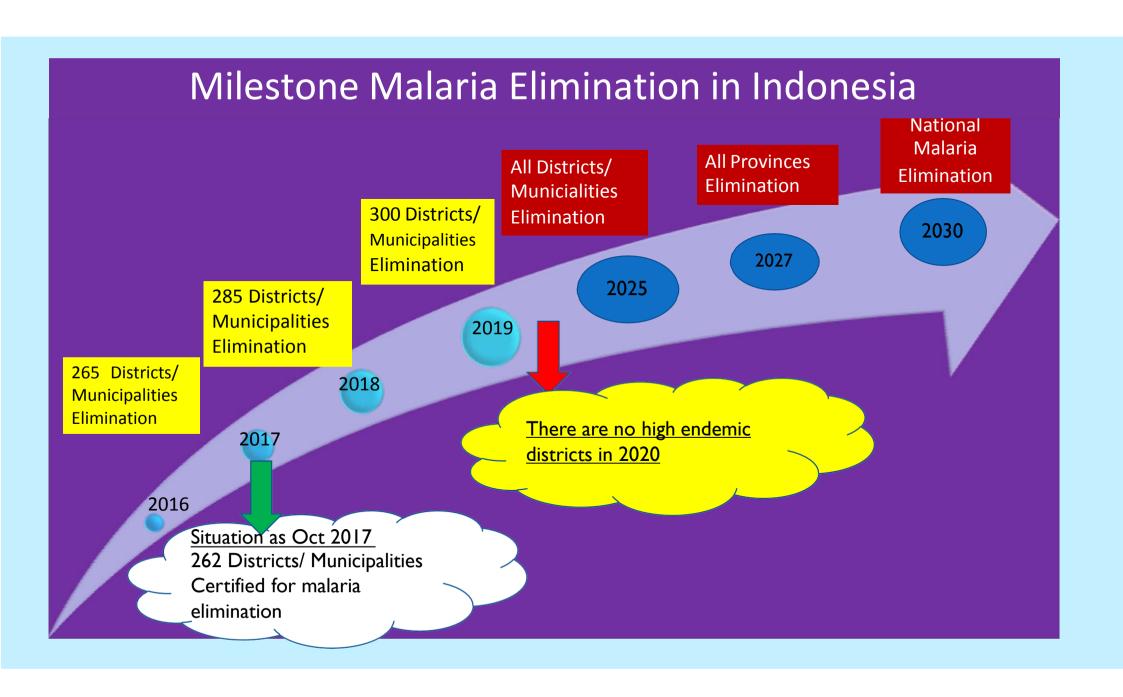
INDONESIA EXPERIENCE : SUB NATIONALADVOCACY FOR MALARIA ELIMINATION

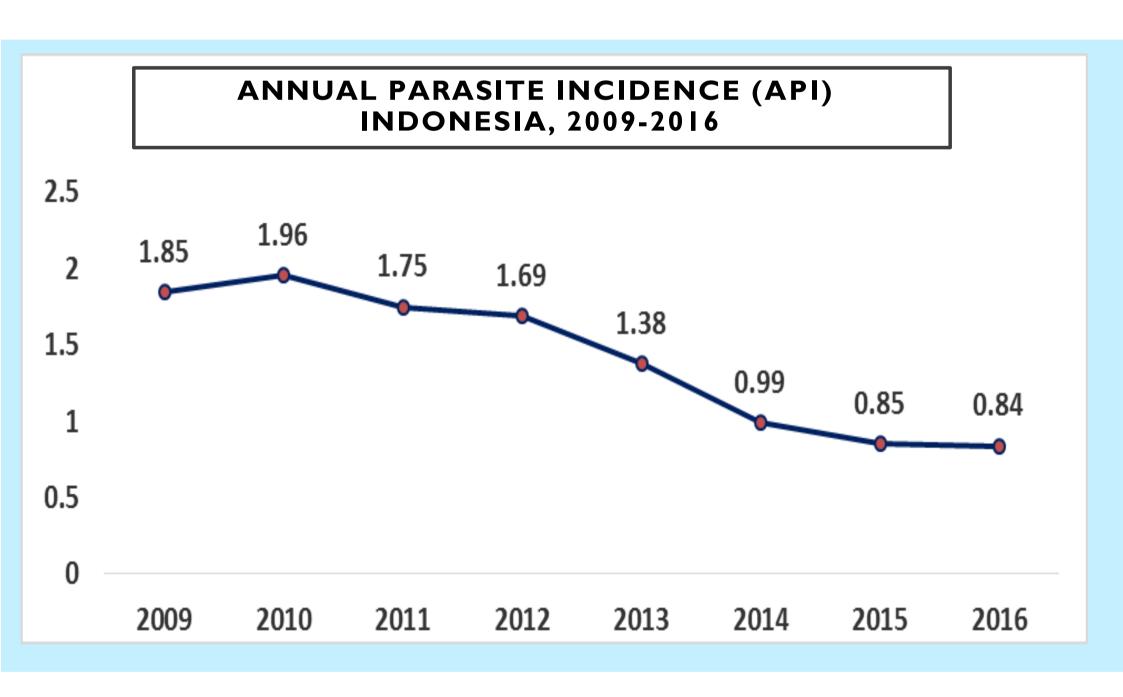
dr. R. Vensya Sitohang, M. Epid

Director of Vector Borne and Zoonotic Disease Control & Prevention

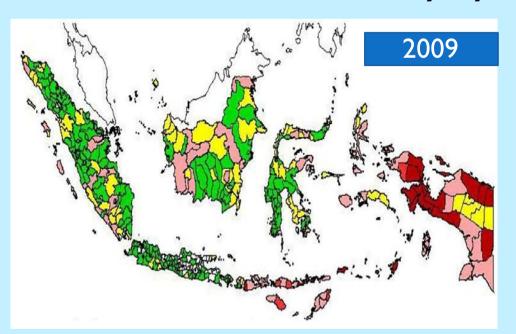
Ministry of Health, Republic of Indonesia

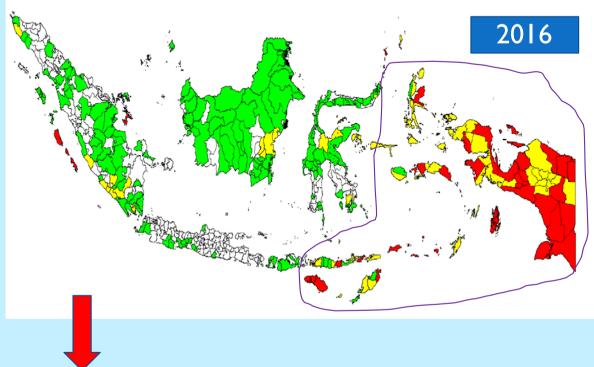
The APLMA Senior Official Meeting on Malaria Elimination Myanmar, 6th December 2017





Malaria Endemicity by district, Indonesia, 2009-2016





No	Endemicity level	population		District/city	
		number	%	number	%
ı	Malaria free (no local transmission)	178.715.165	69%	247	48 %
2	Low endemic (API < 1 per 1000)	63.653.328	25%	166	32 %
3	Middle endemic (API I-5 per 1000)	11.681.806	5%	60	12 %
4	High endemic (API > 5 per 1000)	4.874.589	2%	41	8 %
	Total	258.924.888	100%	514	100.0 %

SPECIFIC STRATEGIES BASED ON ENDEMICITY STRATIFICATION BY DISTRICT

District with API	Strategy and MainActivities			
	Acceleration (Goal : to decrease number of cases immediatelly)			
> 5 per 1000	Universal coverage of LLINs, IRS in villages with API > 20 per 1000, plus early diagnosis and prompt treatment via MOH,Civil Society Organization (CSO) and village volunteers, with the latter carrying out diagnosis with RDTs. Integrated Vector Management and Community Mobilization.			
I – 5 per 1000	Intensification (Goal : to eliminate the focus areas)			
1 – 3 per 1000	Village-based stratification and coupled with specific strategies adapted to the transmission setting (forest, mining, plantation, and settlement).LLINs in focus areas.Start to carry out the Active case detection.			
	Elimination (Goal : to eliminate the indigenous cases)			
< per 1000	The implementation of "I-2-5" formula for rapid reporting (day I), case investigation (day 2) and response in day 5 (mapping and elimination of active foci) for all positive cases in all health facilities including private. Villages with small foci of recalcitrant transmission will be considered for Mass Screening and Treatment (MSAT), Active Case Detection and focal larval control.			
	Maintenance (Goal :To prevent malaria re-introduction)			
Free	Vigilance and high quality surveillance to maintain malaria free status including migration surveillance . The case investigation and response using "I-2-5" formula should continue plus strengthen the network of diagnosis and case management.			
	In all areas : Required laboratory confirmation of all suspect malaria cases before treatment			

SUBNATIONAL ADVOCACY

- Goal : get commitment from governor and mayor
- Objectives :
 - L. To increase stakeholder commitment.
 - 2 To define appropriate strategies of malaria control towards elimination
- Target: 4 provinces in eastern of Indonesia (Papua, West Papua, NTT, Maluku)
- Audience: governor, mayor, planning unit, parliament, high level from related sector including key person from community
- Resource person :
 - ü Regional : dr. Nafsiah Mboi (APLMA)
 - ü National :DG of MoH, National Planning and Development Institute, Ministry of Internal Affair, Ministry of Remote Village Development & Transmigration.

HOW TO GET COMMITMENT ??

- Keynote speech from dr. Nafsiah Mboi, DG of Diseases Control & Prevention MoH.
- Governor present the situation, challenges, commitments and ordered all major to commit to accelerate the elimination of malaria
- All mayors signed a declaration of acceleration of malaria elimination witnessed by the Governor
- Talk show on challenges, what should be done, what and how cross sector do to accelerate elimination in their areas
- Dialog with community
- Media campaign









GUBERNUR MALUKU

KOMTHEN MALUKU UNTUK PERCEPATAN TERCAPANNA PROVINS MALUKU BEBAS MALARIA UNTUK SETIAP GRAND

Pala Italin Apri (200) dispir aloni Gerjat Milaria di Apprig, bengsi Indonesia berkeminno unda birba (pinnings) makasa paling barkat tahun. 2000 Tolan barjat Kemajaan yang dispiri, arbati biri barungai 2000 tolan barjat Kemajaan yang dispiri, arbatis ini makenya 2001 birangan Jahan dan makenya pertihak di milana maken Jahandara di Milara Jamada, yanga sepatan maken Jahanda Rasalia (1905) tahun dani 2003 perdahak sebadi 2003 menjadi 4.33 perdahak sebadi 2003 menjadi 4.33 perdahan sebadi 2003 menjadi 4.33

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GUBERNUR PAPUA BARAT

KOMITMEN PAPUA BARAT DALAM ELIMINASI MALARIA

ratis bolan April 2000 dalam scara Gebrak Malaria di Kupang, Provinsi Niuinggara Timur Isangsa Indonesia berkomitmen untuk behas (efinikrasi) mulari siling lambar tahun 2010. Telah banyak kemujuan yang dicapak, antara ber stanyak 251 kabupaten/kota di Indonesia telah menerinsa sertifikat efinikrasalaria. Sementara di Papua Barat, angka kejadian malaria (Annual Parasitudinca (API) tunun dari 73,21 tahun 2011 menjadi 18,24 pada tahun 2016. Seman demikian, masuprakat Papua Barat masih tarus menderita, bahkuminggal karena malaria, termasuk wanita dan anak anak. Pada tahun 2016 danyak 16,156 orang sakit malaria, 16 orang meninggal dan diperkirakamish sebenarnya jauh lebih tinggi dari Itu.

neh karena itu dengan sadar dan penuh tanggung jawah karel menyatakan menjakatan bersama untuk meningkatkan sama peranggulangan malaka asa Meggration sever privage injertispe books police under day the day area property Police Wales below makes paling bride tone 200

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APPEA

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COMPAN

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COMM.

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NIDJAMA

Mengkoordinenken upisp-upisya tersebut diatas secara menyatanah dan terpuduntuk dilatarsakan serentak dan terkesinanbungan mulai di kabupateruksta, sehingga paling lambat tahun 2023 belaruh kabupateruksta di Provinsi Papus Barat sadah mendapat sentifisia Climbasi Malaria.

Demiktenlah kenepakatan dan kondinien bersama ini kami tandatangani dengai Alrias dan penuh tanggung jawah.

Sernings Tultan memberitati upasa laba

Manchest, Majorine 2017

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OUTPUT





GUBERNUR NUSA TENGGARA TIMUR

KOMITMEN NUSA TENGGARA TIMUR (NTT)
UNTUK PERCEPATAN TERCAPAINYA BEBAS MALARIA DAN
PENINGKATAN CAKUPAN IMUNISASI RUTIN
DI PROVINSI NTT
Kapang, 15 MM 2017

Bangsa Indonesia sepakat dengan komitmen global untuk betas (eliminasi) malaria paling lambat tahun 2030 dan hilangnya penyakit polio diseluruh dunia (eradikasi polio) tahun 2020, mempertahankan sertifikasi validasi eliminasi tetanun neonatonyan, mencapai eliminasi campak dan rubela tahun 2020.

Telah banyak kemajuan yang dicapai, antara lain sebanyak 251 kabupaten/kota di Indonesia telah menerima sertifikat eliminasi malaria. Sementara di NTT sendiri, angka kejadian malaria (Annual Porosite Incidence /API) tunun dari 22,09 tuhun 2011 merejadi 5,41 pada tahun 2016, Köberhacian Program Imunisas di Indonesia taish terbukti sejak beberapa desa-warsa terakhir ini. Sukses yang telah dicapai antara lain adalah Keberhasilan dalam eradikasi cacar pada tahun 1974. Sertifikasi bebas polio pada tahun 2014, dan Eliminasi penyakit belarus malernal neonatal pada tahun 2014.

Namun demikian, kita di NTT musih terus menderita, bahkan meninggal karena mularia, dan penyayakit yang depat dicegah dengan munsiasi termasuk warida dan anak-anak. Hada tahun 2016 sebanyak 28.125 orang sakit mataria dan dipentirakan

PROGRESS MADE

- Budget allocation for Malaria 2018 increase in some high endemic districts
- Local regulation for Acceleration of Malaria Elimination
- Formed provincial elimination team
- Developing district action plan
- Media campaign









CHALLENGES

- Monitor and evaluate post advocacy
- Maintain the commitment for local government
- Change of head of province/district



TERIMA KASIH - THANK YOU





