

# Engaging communities in tackling vector-borne diseases

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## **ABSTRACT**

**Summary:** A lot of efforts have been initiated by Malaysia's government to tackle vector borne diseases. This resulted with some significant success, most notably, reduction in reported Malaria cases and towards Malaria elimination. Malaysia, unfortunately, has not been so successful with Dengue. We continuously recorded an increment in total number of dengue cases every year since 1980, and Dengue has been declared as a major national health threat in Malaysia. Public health authorities have deployed several methods in fighting vector-borne diseases, Dengue/Chikungunya particularly. The methods range from larvaciding, space spraying, environmental control, and to the most challenging approach of community engagement and involvement. This presentation will focus on the challenges face by Perak Health Department in engaging communities as part of management of Dengue/Chikungunya. Community engagement is important in every single method of vector control. As in other states, Perak also experiences poor community participation in vector-borne disease control efforts, especially in Dengue control. Poor public acceptance and compliance during space spraying activity, caused insufficient coverage, thus undermine its effectiveness. Poor public cooperation during search and destroy (part of environmental control) activity also reduces the probability of success in controlling Dengue cases/outbreak. This similarly a pattern seen during communal outbreak locality cleaning (malay: gotong-royong), whereby most of the participants are from the public health department and government agencies, and only small number of participations from the community itself. Studies shown that, most Malaysians' knowledge on dengue is good. It also found that good knowledge does not necessary lead to good practices. Communication for Behavioural Impact (COMBI) introduced by WHO in 2001, aims to mobilize individuals, families, communities or any target groups to identify risk factors, change or adopt behaviour that required in preventing or control diseases that affect their health and community. Currently, our COMBI is limited to certain localities and to establish more COMBI in more localities is also a challenge, as it requires continuous commitment from the community. More studies needed especially on how to engage community effectively in vector control program. An innovative solution to bridge the 'know-do' gap in community is vital which subsequently creates resilient community in combating vector-borne diseases, particularly Dengue.