

An integrated war against malaria in Halmahera

Location

Labuha,
Kabupaten
Halmahera Selatan,
Maluku Utara

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Beneficiaries

250,000 people

- 55% of Indonesians live in areas where malaria is endemic
- Eastern Indonesia has the highest rates of malaria nationally
- The high rate of malaria is estimated to cost a 12% loss in national income each year

The name of the ship is Mekar Teratai. Each night the ship takes its passengers to Bastiong Habor, Ternate, and onto to Babang harbor in Labuha, Bacan Island. The passengers are numerous and they board noisily, almost as if they are panicking that the boat might leave, despite the fact that it is scheduled to depart in an hour. "This is the one dependable form of transport," said one passenger. After the Ternate-Labuha flight became unreliable, sea transportation became the only way for residents to travel.

Like many other areas in eastern Indonesia, North Maluku has more water than land, about 76% of its total area of 140,225.32 km² is water. Most of the population resides in coastal areas and in former swamp areas with lots of stagnant water bodies; places also ideal for breeding mosquitoes. It's not surprising then that North Maluku, including South Halmahera, in an endemic area for malaria. Halmahera Selatan experienced a malaria outbreak from 2003 to 2007. In that period there were 268 deaths, and in 2005 the Annual Malaria Incidents (AMI) reached a peak of 80.2%.

"As a doctor, one of my tasks is to inject malaria patients with medicine, but when the patients go home they are injected again with malaria by mosquitoes. Back then, we were still focused only on treating patients," explained the Head of the Halmahera Selatan Health Department, Dr Mohammad Alhabsyi, who is known as Dokter Moh. After experiencing outbreaks which took many lives, Dokter Moh accepted there needed to be a new approach in combating malaria. "There must be an integrated approach, this is not just the task and territory of the Health Department. All stakeholders must be involved and the efforts must be cross-sectoral," he added.

At that time, Dokter Ahmad Aziz, Yudi, and Dokter Moh began to design an integrated malaria management concept. "We began the war against malaria with lines on a piece of paper and then developed the cross-sectoral program in a number of documents," recounted Dokter Ahmad Aziz. "There were five elements we had to take into account to battle malaria: good human resources, a medical laboratory that was suitable, a strong logistics system, enough budget, and a records and reporting system that was clear," explained Dokter Aziz, who has been dealing with malaria since 1975.

Following up on earlier idea, the concept of Malaria Center was conceived and developed. Doctor Aziz sought support and advocated for it guerilla-style to the Governor of North Maluku and the Bupatis. Doctor Aziz had his results by 2004 when the Governor of North Maluku established an integrated Malaria Service Center, known as the Malaria Center and donated a drug warehouse in Tanah Tinggi.

The approach taken in the Malaria Center requires the involvement of communities throughout the entire process. "Public participation is the key to winning the war against malaria," said Dr. Aziz. Methods of Participatory Learning and Action (PLA) were used in community empowerment programs in the Malaria Center. In cooperation with UNICEF, the program has trained two cadres of malaria fighters from every village with the main mission of recognizing malaria, conducting meetings preparing Community Action Plans in the fight against malaria, and the establishment of Village Malaria Committees.

In this way, the villagers can obtain information about malaria and can conduct community-based malaria control while improving the quality of their lives to become healthier. In addition, local governments also provide support through the Special Village Allocation Fund (ADDK) for Malaria to finance a variety of malaria prevention activities.

In the Malaria Center itself there are various components, including BAPPEDA, Village Community Empowerment Board, Fisheries Department, Public Works Department, and even the Department of Education. The Malaria Center is a center for coordination, communication, information and activities to eradicate malaria.

"Our children learn to recognize the malaria mosquito larvae, breeding places, and how to combat malaria. Thus they can realize and understand the dangers of malaria and how to avoid it," said Bakri Samad, staff of the Education Department of South Halmahera.

Not only helping to eradicate malaria, the Malaria Center also provides supporting health services for pregnant women and infants. Working with the neighborhood health center (posyandu) at the village level and assisted by the posyandu cadre, periodic inspections and Rapid Diagnostic Tests - RDT for pregnant women and infants are carried out. The Malaria Center is socializing the use of insecticide treated bed nets for pregnant women and children who have received complete immunization. "The integration of prevention and treatment of malaria with mother and toddler care is the uniqueness of the Malaria Center. There are no similar programs in other countries," explained Dr. Santi, UNICEF Malaria Officer with pride.

The Malaria Center has encountered many obstacles along the way. "The geographic conditions of North Maluku are challenging and it means distribution of medicine is often delayed. The biggest challenges we face in this region are logistical," said Firmansyah, manager of the Malaria Program for the Health Department of Halmahera Selatan.

The struggle and hard work to combat malaria has now revealed its results. "The rate of malaria has decreased significantly, about 45% when compared with the period of 2003-2008," said Iswahyudi, Malaria Program Manager, North Maluku Provincial Health Department. Especially in South Halmahera, where the Malaria Center has operated since 24 April 2010, the number of malaria patients has dropped dramatically; in 2005 the annual malaria incident rate in this region was 80%, in 2009 the annual malaria incident rate dropped to 40.2%.

Another happy decrease is the malaria parasite rate for children younger than 9 years, which has also declined from 58.7% in 2007 to 41.5% in 2009. In 2003 malaria cost the lives of 205 people, in 2009 only one person died from this disease.

Cooperation between stakeholders, a strong commitment from the government at various levels and across sectors, and good participation from the community are the keys to the success of the struggle against malaria. The fight against malaria has not been won, but now all parties are working together and have joined hands to win this war.

Notes
