



Guarding the Womb in the Red Zone: Bridging the Gap Between National Malaria Policy and Midwifery Practice

A Policy Review of MoH Decree No. 1988/2024 & Health Profile 2024

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THE BURDEN (Data Snapshot)



Figure 1. Figure 1. Malaria Endemicity Map of Indonesia (2025).

- 93.6% of national malaria cases are concentrated in Papua.
- Maternal Impact: Malaria is a major cause of severe anemia and low birth weight. In 2022, 3,066 pregnant women tested positive [1, 4].

The Protection Gap

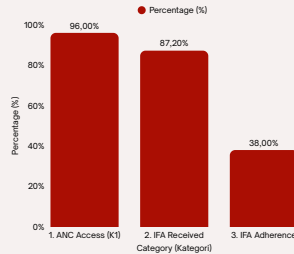


Figure 2. The Protection Gap. High access to antenatal care (K1) does not guarantee adherence to pharmacological protection.

- National data indicates high ANC coverage at the first visit (96%) [2].
- 87.2% of pregnant women receive Iron Folic Acid (IFA) supplementation, full adherence (<90 tablets) remains a critical behavioral gap [2].
- Non-adherence combined with malaria infection exposes pregnant women to a "double burden of anemia", increasing the risk of hemorrhage and low birth weight [1, 4].



POLICY FRAMEWORK (Core Analysis)

NATIONAL STRATEGY:

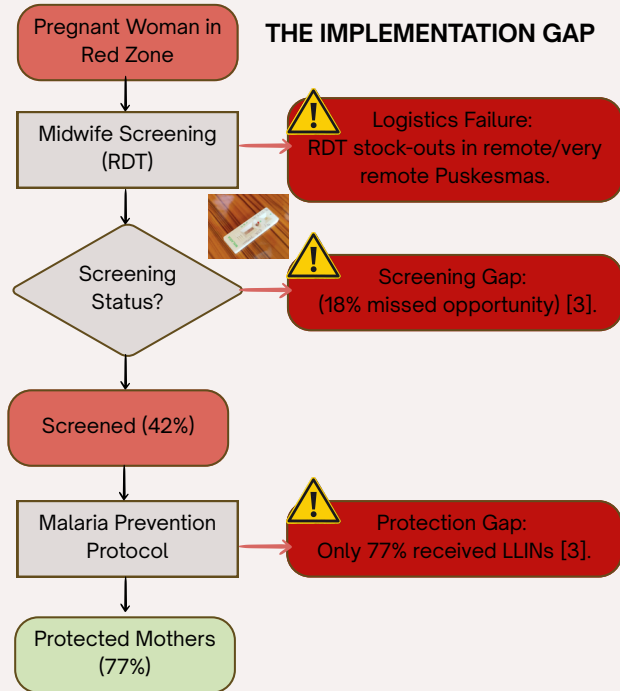
The Ministry of Health Decree No. 1988/2024 mandates the "TOKEN" strategy (Temukan, Obati, Kendalikan/Find, Treat, Control)

- Mandate: Routine Screening at 1st ANC Visit for all pregnant women in endemic zones [1].
- Acceleration: Implementation of Mass Drug Administration (MDA) and Active Case Finding in Eastern Indonesia [1].
- Vector Control: Mass distribution of LLINs [1, 4].



Figure 3. Midwife conducting Malaria RDT screening at a community post in Banso Village, Tambrauw Regency..

THE IMPLEMENTATION GAP



MIDWIFERY-LED SOLUTIONS

Service Integration:

Integrate Supplementary Feeding (PMT) with Malaria Screening. Every pregnant woman receiving nutritional support must be screened. This strategy effectively captures the population most vulnerable to severe malaria complications.

Infrastructure (Sustainable Power):

Prioritize solar panels or generators for remote Puskesmas to power microscopes and digital reporting tools (ASIK/SISMAL). Reliable electricity is prerequisite to prevent data blind-spots that lead to RDT stock-outs.

Legal Protection (Task Shifting)

Establish a legal framework empowering midwives in Very Remote Areas (DTPK) to administer full ACT regimens and lead Mass Drug Administration (MDA) independently when physician referral is impossible due to geographic isolation.

CONCLUSION:

Eliminating malaria by 2030 requires empowering midwives with basic electricity, secured logistics, and legal authority. This is a Human Rights obligation for Safe Motherhood.

References:

[1] MoH RI. (2024). Decree No. HK.01.07/MENKES/1988/2024 on Malaria Elimination Roadmap. [2] MoH RI. (2024). Indonesia Health Profile 2023. [3] MoH RI. (2023). Malaria Annual Report 2022. [4] Yulizawati, Silmi H, et al. (2023). Pregnancy-related malaria prevention with insecticide-treated nets (ITNs): a review. Journal of Midwifery, 8(2).