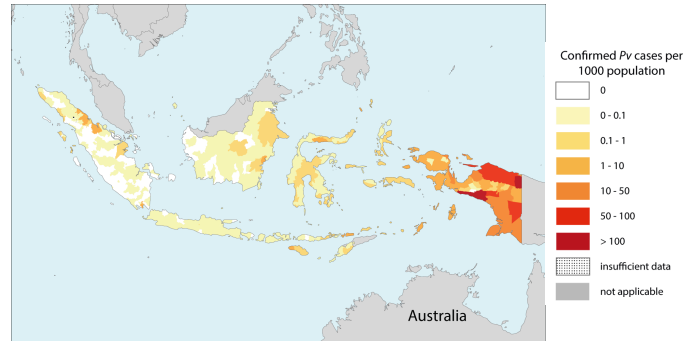
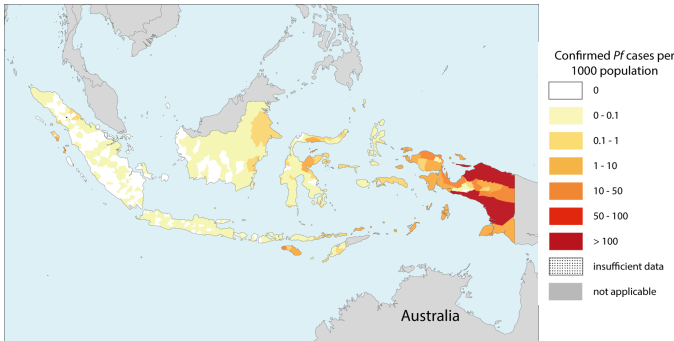


the Republic of Indonesia

Western Pacific Region



I. Epidemiological Profile

Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	10.1M	3.6%
Low transmission (0-1 case per 1000 population)	15.4M	5.5%
Malaria free (0 cases)	256.1M	90.9%
Total	281.6M	100%

Reported Cases and Deaths

Total cases (presumed + confirmed)	544.0K
Reported indigenous confirmed cases	543.6K
Confirmed cases from public sector (health facility)	372.0K
Confirmed cases at community level	71.0K
Confirmed cases from private sector	100.9K
Indigenous deaths	131

Parasites and Vectors

Major Plasmodium Species

*P. falciparum**: 50.67%

P. vivax: 34.53%

*Includes mixed infections and other species of Plasmodium

Major Anopheles Species

An. farauti s.l., *An. punctulatus s.l.*, *An. farauti s.s.*, *An. maculatus s.s.*, *An. aconitus*, *An. barbirostris*

WHO Estimates

631.2K
Estimated Cases
Confidence Interval: [588.0K,685.0K]
1.1K
Estimated Deaths
Confidence Interval: [560,1.7K]

II. Intervention policies and strategies

Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	2004
Treatment	ACTs for malaria treatment is free in the public sector	Yes	2004
	ACT is delivered at community	Yes	2018
	Pre-referral Rx with rectal artesunate suppositories at community level	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2012
	The sale of oral artemisinin-based monotherapy drugs	has never been allowed	-
IPT	IPT used to prevent malaria during pregnancy	-	-
	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	-	-
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	-	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	-	-
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	-	-
Surveillance	Malaria is a notifiable disease	Yes	1984
	Case investigation and classification is undertaken	Yes	2010
	Foci investigation and classification is undertaken	Yes	2017
	Case reporting from private sector is mandatory	Yes	1984
ITN	ITNs distributed free of charge through through mass campaign to all age groups	Yes*	2008
	ITNs distributed free of charge through routine channels to all age groups	Yes	2008
	ITNs durability is monitored	Yes	2020
IRS	IRS is an intervention at the NMP	Yes*	2004

Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	NA	2010
First-line treatment of <i>P. falciparum</i>	DHA-PPQ+PQ	2010
For treatment failure of <i>P. falciparum</i>	AS-PYR; AL+PQ	
Treatment of severe malaria	AS	2010
Treatment of <i>P. vivax</i>	DHA-PPQ+PQ	2010

Type of RDT used (public)

P.f + all species (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2015-2015	0	0	0	28 days	1	Pf
DHA-PPQ	2015-2017	0	2.15	3.9	42 days	4	Pf
DHA-PPQ	2015-2018	0	0	1.2	28 days	5	Pv

Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	8.3 (1/12)	<i>An. hyrcanus</i> s.s.	Yes
Neonicotinoids	-	-	Yes
Organophosphates	80 (4/5)	<i>An. nigerrimus</i> , <i>An. vagus</i>	Yes
Pyrethroids	22.2 (6/27)	<i>An. farauti</i> s.s., <i>An. kochi</i> , <i>An. koliensis</i> , <i>An. vagus</i>	Yes

¹ Percent of sites for which resistance is confirmed and total number of sites that reported data

² Vectors reported to exhibit resistance to insecticide class

³ Class reported as used for malaria control in 2024

Intervention	Policies/Strategies	Policy	Year
	DDT is used for IRS	No	-
Larval source management	Use of Larval source management	Yes	2012

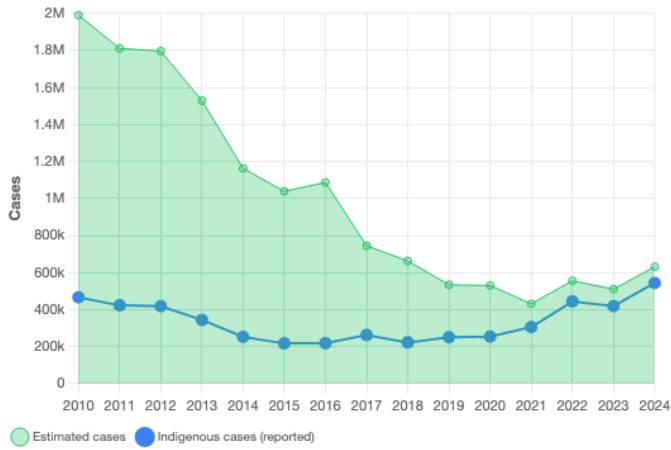
Yes* = Policy adopted, but not implemented in 2024, or no data exist to support implementation

No = Policy does not exist or policy has been discontinued

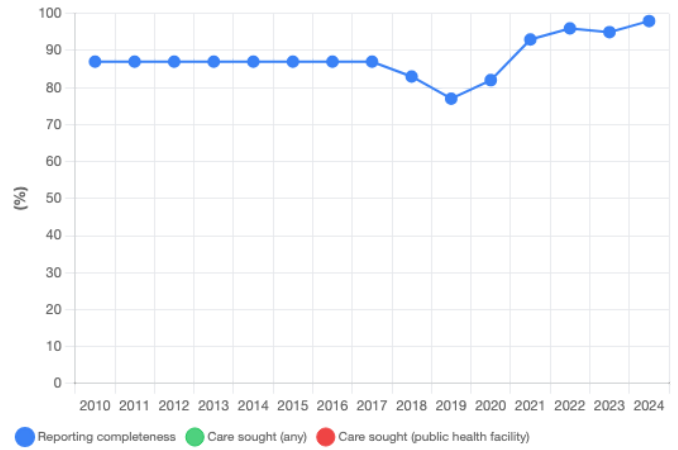
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III. Data Visualization

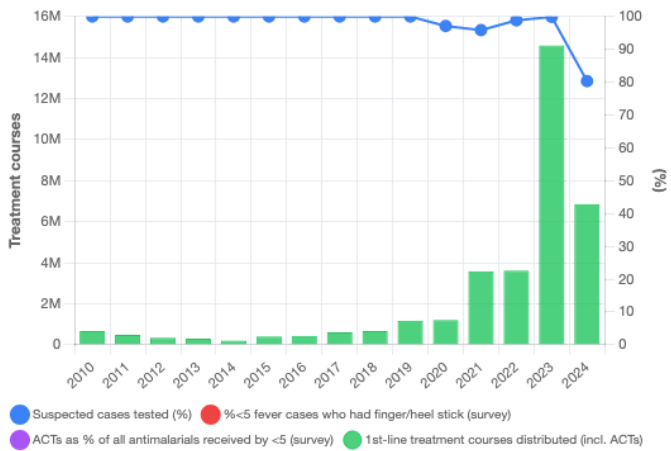
Estimated and reported cases



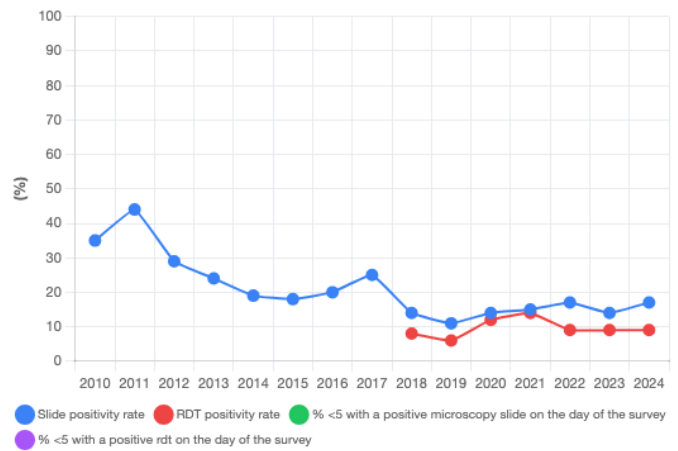
Treatment seeking and reporting completeness



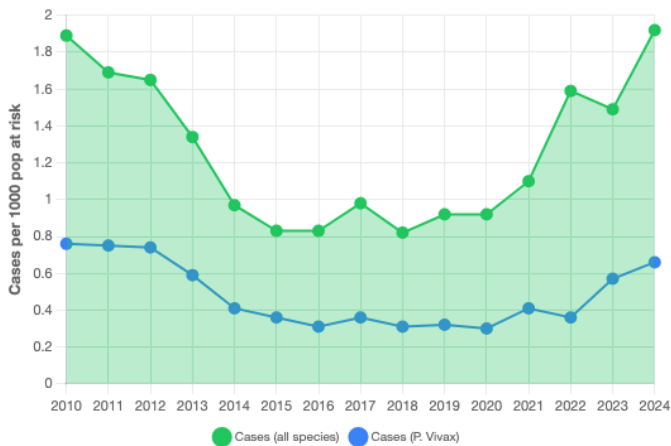
Cases tested and treated



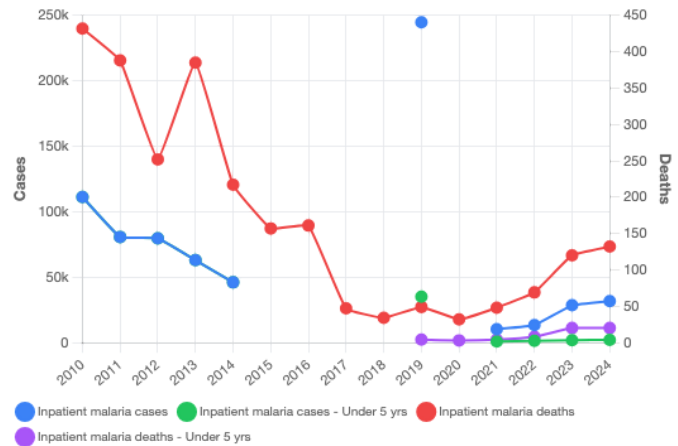
Test positivity



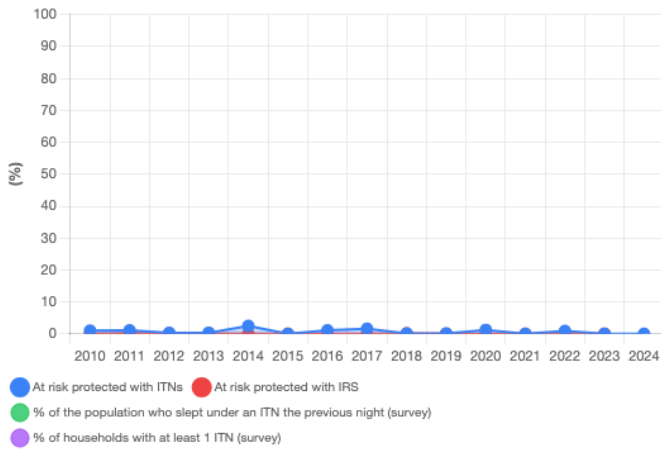
Confirmed malaria cases per 1000 population at risk



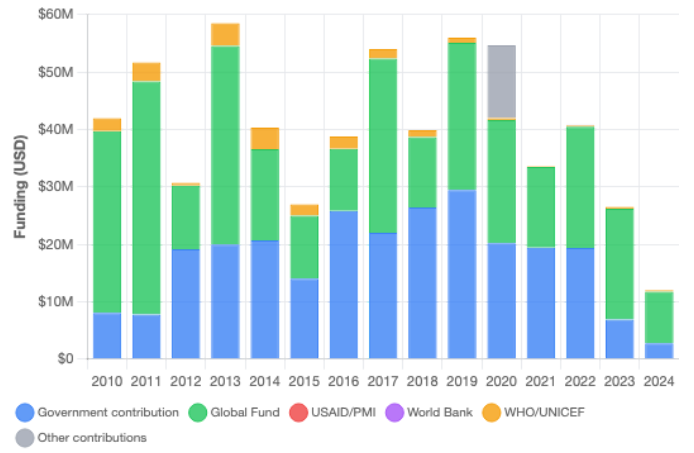
Malaria inpatients and deaths



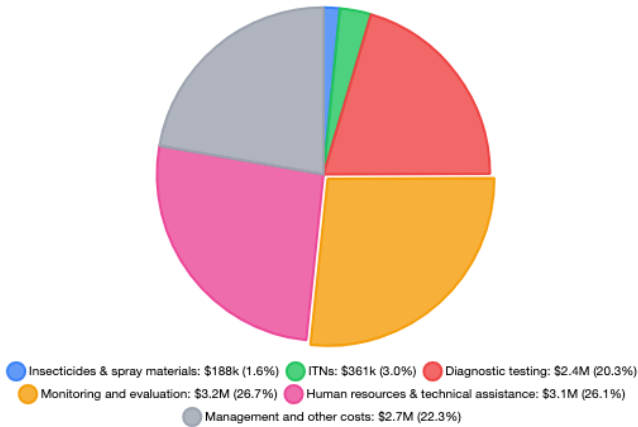
Coverage of ITN and IRS



Sources of financing



Government expenditure by intervention in 2024



Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in [mpac-april2018-erg-report-malaria-burden-session6.pdf](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf) (https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2).

World Malaria Report 2025