

SEASONAL MALARIA REPORT KZN

CONTROLLING MALARIA IS OUR PASSION,
SAVING LIVES IS OUR GOAL!

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06-08 JUNE 2006



PRESENTATION OUTLINE

- MCP goal
- Disease burden
- Strategies
- Inquest into malaria deaths
- Projects
- Challenges
- Priorities



Malaria control is our Passion, Saving lives is our Goal!

KZN MCP GOAL/TARGETS

● Reduce the incidence of malaria by 1/1000

■ Season	Thresholds	Achieved
■ 2003/04	6/1000	8/1000
■ 2004/05	5/1000	4/1000
■ 2005/06	4/1000	2/1000
■ 2006/07	3/1000	
■ 2007/08	2/1000	
■ 2008/09	1/1000	
■ 2009/10	0/1000	?????

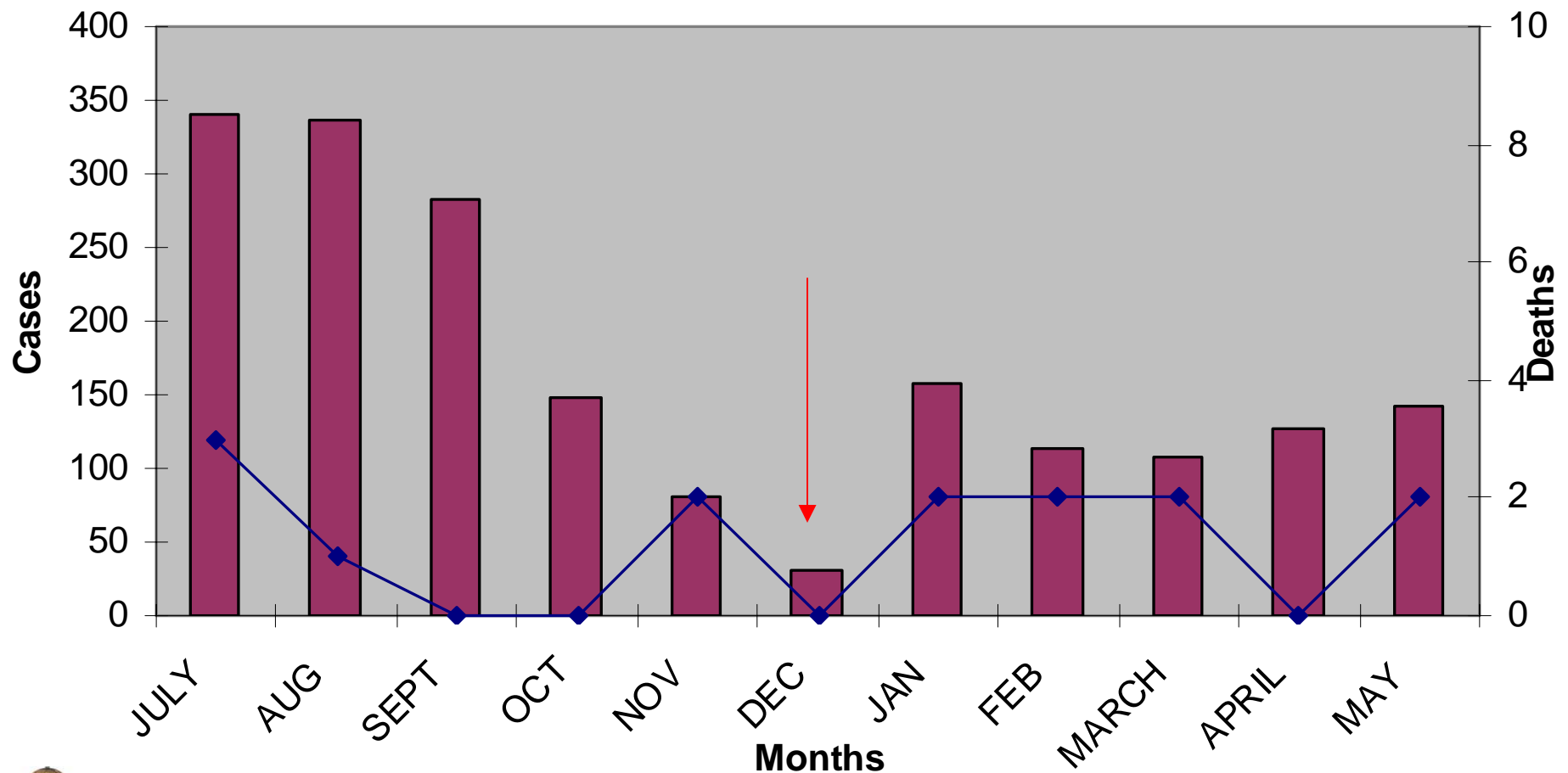
Abudja 2000: Half malaria deaths by 2010



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DISEASE BURDEN

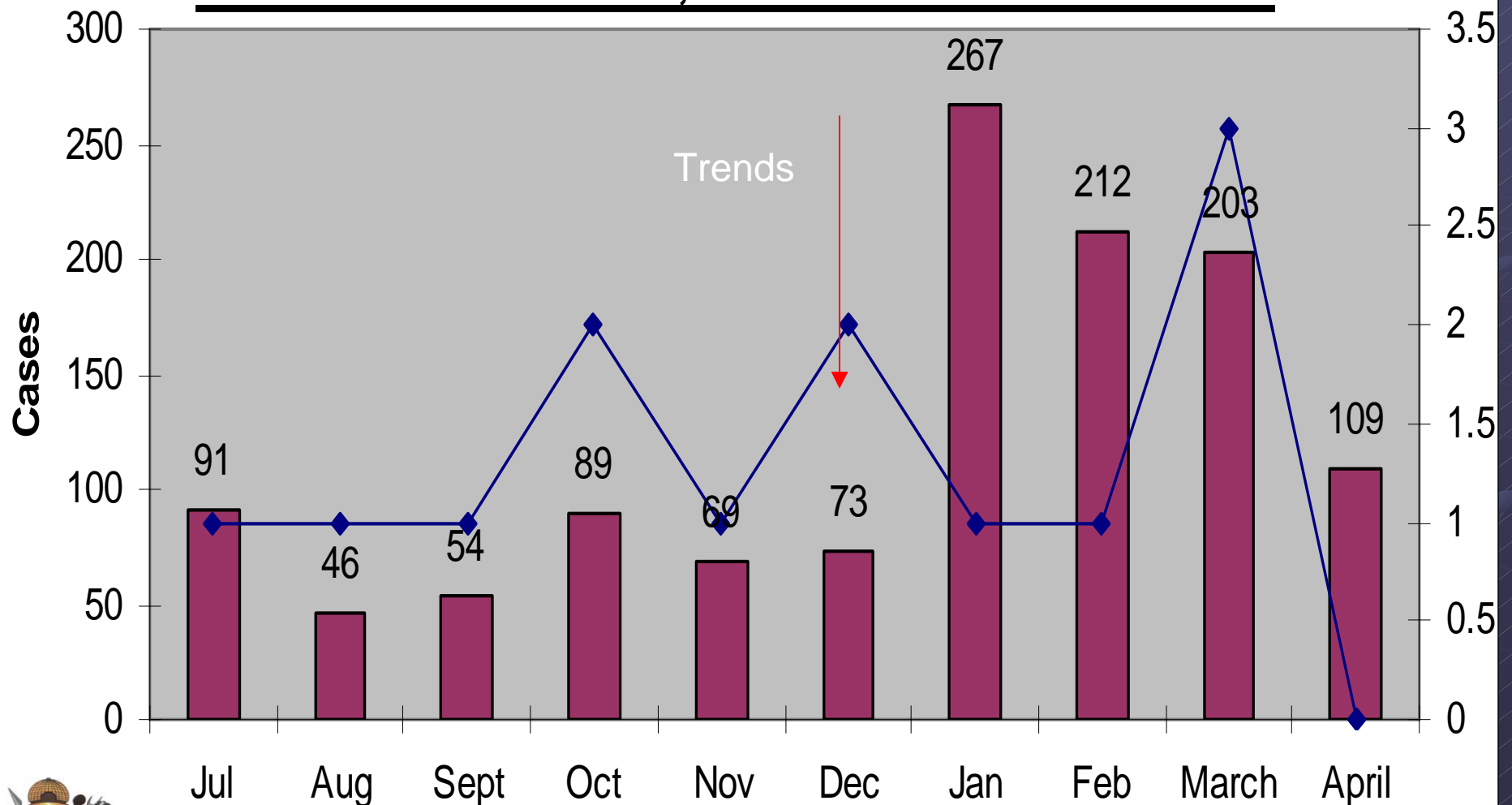
KZN Malaria Cases vs Death, Period: July-04 To May 05



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DISEASE BURDEN

Malaria Cases vs Death, Period: 05/06 Malaria Season



Malaria control is our Mission, Saving lives is our Goal

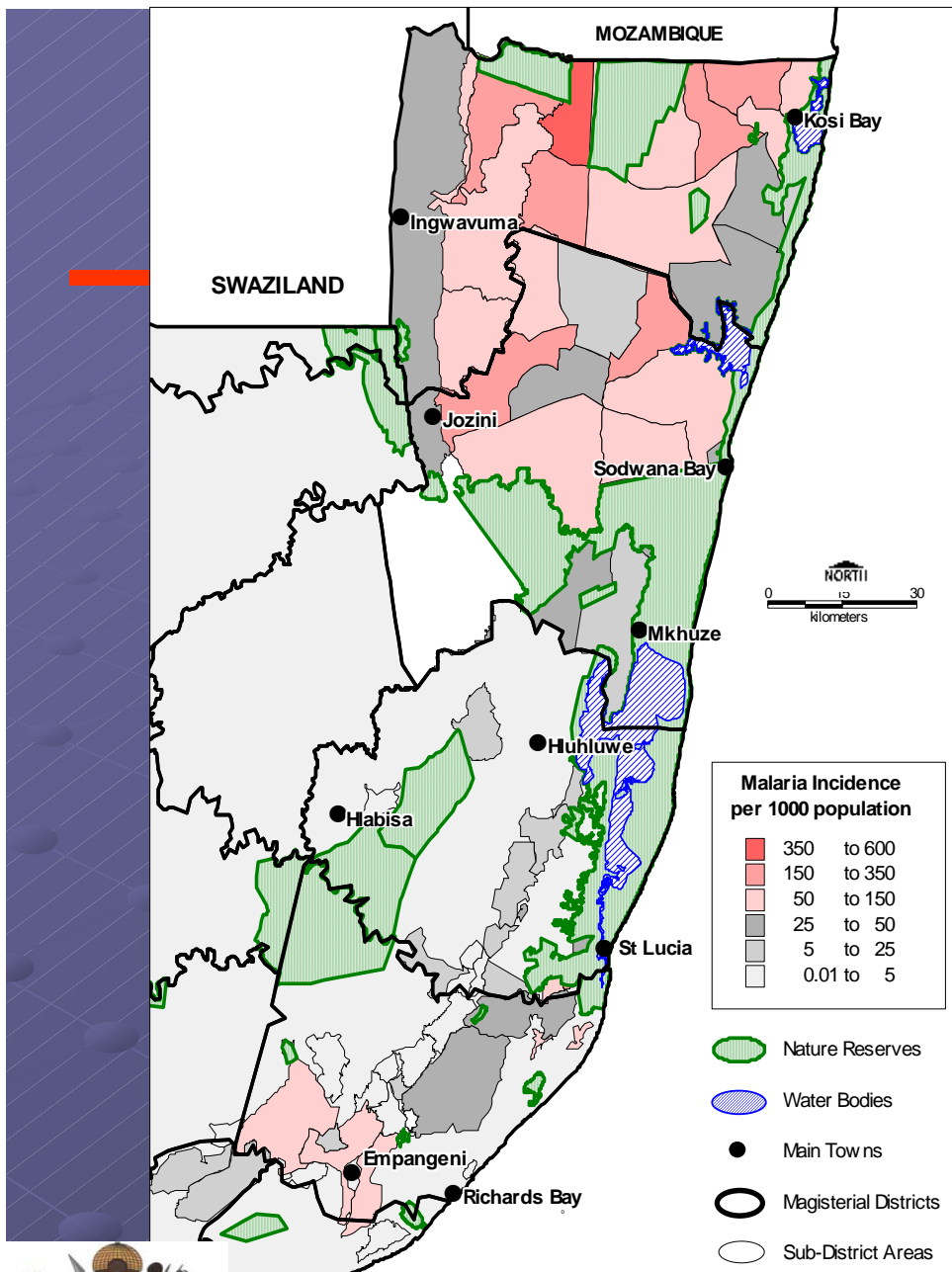
Abudja 2000: Half malaria deaths by 2010

IMPACT

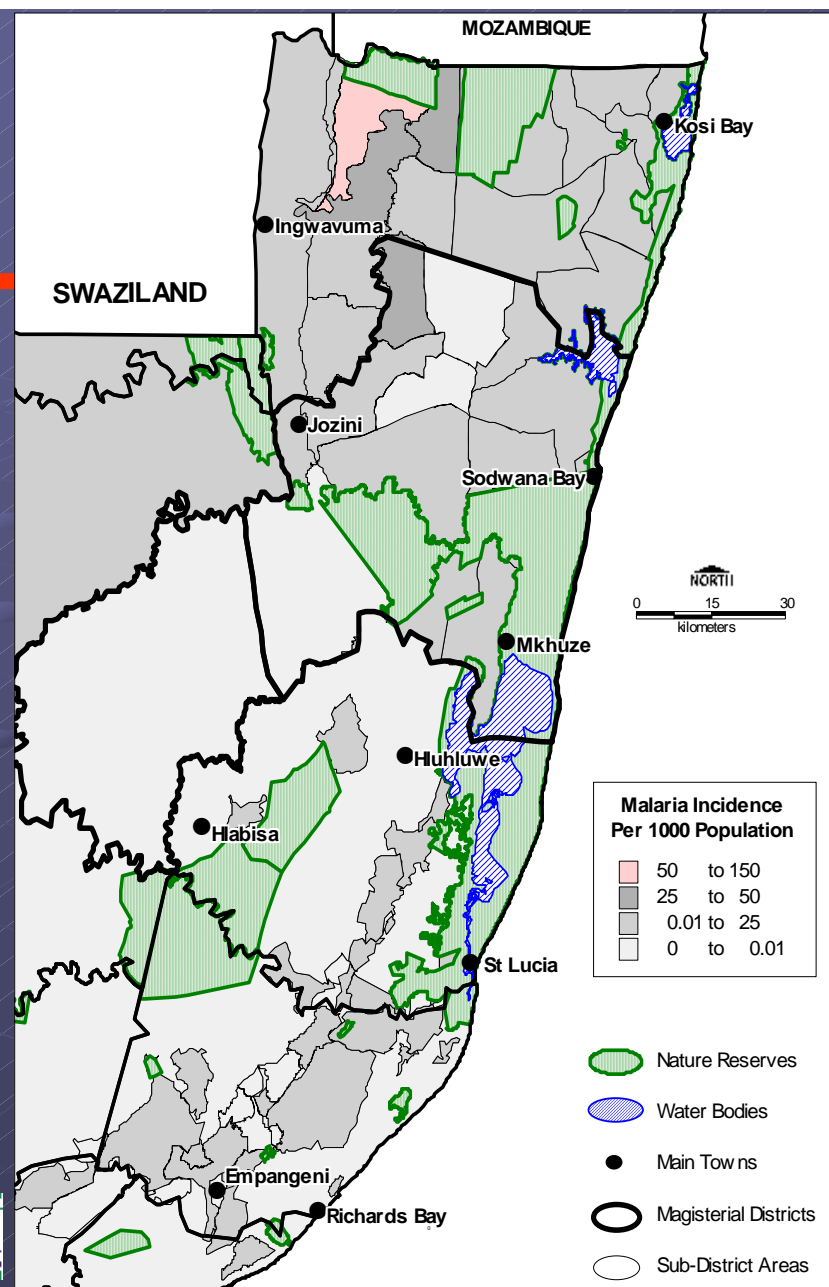
- ↓ ***Reduced Malaria Mortality***
- ↓ ***Reduced Infant and Child Mortality***
- ↓ ***Reduced Maternal Mortality***
- ↓ ***Reduced Malaria Epidemics***
- ↓ ***Reduced Malaria Prevalence***
- ↑ ***Increased Malaria Free Areas***



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Malaria incidence per 1000 people: July 1999 to June 2000



Malaria incidence per 1000 people: July 2003 to June 2004



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INTERVENTIONS

- Vector control
 - Personal protection & ITNs
 - Larviciding
 - Entomological investigations
- Diagnosis, Case management & Drug monitoring
- Epidemic preparedness and response
- Surveillance, Information & Research
- IEC, Advocacy & Community mobilization



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CONTRIBUTORY FACTORS TO THE DEATHS

- Inquest into malaria deaths
 - Late reporting to health posts
 - HIV/Aids pandemic
 - High staff turnover
 - Lack of experience amongst newly recruited health cadres.
 - Poorly equipped ICU services within the health institutions
 - Poverty



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PROJECTS

- SADC MALARIA DAY 2005
- IEC IMPLEMENTATION PLAN
- TRAINING OF TRADITIONAL PRACTITIONERS



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CHALLENGES

- Poor IRHS coverage while malaria incidence is low
- Poor turnover of staff where malaria issues are discussed (training).
- Unpackaged devolution of malaria activities
- Communication & command-lines in DHS
- High staff turnover & dispondency
- The future of diagnosis & under-qualified staff



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PRIORITIES

- Collaboration
- Embracing of decentralization and making it work for the Malaria Control Unit
- Understanding insecticide resistance patterns for informed decision making
- Occupational Health & Safety of employees in the workplace including HIV/Aids education



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THANK YOU



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