

Malaysia – Country Profile

Malaysia is situated in the hot, humid equatorial region and therefore is receptive and vulnerable for the transmission of malaria. Malaysia has one of the oldest malaria control programmes dating back to the early pioneer works by Sir (Dr) Malcolm Watson in 1901 and the initiation of anti-malaria works in Penang, Klang and Kuala Lumpur where at that time many people were infected by malaria. The formation of the Malaria Advisory Board in 1911 had laid the foundation for environmental management measures (species sanitation) for the control of malaria especially in the plantations, estates and urban areas.

During the 1960s, the government in line with the WHO Global Malaria Eradication Programme carried out a Malaria Eradication Pilot Project from 1960-1964. Following the success of the pilot project the country embarked on a nation-wide eradication programme in 1967. Its successful implementation resulted in the elimination of malaria from most areas in Peninsular Malaysia, with the exception of the ethnic minority groups (aborigines) in the deep forested hinterland and many forested areas in Sabah and Sarawak. There has been a continuous reduction of malaria cases since the 1960's and with corresponding reduction in the size of malaria risk areas. The number of cases has shown a tremendous reduction from 181,495 cases at the start of the Eradication Programme in 1967 to 44,226 cases at the end of the Eradication Programme in 1980. The

eradication programme was reverted to a control programme in accordance to the WHO re-oriented strategy on malaria control.

With the establishment of the Vector-borne Diseases Control Programme which had malaria control as a key component in 1986. There was further reduction in the number of malaria cases from year to year to only 5569 cases in 2006.

Malaysia is fully committed in controlling this disease by introducing the Malaria Elimination Programme in the 9th Malaysia Plan (2006 – 2010) in order to ensure there are no indigenous malaria cases in the country. We aim to achieve malaria elimination status by 2015.

The greatest challenge in malaria control in Malaysia currently and in the mid-term future is the presence of immigrants from neighboring endemic countries, especially illegal immigrants. The immigrants who are likely to harbour malaria parasites will reintroduce the disease to previously malaria free areas because some of these areas still have vectors present. This risk is further compounded by illegal immigrants not seeking early treatment for fear of being detected and deported.

In order to address these challenges and to achieve the malaria elimination status, beside the WHO Global Malaria Strategy adopted by the government in 1992 the following additional strategies are implemented:

- Identifying high risk groups and tailoring resources and activities to detect and treat the cases. The high risk groups are the Aborigines, traditional villagers, mobile ethnic groups, land

scheme settlers and jungle workers and immigrant workers from endemic countries. Special emphasis will be given to early diagnosis and prompt treatment for these groups. Volunteers among these groups will assist in blood taking, dispensing anti-malaria drugs and giving health promotion.

- Collaboration and synchronization of preventive and control activities between geographical areas with common borders like between districts, states and also as far as possible across international borders.
- Continuous surveillance and monitoring which includes early warning systems to detect and control malaria outbreaks.
- Health promotion and community participation will be emphasized as part of the integrated approach especially in the use of insecticide treated mosquito nets.
- Sustainable, selective and targeted vector control will be implemented as part and parcel of the integrated vector management approach.
- Adopting new and appropriate technology wherever feasible, such as the use of rapid diagnostic kits and newer drug combinations

- As Malaysia has been designated as the ACT Malaria training centre for the Transfer of Training Technology since 2002, human resource development through effective training courses will be conducted on a regular basis as part of its commitment to the region.

The malaria control programme director will continue to collaborate with the local institutions such as the Institute for Medical Research (IMR) on matters related to research needs, the Public Health Institute, the WHO Collaborative Centre for Taxonomy, Ecology and Control of Vectors and the WHO Collaborative Centre for Vector Control.