

Chapter XI

COMMUNITY PARTICIPATION

The Taiwan malaria eradication campaign benefitted greatly from the collaboration of many government and private agencies, of professional groups and, of tantamount importance, of the lay people in every township and village involved in the program. In a campaign to offer protection of some 10 million people with residual house spraying and to continue years of malaria surveillance efforts until all remaining malaria foci were eliminated, only a "grass roots" public relations approach would convince the households to accept and support the essential but sometimes troublesome antimalaria measures.

TYPES OF COLLABORATION DESIRED

Emphasis on community collaboration clearly involved direct and open communication with community residents -- the communication and diffusion of basic but simple facts about malaria, the nature of DDT spraying, and later the importance of early case detection and treatment. Individual and collective contacts with community residents therefore highlighted the following:

* *Pre-spraying house preparation and post-spraying preservation of DDT deposits.* Spraying of a house can only be properly done if specified furniture and other articles are moved to give access to interior surfaces which must be sprayed. While a first spraying will kill malaria-carrying mosquitoes and many household insect pests, it must be understood that houseflies and some other insect pests may soon reappear. Once-a-year spraying will protect against malaria for 12 months or longer if DDT deposits are not wiped off or otherwise disturbed.

* *Protection of residents and domestic animals from any toxicity of DDT.* Food items must be covered up or removed from the house during a DDT spraying. Cats and poultry should be kept outside during the spraying and not be allowed to eat cockroaches or other insects killed by DDT.



Fig. 77: Children isolating cats outside the house prior to the spraying

* *Local financial support to pay for local operational expenses.* Township offices were expected to share the costs of labor and other local expenditures. This financial support was needed not only for DDT spraying, but also for detection and treatment of malaria cases once the surveillance program was initiated. Should local transmission still exist, emergency spraying and other control measures would be needed. Such action also required local support. It must be mentioned that the township malaria funds were drawn from the township's regular budget and were disbursed locally.

* *Detection and early treatment of malaria cases.* DDT spraying interrupted malaria transmission, preventing new cases from appearing. However, it was necessary to eliminate the old sources of infection and/or to stamp out any yet-undiscovered foci of transmission. Community participation was very essential for early detection and proper treatment of malaria cases.

MEANS OF COMMUNICATION AND COORDINATION

At the Village Level

During the attack phase, village meetings prior to DDT pre-spraying proved to be the most effective channel for promoting public understanding and collaboration (Fig. 78). These meetings were called for in every village two or three days before the village was scheduled to be sprayed. Usually the foreman of the spray squad, through the village chief, called such a meeting in the evening to explain the objectives of DDT spraying and to request the participation needed from all villagers. Posters, handbills, and other materials were distributed, and questions and answers were exchanged. On the day of the scheduled spraying, the squad foreman paid a pre-spraying visit to every household to reiterate his mission and to ensure the house was ready for spraying. After the house was sprayed, he inspected the work and advised the residents not to wipe off the DDT deposits. He also advised the residents on how to avoid DDT intoxication of cats, chickens or other domestic animals or poultry.

During the consolidation and maintenance phases, case detection and treatment were the major activities which required community participation. Prior to fever case surveys, mass blood surveys, mass drug administration or other antimalaria activities, villagers were notified of such programs through village chiefs and subvillage headmen, and were requested to cooperate. Voluntary collaborators were organized among the lay people to maintain a good network for passive case detection. Once or twice a year, meetings of voluntary collaborators were held in each township to discuss the achievements and problems of their antimalaria activities. Such meetings were called by the respective township malaria supervisors and were often attended by the county malaria supervisor and his TAMRI counterpart. Frequent contacts between township malaria supervisors and village chiefs, subvillage headmen and voluntary collaborators, through meetings and visits, were essential elements for sustaining community participation. Cash incentive awards given to those who reported microscopically confirmed malaria cases (*see* Chapter VIII), and publication in the *TAMRI Newsletter* of their names and photographs, accompanied by short stories, served as recognition of their valuable participation.



Fig. 78: Villagers' meeting

At the Township Level

The participation required at the township level included financial support to pay for local operational expenditures and for delivering messages to the communities concerned. During the attack phase each year, a malaria meeting was held in each township before the initiation of the annual spraying. This meeting was attended by the mayor, the health officer of the township health station, the malaria supervisor, the accountant, the police, and the school principals to discuss matters concerning selection of foremen, recruitment of spraymen, training courses, operational budgets and supervisory activities. Usually on the fifth day of each training course for spraymen, the mayor invited members of the township council, village chiefs, police, and other influential people to come and observe the training activities. In the consolidation and maintenance phases, it was very important to obtain the participation of medical and health institutions and private physicians in case detection activities. The health officers of the health station and the township malaria supervisor coordinated these activities through written communication or personal contacts.

At the County Level

Under the decentralized scheme of field operations, county health officers and county malaria supervisors were the key personnel to direct and coordinate all antimalaria activities in the county. Although they received a general technical orientation from TAMRI, they were in fact in the executive position to direct and supervise each county's field operations.

At the Provincial Level

The principal means of communication at the provincial level included

* *Annual Meetings.* An annual meeting of county/city health officers was convoked by TAMRI prior to the initiation of the year's spraying operations. An effort was made to have the annual meeting coincide with the regional training course for county and township malaria supervisors, permitting the health officers to observe the training and to encourage the participants in their respective training courses.

Annual meetings of county malaria supervisors were similarly sponsored by TAMRI to review the accomplishments of the previous 12-month period and to coordinate plans for the following year.

* *Publication of the TAMRI Newsletter.* During the consolidation and maintenance phases, TAMRI published a newsletter (in Chinese) to maintain the interest of all MEP personnel and collaborators. It was first published as a monthly issue (8,500 copies) from August 1958 through October 1964, then suspended for a year and a half, and later reappeared as a bimonthly issue (15,000 copies) from April 1966 through June 1974. The contents included: operational highlights of current months; recently confirmed malaria cases and the history of their discovery; localities found with *An. minimus*, pertinent *Provincial Gazette* orders; TAMRI activities in other areas of disease control; technical subjects (in original or translated versions) on drugs, insecticides, information on malaria programs in other countries; and other relevant topics which would be of interest. It also published names of individuals who received cash incentive awards for detection of malaria cases, together with their photographs and brief stories of their efforts. TAMRI also invited contribution of topics from counties and townships to be included in the newsletter.

Distribution of the *TAMRI Newsletter* included all medical and health institutions, private clinics, school teachers, voluntary collaborators, government agencies at all levels, assembly members, military units, and other private and public institutions. Very favorable comments were received from the readers.

* *Distribution of Handbills and Posters.* During the attack phase period TAMRI, with the financial assistance of JCR and MSA, prepared 200,000 copies of handbills each year for two years (1953 and 1954) on the subject of DDT spraying for distribution to households (Fig. 79). Similar but larger posters were prepared for display in public places.

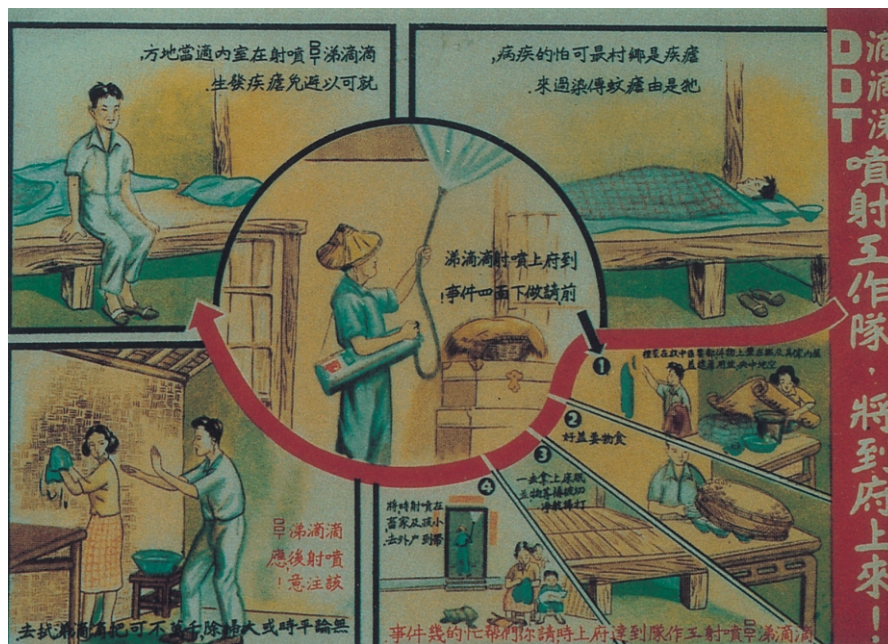


Fig. 79: A handbill for DDT spraying

* *Films and Slides.* As part of the public health education program instituted at the provincial level, a 30-minute, 16 mm, black and white film entitled "Malaria Eradication in Taiwan" was jointly produced by TAMRI and the Department of Health Education of the National Normal University in March 1963,

with financial assistance from ICA/CUSA. The film had three versions of sound tracks - - Chinese, Taiwanese and English - - and was distributed to all health centers to be shown at schools and village meetings. The film was also televised nationally from the TV station of the Ministry of Education in September, October and December of 1964.

Lantern slides were shown in public movie houses during the 1954 spraying season in northern Taiwan. These served as further visual aids in conveying to the public the nature of the malaria eradication program and the need for community cooperation. Lantern slides were again used in 1967, this time throughout the whole province, advising the public to be on the alert against possible resurgence of malaria in Taiwan.

At the National Level

A Malaria Coordination/Advisory Committee, made up of representatives from the Ministry of the Interior, NHA, PHA, SGO, NDMC, JCRR, ICA, MAAG, TAMRI, and the WHO Malaria and Insect Control Team, was first convened in November 1952. Special sessions were held thereafter as needed until September 1955. Among the national issues discussed at these sessions were inter-agency relationships on contributions of funds and services, customs policies on imported vehicles, DDT or DDT ingredients, military/civilian input, and other high-level matters.