Mimika's way of combating malaria

All-out efforts are underway to turn Mimika in Papua into a malaria-free regency by 2026 through intensive collaboration.

ithin the framework of national development, in which health issues are a completely integral part, continuous endeavors to enhance the level of people's health are on the government agenda.

Success in handling health issues plays an essential role in boosting the quality and competitiveness of Indonesian human resources.

Malaria remains one of the contagious diseases affecting people's welfare levels and that is why the government issued Health Ministerial Decree No. 293/2009 on malaria elimination programs in Indonesia. It aims to realize a vision to enable people to livehealthily, free of malaria.

Under the government's big plan, the programs are being conducted in stages, with Papua and West Papua province, along with Maluku, East Nusa Tenggara (NTT) and North Maluku, targeted to be malaria-free regions in 2030.

Several provinces, especially in Java, have been relatively free of malaria as they received the program much earlier. Conversely, Papua is still witnessing a high incidence of malaria.

In Mimika regency, for instance, malaria is considered the number-one disease in all health facilities, creating burdensome problems as it leads to a decline in working productivity and also an increase in the risk of anemia for pregnant women and children.

Data at Mimika's Malaria Control Center, known as the Malaria Center, shows that more than 80,000 malaria-related cases are diagnosed in Mimika regency each year, resulting in soaring health costs that the government, private sector and public have to bear.

"Sixty six percent of malaria patients in Mimika are of working age. It is predicted that more than 150,000 working days are lost due to malaria each year," the data says.

Jointall-outefforts

Well aware that malaria has become a real menace having an adverse impact on the people, the Mimika Health Office, AmungmeKamoro Community Development Institute (LPMAK), PT Freeport Indonesia (PTFI) and other stakeholders have been making joint all-out efforts to combat malaria. They have even an ambition to turn Mimika into a malaria-free region by 2026, four years earlier than the government's target of 2030.

"We have adequate resources and hopefully, with the supportof people and all parties, we can achieve our ambition," said SaifulTaqin, Secretary of the Mimika Health Office.

Mimika regency's commitment to malaria eradication has been indicated through the presence of the Malaria Center. It was established under Mimika Regent Decision Letter No. 226/2013, an implementation of the Mimika Regency Regulation No. 3/2013 on the guidelinesfor malaria eradication in Mimika regency.

Highlighting the significant presence of the Malaria Center, Saiful said that the center had allowed involved parties to boost their collaboration in jointly combating malaria instead of "working individually and separately in this regard as several parties did in the past".

"We want to have the same perception that malaria is our common problem, our enemy that we have to face together. The Malaria Center can accommodate all potentials from different components in Mimika regency, which supports the malariaelimination program," he said.

Unlike malaria centers in other regencies that function as a mere place for coordination, the one in Mimika serves both as a coordinator and executor. The center plays a role in advocating, coordinating and facilitating the implementation of malaria control programs in Mimika.

With adequate resources and facilities, Mimika can portray the latest situation regarding malaria so that if there are malaria-related cases, they can be detected at the earliest possible opportunity and handled immediately.

The center is a blend of partners' contributions, with each having its



Courtesy of PT Freeport Indonesia

Preventive measures: Fumigation is conducted around the PT Freeport Indonesia site in Papua to eradicate mosquito vectors. Prevention is always better than a cure for this potentially fatal disease.

own complementary role to play.

LPMAK provides operational funds used for paying the salaries of 48 employees at the center. LPMAK is an NGO created by PTFI, with the task of managing its Partnership Fund for Community Development in and around the area of operation of PTFI.

PTFI donates vehicles, longlasting insecticide-treated nets, work equipment, medical materials and supervision. The Mimika Health Office provides bed nets and a secretariat, while the Health Ministry provides insecticide and bed nets. Bank Papua has donated two operational vehicles.

Integrated activities

Through the center, integrated activities are conducted to protect individuals from possible malaria infection through the installment of long-lasting insecticide-treated nets; control of the spread of mosquito vectors through indoor residual spraying and drainage cleanliness; active detection and treatment through door-to-door blood checks; and education on health.

Targeted areas include Jalan Baru, Kwamki Baru, Jalan Ahmad Yani, Kompleks Social, Kebon Sirih, Gorong-Gorong, Koperapoka, Sempan, Inauga and Nawaripi.

When it comes to malariaelimination efforts, PTFI has a success story to share, which may serve as a model of how to create malaria-free areas, as it initiated a malaria-eradication drive several decades ago when several employees were infected by malaria, leaving them dead.

The malaria-eradication campaign kicked off in 1992 in what was once a thick and tranquil forest, Kuala Kencana in Timika. Environmentally well-managed Kuala Kencana is currently home to almost 60 percent of PTFI employees.

"We want all employees to be healthy because healthy employees can stay productive, which is good for our company and community," said Kerry Yarangga, Community Health Development Manager of PTFI.

The handling of malaria was conducted comprehensively, from early detection to treatment, monitoring and preventive measures, by building the right drainage, sanitation and conducting environmental management to avert the possible multiplication of larvae.

"There should not be water inundation that allows larvae to multiply," he said.

The right drainage which allows water to flow freely can effectively prevent larvaefrom multiplying and thus, it can reduce malaria cases.

Kota KualaKencana, with a population of about 5,000, was declared free of malaria in 1996 and "since then we do not have to install bed nets and we no longer have to conduct indoor residual spraying".

Despite Kota KualaKencana being a malaria-free area, PTFI did not look down upon the disease, which may someday return, but shared the best practices with neighboring areas. Therefore, the company decided to be an active partner in combating malaria in Mimika through the Malaria Center.

"Areas where Freeport operates have changed a lot and become more complex and so only through partnerships can we jointly cope with malaria," he said.

Laying a good foundation

Since the Mimika malariaeradication drive started in 2013, malaria-related cases have dropped significantly in Kota Timika, Mimika. In the first quarter of 2015, the number of cases at Puskesmas (community health centers) was recorded at 523, compared to 2,955, or an 82 percent decrease. This means reducing the workload at the Puskesmas.

Meanwhile in Mimika, malaria cases were reported at 50,029 in 2014, compared to 93,068 in 2013 and 112,792 in 2012. The significant drop was attributable to the integrated program that included indoor residual spraying that reached more than 24,000 houses, distribution of more than 64,000 bed nets, and treatment of positive 446 cases, according to data at the Mimika Regency's Health Office in 2014.

The significant drop in malaria cases resulting from the malariaelimination drive is encouraging news for the parties involved but program sustainability is what they are starting to ponder.

Through partnership, cases ofdeath caused by malaria have shown a downward trend, which means favoring the people economically because "if they are sick they have to spend money for treatment at a hospital or a clinic and besides, they cannot go to work, which will reduce their income," said Yusuf Nugroho, Health Bureau Chief of LPMAK.

LPMAK, which positions itself with the people, has a dream of making the Malaria Center increasingly autonomous and sustainable. "As a self-supporting institution, we may, for one thing or another, stop our activity, but the control of diseases, especially malaria, should continue," Yusuf Nugroho added.

"Apart from making a direct intervention, we have also laid a good foundation for coping with malaria in a well-structured and organized manner and in this way, other agencies or organizations may be interested in becoming donors. By laying a good foundation, we hope that sustainable programs can be ensured," he said.

"Even though PTFI is strongly committed to allocating funds for the program, it would be better if we could also generate funds from other sources for the program to ensure sustainability," he said.

Saiful highlighted elements engaged in the Malaria Center as a way of ensuring sustainable programs. "The Malaria Center should involve as many elements as possible, be it government, companies and non-governmental organizations, and each make its own contribution and play its own role. That way, the malaria-elimination program can continue to run," he said.

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