

Speech by KZN Health MEC Neliswa Nkonyeni on the occasion of Traditional Medicine and Africa Malaria Day celebration at Mona in Nongoma.

24 April 2008

All protocol observed

Sibingelela bonke abahlali bale Province abavela ezingxenyeni ezahlukene.

Simukela nabo bonke abahlali bale District abavela emikhandwini ehlukeni: Edumbe, Uphongolo, Nongoma, Abaqulusi kanye naso Ulundi.

Yize lomcimbi ufaka abahlali abavela nakwamanye ama District, ngiyathanda ukuthi ngigxile kakhulu kule District yase Zululand esikuyo namhlanje nenabahlali abangaphezu kuka 800 000.

Izifo ezithathelanayo ezenzeka kulendawo kulula kakhulu ukuthi zidlulele phambili njengaloku le District iphinde ixhumane ngemingcele nezinye izindawo kubalwa Uthungulu District; UMkhanyakude District; Amajuba District; Umzinyathi District; Mpumalanga Province kanye nezwe lase Swaziland.

Zimbili ke izinto ezenze ukuthi sizohlenganisa amakhanda kulendawo namhlanje. Eyokuqala yileyo yokubonga kanye nokubungaza ingqubekela phambili eseyenziwe kubuyiswa

isithunzi sabalaphi bethu bendabuko njengoba kucaca nangemithetho esishicilelwe kumthetho sisekelo walelizwe.

Okwesibili kuzoba yilo udaba lokugubha usuku olwaziwa ngele Africa Malaria Day njengaloku izwekazi lethu lonke kuzobe kulindelekile ukuthi lenze kusasa, April 25.

Mayelana nezinhlelo zabalaphi bendabuko,; mangiqale ngisho ukuthi inhlangotho yobumbano ye Africa, African Union, declared 2001–2010 to be the [Decade for African Traditional Medicine](#).

Ngokwezimiso zayo I African Union, lesiphakamiso senzelve ukuhlunganisa bonke labo abakwazi ukulapha, *in an ‘effort to make safe, efficacious, quality, and affordable traditional medicines available to the vast majority of our people.’*

Lesiphakamiso kuhle kucacele wonke umuntu ukuthi siphinde sisekwe naye World Health Organization kanye ne International Development Research Centre (IDRC) loku emva kokuba ucwaningo lwabo lubakhombisile ukuthi babalelwa ku 85% abantu abaqala kubalaphi bendabuko uma kukhona umkhuhlane abawuzwayo.

Siyizwekazi lase Africa sibhekene nenkulu inkinga mayelana nokugcina kanye nokusebenzisa amakhambi. Abe International Symposium on Biodiversity and Health kumanje sebekhiphe isexwayiso sokuthi izihlahla zokulapha nokutholakala kuzo imithi zisegcupheni yokushabalala

njengoba ukugecwa kwamahlathi kuqhubeka ngaphandle komkhawulo ezingxenyeni eziningi zezwe. Abantu abazi ukuthi kulezwe lethu nje kuphela zingu 20 000 izinhlobo zezihlahla ezaziwa ngele indigenous plants nezikwazi ukukhiqiza amakhambi okulapha.

Thina njengoMnyango wezeMpilo sekuningi esikwenzile ukubuyisa isithunzi sabelaphi kanye nokubhekelela ukuthi imithi yabo iyahlonishwa. Kumanje sisebenza ngokubambisana nama University aphezulu kubalwa University of KwaZulu Natal; University of Western Cape; University of Cape Town; University of Texas kanye ne Georgetown University ukubhekelela ukuphepha kanye namandla alephithi abalaphi bendabuko abayisebenzisayo.

Loku akukusha futhi akuqali kulezwe lethu ngoba amanye amazwe afana no India kanye ne China bona sebehambe enkulu indima ekuthuthukiseni izindlela zabo zamandulo zokulapha.

Nyakenye izwe lethu ligubha I African Medicine Day, ungqongqoshe wezeMpilo kuzelonke u**Dr Manto Shabalala Msimang** wakubeka kwacaca ukuthi abalaphi bendubuko sizobaseka ngaphandle kokusaba: *‘traditional medicine has sustained the health of our people for hundreds of years and this government will ensure that it is developed and awarded the recognition it deserves.’*

Ungqongqoshe Dr Manto Msimang lesiqiniseko akasenzanga ngomlomo nje kuphela lesiphakamiso sokuxhaso oluvela kuhulumeni kodwa wabuye wacacisa ngezinhlelo kumanje okusetshezela phezu kwazo kubalwa:

- the establishment of the Presidential Task Team which is working on the broad policy framework on African traditional medicine for our country
- the Ministerial Task Team which is working together with the Medicine Regulatory Authority to facilitate the registration and regulation of African traditional medicines
- the prioritisation of registration and regulatory framework for African traditional medicine
- making funds available for the research and development of African traditional medicines to manage and control diseases, and
- the establishment of a fully staffed unit that manages the work related to traditional medicine within the Department of Health.

Okusele manje ngasohlangothini lukahulumeni ukushicilelwa nokuphasiswa kwe **Traditional Health Practitioners Bill**, nokuyisinyathelo esizokwenza kube lula ukusungulwa kwe **Traditional Health Practitioners Council**. Lomkhandlu wabelaphi yiwona ke osuzosebenzela ukubhekelela ukuthi izinhlelo zokulapha ngendabuko zingena ngokuphelele ezinhlelweni zezempilo kulelizwe, National Health System.

Iyodwa ke into engiyoyiphakamisa kubo abelaphi ngqo. Udaba lobumbano! Sithi akungathi sekusetshenzwe kangaka,

izinhlangano ezase West ezikhiqiza imithi kukade ziphikisa bese kuba khona ukubanga, ukudonsisana kanye nokungezwani phakathi kwabelaphi bendabuko bebodwa.

Kwathina singuMnyango sifuna ukusebenmza nani nibumbene ukuze sizokwazi ukunazisa ngezinhlelo uMnyango onazo njengoba uzibophezele ekulwisaneni nezifo; ekulwisaneni nobubha futhi unikeza ithemba.

Namhlanje ngithi masibambisane ngokwazisana ukuthi uMnyango wezeMpilo iziphi izinkinga obhekene nazo kanye nangokuthi iziphi izinhlelo ezisekiwe ukusimamisa isimo sempilo sabahlali bale Province.

Imali yethu sithe mayisebenze ukubhekana nalezizimo:

- HIV and Aids, STI and
- TB
- Maternal Child and Women's Health
- Nutrition
- Mental Health kanye ne
- Healthy Lifestyle

Kumakhosi wonke akhona lapha ngithi angiphinde ngiveze ukuthi ilanga lakusasa, u **April 25** uqokwe njengosuku lapho kufanele sibhekisisa kahle isifo sikamalaleveva, **Africa Malaria Day**.

This day has been set aside by African governments committed to rolling back malaria and meeting the United Nations malaria-related Millennium Development Goals.

Ohulumeni bamazwe ase Africa basebenzisana ngokubambisana ukuqeda inkinga kamalaleveva. Kumanje nje inkulu inqubekela phambili esingayibika kusukela ngenkathi kusungulwa I Lubombo Spatial Development (LSDI) ibone amazwe ase South Africa, Mozambique kanye ne Swaziland ibambisene. Kuzibalo okade ziphezulu ngonyaka ka 2000 umehluko manje uthi inkinga ka Malaria yehle ngo 90% e South Africa kanye nase Swaziland, yaphinde yehla ngo 70% ezweni lase Mozambique.

Isicelo esinaso namhlanje kumalunga omphakathi kanye nakubalaphi bethu bendabuko yileso sokuthi umuntu okhombisa izimpawu zikamalaleveva makasheshe athunyelwe ezikhungwini zethu zezeMpilo ukuze azolapheka ngokugcwele.

Kubalulekile ukuthi sisho ukuthi isikhathi esiphila kuso kuleminyaka ikakhulukazi ngokuphathelene ne Global warming sikhombisa ukuthi ziningi izifo esizobhekana nazo. Izimvula ezinkulu eziqukethe umswakama nakanjani ziqukethe izifo eziningi kubalwa naso lesi se Malaria.

I Malaria lena iyingozi kakhulu kubantu besifazane abakhulelwe ngoba ingadalela ukuthi kwenzeke i miscarriage.

Iphinde ibe ingozi enkulu ezinganeni ngoba idala ukuthi abantwana bangakhuli beqotho noma bafe.

Izimpawu ezikhombisa ngayo yilezo ze Fever.

Ebantwaneni izikhombisa ngokuthi bangafuni ukudla, babe ntekenteke, bahlanze noma babe nama fits.

Zikhona ke izindlela kwathina esingazivikela ngazo ku Malaria:

- Avoid mosquito bites by all means;
- remain indoors between dusk and dawn;
- wear long-sleeved clothing (preferably light coloured), long trousers and socks;
- application of repellents to exposed skin;
- cover doorways and windows with fly screens. AND
- keep windows and doors closed at night;
- use impregnated bed nets while sleeping to prevent mosquito bites;
- spray the interior of houses with an aerosol spray to kill Mosquitoes and
- allow the Department of Health to spray your dwellings with a residual insecticide to kill mosquitoes.

Mangisho ukuthi yize lenkinga kamaleleveva sikwazi ukuyilwisa kodwa abantu basaqhubeka bayafa njengaloku

Ngithi ke ake ngisebenzise lona lelithuba lanamhlanje ukugxegxa amalunga omphakathi kanye nabo abelaphi ukuthi ake singenelele umkhankaso wokutshala izihlahla emizini yethu.

In areas where malaria is common, it can be the leading cause of death and poor growth among young children.

Malaria is also particularly dangerous for pregnant women. It causes severe anaemia, miscarriages, stillbirths, low birthweight and maternal death.

Many lives can be saved by the prevention and early treatment of malaria.

Facts:

Malaria should be suspected if anyone in the family has a fever, or if young children refuse to eat or have vomiting, drowsiness or fits.

A child with a fever believed to be caused by malaria needs to be given immediate antimalarial treatment as recommended by a health worker. If children with a malarial fever are not treated within a day, they might die. A health worker can advise on what type of treatment is best and how long it should continue.

A child with malaria needs to take the full course of treatment, even if the fever disappears rapidly. If the treatment is not completed, the malaria could become more severe and difficult to cure.

If the malaria symptoms continue after treatment, the child should be taken to a health centre or hospital for help. The problem may be:

- the child is not receiving enough medicine
- the child has an illness other than malaria
- the malaria is resistant to the medicine, and another medicine is needed.

Children with a fever should be kept cool for as long as the fever persists by:

- sponging or bathing with cool (not cold) water
- covering the child with only a few clothes or one blanket.

Malaria burns up energy, and the child loses a lot of body fluids through sweating. The child should be offered food and drink frequently to help prevent malnutrition and dehydration. Frequent breastfeeding prevents dehydration and helps the child fight infections, including malaria. Children with malaria should be breastfed as often as possible.

Frequent malarial infection can slow children's growth and brain development and is likely to cause anaemia. A child who has had several bouts of malaria should be checked for anaemia.

Mosquitoes breed wherever there is still water – for example, in ponds, swamps, puddles, pits, drains and in the moisture on long grass and bushes. They can also breed along the edges of streams and in water containers, tanks and rice fields.

The number of mosquitoes can be reduced by:

- filling in or draining places where water collects
- covering water containers or tanks
- clearing bushes around houses.

Malaria affects the whole community. Everyone can work together to reduce the breeding places for mosquitoes and to organize regular treatment of mosquito nets with insecticide. Communities should ask all health workers and political leaders in their regions to help them prevent and control malaria.

'Having malaria can mean two things – you are too ill to work, tend your cattle or your crops, so you lose vital income or food for your family. Or you die. It is an indiscriminate disease, effecting the old, the young, and even unborn babies and it is the world's poorest people who are the hardest hit and the least able to combat it. At best malaria keeps people poor, at worst it kills millions of people, needlessly, every year. Our greatest legacy, as a global community, would be to wipe out malaria for ever..'