MALARIA ELIMINATION PROGRAMME IN MALAYSIA: REACHING THE UNREACHABLE

INTRODUCTION

1. Malaysia malaria programme has along history since 1961.
2. Progress from:
   - Control phase in 1981
   - Pre-elimination phase in 2011
   - Elimination phase in 2015
   - Zero human malaria since 2018.
3. During the pre-elimination phase (2010), all cases were admitted for treatment including *P. vivax* infection.
4. One of the many challenges include reaching the hard to reach population.

HARD TO REACH POPULATION: REMOTE AND INACCESSIBLE COMMUNITIES

1. Local people or indigenous communities in Sabah and Sarawak.
2. Aborigine communities in Peninsular Malaysia.
3. Mobile indigenous in Sarawak (Penan community)

STRATEGIES TO REACH THE UNREACHABLE

1. Integration of malaria programme with existing health services networks (MOH, non-MOH, Non-Government; mobile and static health services):
   a) Rural Health Clinics: Midwives
   b) School and dental health clinics
   c) Primary travelling health clinics
   d) Flying Doctors services
   e) Aborigine welfare department

2. Strategies for areas which are not covered by any form of health services/network:

a) MOH put up over 60 **STATIC** malaria-posts (subsector offices) with key malaria services provided including diagnosis, surveillance and vector control (1990 to 2015),

b) The facility is **COMPLETELY STATIC, COMPLETE** with human resource and equipment:
   - hardship allowances
   - recruitment of candidates from malaria endemic areas.

c) Some of the sub-sectors were established by commercial plantation sector and re-forestation companies.

3. Community volunteers:

a) (i)Primary Health Care Volunteers (Sabah)
(ii) Wakil Kesihatan Kampung (Sarawak)
(iii) Malaria Ambassador (Peninsular)

b) Their roles include collection of BFMP, malaria slides, assist in vector control activities, distribution of bed nets and IRS and providing health education.

LESSON LEARNT

1. Strong integration of malaria activity within healthcare services.
2. Inter-sectorial collaboration with government, NGOs and Public-Private Partnership (PPP).
3. Establishment of **STATIC** malaria post is more cost- effective and sustainable than mobile services.

Figure 1: Mobiles services over Treacherous Tracks

Figure 2: Mobile services over Rivers

Figure 3: Individuals Living At Remotely Inaccessible Areas

Figure 4: Indigenous Communities at Remote Areas

Figure 5: STATIC Sub-sectors

Figure 6: Malaria Services Lead By PHCV