Acknowledgement and Thank You

- Governor’s office
- Mayor of Sabang office
- Provincial health staff
- District health office staff
- BAPPEDA and Malaria Elimination Committee sectors
- Staff at Puskesmas, District Hospital
- Malaria volunteers
- Communities
- Partners in the province and Sabang including UNICEF
The Team

Country partners from:
- Bhutan
- Nepal
- Malaysia,
- Indonesia
- Vietnam
- Cambodia
- Thailand
- Solomon Islands

- UNICEF
- University of California, San Francisco
- University of Queensland, Australia
Aims and objectives

1. To understand the Sabang Elimination Model
2. Explore in detail the surveillance/response system from community to provincial level
3. Understand the various levels and types of commitment from community, health staff, planning and financial commitment and political commitment

In order to

• Learn lessons for the network/country partners
• Discuss challenges for the community, health system, district and provincial regarding elimination
**Programme**

- Visited 5 Puskesmas
- District hospital and health office
- 2 communities
- BAPPEDA (met with Elimination Committee Multi-Sectoral members)

And tourist locations of Zero Km Indonesia, Iboih Beach, Love Beach, Sabang Hill and Lake
Population: 31,355 people
Pop. Growth Rate: 1.81%
FINDINGS

Zero Km, Zero Malaria
To observe the Sabang elimination program surveillance system:

1. Identify successful strategies to share with APMEN
2. Identify key lessons learnt and challenges that elimination surveillance systems face
Sabang Malaria Elimination
Malaria Surveillance system

- Surveillance is well structured and implemented
  - Sufficient human resources
  - Health and transport/communications infrastructure good
  - Commitment at all levels to elimination goal
    - National/Provincial/District/Community

- System is a network based in the Community
  - Good interaction between community and district
  - Based on JML – the community malaria workers
    - Work with sub-district surveillance officers
    - Regular trainings and monthly incentive
    - Detect malaria cases in the community
    - Prevent malaria through mosquito control and screening the community for malaria
Surveillance system strengths

- Surveillance managed with elimination goal in mind
  - Program management
    - Flexible and inclusive. Decisions made with stakeholders
  - Communication flow
    - Good communication from community to district and back. Key is the Primary Health Centre/ surveillance officer.
  - Monitoring and evaluation
    - Very good level of record keeping
    - Use data to inform malaria program decisions
    - Regular supervision visits
Challenges - 2 Major threats

- **Importation of malaria**
  - Development of district will bring in construction workers
  - Travellers and workers in gold mining area (Aceh Jaya) high risk for malaria (60% of all malaria cases in Aceh originate from Aceh Jaya).
  - Mitigation through Provincial action to eliminate malaria from Aceh Jaya and develop of specific interventions to target high risk populations

- **Sustainability**
  - Current system in place until 2017
  - Need political commitment for longer
    - Risk of re-introduction from elsewhere in Indonesia is high
    - Financing beyond 2017 not guaranteed (even after elimination surveillance system will need to be in place)
Challenges I – Migration/ Importation

- Major threat – construction workers and travellers to gold mine
- Screening of high risks people at port of entry and through community
- Risk is of asymptomatic importation
- Mitigation through:
  - Reduce source malaria – work with other districts responsible for cases (eg Aceh Jaya)
  - Define high risk group and target specific interventions-targeted treatment/ prophylaxis, high levels of vector control around living quarters of construction workers, etc
To explore the various levels of commitment in Sabang model

1. Identify successful strategies to share with APMEN
2. Identify key lessons learnt about and challenges to commitment
Commitment

- Every level commitment is strong and genuine
  - Financial commitment: National, Provincial, District, Health centres, various district sectors.
  - Community ownership: volunteers, community vector activities and surveillance support

WHY:
- Sabang was malariaous area.
- Malaria elimination will contribute to tourism and increase economic income of society.
Commitment

- Supported by legislative and operational guidance
  - Elimination Committee: Roles and responsibilities of each sector defined/understood;
- Operational Working Groups: eg
- Environmental Modification: District public works, Community empowerment, Wash services board
- Community empowerment: Community empowerment board: Education office, Information and communication office, Religious office, Women’s Welfare, Environmental Control, Legislative Assembly, Information and Communication
Sources of funding

- PUBLIC HEALTH SABANG BUDGET Malaria
- GFATM
- UNICEF Operational Cost
- UNICEF Research/consultant
Other sources of funding

- PUBLIC WORKS OFFICE (89.7%)
- BPM, KB & PP (9%)
- MARINE AND FISHERY OFFICE
- BAPPEDA/REGIONAL DEVELOPMENT PLANNING BOARD
- BAPEDALKEP
District regulation/ Qanun No. 4/2009 regarding district long term development planning (RPJPD) Kota Sabang 2007-2027

IV. HEALTH DEVELOPMENT

- Improve infrastructures and facilities of district hospital and primary health center (PHC)/sub PHC
- Improve access on community health services through health insurance
- **Eliminate malaria from Sabang**
GOAL 5-year development plan document (RPJMD) Kota Sabang 2012-2017

1. Reduction of poverty and unemployment rate
2. Develop economy, tourism and fishery
3. Improve quality basic service (water supply, sanitation and residency/settlement environment)
4. Control devastating of environment, natural resources, and spatial planning
5. **Improve health service and achieve malaria elimination**
6. Improve quality of education
7. Improve food security
8. Develop infrastructures and electricity resources to support investment environment.
9. Improve government performance, collaboration and special autonomy of Aceh.
Local regulation regarding malaria elimination

- Mayor regulation No. ..../2013 regarding malaria elimination Sabang toward maintenance phase

- Mayor decree No. ..../2013 regarding malaria elimination committee consist of multi sector stakeholders.
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<th>YEAR</th>
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Commitment Challenges

- But as malaria becomes rare – hard to maintain commitment
- But essential to do so as it can go right back up again
- Constant long term commitment to maintain the elimination-capacity to detect, treat, and contain is necessary
Achievements in Summary

• Based on best international practices
  ○ Applied to the Sabang situation
• High quality technical application
• Continuing in this direction – will achieve the aim of elimination in 2013
• Ownership at all levels
What Sabang Case Provides the Network

- What and how of elimination
  - Surveillance
  - Stratification
  - Commitment strategies
  - Community engagement and mobilisation
  - Ownership and understanding of the approach at all levels

- Expertise to assist other districts, provinces and countries
  - People
  - Information
  - Tools
Final Word

United for Life for Malaria Elimination in Sabang