International Journal of Applied Research and Sustainable Sciences (IJARSS)
Vol. 3 No. 10, 2025: 821-836

Analysis of Public Health Policy in the Management of Tropical Diseases in West Papua and Central Maluku

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ARTICLEINFO

Keywords: Tropical Diseases, Dengue Hemorrhagic Fever (DHF), Malaria, West Papua, Central Maluku

Received : 23 August
Revised : 23 September
Accepted: 24 October

ABSTRACT

Tropical diseases such as malaria, dengue fever (DHF), and filariasis remain a significant public health burden in West Papua and Central Maluku. These regions face complex challenges due to remote geography, limited health infrastructure, and socio-cultural diversity that impact access to and adherence to health interventions. This study seeks to evaluate the efficacy of public health policies in mitigating tropical diseases in both regions from 2020 to 2024. Using a mixed qualitative and quantitative approach, the study integrates surveillance data from the Indonesian Ministry of Health, reports from regional health offices, and field findings from previous studies. The results show that malaria cases have dropped by 27% in West Papua and 22% in Central Maluku. However, the number of DHF cases is still a concern. Fogging and vaccination coverage remain uneven, particularly in remote areas. Policy analysis reveals delays in budget distribution, weak interagency coordination, and a lack of involvement of traditional leaders in health campaigns. This article recommends strengthening community-based surveillance systems, decentralizing health responses, and integrating local knowledge into policy planning. These findings provide a strong foundation for improving national strategies for managing tropical diseases in underserved regions.

DOI: https://doi.org/10.59890/ijarss.v3i10.126
E – ISSN : 3026-0205
https://jpnmultitechpublisher.my.id/index.php/ijarss/index

INTRODUCTION

Tropical diseases remain a significant public health problem in Indonesia, especially in eastern regions such as West Papua and Central Maluku. The geographical conditions, tropical climate, and challenges in accessing health services in these two regions create an ecosystem that supports the spread of various tropical diseases. Diseases such as malaria, dengue fever (DBD), filariasis, and leprosy have become a persistent health burden for communities in these two provinces.

West Papua and Central Maluku share similar geographical characteristics, namely archipelagic regions with diverse topography ranging from coastal areas to mountains. These conditions affect the distribution of disease vectors and community access to health services. Data shows that West Papua has the highest prevalence of malaria in Indonesia, while Central Maluku faces similar challenges with endemic cases of filariasis and DHF (Novita, 2023). The Indonesian government has implemented various health policies to control tropical diseases in these two regions. Through the Disease Control Program (P2P), the Ministry of Health has formulated strategies for the elimination and control of tropical diseases in line with the Sustainable Development Goals (SDGs) and national commitments (Ayu, Utami, Kirani, & Pahlevi, 2024). However, the implementation of these policies faces various challenges, ranging from limited human resources to geographical barriers.

This study aims to analyze the public health policies that have been implemented in the management of tropical diseases in West Papua and Central Maluku. The focus of the analysis includes the effectiveness of policy implementation, program achievement, and factors that influence the success and failure of health interventions. Through a qualitative and quantitative approach, this study is expected to provide comprehensive recommendations for improving health policies in the future.

The importance of this study is driven by the fact that despite various intervention programs, tropical diseases remain a significant cause of morbidity and mortality in both regions. In addition, public health challenges in West Papua and Central Maluku are exacerbated by development inequalities, relatively high poverty rates, and complex socio-cultural issues (Tebai, 2024). Therefore, an in-depth analysis of the health policies that have been implemented is necessary to understand the root causes of the problems and formulate targeted solutions.

Figure 1. Map of West Papua and Central Maluku Regions

LITERATURE REVIEW

To explain the meaning of several research variables, it is necessary to convey several definitions so that they have meaning for those who want to know, read, and deepen their knowledge about the issues being studied.

Public Health Policy

Public health policy can be understood as a series of concepts, principles, and decisions that serve as guidelines for implementing activities to achieve optimal public health. According to Gill Walt (1996), this policy involves processes and power in an interconnected network of decisions, where the main focus is on inclusive and evidence-based health services, including the prevention of tropical diseases such as malaria in endemic areas. This approach emphasizes the importance of cost-benefit analysis to ensure that policies are not only effective but also sustainable, especially in regions such as West Papua and Maluku that face geographical challenges. Meanwhile, from the perspective of Winslow from Yale University (1920), public health policy stems from the definition of public health science as the art of preventing disease and prolonging life through organized community efforts, which include environmental control, health education, and early treatment. In the context of tropical disease management, this means the integration of central and regional government policies to address socio-economic factors such as limited access to health services. Dumilah Ayuningtyas' (2014) opinion adds that this policy is transformed into a public instrument when it is aimed at improving health, with an emphasis on implementation involving local stakeholders to reduce the prevalence of infectious diseases in the eastern provinces of Indonesia.

Tropical Diseases

Tropical diseases are defined as a group of infectious diseases that are common in tropical and subtropical climates, often caused by viruses, bacteria, fungi, or parasites, and influenced by hot and humid conditions. According to Pat Dale et al (2005), these diseases are closely related to environmental factors, such as the breeding grounds of Anopheles mosquitoes in tropical areas of Indonesia, which cause malaria as one of the main examples, with a focus on prevention through vector control. From the perspective of the WHO (2014), neglected tropical diseases are very common in low-income communities, with factors such as lack of access to clean water and poor sanitation exacerbating their spread in West Papua and Maluku, thus requiring community-based elimination strategies. Meanwhile, Bruce-Chwatt (1990) explains that tropical diseases such as malaria involve a transmission cycle that depends on the tropical climate, where control efforts must include rapid diagnosis and standard treatment to break the chain of transmission, as implemented in Indonesia's national policy.

Policy Implementation

Policy implementation refers to actions taken by government actors to realize the objectives of policy decisions, usually in the form of laws or regulations. Van Meter and Van Horn (1975) define it as an implementation process involving understanding, commitment, and resources, where failure is often caused by a lack of coordination, such as in the malaria elimination program in West Papua, which requires integration between health services and local communities. According to Solichin Abdul Wahab (1991), implementation is a crucial stage in the policy process that determines success, with an emphasis on the distribution of policy outputs such as ACT treatment and active case detection for tropical diseases, where factors such as financial support from the regional budget (APBD) are key determinants. George C. Edward III (1980) adds that implementation includes communication, resources, disposition, and bureaucratic structure, which in the context of tropical disease management in Maluku and West Papua means rapid response to imported cases through electronic surveillance to prevent resurgence.

Environmental Factors and Access to Health Services

Environmental factors in the management of tropical diseases include geographical and ecological conditions that support disease vectors, such as forests and standing water in West Papua, which require control measures such as insecticide spraying. According to Pat Dale et al. (2005), this factor involves the relationship between the tropical climate and the spread of malaria, where interventions must focus on modifying the environment to reduce mosquito breeding sites. From the perspective of the Indonesian Ministry of Health (2021), access to health services is a key variable that is influenced by difficult topography and infrastructure limitations, requiring approaches such as malaria centers to improve rapid diagnosis and treatment in remote areas.

RESEARCH METHODS

This study uses a mixed-methods approach, combining qualitative and quantitative methods to gain a comprehensive understanding of the implementation of health policies in the management of tropical diseases in West Papua and Central Maluku. This approach was chosen because it allows for in-depth analysis of the quantitative aspects of disease data as well as the qualitative aspects of policy implementation and stakeholder perceptions.

This study is an analytical study with a cross-sectional design. In the quantitative component, secondary data analysis was conducted on the incidence of tropical diseases, program coverage, and other health indicators during the 2020-2024 period. Meanwhile, in the qualitative component, policy document analysis and in-depth interviews were conducted with health stakeholders in both regions.

This study uses two types of data sources, namely primary data and secondary data:

1. Secondary Data: Tropical disease incidence data obtained from:
   - Surveillance system of the Ministry of Health of the Republic of Indonesia (https://malaria.kemkes.go.id/sites/default/files/2025-03/20250219100417KMK%20No%20HK%2001%2007%20MENKES%201988%202024%20ttg%20Peta%20Jalan%20Eliminasi%20Malaria%20dan%20Pencegahan%20Penularan%20Kembali%20di%20Indonesia%20Th%202025%202045%20signed.pdf])
   - Report of the West Papua Provincial Health Office [(https://dinkes.papuabaratprov.go.id/berita/baca/cakupan-malaria-di-papua-barat, n.d.)]
   - Report of the Central Maluku Provincial Health Office [(https://dinkesmalukutengah.id/, n.d.)]
   - Health profile data from the Central Statistics Agency (BPS) [(https://www.bps.go.id/id/publication/2023/12/20/feffe5519c812d560bb131ca/profil-statistik-kesehatan-2023.html, n.d.)]
   - Tropical disease control program evaluation report [(https://www.scribd.com/document/890885737/Studi-Kasus-Dan-Evaluasi-Program-Pengendalian-Penyakit-Tropis-Di-Indonesia, n.d.)

2. Primary Data: Qualitative data obtained through:
   - Analysis of policy and regulatory documents related to tropical disease control
   - In-depth interviews with 15 key informants consisting of provincial and district/city Health Office officials, medical personnel at health centers, and coordinators of tropical disease control programs
   - Focus group discussions (FGD) with communities at 6 research sites (3 in West Papua and 3 in Central Maluku)

Data Collection Techniques

1. Document Study: Collection and analysis of policy documents, program implementation reports, and tropical disease surveillance data for the 2020-2024 period. The documents analyzed include strategic plans, annual reports, and evaluations of tropical disease control programs.
2. In-Depth Interview: Conducted using a semi-structured interview guide. Informants were selected through purposive sampling techniques based on their involvement in tropical disease control programs. The interview was recorded with the informant's permission and then transcribed for analysis.
3. Focus Group Discussion (FGD): Conducted with community groups at each research site to understand their perceptions and experiences regarding access to health services and the implementation of tropical disease control programs at the community level.

Data Analysis

1. Quantitative Data Analysis:
   - Tropical disease incidence data is analyzed using a descriptive approach to show trends over the past 5 years (2020-2024)
   - Comparative analysis between West Papua and Central Maluku was carried out to identify differences and similarities in disease spread patterns
   - Simple statistical tests such as t-tests and ANOVA are used to test for differences in significance between groups
   - Data analysis was carried out using SPSS version 25 software

2. Qualitative Data Analysis:
   - Data from interviews and FGDs were analyzed using thematic analysis techniques
   - Interview transcripts are read repeatedly to identify emerging themes and patterns
   - Coding is done to group data according to themes relevant to policy implementation
   - The analysis was carried out using NVivo version 12 software to facilitate data management

   This research has received *ethical clearance* from the Health Research Ethics Committee. All research procedures follow the principles of research ethics which include:

   1. Informed Consent: All study participants voluntarily give consent after obtaining a complete explanation of the research objectives and procedures.
   2. Anonymity: The identities of the participants are kept confidential by using a code to replace their real names.
   3. Confidentiality: The data obtained is stored securely and is only used for research purposes.
   4. Voluntary Participation: Participants can withdraw from the study at any time without any negative consequences.

This study has several limitations that need to be considered in the interpretation of the results:

1. Limited access to some remote areas in West Papua and Central Maluku which affects data representativeness.
2. Limited availability of complete and consistent data during the study period, especially during the COVID-19 pandemic.

Potential recall bias from informants when conveying information related to past program implementation.

RESEARCH RESULT

Epidemiological data analysis shows that tropical diseases remain a major health problem in both provinces. Based on surveillance data for the 2020-2024 period, varying patterns of disease spread were found between West Papua and Central Maluku.

In West Papua, malaria is the tropical disease with the highest incidence, followed by dengue fever (DF) and filariasis. Meanwhile, in Central Maluku, DHF has the highest number of cases, followed by malaria and filariasis. The prevalence of leprosy also remains a significant health problem, especially in West Papua, which has the highest prevalence rate nationally [(Pratiwi, Buntoro, Damanik, & Handoyo, 2024)]. This achievement is in line with the national target in the 2020–2024 P2P Action Plan, which sets the elimination of leprosy in all districts/cities by 2024, although implementation challenges continue to be faced in high-endemic areas.

The decline in malaria incidence in West Papua reflects significant progress toward elimination, with insecticide-treated bed net coverage increasing by nearly 20 percentage points over the past five years. This supports the vector elimination strategy outlined in the national action plan, which targets 405 districts/cities to achieve malaria elimination by 2024. In Central Maluku, the emphasis on dengue fever is evident in the coverage of focused fogging and the more massive implementation of the 3M Plus movement, although the geographical barriers of the archipelago have caused disparities in coverage in remote areas.

The implementation of the Mass Drug Administration (MDA) program for filariasis in both provinces has achieved coverage of over 85% in 2024, approaching the national target for accelerating the elimination of neglected tropical diseases in 472 districts/cities. However, the challenges of post-MDA program sustainability and post-elimination monitoring still need to be strengthened to prevent recurrence of cases. Data shows that despite declining incidence trends, West Papua and Central Maluku remain high-risk areas, requiring a specialized integrated approach involving the health system, communities, and other relevant parties.

Table 1 shows data on the incidence of major tropical diseases in West Papua and Central Maluku during the period 2020-2024:

Table 1. Incidence of Tropical Diseases in West Papua and Central Maluku (2020-2024)

Year	West Papua					Central Maluku				
	Malaria (per 1000 population)	DBD (per 100,000 population)	Filariasis (per 10,000 population)	Leprosy (per 10,000 population)	Leptospirosis (per 100,000 population)	Malaria (per 1000 population)	dengue fever (per 100,000 population)	Filariasis (per 10,000 population)	Leprosy (per 10,000 population)	Leptospirosis (per 100,000 population)
2020	45.2	112.3	8.7	12.5	7.8	32.1	145.6	6.3	8.2	5.4
2021	41.8	98.7	7.9	11.8	6.9	29.5	132.4	5.8	7.6	4.8
2022	38.5	87.2	7.2	10.6	6.2	27.3	121.8	5.2	7.1	4.1
2023	35.1	76.4	6.5	9.8	5.5	25.1	110.3	4.7	6.5	3.7
2024	32.3	68.9	5.8	8.9	4.8	23.2	102.6	4.1	6.0	3.2

Source: Surveillance data of the West Papua and Central Maluku Provincial Health Office (2020-2024)

From Table 1, it can be seen that there was a decrease in incidence for all types of tropical diseases in both provinces during the period 2020-2024. The most significant decline occurred in malaria in West Papua from 45.2 per 1000 population in 2020 to 32.3 per 1000 population in 2024, with an average decrease of 6.6% per year. Meanwhile, in Central Maluku, the decrease in dengue incidence was most striking from 145.6 per 100,000 population in 2020 to 102.6 per 100,000 population in 2024.

The results of the analysis of policy documents show that the government has implemented various strategies to control tropical diseases in West Papua and Central Maluku. Key policies implemented include:

1. Malaria Elimination Program 2021-2024: A program focused on accelerating the reduction of the burden of malaria cases in districts with high endemism [(Percepat Penur, n.d.)]. The implementation of this program includes the distribution of insecticide mosquito nets, early diagnosis through Rapid Diagnostic Test (RDT), and artemisinin combination therapy (ACT).
2. Dengue Control Program: Includes mosquito nest eradication (PSN) movements through 3M Plus, focus fogging and larval surveillance. This program is more intensively implemented in Central Maluku considering the higher incidence of dengue fever compared to West Papua.
3. Filariasis and Leprosy Elimination Program: As part of the national commitment to the elimination of neglected tropical diseases [(Indonesia Percep, 2025)], the two provinces have implemented the Mass Drug Administration (MDA) program for filariasis and the leprosy treatment program with the Multi-Drug Therapy (MDT) strategy [(Accelerate Elimina, 2025)].
4. Strengthening the Surveillance System: Implementation of the Early Detection and Disease Response (SKDR) system to accelerate case detection and epidemiological response at the health center level.

Table 2 below shows the scope of implementation of tropical disease control programs in West Papua and Central Maluku:

Table 2. Coverage of Tropical Disease Control Programs in West Papua and Central Maluku (2020-2024)

Indicator Program	West Papua					Central Maluku				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Insecticide-treated bed net coverage (%)	62.3	68.5	73.2	78.6	82.1	58.7	64.2	69.8	74.5	78.3
Early malaria detection coverage (%)	45.2	51.3	57.6	63.8	69.4	42.1	48.5	54.3	60.2	65.7
ACT treatment coverage (%)	78.5	82.3	85.6	88.9	91.2	75.2	79.8	83.4	87.1	90.3
3M Plus Dengue Coverage (%)	52.3	56.8	61.2	65.7	70.1	65.4	70.2	74.8	79.3	83.6
Focused Fogging Coverage (%)	68.7	72.4	76.1	79.8	83.2	72.5	76.8	80.3	84.1	87.6

Indicator Program	West Papua					Central Maluku				
MDA Filariasis Coverage (%)	71.2	75.6	79.3	82.8	86.1	68.4	72.9	77.2	81.5	85.3
Leprosy Treatment Coverage (%)	82.3	85.6	88.9	91.2	93.5	79.8	83.2	86.7	89.8	92.4
Availability of Malaria RDTs in Community Health Centers (%)	78.5	82.3	85.6	88.9	91.2	75.2	79.8	83.4	87.1	90.3

Source: Evaluation report of the tropical disease control program of the West Papua and Central Maluku Provincial Health Office (2020-2024))

From Table 2, it can be seen that there has been an increase in the scope of program implementation in both provinces during the 2020-2024 period. The coverage of insecticide mosquito nets in West Papua increased from 62.3% in 2020 to 82.1% in 2024, while in Central Maluku it increased from 58.7% to 78.3%. Significant improvements were also seen in malaria early detection coverage, which increased by 24.2% in West Papua and 23.6% in Central Maluku over the same period.

The results of qualitative analysis through interviews and FGDs identified several key challenges in the implementation of tropical disease control policies in both provinces:

3. Limited Human Resources: Shortage of health workers, especially in remote areas, is a major challenge. One of the officials of the West Papua Health Office stated:

   "We lack surveillance personnel and epidemiologists. Many health centers in rural areas are only staffed by one or two medical personnel who have to handle various programs."

2. Geographical Barriers and Accessibility: Difficult geographical conditions with limited transportation affect logistics distribution and access to health services. FGD with people in the interior of West Papua showed that the travel time to the nearest health center can reach 1-2 days of travel by foot or using a motorboat.
3. Community Participation: The level of community participation in health programs is still low, especially in the filariasis MDA program and the dengue PSN movement. Some of the factors that influence low participation include ignorance, local beliefs, and perceptions of the benefits of the program.
4. Coordination Between Sectors: Coordination between the health sector and other sectors such as public works, environment, and community

empowerment is still weak. This affects the effectiveness of programs that require multi-sectoral approaches such as vector control.

5. Financing: Limitations in health budgets at the regional level, especially after the COVID-19 pandemic, affect the continuity of tropical disease control programs. Some programs have been delayed due to delays in disbursement of funds.

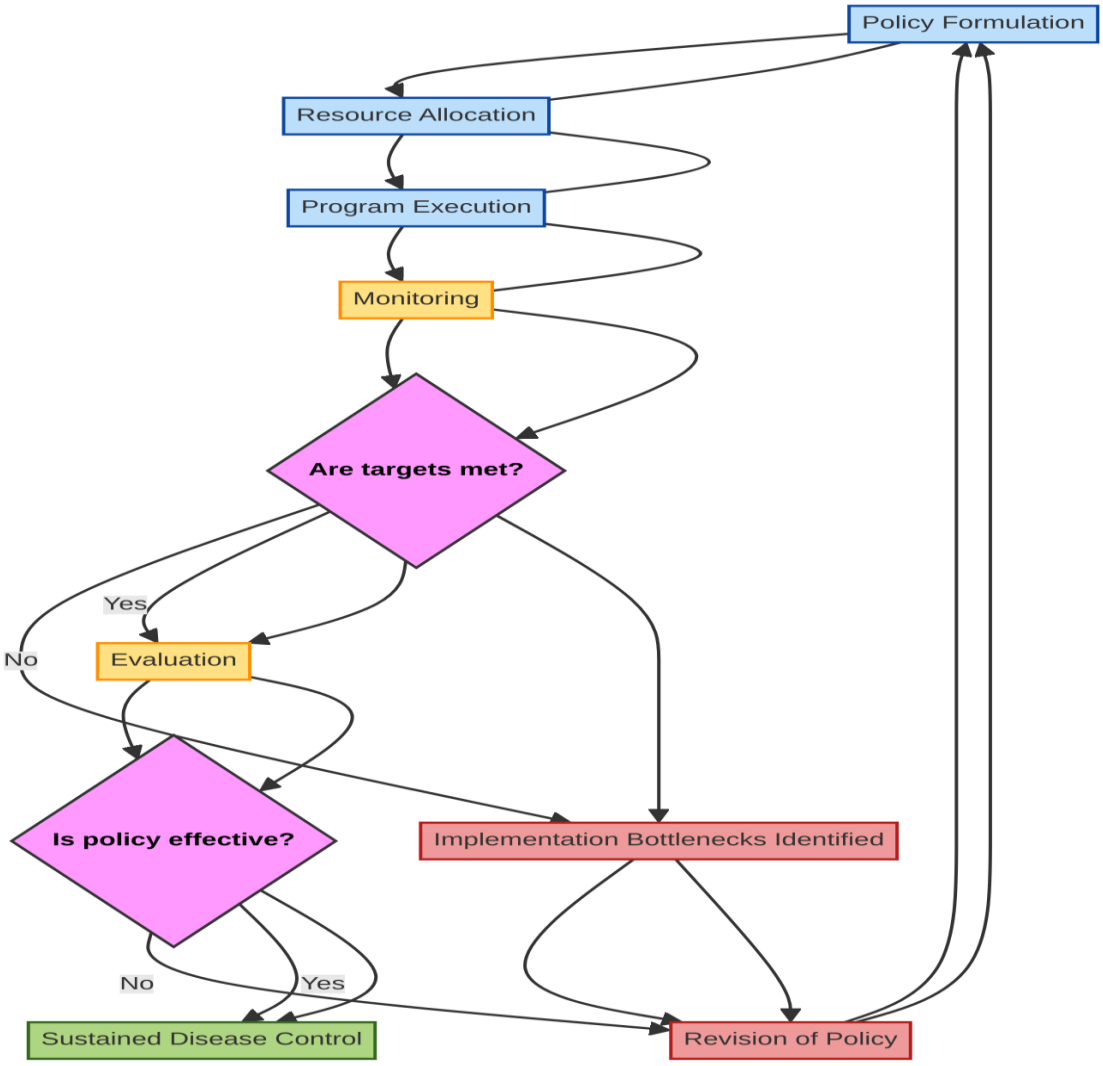

Figure 2. Tropical Disease Control Policy Implementation Flow Diagram

DISCUSSION

Based on the results of the study, the implementation of tropical disease control policies in West Papua and Central Maluku has shown positive results, although there are still various challenges. The decline in the incidence of tropical diseases during the 2020-2024 period indicates that the policies implemented have had an impact on controlling the spread of disease [(Juliana & Rahim, 2025)].

The significant decline in the incidence of malaria in West Papua from 45.2 to 32.3 per 1,000 population over 5 years shows the success of the malaria elimination program focused on high-endemic areas [(Wondo, Dodo, &

Regaletha, 2023)]. Increased coverage of insecticide-treated bed nets and early detection were the main factors in this decline in malaria cases. This is in line with previous research findings that vector intervention through insecticide-treated bed nets is an effective strategy in controlling malaria transmission [(Handayani & Salahuddin, 2024)].

In Central Maluku, the more significant decline in dengue incidence compared to West Papua reflects the success of more intensive dengue control programs. The higher coverage of the 3M Plus movement in Central Maluku (from 65.4% to 83.6%) compared to West Papua (from 52.3% to 70.1%) shows that community participation in mosquito breeding site eradication is better in Central Maluku. This may be influenced by socio-cultural factors and a more effective communication system in conveying health messages to the community.

The filariasis and leprosy elimination programs have also shown positive progress. The coverage of filariasis MDA, which reached 86.1% in West Papua and 85.3% in Central Maluku in 2024, shows that both provinces are moving towards the elimination target [(Indonesia Percep, 2025)]. Similarly, leprosy treatment coverage, which has reached over 90% in both provinces, demonstrates a strong commitment to controlling this disease, although West Papua still faces challenges with the highest prevalence of leprosy nationally [(https://nlrindonesia.or.id/wp-content/uploads/2025/01/RAN -Eliminasi-Kusta-2023-2027-1.pdf)].

Despite progress in controlling tropical diseases, policy implementation in both provinces still faces various structural and non-structural challenges. Limited human resources, especially in remote areas, are a major obstacle to achieving optimal program coverage. The shortage of surveillance and epidemiology personnel affects data quality and rapid response to extraordinary events (KLB) [(Masrochah, 2006)].

Geographical barriers and difficult accessibility in both provinces, especially in West Papua, affect the distribution of health logistics and community access to services. This situation is exacerbated by limited transportation infrastructure and high operational costs. One solution that has been developed is a mobile clinic system and the use of telemedicine technology to reach remote areas.

Low community participation in several health programs indicates the need for a more contextual and locally-based approach. Factors such as trust, myths, and perceptions about disease still influence community behavior in seeking treatment and participating in preventive programs. Behavior change communication (BCC) approaches involving community leaders and religious leaders need to be strengthened to increase community participation.

Weak coordination between sectors is another challenge in the implementation of tropical disease control policies. Vector control, for example, requires coordination between the health, public works, and environment sectors for sustainable environmental management. The formation of cross-sectoral working teams at the provincial and district/city levels needs to be strengthened to ensure program synergy.

Funding constraints, especially after the COVID-19 pandemic, affect the sustainability of tropical disease control programs. The need for innovative financing strategies through public-private partnerships and more performance-based budget allocation is important to ensure program sustainability.

Although both provinces have similar geographical and epidemiological characteristics, there are differences in the implementation of tropical disease control policies. West Papua is more focused on malaria elimination programs given its higher incidence, while Central Maluku places greater emphasis on dengue fever control.

The differences in program coverage between the two provinces are also influenced by institutional capacity and available resources. West Papua, with its larger area and more challenging geography, requires a different strategy in resource distribution and service coverage. Meanwhile, Central Maluku, with its archipelagic characteristics, requires a different logistical strategy to reach remote islands.

Based on the results of this study, there are several policy implications that can be considered for improving the implementation of tropical disease control in West Papua and Central Maluku:

1. **Strengthening Surveillance System**: Development of technology-based surveillance systems to facilitate real-time data reporting and analysis, especially in remote areas. Integration of surveillance systems between tropical diseases is also needed for a more comprehensive control approach.
2. **Human Resource Capacity Building**: Training of health workers at the health center level and empowerment of public health cadres to increase program coverage in remote areas. Recruitment of health workers with special incentives for difficult areas also needs to be considered.
3. **Development of Innovative Health Service Models**: Implementation of health service models that are appropriate to local contexts such as mobile health centers, telemedicine, and the use of mobile health technology to improve access to services.
4. **Strengthening Behavior Change Communication**: Development of contextual and local culture-based communication strategies to increase community participation in tropical disease control programs.
5. **Improved Cross-Sectoral Coordination**: Establishment of an effective coordination mechanism between relevant sectors for synergistic and sustainable program implementation.
6. **Development of Sustainable Financing Systems**: Exploration of innovative financing models through public-private partnerships and performance-based budget allocation to ensure program sustainability.

CONCLUSION AND RECOMMENDATIONS

This study analyzed the implementation of public health policies in the management of tropical diseases in West Papua and Central Maluku during the period 2020-2024. The results showed a decline in the incidence of major tropical

diseases such as malaria, dengue fever, filariasis, and leprosy in both provinces during this period, indicating the successful implementation of tropical disease control policies.

The implementation of programs such as malaria elimination, dengue fever control, and filariasis and leprosy elimination has shown a significant increase in coverage in both provinces. The coverage of insecticide-treated bed nets, early detection, treatment, and other prevention programs has reached a satisfactory level, although there is still room for improvement.

However, the implementation of tropical disease control policies in both provinces still faces various challenges, including limited human resources, geographical and accessibility barriers, low community participation, weak inter-sectoral coordination, and limited funding. These challenges require comprehensive and sustainable solutions.

Based on the results of this study, several policy recommendations can be formulated to improve the implementation of tropical disease control in West Papua and Central Maluku. First, strengthening technology-based surveillance systems to facilitate real-time data reporting and analysis. Second, increasing human resource capacity through training and recruitment of health workers with special incentives for difficult areas. Third, developing innovative health service models that are appropriate to the local context, such as mobile health centers and telemedicine.

Fourth, strengthening contextual and culturally-based behavioral change communication to increase community participation. Fifth, improving cross-sectoral coordination through effective mechanisms for synergistic program implementation. Sixth, developing a sustainable financing system through public-private partnerships and performance-based budget allocation.

This study has important implications for the development of future public health policies, especially in the context of tropical disease control in regions with geographical and socio-cultural characteristics similar to West Papua and Central Maluku. A comprehensive, participatory, and evidence-based approach is essential to achieve tropical disease elimination targets in line with national and global commitments.

Further research is recommended to explore in greater depth the socio-cultural factors that influence community participation in tropical disease control programs, as well as to develop more effective and sustainable intervention models based on the local context. In addition, evaluating the long-term impact of policy implementation is also important to ensure program sustainability.

REFERENCES

Ayu, G. A., Utami, A. M., Kirani, N. A., & Pahlevi, R. (2024). Manajemen Kawasan Kumuh: Studi Kasus Produksi Bersama Rumah Harapan untuk Pengendalian Tuberkulosis dan Pembangunan Berkelanjutan di Jakarta Pusat. Journal of Social Development Studies, 140-155.

Bruce-Chwatt LJ. Essential Malariology. William Heinemann Medical Book, 1990.

Cakupan Malaria Di Papua Barat. (n.d.). Diakses dari https://dinkes.papuabaratprov.go.id/berita/baca/cakupan-malaria-di-papua-barat

Chiyaka AJ, et al. Stability of malaria elimination. Science, 2013.

Dale P, et al. Malaria in Indonesia: A Summary of Recent Research Into Its Environmental Relationships. The Southeast Asia Journal of Tropical Medicine and Public Health, 2005.

Dinas Kesehatan Prov. Maluku Utara. (2025, Juni). Diakses dari https://dinkes.malutprov.go.id/artikel/32

Dumilah Ayuningtyas. Kebijakan Kesehatan: Proses, Implementasi, Analisis. Neliti, 2014.

Dunn WN. Public Policy Analysis. Prentice Hall, 2007.

Edward III GC. Implementing Public Policy. Congressional Quarterly Press, 1980.

EPIDEMIOLOGI FILARIASIS DI INDONESIA. (n.d.). Diakses dari https://core.ac.uk/download/pdf/89562706.pdf

Handayani, S., & Salahuddin, N. S. (2024). Tinjauan Literatur: Pencegahan dan Pengendalian Penularan Malaria Melalui Vektor Nyamuk Anopheles. Journal of Nursing Studies, 181-191.

https://dinkes.papuabaratprov.go.id/berita/baca/cakupan-malaria-di-papua-barat. (n.d.).

https://dinkesmalukutengah.id/. (n.d.).

https://malaria.kemkes.go.id/sites/default/files/2025-03/20250219100417KMK%20No%20HK%2001%2007%20MENKES%201988%202024%20ttg%20Peta%20Jalan%20Eliminasi%20Malaria%20dan%20Pencegahan%20Penularan%20Kembali%20di%20Indonesia%20Th%202025%202045%20signed.pdf]. (n.d.).

https://nlrindonesia.or.id/wp-content/uploads/2025/01/RAN-Eliminasi-Kusta-2023-2027-1.pdf. (n.d.).

https://www.bps.go.id/id/publication/2023/12/20/feffe5519c812d560bb131ca/profil-statistik-kesehatan-2023.html. (n.d.).

https://www.scribd.com/document/890885737/Studi-Kasus-Dan-Evaluasi-Program-Pengendalian-Penyakit-Tropis-Di-Indonesia. (n.d.).

Indonesia Percepat Eliminasi Penyakit Tropis Terabaikan … (2025, Januari). Diakses dari https://www.kupangnews.com/nasional/415591022/indonesia-percepat-eliminasi-penyakit-tropis-terabaikan-menuju-2030-fokus-pada-kusta-dan-filariasis

Juliana, N., & Rahim, F. (. (2025). Analisis Bibliometrik: Dampak Perubahan Iklim dan Kualitas Udara terhadap Peningkatan Penyakit Menular pada Manusia. Vocational Journal of Applied Health Scientific (VJAHS), 7-17.

Kasus | Malaria. (n.d.). Diakses dari https://malaria.kemkes.go.id/case

Kementerian Kesehatan RI. Profil Kesehatan Indonesia. Kementerian Kesehatan RI, berbagai tahun (2007-2021).

Masrochah, S. (2006). Sistem Informasi Surveilans Epidemiologi Sebagai Pendukung Kewaspadaan Dini Kejadian Luar Biasa (KLB) Penyakit Di Dinas Kesehatan Kota Semarang. (Doctoral dissertation, Program Pasca Sarjana Universitas Diponegoro). KOta Semarang.

Novita, S. (2023). Malaria dan Filariasis.

Percepat Eliminasi Kusta dan Filariasis, Ini Strategi Kemenkes. (2025, Februari). Diakses dari https://dinkes.acehprov.go.id/detailpost/percepat-eliminasi-kusta-dan-filariasis-ini-strategi-kemenkes

Percepatan penurunan beban kasus malaria di kabupaten … (n.d.). Diakses dari https://malaria.kemkes.go.id/sites/default/files/2024-10/Percepatan%20Penurunan%20Beban%20Kasus%20Malaria%20di%20Kabupaten%20dengan%20Endemisitas%20Tinggi%20di%20Papua.pdf

Pratiwi, L. M., Buntoro, I. F., Damanik, E. M., & Handoyo, N. E. (2024). Dampak Sosial dan Ekonomi Akibat Disabilitas pada Pasien Kusta: Studi Kualitatif. . eJournal Kedokteran Indonesia, 301-301.

Prevalensi Kusta Paling Tinggi di Papua, Butuh … (2024, Agustus). Diakses dari https://www.hidupkatolik.com/2024/08/27/79646/prevalensi-kusta-paling-tinggi-di-papua-butuh-penanganan-segera.php

Profil Dinas Kesehatan Provinsi Papua Tahun 2021 i. (n.d.). Diakses dari https://dinkes.papua.go.id/uploads/dokumen/1753893662_6a976d3fc89eb333b37a.pdf

Rencana Aksi Program P2P 2020-2024 - BBKK Makassar. (n.d.). Diakses dari https://bbkkmakassar.kemkes.go.id/assets/files/RAP_Ditjen_P2P_Tahun_2020-2024.pdf

Tebai, K. (2024). STRATEGI PEMBANGUNAN KESEHATAN PAPUA TENGAH Perspektif Local Wisdom Menuju Indonesia Emas 2045. Cipta Media Nusantara.

Van Meter DS, Van Horn CE. The Policy Implementation Process: A Conceptual Framework. Administration & Society, 1975.

Wahab SA. Pengantar Analisis Kebijakan Publik. Universitas Indonesia Press, 1991.

Walt G. Health Policy: An Introduction to Process and Power. Witwaterstrand University Press, 1996.

Winslow CEA. The Untilled Fields of Public Health. Science, 1920.

Wondo, R. N., Dodo, D. O., & Regaletha, T. A. (2023). Analysis Of The Malaria Elimination Status Maintenance Program In Endedistrict In 2023. Medika Alkhairaat: Jurnal Penelitian Kedokteran dan Kesehatan, 566-576.

World Health Organization (WHO). From Malaria Control to Malaria Elimination: A Manual for Elimination Scenario Planning. WHO, 2014.