PRESENTATION OUTLINE

• SITUATIONAL ANALYSIS
• LOBBYING FOR ADDITIONAL FUNDING
• ITEMS PURCHASED
• INTERVENTION
• IMPACT
• LUBOMBO SPATIAL DEVELOPMENT INITIATIVE
• SUMMARY
• CONCLUSION
SITUATIONAL ANALYSIS IN KZN

- MALARIA ON THE INCREASE SINCE 1996
- AFFECTS ALL SECTORS OF THE POPULATION
- PREVALENCE VERY HIGH IN NORTHERN KZN
- INGWAVUMA DISTRICT AFFECTED MOST
- MOSQUITO RESISTANCE DETECTED
- DRUG RESISTANCE REPORTED
- SHORTAGE OF FUNDS TO RUN AN EFFECTIVE PROGRAMME
INCREASING MORTALITY TREND

INCREASED MORTALITY TREND
MALARIA BURDEN

• Annual malaria death incidence: 8.2/1000 population
• % hospital OPD attendance: 18.3%
• % malaria admissions: 48.8%
• Vulnerable age group: 0-9 = 28%
• Age specific mortality: 21-30 yrs = 16.2%
PARASITE PREVALENCE MAPS

*Plasmodium falciparum*

December 1999

June 2000

<table>
<thead>
<tr>
<th>Location</th>
<th>December 1999</th>
<th>June 2000</th>
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<tbody>
<tr>
<td>Namaacha</td>
<td>36.8</td>
<td>31.6</td>
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<td>Boane</td>
<td>72.7</td>
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<td>Mhlumeni</td>
<td>4.4</td>
<td>4.4</td>
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<td>Changalane</td>
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<td>72.3</td>
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<td>Salamanga</td>
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<td>Zitunda</td>
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<tr>
<td>Makanis</td>
<td>16.3</td>
<td>6.6</td>
</tr>
</tbody>
</table>

**Percentage Positive**

- > 75
- 50 to 75
- 25 to 50
- 5 to 25
- < 5

**Distance Scale**

- 0 kilometers
- 15 kilometers
- 30 kilometers

**Areas**

- Mocambique
- Swaziland
- South Africa

**Note:** The map shows the prevalence of *Plasmodium falciparum* in different locations in December 1999 and June 2000. The percentage of positive cases is indicated by the size of the red circles. The map also includes a distance scale in kilometers.
FIGURE 2:

MALARIA CASE INCIDENCE FOR 1999 AND

TOURIST FACILITY DISTRIBUTION

Malaria Incidence per 1000 population

Main Towns

Nature Reserves

Areas

Sections

Magisterial Districts

Tourist Facilities

Main Towns

Indian Ocean

Kosibay

Sodwana Bay

Ubombo

Hlabisa

Hluhluwe

Mkuze

Ingwavuma

Jozini

St Lucia

Swaziland

Mozambique

Produced by: Malaria Research Programme, Durban, August 2000

Source: Tourism KwaZulu-Natal and (MIS)
LOBBYING FOR ADDITIONAL FUNDS

- THE MEC FOR HEALTH VISITS JOZINI & LISTENS TO PROBLEMS EXARCEBATING THE MALARIA BURDEN
- VISITS THE AFFECTED CLINICS
- VISITS THE HOMESTEADS
- LAUNCHES THE R18 MILLION FROM PROVINCIAL GOVT.
NDUMU CLINIC - WORSE AFFECTED
AT A HOMESTEAD IN NDUMU
ONE OF THE HIGH RISK AREAS
UTILIZATION OF R18 MILLION

– SUMMARY OF EXPENDITURE

- PERSONNEL R 310 522
- ADMINISTRATION R1 424 878
- STORES AND LIVESTOCK R9 906 584
- EQUIPMENT R 228 191
- PROFESSIONAL & SPEC SERVICES R 54 242
- OFFICIAL VEHICLES R2 530 877

R14 455 294
ITEMS PURCHASED WITH R18 MILLION

- HIRING OF CASUAL SPRAYMEN
- PROTECTIVE CLOTHING
- SPRAY PUMPS
- INSECTICIDE
ITEMS PURCHASED WITH R18 MILLION

- Total of 24 vehicles
- 13 Malaria
- 1 District
- 2 Enviro.
- 2 Bethesda
- 2 Manguzi
- 2 Mosvold
- 2 Mseleni
TRAILERS IN COMPLIANCE WITH DDT USAGE
SPRAYMEN IN FULL PROTECTIVE CLOTHING
ITEMS PURCHASED WITH R18 MILLION

• Diagnostics and treatments
PROMOTIONAL MESSAGES
BEDNETS
TRAINING ON BEDNET IMPREGNATION

- SELF AND INDIVIDUAL IMPREGNATION
INTERVENTION MEASURES
INDOOR SPRAYING WITH DDT
LARVICIDES TO ELIMINATE VECTOR MOSQUITOES
INTERVENTION MEASURES

- DDT SPRAYING
- HEALTH EDUCATION
- ENTOMOLOGICAL SURVEYS
- LARVICIDING
- BEDNETS @ R20/NET
- FREE FOR PREGNANT MOTHERS
INTERVENTION MEASURES

- RANDOMISED SCREENING AND TREATMENT OF CONFIRMED CASES
- PROMOTIONAL MASSAGES ON CORRECT TREATMENT-SEEKING BEHAVIOUR
- HOSPITALIZATION OF SEVERE CASES
IMPACT AFTER DDT USE IN KZN

[Graph showing impact over time with data points for 1998, 1999, and 2000.]
DUKUDUKU
Spraying started in March
OVERALL IMPACT ON MALARIA

• BEFORE INTERVENTION • AFTER INTERVENTION

• Death incidence rate:
• 8.2/1000 population • 7.08/1000

• % hospital OPD attendance
  18.3% • 11.5%

• % malaria admissions:
  48.8% • 13.6%

• Vulnerable age group
  0-9yrs = 28%

• Highest age specific mortality:
  21-30 yrs = 16.2%
LEBOMBO SPATIAL DEV. INITIATIVE

- CO-OPERATION HAS BEEN GOOD
- PARASITE PREVALENCE SURVEYS WILL BE CONTINUED 6 MONTHLY FOR EVALUATION
- SPRAYING WAS COMPLETED IN ZONE 1 AND DUE FOR COMPLETION IN ZONE 1 A. (MOZAL)
-POSITIVE INTERVENTION IMPACT IS FELT BY NEIGHBOURING COUNTRIES
- POLITICAL PRESSURE NEEDED FOR DDT TO BE INTRODUCED IN MOZAMBIQUE
SUMMARY

- CONTINUED COMMITMENT IN HUMAN AND FINANCIAL RESOURCES BY PROVINCIAL CABINET
- SUPPORT BY ALL STAKEHOLDERS FROM THE DEPARTMENT OF HEALTH
- APPLIED RESEARCH TO DETERMINE IMPEDIMENTS I.E. DRUG AND INSECTICIDE RESISTANCE
- COLLABORATION AT ALL LEVELS
- SUCCESS AS HAS BEEN SHOWN
CONCLUSION

- GOOD CABINET
- GOOD MEC FOR HEALTH
- GOOD HEAD OF DEPARTMENT
- EFFECTIVE INSECTICIDE (DDT) AND EFFECTIVE DRUG (COARTEM)
- EXCELLENT SUPPORT FROM OTHER ROLE PLAYERS & LSDI
- SUCCESSFUL TEAM

WINNING TEAM!