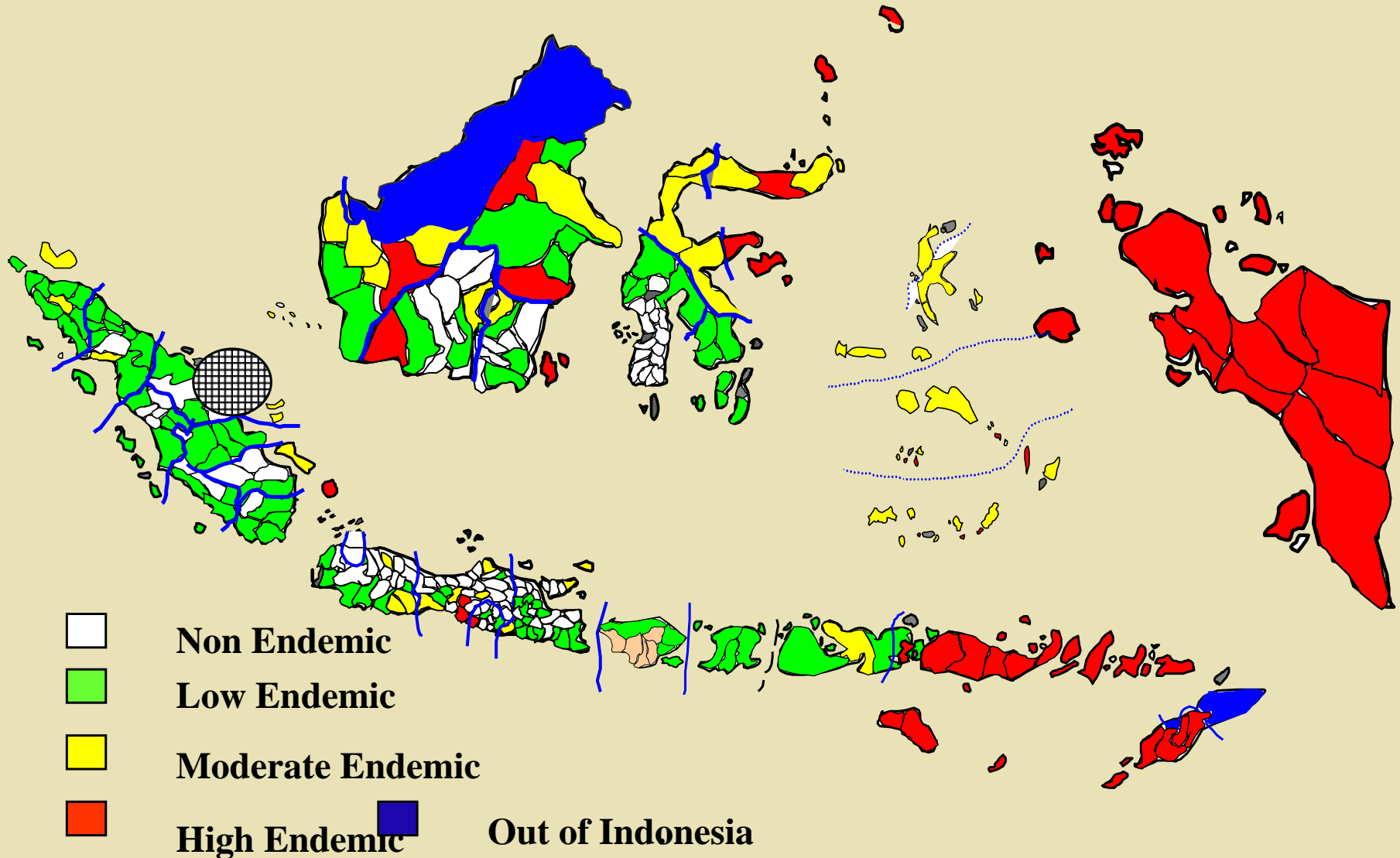




INDONESIA COUNTRY PRESENTATION

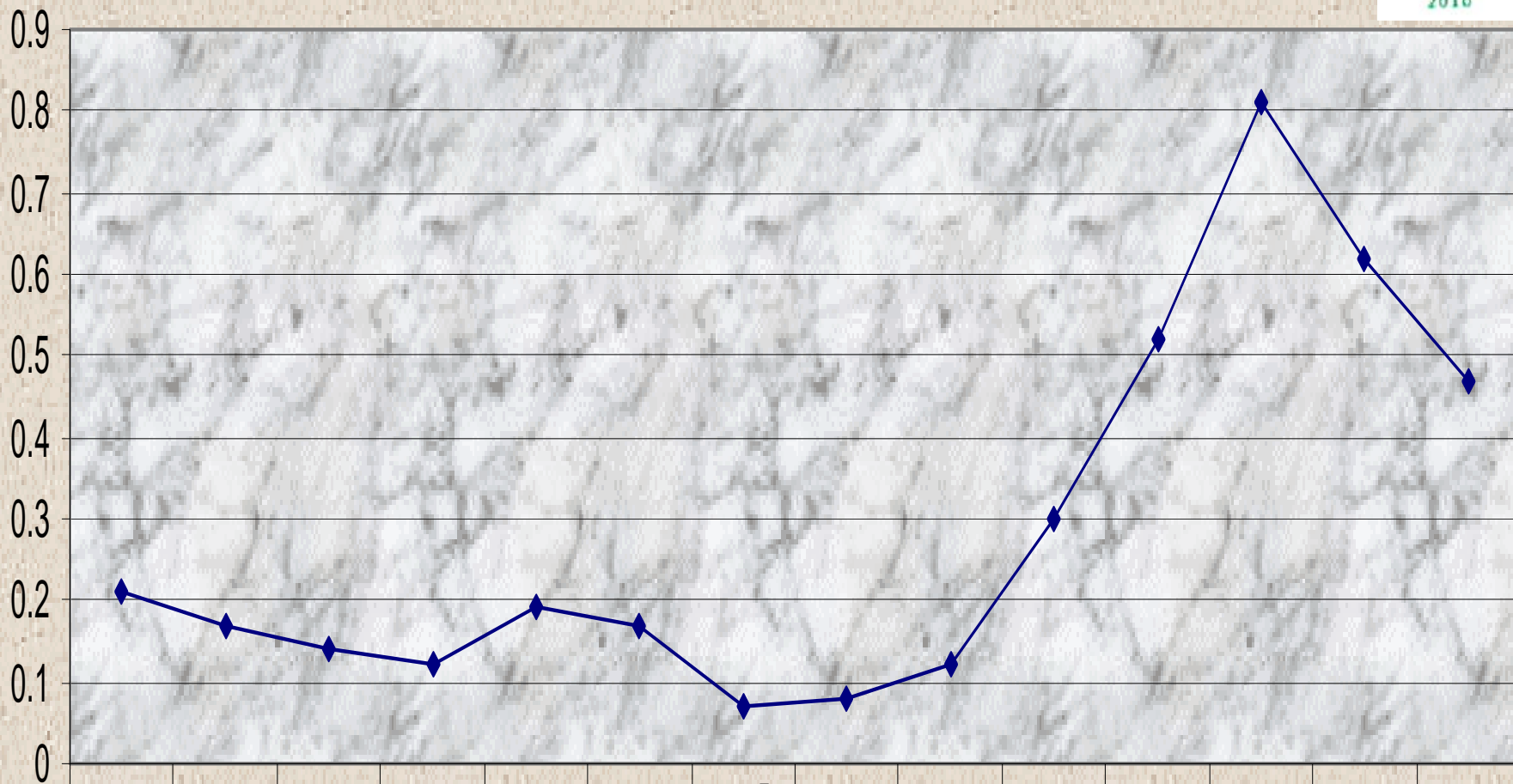


Endemic Malaria Area in 2002





ANNUAL PARASITE INCIDENCE (API o/oo) JAVA BALI, 1989 - 2002

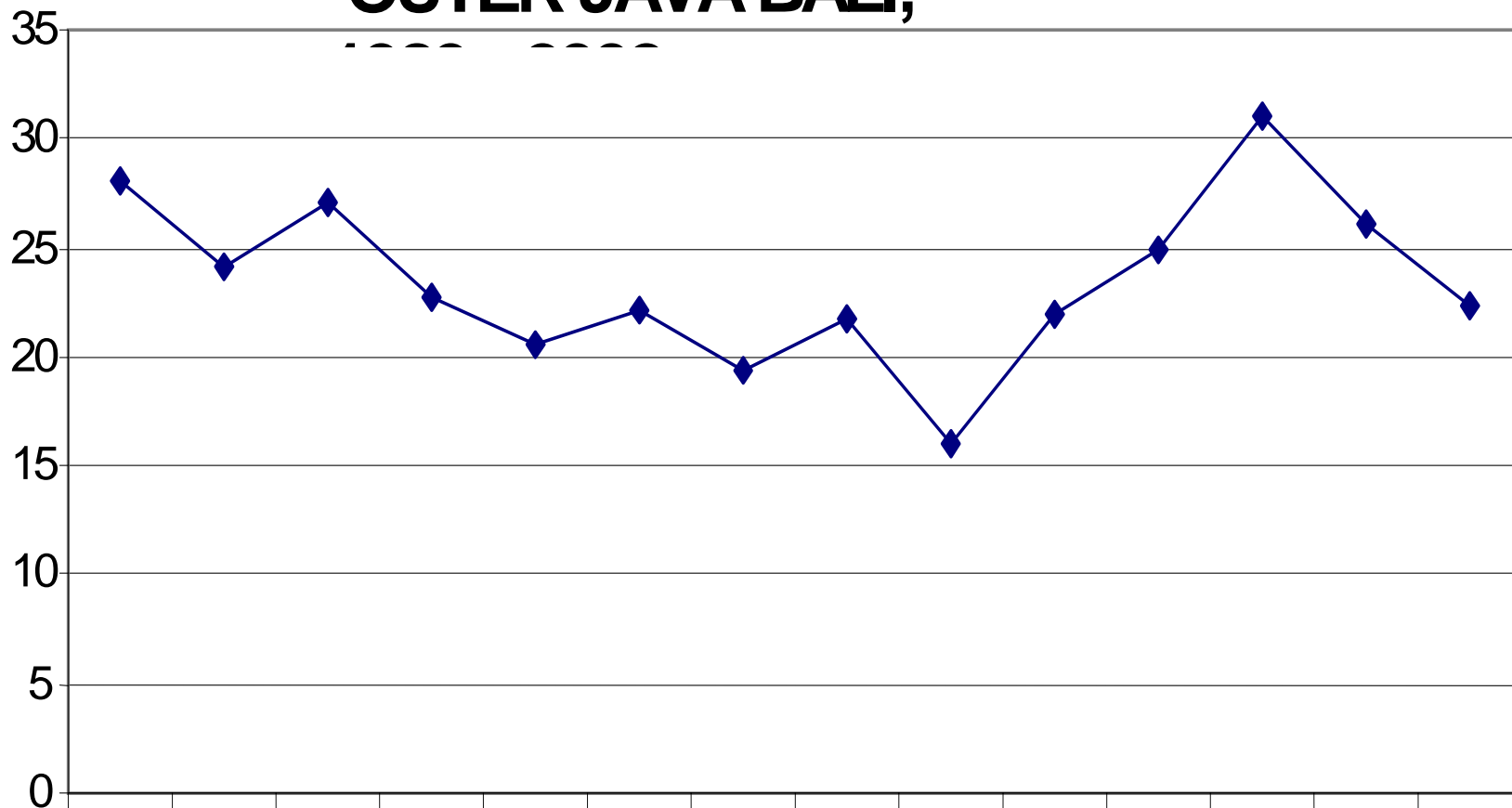


	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
◆ API o/oo	0.21	0.17	0.14	0.12	0.19	0.17	0.07	0.08	0.12	0.3	0.52	0.81	0.62	0.47



ANNUAL MALARIA INCIDENCE

OUTER JAVA BALI,

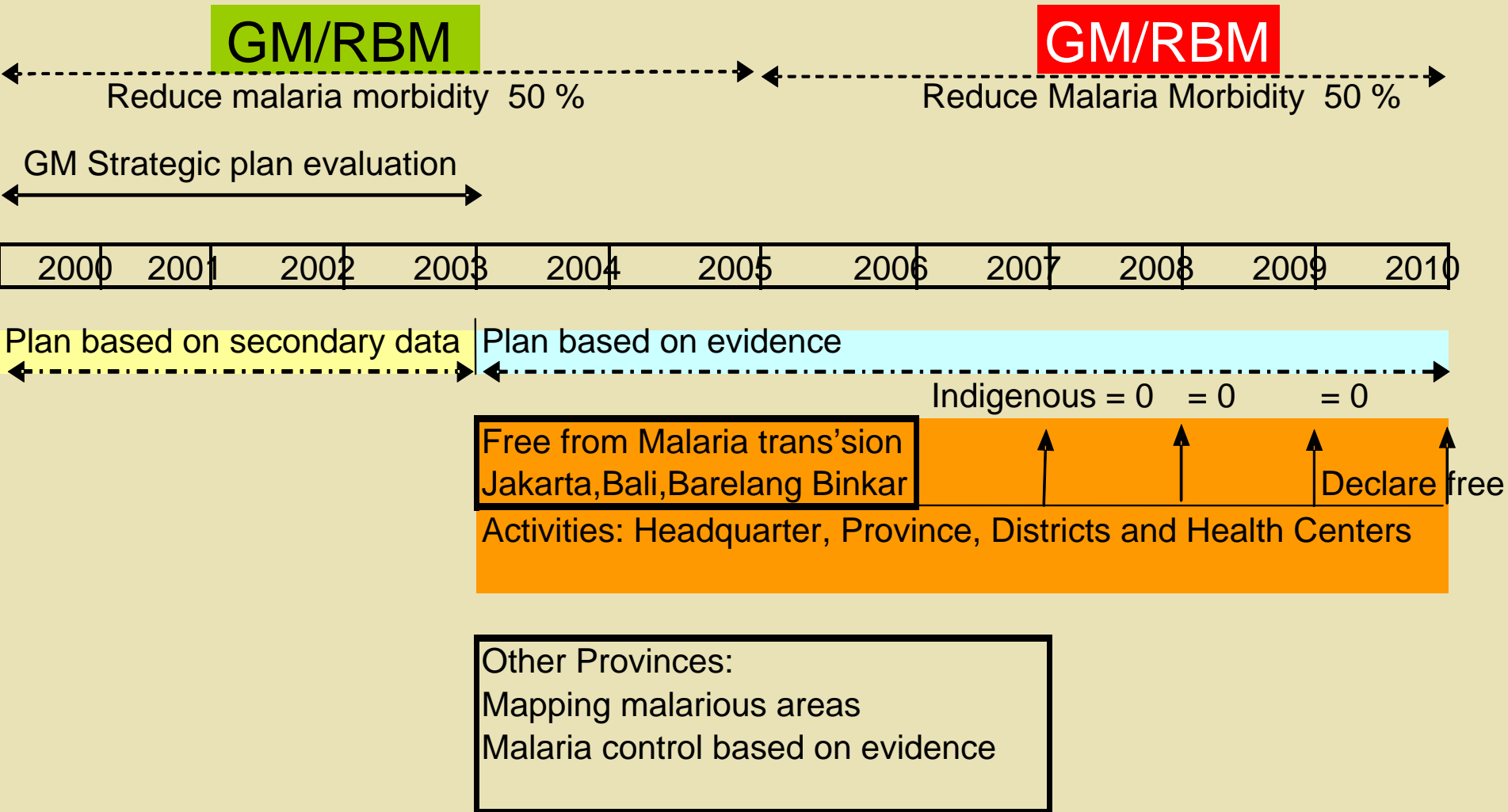


	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
AMI	28.0	24.0	27.0	22.7	20.5	22.2	19.3	21.7	16.0	21.9	24.0	31.0	26.0	22.2

PROBLEMS

- ◆ Diagnosis → malaria cases are living in remote areas and diagnosis based on symptoms.
- ◆ Treatment → some areas already Pf resistance to existing AMD & Pv resistance to CQ.
- ◆ Prevention → vector control not based on evidence of malaria transmission dynamic.
- ◆ Partnership & community involvement → limited involvement of other sectors and community.
- ◆ Resource mobilization → Advocacy to mobilize resources for supporting control activities in each administrative level limited.

MALARIA CONTROL 2000 - 2010



STRATEGY

- ◆ Capacity Building.
- ◆ Partnership.
- ◆ Communication & community empowerment.
- ◆ Decentralization.

CAPACITY BUILDING (1)

- ◆ Strengthen Malaria Diagnosis and Treatment:
 - Development of new AMD Policy.
 - Selection, distribution of RDT and QA of Diagnostic.
 - Monitoring of AMD Efficacy, fake AMD.
- ◆ Improvement malaria Prevention:
 - Development of strategy on VC.
 - Stratification and implementation of ITN/LLIN, IRS, and others.
 - Monitoring insecticide efficacy, vector behavior (bionomic).

CAPACITY BUILDING (2)

- ◆ Building linkages & community involvement:
 - Development of malaria promotion strategy.
 - Development of tools and media for IEC training.
 - Building partnership with NGO's.
- ◆ Resource mobilization:
 - Development of advocacy strategy and tools.
 - Training on advocacy for resource mobilization.

PARTNERSHIP (1)

- ◆ Drug Resistance Policy (DRP):
 - Monitoring efficacy based on WHO 2003 standard guidelines.
 - QA on RDT and Microscopic examination
 - Partners related: Universities, Institutes, FDA and others
- ◆ ITN and other VC:
 - Monitoring on insecticide efficacy.
 - Standard KAP surveys on ITN
 - Partners related: Pest Commission, Universities, Privates, Institutes.

PARTNERSHIP (2)

- ◆ Communication and community empowerment:
 - Monitoring on acceptance of community to malaria promotion.
 - Standard KAP surveys on media communication
 - Partners related: Media communication association, Universities, Production house, NGO's.
- ◆ Advocacy:
 - Standard advocacy to local government for resource mobilization.
 - Universities, NGO's, others

PARTNERSHIP (3)

- ◆ Surveillance and Outbreak containment:
 - Early warning & outbreak response system.
 - Integrated malaria surveillance.
 - Partners related: Universities, Institutes, GIS related sectors.

COMMUNICATION & COMMUNITY EMPOWERMENT

- ◆ Development of communication tools.
- ◆ Establishment of Village malaria post in the remote areas.

DECENTRALIZATION

- ◆ Development District strategic plan or Five years plan.
- ◆ Monitoring and evaluation.

PLAN 2004-2005

DIAGNOSIS - TREATMENT (1)

- ◆ 2004:
 1. Introducing in 14 Districts of using RDT & ACT (Artesunate + Amodiaquine).
 2. Monitoring efficacy to other suspect districts Pf resistance to AMD.
- ◆ 2005:
 1. Introducing to other Districts of using RDT & ACT (Artesunate + Amodiaquine).
 2. Continued monitoring efficacy to other suspect districts Pf resistance to AMD.

PLAN 2004-2005

DIAGNOSIS -TREATMENT (2)

2004:

- ◆ Training & malaria mapping
- ◆ Expansion use of RDT in remote areas.
- ◆ Training & provide Village malaria posts with drugs and materials.
- ◆ Training focused ANC for Midwives in malaria areas.
- ◆ Training referral case mgt (emergency)-IMCI.

2005:

- ◆ Expansion use of RDT in remote areas and QC malaria diagnostic.
- ◆ Training local NGO to support Village Malaria posts.
- ◆ Training on assessment problems of malaria during pregnancies.

PLAN 2004-2005

MALARIA PREVENTION

2004:

- ◆ TOT Training for microscopist and entomologist.
- ◆ District training on malaria transmission dynamic.
- ◆ Implementation of evidenced based VC in some Districts.

2005:

- ◆ Expansion of training on microscopist and entomology.
- ◆ Involvement partners on training malaria transmission dynamic.
- ◆ Introducing IVM.



COUNTRY HRD NEEDS

- ¶ MANAGEMENT STRATEGIC PLAN
- ¶ CASE MANAGEMENT & DRUG EFICACY.
- ¶ INTEGRATED VECTOR MANAGEMENT
- ¶ ADVOCACY AND PARTNESHIP
- ¶ STANDARD ENTOMOLOGY METHOD
- ¶ QA ON MALARIA DIAGNOSTIC.

NATIONAL TRAINING

- ✓ **BROADENING INVOLVEMENT TEAM TRAINING WORKSHOP (BITTW)***WONOSOBO 2002*
- ✓ **MANAGEMENT OF MALARIA CONTROL PROGRAM** .. *SALAMAN 2001 & CILOTO 2002*
- ✓ **MICROSCOPIST** *CILOTO 2002 & BOGOR 2003*
- ✓ **CASE MANAGEMENT** *CILOTO 2002*
- ✓ **TRANSMISSION DYNAMIC** *SALATIGA 2003*
- ✓ **ENTOMOLOGY** *BOGOR 2002 & 2003*
- ✓ **VILLAGE MALARIA POST (GF-ATM).....**
SALAMAN 2004



REGIONAL TRAINING

Ж MANAGEMENT OF MALARIA CONTROL

- ЖSUMATERA → PALEMBANG 2002
- ЖKALIMANTAN → KOTABARU 2002
- ЖNTT → KUPANG 2002
- ЖSULAWESI → PALU 2002
- ЖJAWA-BALI → CILOTO 2002

Ж DYNAMIC TRANSMISSION

- ЖNTT/MALUKU/PAPUA/NTB → SUMBA - 2003
- ЖSULAWESI → DONGGALA 2003
- ЖJAVA-BALI → SALATIGA 2003
- ЖSUMATERA → OKU 2003

ЖPROVINCIAL LEVEL : BITTW → WEST JAVA 2003

PROVINCIAL TRAINING

Ж MANAGEMENT OF MALARIA CONTROL

Ж NTT, MALUKU, PAPUA 2004

Ж CENTRAL JAVA 2004

Ж DYNAMIC TRANSMISSION

Ж NTT/MALUKU/PAPUA/NORTH MALUKU -
2004

Ж CENTRAL, WEST JAVA 2004

Ж NAD 2004

Ж DISTRICT LEVEL : BITTW → CIAMIS 2004



PROBLEMS WHICH NEED SUPPORT ACTM COUNTRIES

- ◆ Exchange information and expertise on treatment policy.
- ◆ Exchange expertise and experience on development vector control including environmental management.
- ◆ Exchange information and experience on community empowerment including local NGO's.



SUGGESTED ACTIVITES COLLECTIVELY IN ACT-Malaria.

- ◆ Workshop on development new anti malaria drug policy.
- ◆ Workshop on health promotion for Malaria control.
- ◆ Workshop on malaria transmission dynamic for evidence based planning.
- ◆ Training on quality assurance for malaria diagnosis.
- ◆ Training on evidence based planning of malaria.
- Exchange information on successful vector control intervention and treatment of malaria.

THANK YOU

