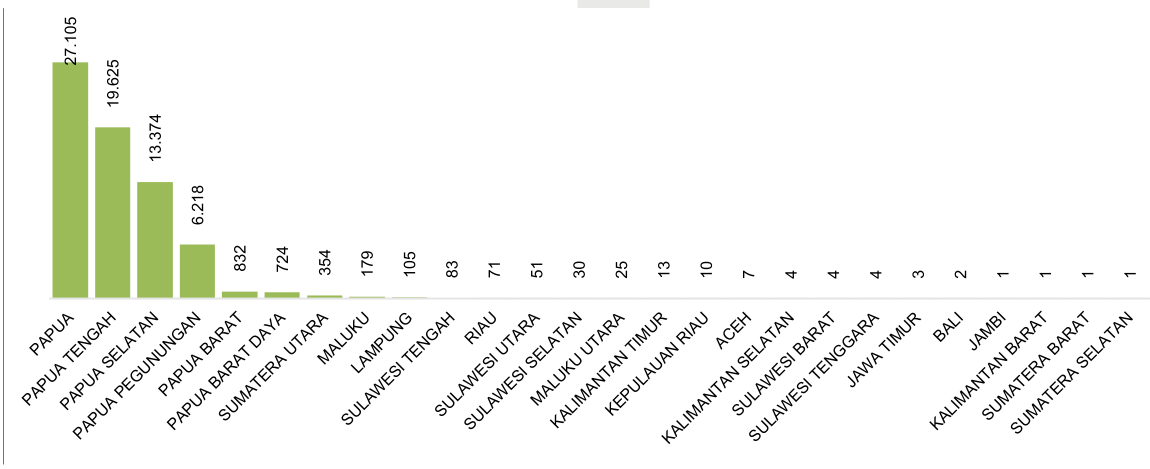
Graph 7. Number of malaria case in pregnancy from 2014 to 2024.

In 2024, a total of 32 provinces reported 5,617 positive malaria cases in pregnant women. The highest number of cases was recorded in Central Papua Province, with 2,157 cases. The distribution of malaria in pregnancy by province is shown in Graph 8.



Graph 8. Number of malaria case in pregnancy by province in 2024.

Additionally, in 2024, a total of 69,952 positive malaria cases in children under five were reported across 26 provinces, based on all case detection activities. Of these, 21,000 cases were identified through the Integrated Management of Childhood Illness (IMCI) programme. The highest number of cases in children under five was reported in Papua Province, with 27,105 cases. Among the total malaria cases in children under five, 86% (59,883 cases) occurred in the 1–5 year age group, while 14% (10,069 cases) were in infants aged 0–11 months. The distribution of positive malaria cases in children under five by province is illustrated in Graph 9.



Graph 9. Number of malaria case in children under five by province in 2024.

7. Integration of Malaria within Maternal and Child Health Programmes

The integrated malaria control activities with maternal and child health services aim to protect pregnant women and infants from malaria transmission, enhance the coverage of routine maternal health services, and contribute to the reduction of stunting by decreasing the incidence of anaemia in pregnant women and young children caused by malaria. Integration activities are carried out through malaria screening and the distribution of long-lasting insecticidal nets (LLINs) to pregnant women during their first antenatal care (ANC) visit, as well as blood smear examinations for malaria in sick children through the IMCI clinic. These integrated activities are prioritised in high-endemic districts/cities and are implemented selectively in moderate, low, and malaria elimination areas.

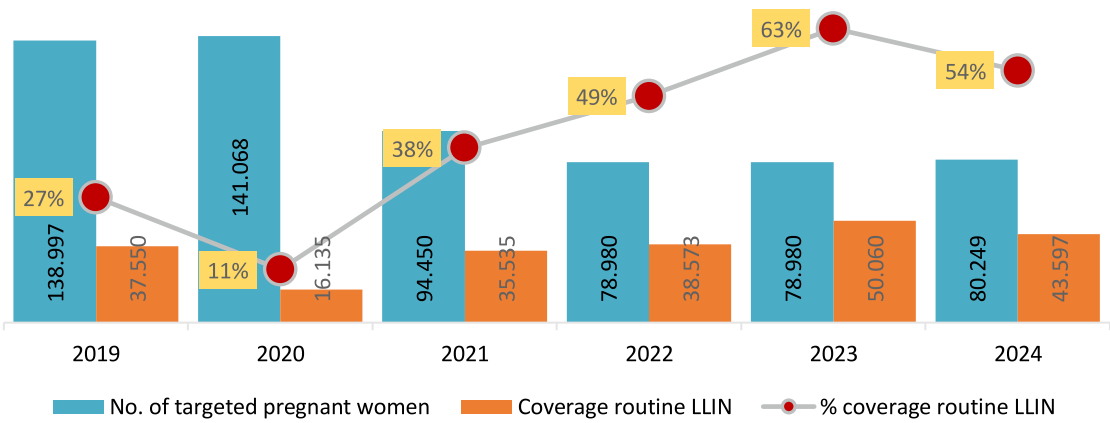
a. Malaria programme integration in pregnant women year 2024

Endemicity	Pregnancy screening	Positive case	% screening	PR (%)
Elimination	141,847	113	54	0.08
Low endemicity	55,461	27	21	0.05
Moderate endemicity	19,910	141	8	0.71
High endemicity	44,970	5,336	17	11.87
Total	**262,188**	**5,617**	**100**	**2.14**

b. Malaria programme integration in child's health year 2024

Endemicity	IMCI screening	Positive case	% screening	PR (%)
Elimination	6,024	1	4	0.02
Low endemicity	11,383	2	7	0.02
Moderate endemicity	13,964	51	8	0.37
High endemicity	140,267	20,946	82	14.93
Total	**171,638**	**21,000**	**100**	**15.33**

c. LLIN distribution for pregnant women



Graph 10. LLIN distribution and coverage in pregnant women from 2019 to 2024.

The distribution of LLINs to pregnant women is a supplementary intervention aimed at all pregnant women residing in moderate and high endemicity areas. This distribution is conducted during the first ANC visit, both initial (K1) pure visits and K1 contact visits, within the framework of integrated ANC services. This activity is part of the integration with maternal and child health programmes at healthcare service facilities. The targeted areas for routine LLIN distribution in 2024–2025 cover 28 endemic districts/cities. It is expected that the distribution of these nets will provide protection to high-risk groups such as pregnant women, infants, and young children. The attached Table 8 outlines the achievements of routine LLIN distribution in the 28 targeted districts/cities.

Table 8. Coverage of routine LLIN in target districts and cities.

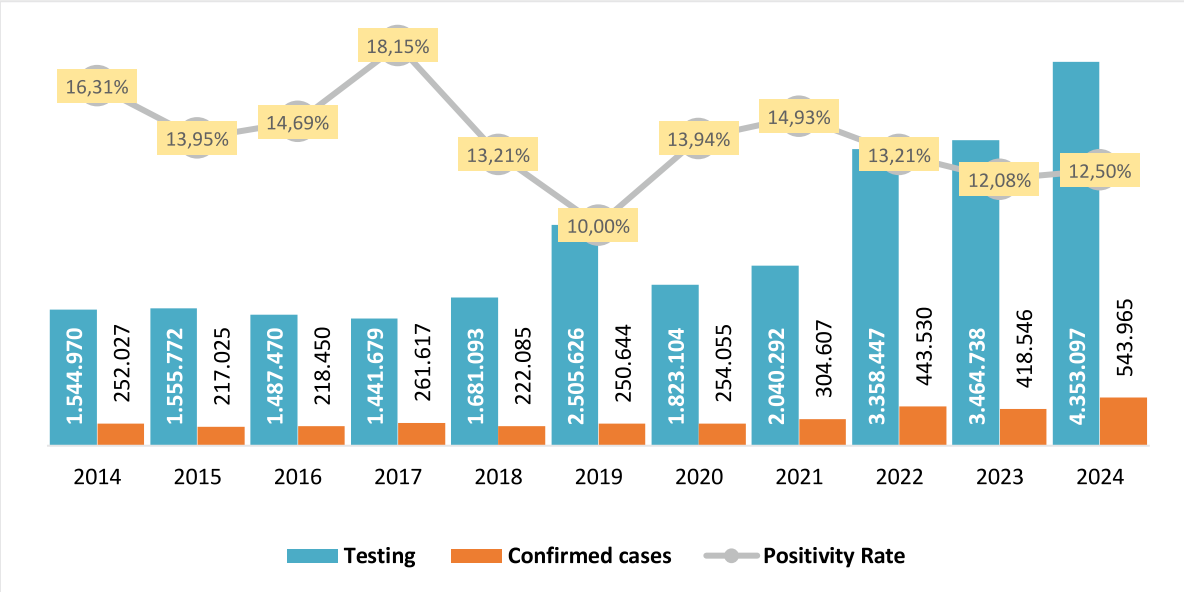
No.	Province	Districts/cities	Target	Distribution	% Coverage
1	East Nusa Tenggara	Sumba Barat	4,532	1,208	27%
2	East Nusa Tenggara	Sumba Timur	6,568	3,948	60%
3	East Nusa Tenggara	Sumba Barat Daya	9,770	3,864	40%
4	East Kalimantan	Penajam Paser Utara	2,809	1,489	53%
5	West Papua	Teluk Wondama	1,045	726	69%
6	West Papua	Manokwari	3,691	2,303	62%
7	West Papua	Manokwari Selatan	615	346	56%
8	South Papua	Merauke	4,858	1,690	35%
9	South Papua	Boven Digoel	2,056	522	25%
10	South Papua	Mappi	3,113	3,199	103%
11	South Papua	Asmat	3,526	311	9%
12	Papua	Jayapura	2,695	3,223	120%
13	Papua	Kepulauan Yapen	2,251	2,603	116%
14	Papua	Biak Numfor	3,203	2,405	75%
15	Papua	Sarmi	981	476	49%
16	Papua	Keerom	1,236	977	79%
17	Papua	Waropen	804	345	43%
18	Papua	Supiori	568	265	47%
19	Papua	Mamberamo Raya	765	4	1%
20	Papua	Kota Jayapura	5,846	1,675	29%
21	Central Papua	Nabire	3,064	3,598	117%
22	Central Papua	Mimika	5,483	5,128	94%
23	Highland Papua	Yahukimo	1,000	0	0%
24	Highland Papua	Pegunungan Bintang	1,000	0	0%
25	Highland Papua	Mamberamo Tengah	700	35	5%
26	Southwest Papua	Raja Ampat	1,334	0	0%
27	Southwest Papua	Tambrauw	463	33	7%
28	Southwest Papua	Kota Sorong	6,273	3,224	51%

9. Achievement of Malaria Positivity Rate (PR)

The Positivity Rate (PR) indicator serves as a key metric for measuring case detection in both endemic and malaria elimination areas. In endemic areas, a high level of case detection is necessary to ensure access to all malaria suspects with the aim of breaking the transmission chain swiftly. In malaria-free areas, testing of suspected cases must continue to enable early

detection and prevent re-establishment of local transmission. Additionally, it helps ensure that malaria surveillance programme performance remains active. The PR is calculated by dividing the total number of positive malaria cases by the total number of blood examinations (through microscopy or RDT). The national target for PR is below 5%.

In 2024, the total number of tests (both positive and negative) was 4,353,097, with 543,965 confirmed positive malaria cases, resulting in a national Positivity Rate (PR) of 12.50%. The trend of PR from 2014 to 2024 has been fluctuating, and in 2024, the number of detected malaria cases reached its highest point in the past 10 years, as shown in Graph 11.



Graph 11. Trend of malaria case finding and positivity rates from 2014 to 2024.

The achievement of the PR based on positive cases detected relative to total examinations per province is detailed in Table 9.

Table 9. Malaria Positivity Rate in 2024 by Province.

No.	Province	Positive case	Number of tests	PR (%)
1	Highland Papua	37,975	71,309	53.25
2	South Papua	56,991	235,643	24.19
3	Papua	229,786	1,106,313	20.77
4	Central Papua	168,278	817,040	20.60
5	North Sumatra	6,596	44,377	14.86
6	Riau	2,716	19,617	13.85
7	Southwest Papua	7,219	87,124	8.29
8	East Kalimantan	1,606	34,290	4.68
9	Jakarta	358	7,665	4.67
10	East Java	553	12,915	4.28

11	West Java	512	12,146	4.22
12	South Sulawesi	1,905	46,782	4.07
13	Central Sulawesi	1,141	28,466	4.01
14	Lampung	2,596	67,360	3.85
15	West Papua	7,823	203,146	3.85
16	Maluku	2,288	64,903	3.53
17	West Sulawesi	315	9,749	3.23
18	North Sulawesi	1,245	40,048	3.11
19	Banten	130	4,268	3.05
20	Southeast Sulawesi	525	19,553	2.69
21	Central Java	747	30,533	2.45
22	Gorontalo	1,581	67,945	2.33
23	Riau Islands	306	13,376	2.29
24	North Kalimantan	137	8,301	1.65
25	North Maluku	205	17,420	1.18
26	South Kalimantan	302	28,656	1.05
27	East Nusa Tenggara	8,894	935,007	0.95
28	Central Kalimantan	137	14,880	0.92
29	Aceh	372	48,631	0.76
30	Bali	75	11,334	0.66
31	Yogyakarta	121	19,383	0.62
32	West Sumatra	54	13,042	0.41
33	West Nusa Tenggara	250	82,782	0.30
34	South Sumatra	99	42,263	0.23
35	West Kalimantan	62	28,319	0.22
36	Jambi	49	29,742	0.16
37	Bangka Belitung Islands	13	12,453	0.10
38	Bengkulu	3	16,316	0.02

Based on Table 9 above, there are still seven provinces with a positivity rate above 5%, with the top five being Highland Papua (53.25%), South Papua (24.19%), Papua (20.77%), Central Papua (20.60%), and North Sumatra (14.86%), followed by Riau (13.85%) and Southwest Papua (8.29%). A reduction in the PR can be achieved by expanding the coverage of both passive and active case detection, such as contact surveys, home visits, mass blood surveys (MBS), and migration surveillance. It is also essential to ensure that all examination results are properly recorded in SISMAL.

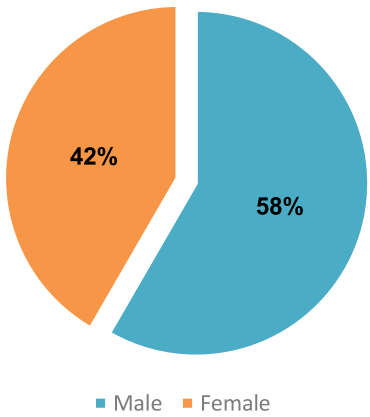
10. Malaria Epidemiology

As of 2024, Indonesia recorded a total of 543,965 malaria cases, with an API of 1.93 per 1,000 population. Approximately 93% of malaria cases in the country occurred in the Papua region, with the highest number of cases reported in Papua Province, amounting to 229,786 confirmed positive cases. Based on endemicity data in 2024, Indonesia successfully eliminated local malaria transmission in 401 out of 514 districts/cities. However, the country still faces considerable challenges, with 30 districts/cities classified as high endemicity areas spread across the Papua region, and one district located on Sumba Island in Southwest

Sumba Province. Understanding the epidemiological situation is essential to assess the distribution of cases across Indonesia and to inform planning for malaria prevention and control. The following section presents malaria case data disaggregated by sex, age group, parasite species, and endemicity status.

a. Malaria cases by gender

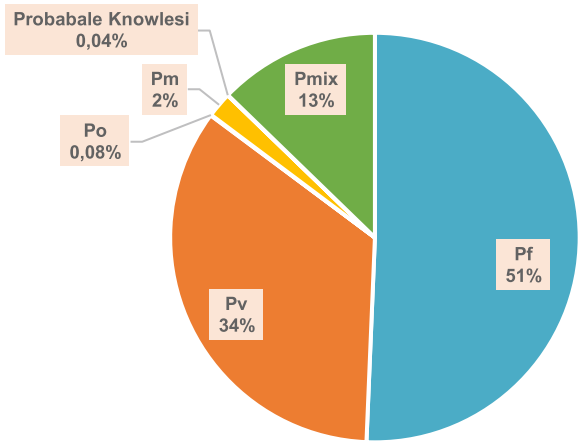
Of the 543,965 confirmed positive cases, 317,393 cases (58%) occurred in males (Graph 12). Most malaria cases were found in men, largely due to higher mobility and occupational risk factors compared to women.



Graph 12. Proportion of malaria cases by gender in 2024.

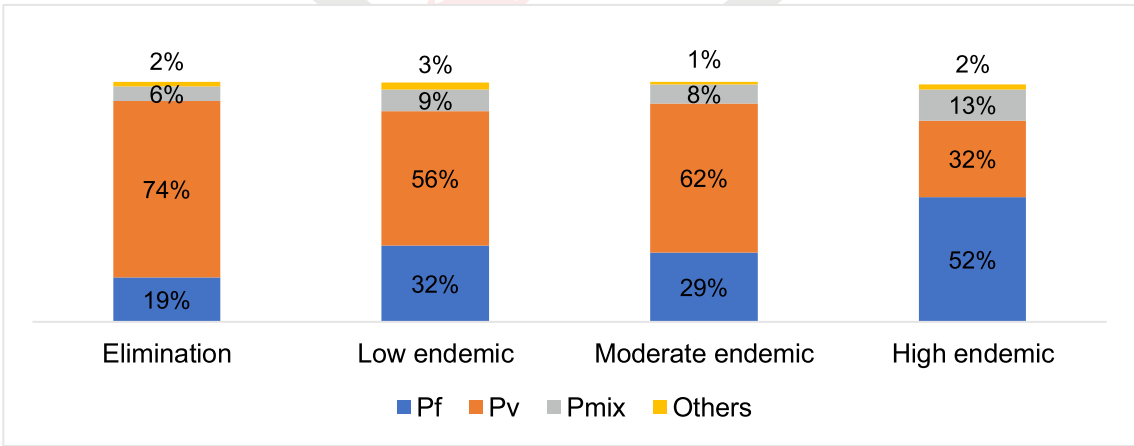
b. Malaria cases by parasite species

Malaria in humans is caused by four Plasmodium species: *P. falciparum* (Pf), *P. vivax* (Pv), *P. malariae* (Pm), and *P. ovale* (Po). In recent years, cases of malaria caused by *P. knowlesi* have also been identified in Indonesia. *P. knowlesi*, which previously only infected primates, is now known to infect humans and continues to be studied. Most malaria cases in Indonesia are caused by *P. falciparum* (51%) and *P. vivax* (34%), as shown in Graph 13.



Graph 13. Proportion of malaria cases by *Plasmodium* species in 2024.

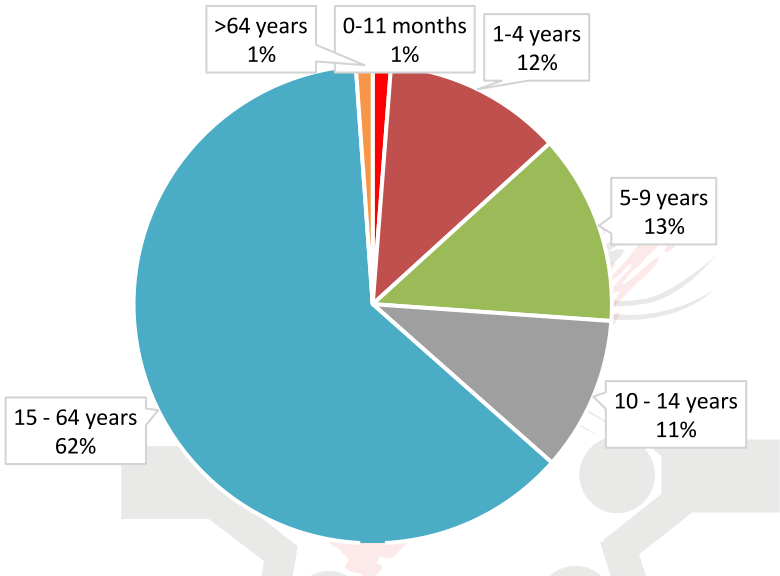
In high-endemic areas, *P. falciparum* is responsible for a higher proportion of cases compared to other species. In contrast, in moderate, low, and elimination areas, *P. vivax* is the dominant species, as shown in Graph 14.



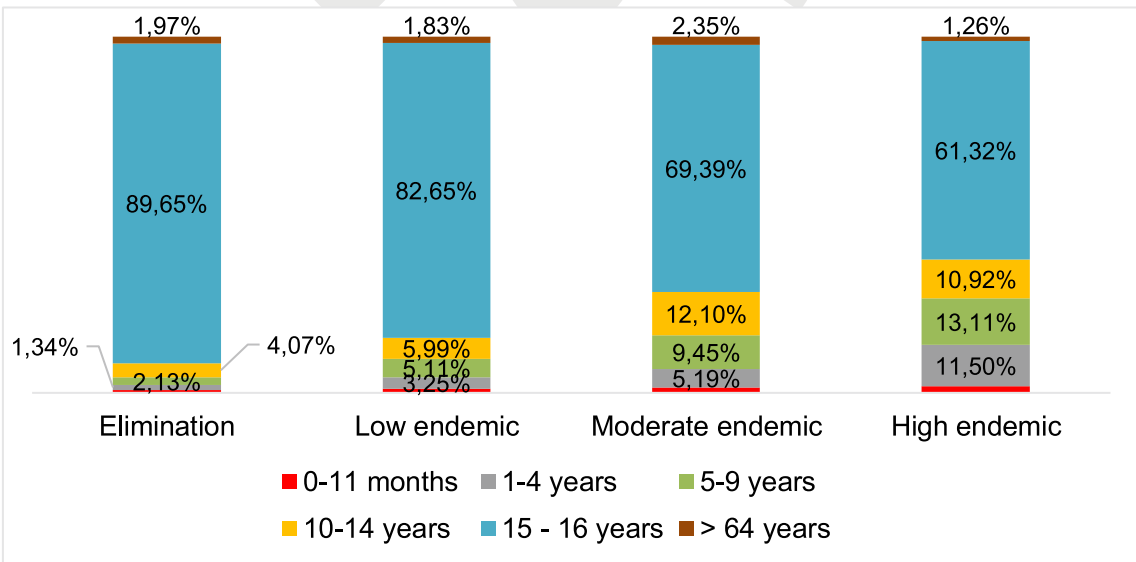
Graph 14. Distribution of *Plasmodium* species by malaria endemicity in 2024.

c. Malaria cases by age group

Malaria affects all age groups, with the majority of cases (62%) occurring in the productive age group (15–64 years). Additionally, malaria continues to be detected among infants and young children, accounting for approximately 12% of all reported cases.



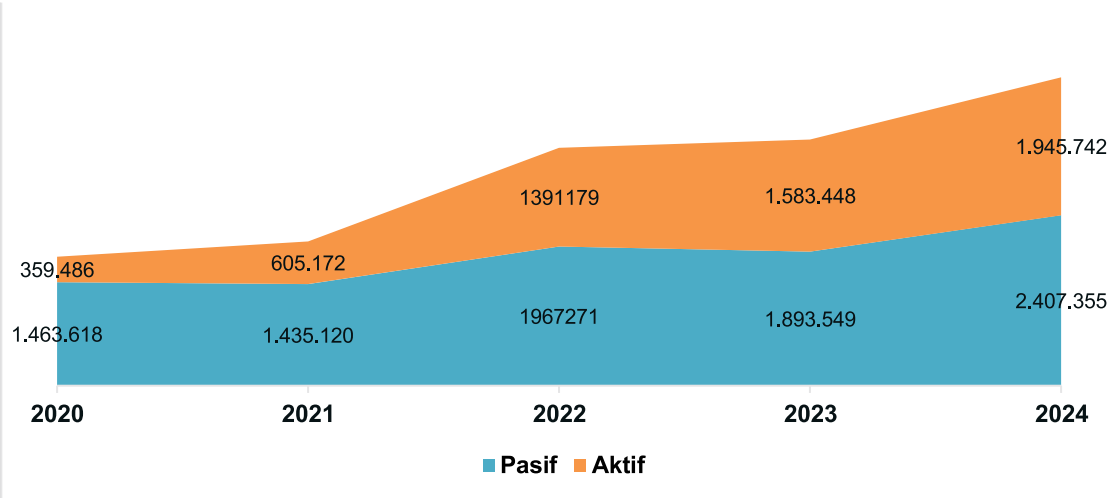
Graph 15. Proportion of malaria cases by age group in 2024.



Graph 16. Distribution of malaria cases by age group and endemicity in 2024.

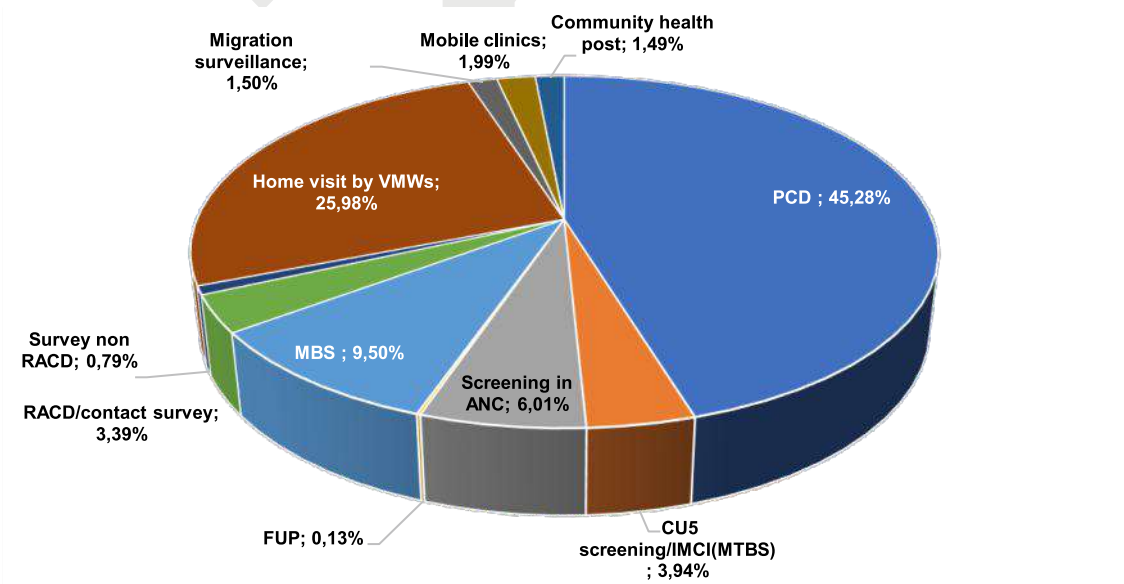
d. Malaria case by case finding activities

Case detection over the past five years has shown that passive case detection (PCD) through healthcare services still dominates compared to active case detection (ACD) (Graph 17). However, the trend indicates a significant increase in ACD activities over the last five years, rising from 359,000 active detections in 2020 to 1.9 million in 2024.



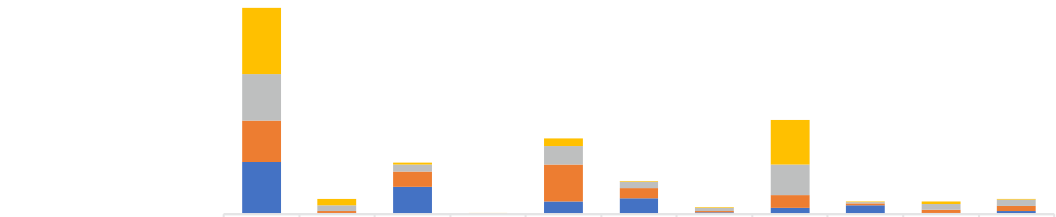
Graph 17. Trend of malaria case finding activities from 2020 to 2024.

The highest proportion of malaria case detection was reported through PCD, accounting for 1,973,529 cases (45.28%). Among the ACD methods, the largest proportion was reported through home visits, with 1,132,499 cases (25.98%), as shown in Graph 18.



Graph 18. Proportion of malaria case finding activities in 2024.

Additionally, Graph 19 illustrates the proportion of case detection activities based on endemicity status.



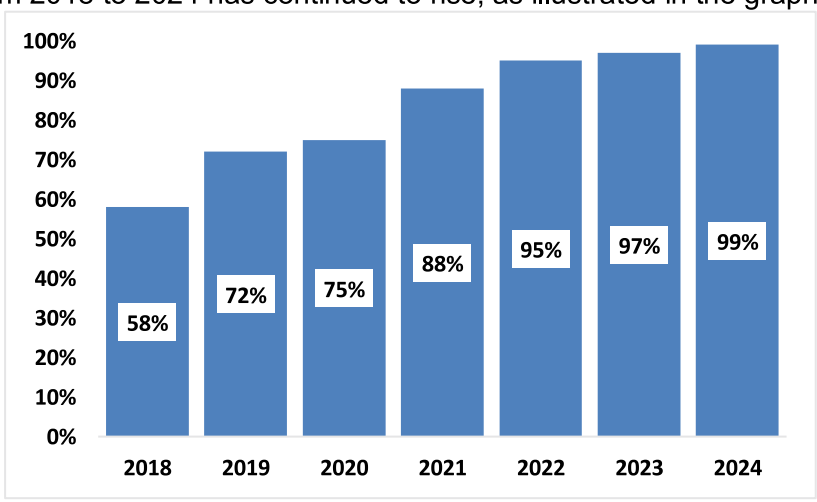
	PCD	CU5 screening/IMCI(MTBS)	Screening in ANC	FUP	MBS	RACD/contact survey	Survey non RACD	Home visit by VMWs	Migration surveillance	Mobile clinics	Community health post
High endemic	50,30%	4,98%	1,71%	0,15%	5,53%	0,33%	0,33%	34,12%	0,39%	1,81%	0,34%
Moderate endemic	35,66%	4,19%	5,03%	0,21%	14,00%	5,00%	2,57%	23,32%	0,65%	4,40%	4,97%
Low endemic	31,49%	1,78%	11,99%	0,07%	28,38%	7,58%	0,81%	9,82%	1,83%	2,52%	3,73%
Elimination	40,12%	0,87%	20,71%	0,06%	9,77%	12,34%	1,54%	4,73%	6,58%	0,76%	2,51%

Graph 19. Proportion of malaria case finding activities by endemicity in 2024.

11. Achievement of SISMAL Indicators

a. Reporting completeness

The malaria recording and reporting system in Indonesia is conducted through SISMAL. Since 2010, the system began with SISMAL V.1 using Excel-based reports. In 2018, the SISMAL V.2 system was introduced, featuring a semi-online format with individual case reporting for positive cases. In 2023, the SISMAL V.3 system was implemented, which is fully online and operates in real time. This system is expected to enable immediate notification of every reported positive case, allowing for prompt and appropriate malaria control interventions. The trend in improved reporting completeness through the SISMAL system from 2018 to 2024 has continued to rise, as illustrated in the graph below.



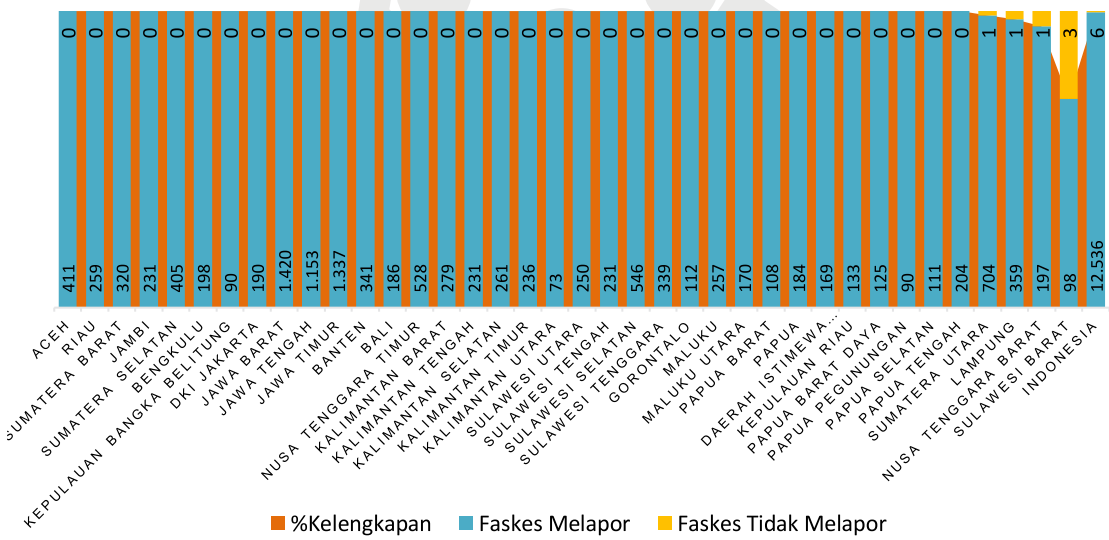
Graph 20. SISMAL reporting completeness from 2018 to 2024.

A total of 12,536 healthcare facilities out of 12,524 (99.9%) have reported through SISMAL V.3, as shown in Table 10.

Table 10. SISMAL reporting status from health facilities in 2024.

Health facility types	Total of Malaria Service Health Facilities	Reported	Report Completeness ≥90%	% Report Completeness ≥90%
Puskesmas (primary health centre)	10,058	10,053	9,655	95.99%
Public hospital	847	847	801	94.57%
Army or police health facilities	171	170	166	97.08%
Private health facilities	1,466	1,466	1,406	95.91%
Total	**12,542**	**12,536**	**12,028**	95.90%

Nationally, the achievement of SISMAL reporting completeness in 2024 reached 99%, with 12,536 health facilities having submitted reports through SISMAL. Nearly all provinces achieved 100% reporting completeness in the SISMAL system (Graph 21).

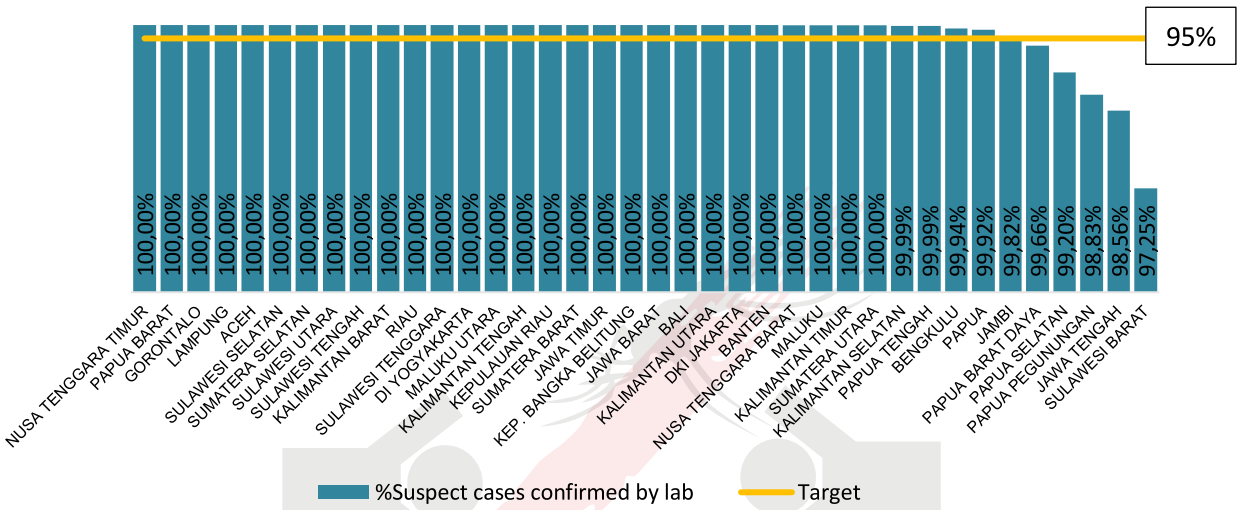


Graph 21. SISMAL reporting completeness by province in 2024.

b. Proportion of laboratory-confirmed malaria diagnosis

The percentage of malaria suspects confirmed through laboratory testing, either by

microscopy or Rapid Diagnostic Test (RDT), is a key indicator. The target is set at above 95%. In 2024, a total of 4,353,097 tests were reported out of 4,357,950 suspected cases, achieving a confirmation rate of 99% using RDT and/or microscopy. Based on Graph 22, all provinces have met the target of laboratory confirmation for suspected cases (≥95%).

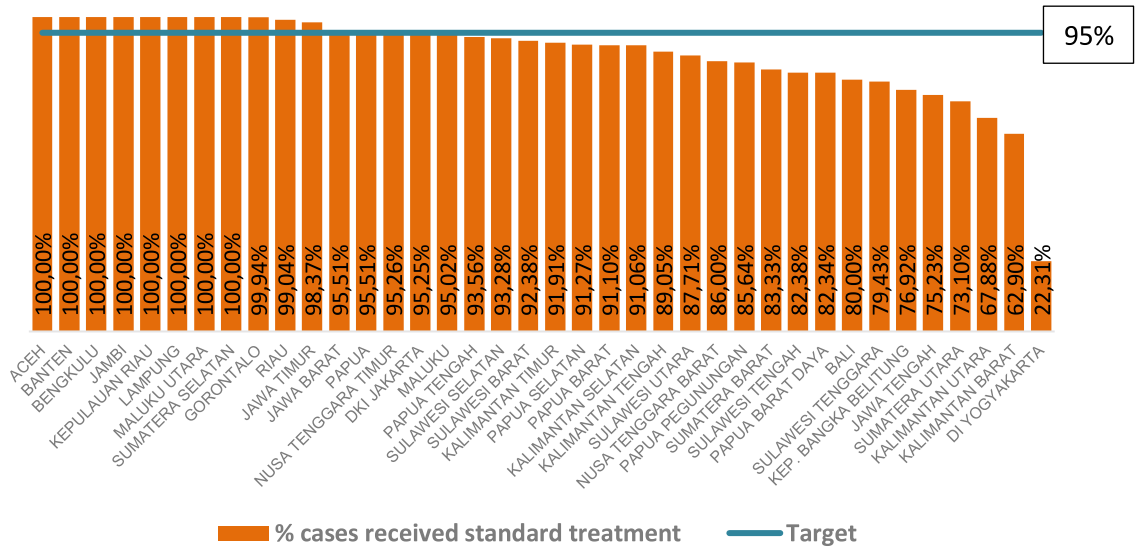


Graph 22. Proportion of laboratory-confirmed malaria diagnosis by province in 2024.

c. Proportion of malaria cases receiving standard treatment

The percentage of malaria cases treated according to standard protocols refers to the proportion of malaria patients who receive treatment in line with the national programme standards, as outlined in the 2019 National Clinical Practice Guidelines (*Pedoman Nasional Pelayanan Kedokteran*/PNPK) for malaria case management. The antimalarial drugs used in Indonesia include Artemisinin Combination Therapy (ACT), which is currently the most effective treatment for eliminating malaria parasites. Administration of ACT must be based on laboratory-confirmed diagnosis.

In 2024, a total of 506,831 patients were treated with ACT out of 543,965 confirmed malaria cases. The percentage of confirmed malaria patients treated according to standard protocols in 2024 was 93%, which falls short of the national target of 95%. Achieving the target requires consistent availability of antimalarial drugs, underscoring the importance of effective stock management to prevent stockouts.



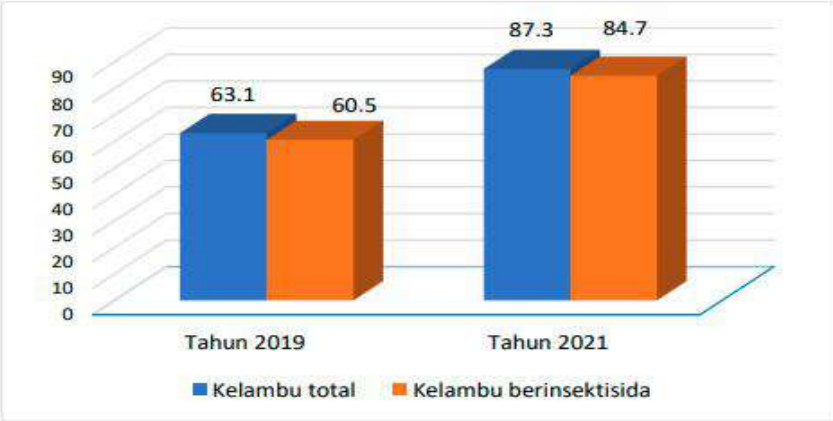
Graph 23. Proportion malaria standard treatment by province in 2024.

Graph 23 shows the provincial-level percentage of standard malaria treatment achievements. As of 2024, 16 provinces have met the national target, while 22 provinces remain below the target. The lowest achievement was recorded in the Special Region of Yogyakarta, at 22%. Provincial and district/city health authorities must ensure the accuracy and validation of standard treatment achievement data for malaria cases. Appropriate and standardised treatment plays a critical role in breaking the chain of transmission and reducing the potential for resistance to current antimalarial drugs. The following section presents the achievement of standard treatment per province in 2024.

12. Mass Distribution of LLINs

The distribution of nets is primarily focused on districts with high endemicity and target villages in moderately and low-endemic districts. The LLIN campaigns promote the replacement and simultaneous installation of new nets, which have been conducted every three years. Mass net distribution campaigns targeting the entire population in high endemicity areas and specific areas within moderate endemicity regions, based on sleeping arrangements, were conducted in 2014, 2017, 2020, and 2022. A total of 13.1 million nets

were distributed through these mass campaigns up to 2022. According to the KAP (Knowledge, Attitudes, and Practices) survey results, there was a notable increase in the percentage of household members sleeping under nets, both total nets and insecticide-treated nets, between 2019 and 2021. In 2019, the percentage of people sleeping under any net was 63.1%, which increased to 87.0% in 2021. For those sleeping under insecticide-treated nets, the percentage rose from 60.5% in 2019 to 84.7% in 2021.



Graph 24. Coverage of LLINs in 2019 and 2021.

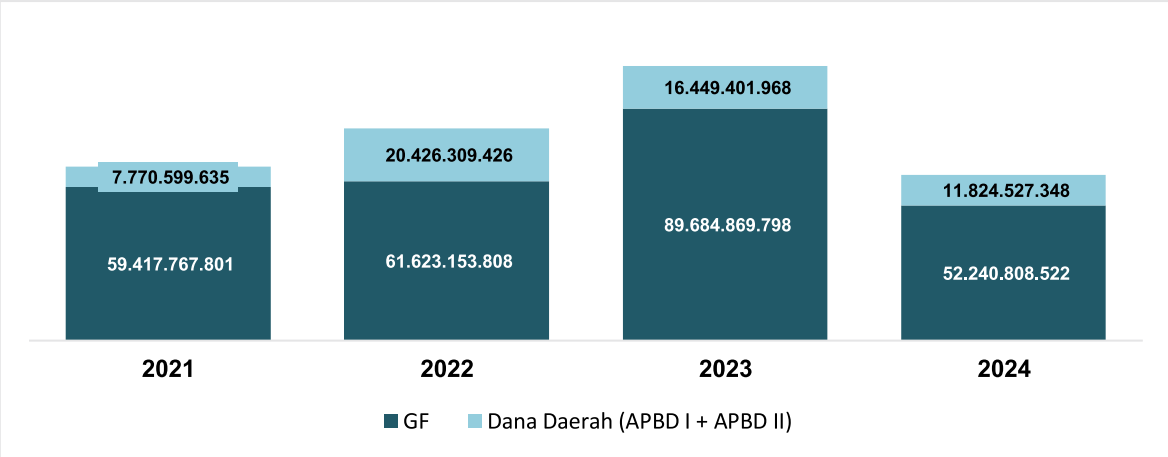
In 2022, a total of approximately 2,048,094 LLINs were distributed out of a target of 2,380,702 nets across 68 targeted endemic districts/cities. The KAP (Knowledge, Attitudes, and Practices) survey, which aims to assess community knowledge, attitudes, and practices related to the use of mosquito nets in preventing malaria, was not conducted in 2023–2024. As a result, data on net usage is based on the 2023 Indonesia Health Survey (*Survey Kesehatan Indonesia*/SKI). According to SKI 2023, the proportion of LLIN use in districts/cities with high malaria endemicity was 38.2%, while among children under five in the same areas, LLIN use reached 43.9%.

13. Financing

Policies supporting malaria programme financing include Minister of Villages Regulation No. 8/2022 on village fund priorities for 2023, which allows funding for communicable disease control activities—including malaria—at the community level; as well as Ministry of Home Affairs Regulation No. 59/2021 and Circular No. 906/2114/SJ/2022, which relate to budget menu options for ATM (AIDS, TB, and Malaria) funding in local government allocations. National-level funds directed to districts or provinces, such as the Special Allocation Fund (*Dana Alokasi Khusus*/DAK) and Health Operational Assistance Fund (*Biaya Operasional Kesehatan*/BOK) for primary health centres, can also be used for malaria control programmes.

During 2020–2021, domestic health funding prioritised COVID-19 control efforts. As a result, domestic funding for malaria was less than 15% of what was needed during those years.

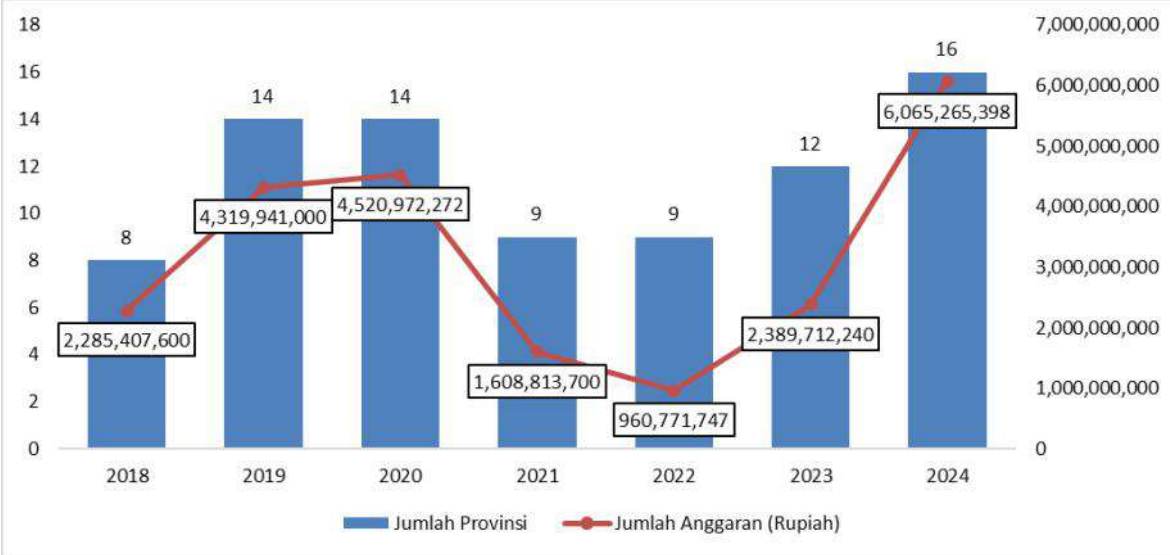
Support from the Global Fund helped bridge part of this gap, though significant shortfalls remained. Graph 25 illustrates the gap between allocated funding and programme needs from 2020 to 2024. A notable increase in allocation occurred in 2022, as Indonesia began to recover from the COVID-19 pandemic.



Graph 25. Proportion of malaria programme funding allocations from 2020 to 2024.

The trend in local funding shows an increase, although the proportion of funding from the Global Fund remains high due to support for mass bed net distribution campaigns in 2020 and 2022. An increase was also observed in 2023, attributed to a postponed LLIN campaign from the previous year and capacity-building activities such as On-the-Job Training (OJT) for SISMAL. One key point for improvement is data completeness: regional financing data is not consistently collected on an annual basis. Not all provinces and districts/cities report budget allocations for malaria-related activities. In 2021–2022, only nine provinces submitted reports,

showing a declining trend in provincial-level (APBD I) funding (Graph 26).

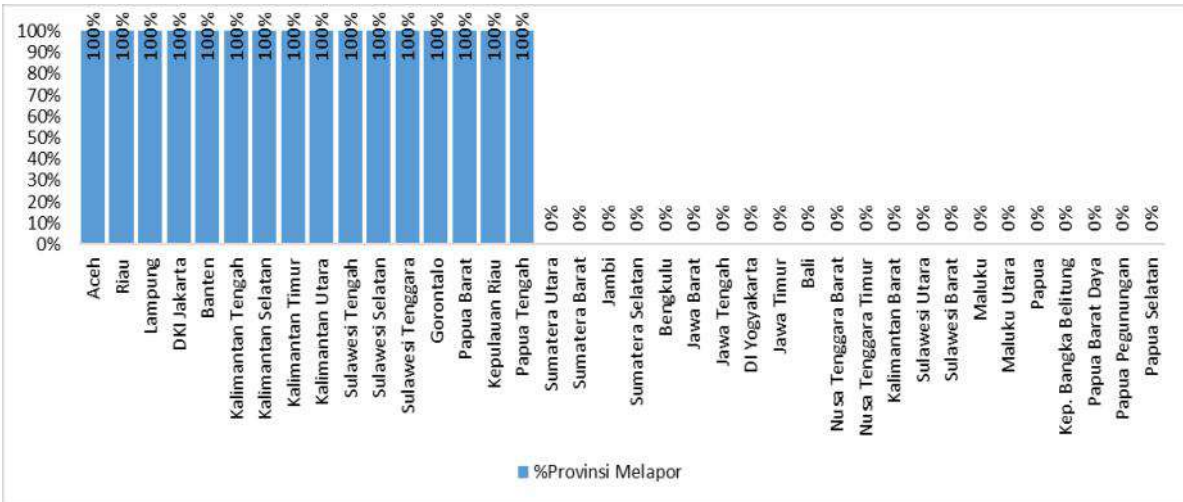


Graph 26. Trend of malaria funding from provincial level (APBD I) from 2018 to 2024.

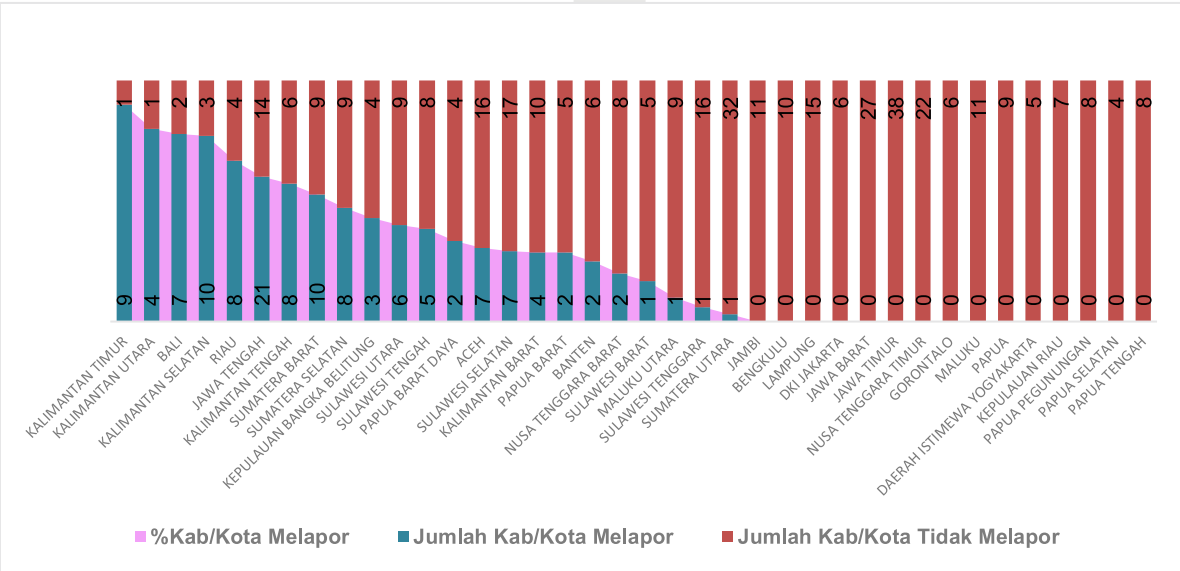
In contrast, reporting at the district/city level (APBD II) showed an upward trend, with the number of reporting districts/cities increasing from 178 in 2021 to 223 in 2022, and a threefold increase in total budget allocation at that level (Graph 27).

Graph 27. Trend of malaria funding from district level (APBD II) from 2018 to 2024

In 2023 and 2024, only 12 and 16 provinces respectively reported APBD I funding; however, this marks an improvement compared to 2021 and 2022. At the district/city level, the number of reporting entities decreased to 125 in 2023 and 129 in 2024, compared to 2022. In terms of total funding, there has been a decline in APBD II funding since 2022. Based on Graphs 28 and 29, 16 out of 38 provinces reported APBD I funding, meaning that only around 50% of Indonesia's provinces have reported APBD I allocations. For APBD II, 129 out of 514 districts/cities submitted APBD II reports. The provinces with the highest number of reporting districts/cities were East Kalimantan (90%) and North Kalimantan (80%). There are still 15 provinces in which none of the districts/cities have reported APBD II funding.

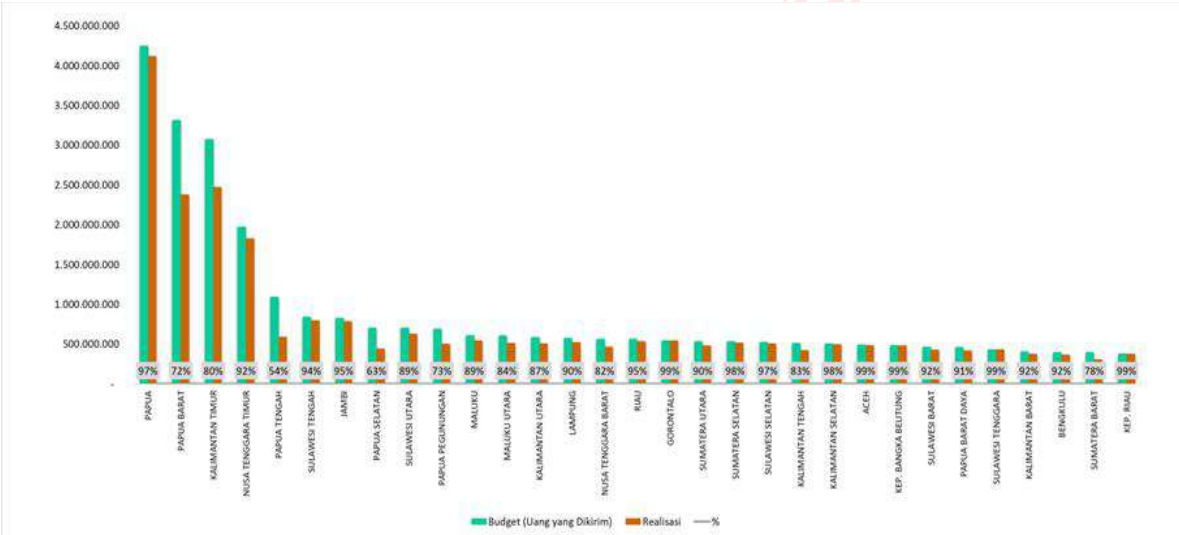


Graph 28. Number of province reporting provincial-level fund (APBD I) in 2024.



Graph 29. Number of province reporting district-level fund (APBD II) in 2024.

The largest budget allocations were directed to Sub-Recipients (SR) in Papua, West Papua, East Kalimantan, East Nusa Tenggara, and Central Papua due to routine LLIN distribution and case detection activities (Graph 30). The average budget absorption rate was 86%. Among the 31 SRs, 11 had the highest absorption rates (above 95%), namely Gorontalo, Southeast Sulawesi, Bangka Belitung Islands, Aceh, Riau Islands, South Kalimantan, South Sumatra, Papua, South Sulawesi, Jambi, and Riau. Meanwhile, five SRs recorded the lowest absorption rates (below 80%): West Sumatra, Highland Papua, West Papua, South Papua, and Central Papua.



Graph 30. Global Fund Malaria budget absorption from 2020 to 2024 (in rupiah).

Appendix 1. Malaria endemicity level in districts and cities year 2024.

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
1	ACEH	SIMEULUE	-	0.00	Elimination	2015	
2	ACEH	ACEH SINGKIL	134	0.99	Elimination	2017	Outbreak
3	ACEH	ACEH SELATAN	43	0.18	Elimination	2014	
4	ACEH	ACEH TENGGARA	2	0.01	Elimination	2014	
5	ACEH	ACEH TIMUR	5	0.01	Elimination	2016	
6	ACEH	ACEH TENGAH	1	0.00	Elimination	2014	
7	ACEH	ACEH BARAT	8	0.04	Elimination	2019	
8	ACEH	ACEH BESAR	43	0.10	Elimination	2021	
9	ACEH	PIDIE	2	0.00	Elimination	2016	
10	ACEH	BIREUEN	4	0.01	Elimination	2015	
11	ACEH	ACEH UTARA	3	0.00	Elimination	2014	
12	ACEH	ACEH BARAT DAYA	-	0.00	Elimination	2016	
13	ACEH	GAYO LUES	-	0.00	Elimination	2014	
14	ACEH	ACEH TAMIANG	17	0.06	Elimination	2014	
15	ACEH	NAGAN RAYA	20	0.11	Elimination	2019	
16	ACEH	ACEH JAYA	21	0.21	Low endemicity	-	
17	ACEH	BENER MERIAH	8	0.05	Elimination	2014	
18	ACEH	PIDIE JAYA	1	0.01	Elimination	2014	
19	ACEH	KOTA BANDA ACEH	22	0.08	Elimination	2014	
20	ACEH	KOTA SABANG	2	0.05	Elimination	2014	
21	ACEH	KOTA LANGSA	1	0.01	Elimination	2014	
22	ACEH	KOTA LHOKSEUMAWE	35	0.17	Elimination	2014	
23	ACEH	KOTA SUBULUSSALAM	-	0.00	Elimination	2014	
24	NORTH SUMATRA	NIAS	17	0.11	Elimination	2023	
25	NORTH SUMATRA	MANDAILING NATAL	-	0.00	Elimination	2022	
26	NORTH SUMATRA	TAPANULI SELATAN	7	0.02	Elimination	2015	
27	NORTH SUMATRA	TAPANULI TENGAH	3	0.01	Elimination	2023	
28	NORTH SUMATRA	TAPANULI UTARA	1	0.00	Elimination	2017	
29	NORTH SUMATRA	TOBA SAMOSIR	4	0.02	Elimination	2014	
30	NORTH SUMATRA	LABUHAN BATU	228	0.44	Low endemicity	-	
31	NORTH SUMATRA	ASAHAN	2,069	2.54	Moderate endemicity	-	
32	NORTH SUMATRA	SIMALUNGUN	1	0.00	Elimination	2014	
33	NORTH SUMATRA	DAIRI	2	0.01	Elimination	2016	
34	NORTH SUMATRA	KARO	20	0.05	Elimination	2016	
35	NORTH SUMATRA	DELI SERDANG	51	0.02	Elimination	2014	
36	NORTH SUMATRA	LANGKAT	4	0.00	Low endemicity	-	
37	NORTH SUMATRA	NIAS SELATAN	1,267	3.25	Moderate endemicity	-	Outbreak
38	NORTH SUMATRA	HUMBANG HASUNDUTAN	-	0.00	Elimination	2014	
39	NORTH SUMATRA	PAKPAK BHARAT	-	0.00	Elimination	2014	
40	NORTH SUMATRA	SAMOSIR	4	0.03	Elimination	2014	
41	NORTH SUMATRA	SERDANG BEDAGAI	1,251	1.81	Elimination	2014	Increased incidence
42	NORTH SUMATRA	BATU BARA	668	1.53	Moderate endemicity	-	
43	NORTH SUMATRA	PADANG LAWAS UTARA	-	0.00	Elimination	2017	
44	NORTH SUMATRA	PADANG LAWAS	1	0.00	Elimination	2017	
45	NORTH SUMATRA	LABUHAN BATU SELATAN	1	0.00	Elimination	2014	
46	NORTH SUMATRA	LABUHAN BATU UTARA	460	1.13	Moderate endemicity	-	
47	NORTH SUMATRA	NIAS UTARA	82	0.52	Low endemicity	-	
48	NORTH SUMATRA	NIAS BARAT	-	0.00	Low endemicity	-	
49	NORTH SUMATRA	KOTA SIBOLGA	6	0.07	Elimination	2014	
50	NORTH SUMATRA	KOTA TANJUNG BALAI	71	0.38	Elimination	2014	
51	NORTH SUMATRA	KOTA PEMATANG SIANTAR	88	0.32	Elimination	2014	
52	NORTH SUMATRA	KOTA TEBING TINGGI	75	0.41	Elimination	2014	
53	NORTH SUMATRA	KOTA MEDAN	211	0.08	Elimination	2014	
54	NORTH SUMATRA	KOTA BINJAI	2	0.01	Elimination	2014	
55	NORTH SUMATRA	KOTA PADANGSIDIMPUAN	2	0.01	Elimination	2014	
56	NORTH SUMATRA	KOTA GUNUNGSITOLI	-	0.00	Elimination	2023	
57	WEST SUMATRA	KEPULAUAN MENTAWAI	-	0.00	Low endemicity	-	
58	WEST SUMATRA	PESISIR SELATAN	-	0.00	Elimination	2021	
59	WEST SUMATRA	SOLOK	9	0.02	Elimination	2014	
60	WEST SUMATRA	SIJUNJUNG	1	0.00	Elimination	2014	
61	WEST SUMATRA	TANAH DATAR	6	0.02	Elimination	2014	
62	WEST SUMATRA	PADANG PARIAMAN	-	0.00	Elimination	2014	
63	WEST SUMATRA	AGAM	-	0.00	Elimination	2014	
64	WEST SUMATRA	LIMA PULUH KOTA	-	0.00	Elimination	2014	
65	WEST SUMATRA	PASAMAN	-	0.00	Elimination	2014	
66	WEST SUMATRA	SOLOK SELATAN	2	0.01	Elimination	2014	
67	WEST SUMATRA	DHARMASRAYA	1	0.00	Elimination	2014	
68	WEST SUMATRA	PASAMAN BARAT	20	0.04	Elimination	2014	
69	WEST SUMATRA	KOTA PADANG	14	0.01	Elimination	2014	
70	WEST SUMATRA	KOTA SOLOK	1	0.01	Elimination	2014	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
71	WEST SUMATRA	KOTA SAWAH LUNTO	-	0.00	Elimination	2019	
72	WEST SUMATRA	KOTA PADANG PANJANG	-	0.00	Elimination	2014	
73	WEST SUMATRA	KOTA BUKITTINGGI	-	0.00	Elimination	2014	
74	WEST SUMATRA	KOTA PAYAKUMBUH	-	0.00	Elimination	2015	
75	WEST SUMATRA	KOTA PARIAMAN	-	0.00	Elimination	2014	
76	RIAU	KUANTAN SINGINGI	1	0.00	Elimination	2014	
77	RIAU	INDRAGIRI HULU	-	0.00	Elimination	2023	
78	RIAU	INDRAGIRI HILIR	199	0.29	Elimination	2018	
79	RIAU	PELALAWAN	4	0.01	Elimination	2021	
80	RIAU	SIAK	-	0.00	Elimination	2016	
81	RIAU	KAMPAR	6	0.01	Elimination	2018	
82	RIAU	ROKAN HULU	-	0.00	Elimination	2014	
83	RIAU	BENGKALIS	7	0.01	Elimination	2014	
84	RIAU	ROKAN HILIR	2,449	3.64	Elimination	2018	Outbreak
85	RIAU	KEPULAUAN MERANTI	-	0.00	Elimination	2014	
86	RIAU	KOTA PEKANBARU	42	0.04	Elimination	2014	
87	RIAU	KOTA DUMAI	8	0.02	Elimination	2014	
88	JAMBI	KERINCI	-	0.00	Elimination	2014	
89	JAMBI	MERANGIN	-	0.00	Low endemicity	-	
90	JAMBI	SAROLANGUN	28	0.09	Low endemicity	-	
91	JAMBI	BATANG HARI	4	0.01	Low endemicity	-	
92	JAMBI	MUARO JAMBI	-	0.00	Elimination	2018	
93	JAMBI	TANJUNG JABUNG TIMUR	-	0.00	Elimination	2019	
94	JAMBI	TANJUNG JABUNG BARAT	-	0.00	Elimination	2019	
95	JAMBI	TEBO	4	0.01	Elimination	2024	
96	JAMBI	BUNGO	2	0.01	Elimination	2018	
97	JAMBI	KOTA JAMBI	11	0.02	Elimination	2014	
98	JAMBI	KOTA SUNGAI PENUH	-	0.00	Elimination	2014	
99	SOUTH SUMATRA	OGAN KOMERING ULU	1	0.00	Elimination	2022	
100	SOUTH SUMATRA	OGAN KOMERING ILIR	-	0.00	Elimination	2014	
101	SOUTH SUMATRA	MUARA ENIM	5	0.01	Elimination	2024	
102	SOUTH SUMATRA	LAHAT	-	0.00	Elimination	2023	
103	SOUTH SUMATRA	MUSI RAWAS	-	0.00	Elimination	2022	
104	SOUTH SUMATRA	MUSI BANYUASIN	11	0.02	Elimination	2021	
105	SOUTH SUMATRA	BANYU ASIN	2	0.00	Elimination	2014	
106	SOUTH SUMATRA	OGAN KOMERING ULU SELATAN	-	0.00	Elimination	2023	
107	SOUTH SUMATRA	OGAN KOMERING ULU TIMUR	4	0.01	Elimination	2022	
108	SOUTH SUMATRA	OGAN ILIR	-	0.00	Elimination	2014	
109	SOUTH SUMATRA	EMPAT LAWANG	-	0.00	Elimination	2014	
110	SOUTH SUMATRA	PENUKAL ABAB LEMATANG ILIR	-	0.00	Elimination	2017	
111	SOUTH SUMATRA	MUSI RAWAS UTARA	-	0.00	Elimination	2021	
112	SOUTH SUMATRA	KOTA PALEMBANG	60	0.03	Elimination	2014	
113	SOUTH SUMATRA	KOTA PRABUMULIH	6	0.03	Elimination	2014	
114	SOUTH SUMATRA	KOTA PAGAR ALAM	-	0.00	Elimination	2014	
115	SOUTH SUMATRA	KOTA LUBUKLINGGAU	10	0.04	Elimination	2020	
116	BENGKULU	BENGKULU SELATAN	-	0.00	Elimination	2023	
117	BENGKULU	REJANG LEBONG	1	0.00	Elimination	2014	
118	BENGKULU	BENGKULU UTARA	-	0.00	Elimination	2023	
119	BENGKULU	KAUR	-	0.00	Elimination	2021	
120	BENGKULU	SELUMA	-	0.00	Elimination	2021	
121	BENGKULU	MUKOMUKO	1	0.00	Elimination	2021	
122	BENGKULU	LEBONG	-	0.00	Elimination	2014	
123	BENGKULU	KEPAHIANG	-	0.00	Elimination	2014	
124	BENGKULU	BENGKULU TENGAH	-	0.00	Elimination	2023	
125	BENGKULU	KOTA BENGKULU	1	0.00	Elimination	2020	
126	LAMPUNG	LAMPUNG BARAT	3	0.01	Elimination	2018	
127	LAMPUNG	TANGGAMUS	-	0.00	Elimination	2018	
128	LAMPUNG	LAMPUNG SELATAN	-	0.00	Elimination	2022	
129	LAMPUNG	LAMPUNG TIMUR	2	0.00	Elimination	2017	
130	LAMPUNG	LAMPUNG TENGAH	-	0.00	Elimination	2017	
131	LAMPUNG	LAMPUNG UTARA	6	0.01	Elimination	2018	
132	LAMPUNG	WAY KANAN	-	0.00	Elimination	2014	
133	LAMPUNG	TULANGBAWANG	-	0.00	Elimination	2014	
134	LAMPUNG	PESAWARAN	2,016	4.03	Moderate endemicity	-	
135	LAMPUNG	PRINGSEWU	1	0.00	Elimination	2014	
136	LAMPUNG	MESUJI	3	0.01	Elimination	2019	
137	LAMPUNG	TULANG BAWANG BARAT	1	0.00	Elimination	2014	
138	LAMPUNG	PESISIR BARAT	2	0.01	Elimination	2022	
139	LAMPUNG	KOTA BANDAR LAMPUNG	555	0.46	Elimination	2024	
140	LAMPUNG	KOTA METRO	7	0.04	Elimination	2014	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
141	BANGKA BELITUNG ISLANDS	BANGKA	1	0.00	Elimination	2014	
142	BANGKA BELITUNG ISLANDS	BELITUNG	-	0.00	Elimination	2014	
143	BANGKA BELITUNG ISLANDS	BANGKA BARAT	6	0.03	Low endemicity	-	
144	BANGKA BELITUNG ISLANDS	BANGKA TENGAH	5	0.02	Elimination	2019	
145	BANGKA BELITUNG ISLANDS	BANGKA SELATAN	-	0.00	Elimination	2015	
146	BANGKA BELITUNG ISLANDS	BELITUNG TIMUR	-	0.00	Elimination	2015	
147	BANGKA BELITUNG ISLANDS	KOTA PANGKAL PINANG	1	0.00	Elimination	2014	
148	RIAU ISLANDS	KARIMUN	-	0.00	Elimination	2016	
149	RIAU ISLANDS	BINTAN	-	0.00	Low endemicity	-	
150	RIAU ISLANDS	NATUNA	7	0.08	Elimination	2021	
151	RIAU ISLANDS	LINGGA	-	0.00	Elimination	2023	
152	RIAU ISLANDS	KEPULAUAN ANAMBAS	-	0.00	Elimination	2024	
153	RIAU ISLANDS	KOTA BATAM	70	0.05	Elimination	2014	Increased incidence
154	RIAU ISLANDS	KOTA TANJUNG PINANG	229	0.96	Elimination	2014	Increased incidence
155	JAKARTA	KEPULAUAN SERIBU	-	0.00	Elimination	2013	
156	JAKARTA	KOTA JAKARTA SELATAN	76	0.03	Elimination	2014	
157	JAKARTA	KOTA JAKARTA TIMUR	114	0.04	Elimination	2014	
158	JAKARTA	KOTA JAKARTA PUSAT	104	0.10	Elimination	2014	
159	JAKARTA	KOTA JAKARTA BARAT	34	0.01	Elimination	2014	
160	JAKARTA	KOTA JAKARTA UTARA	30	0.02	Elimination	2014	
161	WEST JAVA	BOGOR	22	0.00	Elimination	2014	
162	WEST JAVA	SUKABUMI	6	0.00	Elimination	2021	
163	WEST JAVA	CIANJUR	16	0.01	Elimination	2015	
164	WEST JAVA	BANDUNG	21	0.01	Elimination	2014	
165	WEST JAVA	GARUT	29	0.01	Elimination	2020	
166	WEST JAVA	TASIKMALAYA	16	0.01	Elimination	2020	
167	WEST JAVA	CIAMIS	2	0.00	Elimination	2015	
168	WEST JAVA	KUNINGAN	-	0.00	Elimination	2014	
169	WEST JAVA	CIREBON	2	0.00	Elimination	2014	
170	WEST JAVA	MAJALENGKA	19	0.01	Elimination	2014	
171	WEST JAVA	SUMEDANG	46	0.04	Elimination	2014	
172	WEST JAVA	INDRAMAYU	3	0.00	Elimination	2014	
173	WEST JAVA	SUBANG	7	0.00	Elimination	2014	
174	WEST JAVA	PURWAKARTA	3	0.00	Elimination	2014	
175	WEST JAVA	KARAWANG	1	0.00	Elimination	2014	
176	WEST JAVA	BEKASI	-	0.00	Elimination	2014	
177	WEST JAVA	BANDUNG BARAT	4	0.00	Elimination	2015	
178	WEST JAVA	PANGANDARAN	14	0.03	Elimination	2022	
179	WEST JAVA	KOTA BOGOR	38	0.04	Elimination	2014	
180	WEST JAVA	KOTA SUKABUMI	14	0.04	Elimination	2014	
181	WEST JAVA	KOTA BANDUNG	59	0.02	Elimination	2014	
182	WEST JAVA	KOTA CIREBON	5	0.01	Elimination	2014	
183	WEST JAVA	KOTA BEKASI	23	0.01	Elimination	2014	
184	WEST JAVA	KOTA DEPOK	98	0.05	Elimination	2014	
185	WEST JAVA	KOTA CIMAHI	57	0.10	Elimination	2014	
186	WEST JAVA	KOTA TASIKMALAYA	6	0.01	Elimination	2014	
187	WEST JAVA	KOTA BANJAR	1	0.00	Elimination	2014	
188	CENTRAL JAVA	CILACAP	32	0.02	Elimination	2019	
189	CENTRAL JAVA	BANYUMAS	120	0.06	Elimination	2019	
190	CENTRAL JAVA	PURBALINGGA	9	0.01	Elimination	2019	
191	CENTRAL JAVA	BANJARNEGARA	10	0.01	Elimination	2022	
192	CENTRAL JAVA	KEBUMEN	20	0.01	Elimination	2018	
193	CENTRAL JAVA	PURWOREJO	11	0.01	Low endemicity	-	
194	CENTRAL JAVA	WONOSOBO	3	0.00	Elimination	2015	
195	CENTRAL JAVA	MAGELANG	11	0.01	Elimination	2014	
196	CENTRAL JAVA	BOYOLALI	3	0.00	Elimination	2014	
197	CENTRAL JAVA	KLATEN	5	0.00	Elimination	2014	
198	CENTRAL JAVA	SUKOHARJO	38	0.04	Elimination	2014	
199	CENTRAL JAVA	WONOGIRI	3	0.00	Elimination	2014	
200	CENTRAL JAVA	KARANGANYAR	3	0.00	Elimination	2014	
201	CENTRAL JAVA	SRAGEN	13	0.01	Elimination	2014	
202	CENTRAL JAVA	GROBOGAN	29	0.02	Elimination	2014	
203	CENTRAL JAVA	BLORA	27	0.03	Elimination	2014	
204	CENTRAL JAVA	REMBANG	17	0.03	Elimination	2014	
205	CENTRAL JAVA	PATI	56	0.04	Elimination	2014	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
206	CENTRAL JAVA	KUDUS	13	0.01	Elimination	2014	
207	CENTRAL JAVA	JEPARA	5	0.00	Elimination	2017	
208	CENTRAL JAVA	DEMAK	16	0.01	Elimination	2014	
209	CENTRAL JAVA	SEMARANG	7	0.01	Elimination	2014	
210	CENTRAL JAVA	TEMANGGUNG	2	0.00	Elimination	2014	
211	CENTRAL JAVA	KENDAL	10	0.01	Elimination	2014	
212	CENTRAL JAVA	BATANG	9	0.01	Elimination	2014	
213	CENTRAL JAVA	PEKALONGAN	10	0.01	Elimination	2014	
214	CENTRAL JAVA	PEMALANG	4	0.00	Elimination	2014	
215	CENTRAL JAVA	TEGAL	5	0.00	Elimination	2014	
216	CENTRAL JAVA	BREBES	5	0.00	Elimination	2014	
217	CENTRAL JAVA	KOTA MAGELANG	6	0.05	Elimination	2014	
218	CENTRAL JAVA	KOTA SURAKARTA	22	0.04	Elimination	2014	
219	CENTRAL JAVA	KOTA SALATIGA	160	0.79	Elimination	2014	
220	CENTRAL JAVA	KOTA SEMARANG	61	0.04	Elimination	2014	
221	CENTRAL JAVA	KOTA PEKALONGAN	2	0.01	Elimination	2014	
222	CENTRAL JAVA	KOTA TEGAL	-	0.00	Elimination	2014	
223	YOGYAKARTA	KULON PROGO	7	0.02	Elimination	2022	
224	YOGYAKARTA	BANTUL	24	0.02	Elimination	2014	
225	YOGYAKARTA	GUNUNG KIDUL	-	0.00	Elimination	2014	
226	YOGYAKARTA	SLEMAN	28	0.02	Elimination	2014	
227	YOGYAKARTA	KOTA YOGYAKARTA	62	0.16	Elimination	2014	
228	EAST JAVA	PACITAN	4	0.01	Elimination	2016	
229	EAST JAVA	PONOROGO	12	0.01	Elimination	2014	
230	EAST JAVA	TRENGGALEK	53	0.07	Elimination	2017	
231	EAST JAVA	TULUNGAGUNG	20	0.02	Elimination	2014	
232	EAST JAVA	BLITAR	9	0.01	Elimination	2014	
233	EAST JAVA	KEDIRI	8	0.00	Elimination	2014	
234	EAST JAVA	MALANG	86	0.03	Elimination	2014	
235	EAST JAVA	LUMAJANG	12	0.01	Elimination	2014	
236	EAST JAVA	JEMBER	18	0.01	Elimination	2014	
237	EAST JAVA	BANYUWANGI	14	0.01	Elimination	2015	
238	EAST JAVA	BONDOWOSO	5	0.01	Elimination	2014	
239	EAST JAVA	SITUBONDO	2	0.00	Elimination	2014	
240	EAST JAVA	PROBOLINGGO	6	0.01	Elimination	2014	
241	EAST JAVA	PASURUAN	6	0.00	Elimination	2014	
242	EAST JAVA	SIDOARJO	30	0.01	Elimination	2014	
243	EAST JAVA	MOJOKERTO	11	0.01	Elimination	2014	
244	EAST JAVA	JOMBANG	10	0.01	Elimination	2014	
245	EAST JAVA	NGANJUK	11	0.01	Elimination	2014	
246	EAST JAVA	MADIUN	31	0.04	Elimination	2016	
247	EAST JAVA	MAGETAN	3	0.00	Elimination	2014	
248	EAST JAVA	NGAWI	1	0.00	Elimination	2014	
249	EAST JAVA	BOJONEGORO	11	0.01	Elimination	2014	
250	EAST JAVA	TUBAN	2	0.00	Elimination	2014	
251	EAST JAVA	LAMONGAN	14	0.01	Elimination	2014	
252	EAST JAVA	GRESIK	7	0.01	Elimination	2014	
253	EAST JAVA	BANGKALAN	1	0.00	Elimination	2014	
254	EAST JAVA	SAMPANG	3	0.00	Elimination	2014	
255	EAST JAVA	PAMEKASAN	1	0.00	Elimination	2014	
256	EAST JAVA	SUMENEP	1	0.00	Elimination	2014	
257	EAST JAVA	KOTA KEDIRI	11	0.04	Elimination	2014	
258	EAST JAVA	KOTA BLITAR	4	0.03	Elimination	2014	
259	EAST JAVA	KOTA MALANG	35	0.04	Elimination	2014	
260	EAST JAVA	KOTA PROBOLINGGO	1	0.00	Elimination	2014	
261	EAST JAVA	KOTA PASURUAN	3	0.01	Elimination	2014	
262	EAST JAVA	KOTA MOJOKERTO	1	0.01	Elimination	2014	
263	EAST JAVA	KOTA MADIUN	14	0.07	Elimination	2014	
264	EAST JAVA	KOTA SURABAYA	90	0.03	Elimination	2014	
265	EAST JAVA	KOTA BATU	2	0.01	Elimination	2014	
266	BANTEN	PANDEGLANG	11	0.01	Elimination	2021	
267	BANTEN	LEBAK	8	0.01	Elimination	2021	
268	BANTEN	TANGERANG	22	0.01	Elimination	2014	
269	BANTEN	SERANG	3	0.00	Elimination	2014	
270	BANTEN	KOTA TANGERANG	22	0.01	Elimination	2014	
271	BANTEN	KOTA CILEGON	-	0.00	Elimination	2014	
272	BANTEN	KOTA SERANG	46	0.06	Elimination	2014	
273	BANTEN	KOTA TANGERANG SELATAN	18	0.01	Elimination	2014	
274	BALI	JEMBRANA	3	0.01	Elimination	2014	
275	BALI	TABANAN	3	0.01	Elimination	2014	
276	BALI	BADUNG	27	0.05	Elimination	2014	
277	BALI	GIANYAR	6	0.01	Elimination	2014	
278	BALI	KLUNGKUNG	-	0.00	Elimination	2014	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
279	BALI	BANGLI	1	0.00	Elimination	2014	
280	BALI	KARANG ASEM	2	0.00	Elimination	2014	
281	BALI	BULELENG	6	0.01	Elimination	2014	
282	BALI	KOTA DENPASAR	27	0.04	Elimination	2014	
283	WEST NUSA TENGGARA	LOMBOK BARAT	120	0.16	Low endemicity	-	
284	WEST NUSA TENGGARA	LOMBOK TENGAH	25	0.02	Elimination	2014	
285	WEST NUSA TENGGARA	LOMBOK TIMUR	3	0.00	Elimination	2021	
286	WEST NUSA TENGGARA	SUMBAWA	39	0.07	Low endemicity	-	
287	WEST NUSA TENGGARA	DOMPU	8	0.03	Elimination	2021	
288	WEST NUSA TENGGARA	BIMA	21	0.04	Elimination	2021	
289	WEST NUSA TENGGARA	SUMBAWA BARAT	3	0.02	Elimination	2024	
290	WEST NUSA TENGGARA	LOMBOK UTARA	3	0.01	Low endemicity	-	
291	WEST NUSA TENGGARA	KOTA MATARAM	15	0.03	Elimination	2014	
292	WEST NUSA TENGGARA	KOTA BIMA	13	0.08	Elimination	2014	
293	EAST NUSA TENGGARA	SUMBA BARAT	575	3.71	Moderate endemicity	-	
294	EAST NUSA TENGGARA	SUMBA TIMUR	1,151	4.44	Moderate endemicity	-	
295	EAST NUSA TENGGARA	KUPANG	17	0.04	Low endemicity	-	
296	EAST NUSA TENGGARA	TIMOR TENGAH SELATAN	154	0.32	Low endemicity	-	
297	EAST NUSA TENGGARA	TIMOR TENGAH UTARA	19	0.07	Low endemicity	-	
298	EAST NUSA TENGGARA	BELU	22	0.09	Elimination	2023	
299	EAST NUSA TENGGARA	ALOR	792	3.52	Moderate endemicity	-	
300	EAST NUSA TENGGARA	LEMBATA	25	0.17	Low endemicity	-	
301	EAST NUSA TENGGARA	FLORES TIMUR	69	0.24	Low endemicity	-	
302	EAST NUSA TENGGARA	SIKKA	407	1.20	Moderate endemicity	-	
303	EAST NUSA TENGGARA	ENDE	8	0.03	Elimination	2021	
304	EAST NUSA TENGGARA	NGADA	3	0.02	Elimination	2021	
305	EAST NUSA TENGGARA	MANGGARAI	28	0.08	Elimination	2020	
306	EAST NUSA TENGGARA	ROTE NDAO	53	0.35	Low endemicity	-	
307	EAST NUSA TENGGARA	MANGGARAI BARAT	18	0.07	Elimination	2022	
308	EAST NUSA TENGGARA	SUMBA TENGAH	23	0.25	Low endemicity	-	
309	EAST NUSA TENGGARA	SUMBA BARAT DAYA	5,474	16.65	High endemicity I	-	
310	EAST NUSA TENGGARA	NAGEKEO	6	0.04	Elimination	2022	
311	EAST NUSA TENGGARA	MANGGARAI TIMUR	2	0.01	Elimination	2020	
312	EAST NUSA TENGGARA	SABU RAIJUA	3	0.03	Elimination	2023	
313	EAST NUSA TENGGARA	MALAKA	26	0.13	Low endemicity	-	
314	EAST NUSA TENGGARA	KOTA KUPANG	19	0.04	Elimination	2020	
315	WEST KALIMANTAN	SAMBAS	-	0.00	Elimination	2021	
316	WEST KALIMANTAN	BENGKAYANG	-	0.00	Elimination	2024	
317	WEST KALIMANTAN	LANDAK	2	0.00	Elimination	2022	
318	WEST KALIMANTAN	MEMPAWAH	-	0.00	Elimination	2015	
319	WEST KALIMANTAN	SANGGAU	1	0.00	Elimination	2021	
320	WEST KALIMANTAN	KETAPANG	5	0.01	Elimination	2022	
321	WEST KALIMANTAN	SINTANG	10	0.02	Low endemicity	-	
322	WEST KALIMANTAN	KAPUAS HULU	31	0.12	Low endemicity	-	
323	WEST KALIMANTAN	SEKADAU	-	0.00	Elimination	2022	
324	WEST KALIMANTAN	MELAWI	5	0.02	Elimination	2024	
325	WEST KALIMANTAN	KAYONG UTARA	-	0.00	Elimination	2024	
326	WEST KALIMANTAN	KUBU RAYA	-	0.00	Elimination	2018	
327	WEST KALIMANTAN	KOTA PONTIANAK	7	0.01	Elimination	2014	
328	WEST KALIMANTAN	KOTA SINGKAWANG	1	0.00	Elimination	2021	
329	CENTRAL KALIMANTAN	KOTAWARINGIN BARAT	2	0.01	Elimination	2014	
330	CENTRAL KALIMANTAN	KOTAWARINGIN TIMUR	5	0.01	Elimination	2018	
331	CENTRAL KALIMANTAN	KAPUAS	3	0.01	Low endemicity	-	
332	CENTRAL KALIMANTAN	BARITO SELATAN	-	0.00	Elimination	2018	
333	CENTRAL KALIMANTAN	BARITO UTARA	7	0.04	Elimination	2014	
334	CENTRAL KALIMANTAN	SUKAMARA	-	0.00	Elimination	2015	
335	CENTRAL KALIMANTAN	LAMANDAU	-	0.00	Elimination	2016	
336	CENTRAL KALIMANTAN	SERUYAN	-	0.00	Elimination	2017	
337	CENTRAL KALIMANTAN	KATINGAN	4	0.02	Elimination	2019	
338	CENTRAL KALIMANTAN	PULANG PISAU	-	0.00	Elimination	2020	
339	CENTRAL KALIMANTAN	GUNUNG MAS	2	0.01	Elimination	2022	
340	CENTRAL KALIMANTAN	BARITO TIMUR	3	0.03	Elimination	2014	
341	CENTRAL KALIMANTAN	MURUNG RAYA	104	0.88	Low endemicity	-	
342	CENTRAL KALIMANTAN	KOTA PALANGKA RAYA	7	0.02	Elimination	2018	
343	SOUTH KALIMANTAN	TANAH LAUT	34	0.09	Elimination	2021	
344	SOUTH KALIMANTAN	KOTA BARU	25	0.07	Low endemicity	-	
345	SOUTH KALIMANTAN	BANJAR	63	0.10	Elimination	2022	
346	SOUTH KALIMANTAN	BARITO KUALA	2	0.01	Elimination	2014	
347	SOUTH KALIMANTAN	TAPIN	8	0.04	Elimination	2018	
348	SOUTH KALIMANTAN	HULU SUNGAI SELATAN	6	0.03	Elimination	2017	
349	SOUTH KALIMANTAN	HULU SUNGAI TENGAH	7	0.03	Elimination	2018	
350	SOUTH KALIMANTAN	HULU SUNGAI UTARA	2	0.01	Elimination	2014	
351	SOUTH KALIMANTAN	TABALONG	57	0.21	Elimination	2021	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
352	SOUTH KALIMANTAN	TANAH BUMBU	23	0.07	Elimination	2024	
353	SOUTH KALIMANTAN	BALANGAN	14	0.10	Low endemicity	-	
354	SOUTH KALIMANTAN	KOTA BANJARMASIN	32	0.05	Elimination	2014	
355	SOUTH KALIMANTAN	KOTA BANJAR BARU	29	0.11	Elimination	2015	
356	EAST KALIMANTAN	PASER	84	0.29	Low endemicity	-	
357	EAST KALIMANTAN	KUTAI BARAT	16	0.09	Low endemicity	-	
358	EAST KALIMANTAN	KUTAI KARTANEGARA	66	0.08	Elimination	2021	
359	EAST KALIMANTAN	KUTAI TIMUR	420	0.91	Low endemicity	-	
360	EAST KALIMANTAN	BERAU	240	0.92	Low endemicity	-	
361	EAST KALIMANTAN	PENAJAM PASER UTARA	558	2.08	Moderate endemicity	-	
362	EAST KALIMANTAN	MAHAKAM HULU	2	0.06	Elimination	2023	
363	EAST KALIMANTAN	KOTA BALIKPAPAN	68	0.09	Elimination	2014	
364	EAST KALIMANTAN	KOTA SAMARINDA	110	0.13	Elimination	2014	
365	EAST KALIMANTAN	KOTA BONTANG	42	0.22	Elimination	2014	
366	NORTH KALIMANTAN	MALINAU	5	0.06	Low endemicity	-	
367	NORTH KALIMANTAN	BULUNGAN	96	0.60	Low endemicity	-	
368	NORTH KALIMANTAN	TANA TIDUNG	1	0.04	Elimination	2020	
369	NORTH KALIMANTAN	NUNUKAN	15	0.07	Elimination	2020	
370	NORTH KALIMANTAN	KOTA TARAKAN	20	0.08	Elimination	2014	
371	NORTH SULAWESI	BOLAANG MONGONDOW	25	0.10	Elimination	2020	
372	NORTH SULAWESI	MINAHASA	163	0.46	Elimination	2017	Increased incidence
373	NORTH SULAWESI	KEPULAUAN SANGIHE	394	2.76	Moderate endemicity	-	
374	NORTH SULAWESI	KEPULAUAN TALAUD	34	0.35	Low endemicity	-	
375	NORTH SULAWESI	MINAHASA SELATAN	86	0.36	Elimination	2022	
376	NORTH SULAWESI	MINAHASA UTARA	61	0.26	Elimination	2020	
377	NORTH SULAWESI	BOLAANG MONGONDOW UTARA	22	0.25	Elimination	2018	
378	NORTH SULAWESI	SIAU TAGULANDANG BIARO	22	0.30	Low endemicity	-	
379	NORTH SULAWESI	MINAHASA TENGGARA	95	0.79	Low endemicity	-	
380	NORTH SULAWESI	BOLAANG MONGONDOW SELATAN	10	0.14	Elimination	2014	
381	NORTH SULAWESI	BOLAANG MONGONDOW TIMUR	12	0.13	Elimination	2014	
382	NORTH SULAWESI	KOTA MANADO	164	0.36	Elimination	2023	
383	NORTH SULAWESI	KOTA BITUNG	79	0.34	Low endemicity	-	
384	NORTH SULAWESI	KOTA TOMOHON	74	0.71	Elimination	2017	
385	NORTH SULAWESI	KOTA KOTAMOBAGU	4	0.03	Elimination	2014	
386	CENTRAL SULAWESI	BANGGAI KEPULAUAN	20	0.16	Low endemicity	-	
387	CENTRAL SULAWESI	BANGGAI	94	0.25	Elimination	2018	
388	CENTRAL SULAWESI	MOROWALI	134	0.77	Low endemicity	-	
389	CENTRAL SULAWESI	POSO	55	0.22	Elimination	2024	Increased incidence
390	CENTRAL SULAWESI	DONGGALA	5	0.02	Low endemicity	-	
391	CENTRAL SULAWESI	TOLI-TOLI	1	0.00	Elimination	2019	
392	CENTRAL SULAWESI	BUOL	7	0.05	Elimination	2016	
393	CENTRAL SULAWESI	PARIGI MOUTONG	26	0.06	Elimination	2024	Increased incidence
394	CENTRAL SULAWESI	TOJO UNA-UNA	400	2.34	Moderate endemicity	-	
395	CENTRAL SULAWESI	SIGI	22	0.08	Elimination	2016	
396	CENTRAL SULAWESI	BANGGAI LAUT	2	0.03	Elimination	2020	
397	CENTRAL SULAWESI	MOROWALI UTARA	355	2.78	Moderate endemicity	-	
398	CENTRAL SULAWESI	KOTA PALU	20	0.05	Elimination	2014	
399	SOUTH SULAWESI	KEPULAUAN SELAYAR	12	0.08	Elimination	2019	
400	SOUTH SULAWESI	BULUKUMBA	23	0.05	Elimination	2017	
401	SOUTH SULAWESI	BANTAENG	18	0.09	Elimination	2014	
402	SOUTH SULAWESI	JENEPONTO	159	0.38	Elimination	2014	
403	SOUTH SULAWESI	TAKALAR	24	0.08	Elimination	2015	
404	SOUTH SULAWESI	GOWA	27	0.03	Elimination	2014	
405	SOUTH SULAWESI	SINJAI	20	0.07	Elimination	2020	
406	SOUTH SULAWESI	MAROS	166	0.40	Elimination	2014	
407	SOUTH SULAWESI	PANGKAJENE DAN KEPULAUAN	80	0.22	Elimination	2022	
408	SOUTH SULAWESI	BARRU	39	0.21	Elimination	2014	
409	SOUTH SULAWESI	BONE	49	0.06	Elimination	2014	
410	SOUTH SULAWESI	SOPPENG	25	0.10	Elimination	2014	
411	SOUTH SULAWESI	WAJO	21	0.05	Elimination	2014	
412	SOUTH SULAWESI	SIDENRENG RAPPANG	22	0.07	Elimination	2014	
413	SOUTH SULAWESI	PINRANG	75	0.18	Elimination	2015	
414	SOUTH SULAWESI	ENREKANG	31	0.13	Elimination	2017	
415	SOUTH SULAWESI	LUWU	83	0.22	Elimination	2017	
416	SOUTH SULAWESI	TANA TORAJA	108	0.37	Elimination	2023	
417	SOUTH SULAWESI	LUWU UTARA	58	0.17	Elimination	2017	
418	SOUTH SULAWESI	LUWU TIMUR	57	0.18	Elimination	2018	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
419	SOUTH SULAWESI	TORAJA UTARA	332	1.20	Moderate endemicity	-	
420	SOUTH SULAWESI	KOTA MAKASSAR	294	0.20	Elimination	2014	
421	SOUTH SULAWESI	KOTA PAREPARE	44	0.27	Elimination	2014	
422	SOUTH SULAWESI	KOTA PALOPO	138	0.71	Elimination	2014	
423	SOUTHEAST SULAWESI	BUTON	15	0.12	Elimination	2022	
424	SOUTHEAST SULAWESI	MUNA	72	0.32	Low endemicity	-	
425	SOUTHEAST SULAWESI	KONAWE	8	0.03	Elimination	2015	
426	SOUTHEAST SULAWESI	KOLAKA	17	0.07	Elimination	2014	
427	SOUTHEAST SULAWESI	KONAWE SELATAN	16	0.05	Elimination	2014	
428	SOUTHEAST SULAWESI	BOMBANA	21	0.13	Elimination	2018	
429	SOUTHEAST SULAWESI	WAKATOBI	47	0.40	Elimination	2020	
430	SOUTHEAST SULAWESI	KOLAKA UTARA	31	0.21	Elimination	2014	
431	SOUTHEAST SULAWESI	BUTON UTARA	18	0.26	Elimination	2016	
432	SOUTHEAST SULAWESI	KONAWE UTARA	5	0.07	Elimination	2014	
433	SOUTHEAST SULAWESI	KOLAKA TIMUR	7	0.05	Elimination	2020	
434	SOUTHEAST SULAWESI	KONAWE KEPULAUAN	6	0.15	Elimination	2022	
435	SOUTHEAST SULAWESI	MUNA BARAT	15	0.16	Low endemicity	-	
436	SOUTHEAST SULAWESI	BUTON TENGAH	75	0.62	Elimination	2021	
437	SOUTHEAST SULAWESI	BUTON SELATAN	50	0.49	Elimination	2022	
438	SOUTHEAST SULAWESI	KOTA KENDARI	92	0.25	Elimination	2014	
439	SOUTHEAST SULAWESI	KOTA BAUBAU	30	0.18	Elimination	2016	
440	GORONTALO	BOALEMO	485	3.16	Elimination	2021	Outbreak
441	GORONTALO	GORONTALO	166	0.41	Low endemicity	-	
442	GORONTALO	POHUWATO	824	5.36	Elimination	2021	Outbreak
443	GORONTALO	BONE BOLANGO	12	0.07	Elimination	2021	
444	GORONTALO	GORONTALO UTARA	45	0.34	Elimination	2016	
445	GORONTALO	KOTA GORONTALO	49	0.24	Elimination	2014	
446	WEST SULAWESI	MAJENE	164	0.89	Elimination	2017	
447	WEST SULAWESI	POLEWALI MANDAR	30	0.06	Elimination	2015	
448	WEST SULAWESI	MAMASA	6	0.03	Elimination	2019	
449	WEST SULAWESI	MAMUJU	27	0.09	Elimination	2019	
450	WEST SULAWESI	MAMUJU UTARA	80	0.39	Low endemicity	-	
451	WEST SULAWESI	MAMUJU TENGAH	8	0.06	Elimination	2017	
452	MALUKU	KEPULAUAN TANIMBAR	509	3.90	Moderate endemicity	-	
453	MALUKU	MALUKU TENGGARA	599	4.74	Moderate endemicity	-	
454	MALUKU	MALUKU TENGAH	140	0.32	Low endemicity	-	
455	MALUKU	BURU	15	0.11	Elimination	2022	
456	MALUKU	KEPULAUAN ARU	310	2.84	Moderate endemicity	-	
457	MALUKU	SERAM BAGIAN BARAT	49	0.22	Low endemicity	-	
458	MALUKU	SERAM BAGIAN TIMUR	85	0.58	Low endemicity	-	
459	MALUKU	MALUKU BARAT DAYA	192	2.20	Moderate endemicity	-	
460	MALUKU	BURU SELATAN	14	0.17	Low endemicity	-	
461	MALUKU	KOTA AMBON	184	0.51	Elimination	2022	
462	MALUKU	KOTA TUAL	191	2.06	Elimination	2022	
463	NORTH MALUKU	HALMAHERA BARAT	10	0.07	Elimination	2023	
464	NORTH MALUKU	HALMAHERA TENGAH	14	0.23	Elimination	2023	
465	NORTH MALUKU	KEPULAUAN SULA	7	0.06	Elimination	2021	
466	NORTH MALUKU	HALMAHERA SELATAN	85	0.32	Low endemicity	-	
467	NORTH MALUKU	HALMAHERA UTARA	10	0.05	Low endemicity	-	
468	NORTH MALUKU	HALMAHERA TIMUR	19	0.19	Low endemicity	-	
469	NORTH MALUKU	PULAU MOROTAI	7	0.09	Elimination	2021	
470	NORTH MALUKU	PULAU TALIABU	32	0.52	Low endemicity	-	
471	NORTH MALUKU	KOTA TERNATE	17	0.08	Elimination	2021	
472	NORTH MALUKU	KOTA TIDORE KEPULAUAN	4	0.03	Elimination	2020	
473	WEST PAPUA	FAKFAK	235	2.61	Moderate endemicity	-	
474	WEST PAPUA	KAIMANA	333	5.00	Moderate endemicity	-	
475	WEST PAPUA	TELUK WONDAMA	2,105	46.20	High endemicity I	-	
476	WEST PAPUA	TELUK BINTUNI	331	3.63	Moderate endemicity	-	
477	WEST PAPUA	MANOKWARI	4,373	21.34	High endemicity I	-	
478	WEST PAPUA	MANOKWARI SELATAN	441	11.36	High endemicity I	-	
479	WEST PAPUA	PEGUNUNGAN ARFAK	5	0.12	Elimination	2024	
480	SOUTH PAPUA	MERAUKE	4,530	18.92	High endemicity I	-	
481	SOUTH PAPUA	BOVEN DIGOEL	13,194	191.12	High endemicity III	-	
482	SOUTH PAPUA	MAPPI	14,619	127.01	High endemicity III	-	
483	SOUTH PAPUA	ASMAT	24,648	207.94	High endemicity III	-	
484	PAPUA	JAYAPURA	62,396	360.09	High endemicity III	-	
485	PAPUA	KEPULAUAN YAPEN	35,987	303.46	High endemicity III	-	
486	PAPUA	BIAK NUMFOR	2,736	19.39	High endemicity I	-	
487	PAPUA	SARMI	14,341	332.80	High endemicity III	-	
488	PAPUA	KEEROM	37,797	588.93	High endemicity III	-	
489	PAPUA	WAROPEN	6,578	183.67	High endemicity III	-	
490	PAPUA	SUPIORI	451	18.39	High endemicity I	-	
491	PAPUA	MAMBERAMO RAYA	22,571	573.04	High endemicity III	-	

No	Province	District/cities	Positive case	API	Endemicity	Elimination year	Note
492	PAPUA	KOTA JAYAPURA	46,929	111.58	High endemicity III	-	
493	CENTRAL PAPUA	NABIRE	3,274	18.67	High endemicity I	-	
494	CENTRAL PAPUA	PANIAI	36	0.15	Low endemicity	-	
495	CENTRAL PAPUA	PUNCAK JAYA	1,212	5.15	High endemicity I	-	
496	CENTRAL PAPUA	MIMIKA	161,402	492.41	High endemicity III	-	
497	CENTRAL PAPUA	PUNCAK	2,234	18.22	High endemicity I	-	
498	CENTRAL PAPUA	DOGIYAI	25	0.20	Low endemicity	-	
499	CENTRAL PAPUA	INTAN JAYA	95	0.66	Low endemicity	-	
500	CENTRAL PAPUA	DEIYAI	-	0.00	Low endemicity	-	
501	HIGHLAND PAPUA	JAYAWIJAYA	1,582	5.63	High endemicity I	-	
502	HIGHLAND PAPUA	YAHUKIMO	21,702	58.28	High endemicity II	-	
503	HIGHLAND PAPUA	PEGUNUNGAN BINTANG	1,661	19.93	High endemicity I	-	
504	HIGHLAND PAPUA	TOLIKARA	682	2.77	Moderate endemicity	-	
505	HIGHLAND PAPUA	NDUGA	11,614	102.47	High endemicity III	-	
506	HIGHLAND PAPUA	LANNY JAYA	190	0.91	Low endemicity	-	
507	HIGHLAND PAPUA	MAMBERAMO TENGAH	322	6.00	High endemicity I	-	
508	HIGHLAND PAPUA	YALIMO	222	2.05	Moderate endemicity	-	
509	SOUTHWEST PAPUA	SORONG SELATAN	147	2.61	Elimination	2022	
510	SOUTHWEST PAPUA	SORONG	1,186	9.63	High endemicity I	-	
511	SOUTHWEST PAPUA	RAJA AMPAT	1,123	16.03	High endemicity I	-	
512	SOUTHWEST PAPUA	TAMBRAUW	788	25.13	High endemicity I	-	
513	SOUTHWEST PAPUA	MAYBRAT	23	0.48	Low endemicity	-	
514	SOUTHWEST PAPUA	KOTA SORONG	3,952	13.23	High endemicity I	-	
Total			**543,965**	**1.93**	Moderate endemicity		