

ADDRESS BY THE MEC OF HEALTH, DR PHOPHI RAMATHUBA ON  
THE OCCASION OF THE INTERPROVINCIAL MALARIA INDOOR  
RESIDUAL SPRAYING CAMPAIGN: THE WILLOWS STADIUM,  
MOPANI DISTRICT MUNICIPALITY.

30 January 2020

Program Director;  
Honorable MEC for Health in Mpumalanga, Ms Sasekani Manzini;  
Traditional leaders;  
Representatives of the religious community;  
Executive Management from the two Health Departments;  
Health professionals present;  
Organized labor;  
Avuxeni;

On behalf of the Executive Management of the Department of Health, its staff and the people of this Province, let me take this opportunity to welcome MEC Sasekani Manzini and her entire delegation to this all important interprovincial malaria indoor residual spraying campaign.

We are pleased as a Province to be hosting a programme of this significance.

The success of this government has always been pillared around intergovernmental and interprovincial initiatives. Malaria and malaria-related deaths has been a thorn in the flesh of government and we have become deliberate in our efforts to annihilate it.

We are gathered here today as the two Provinces joining forces in the fight against malaria.

Malaria is an intermittent and remitting fever caused by protozoan parasite which invades the red blood cells and is transmitted by mosquitoes in many tropical regions.

Malaria is caused by the plasmodium parasite. That parasite can be spread to human through the bites of infected mosquitoes

The following characterizes signs of Malaria:

Attack usually starts with shivering and chill, followed by high fever, followed by sweating and a return to normal temperature.

If you notice these types of symptoms in one of your family member, you are advised to visit the nearest clinic or the medical practitioner around you.

How does the Department curb the spread of malaria?

As some parts of Limpopo are known malaria transmission areas, the Department has 42 malaria teams, placed strategically through the province, to control the disease, towards the ultimate elimination of malaria. The following are key interventions and activities:

Indoor residual spraying (IRS): This is an activity where spray teams enter individual houses, to conduct the spraying. All the inside walls of houses are sprayed by trained personnel with a chemical, that kills anopheles' mosquitoes when they go on sit on the walls, thus preventing them from spreading malaria. This activity takes place in the first half of summer, as a preventative intervention, with the plan to spray 933,000 houses sprayed this year (2019/20).

Spraying in Limpopo started in September 2019, with 709,080 structures sprayed in Limpopo between Sept 2019 and Jan 2020.

The Department's spray teams were boosted by 365 seasonal workers that joined the department in August, to start with the full capacity of spraying, in combatting malaria.

The spraying progress thus far has exceeded expectations, largely due to support from traditional authorities and the acceptance of community members, when malaria spray teams, visit communities conducting the spraying,

The Department also conduct environmental surveillance in malaria risk areas, to guide malaria control interventions. Surveillance teams furthermore collect blood smears from community members, in an effort to detect suspected parasite carriers at community level.

Early diagnosis and prompt treatment is critical to prevent malaria deaths. All health facilities in Limpopo do have malaria tests and treatment. Malaria is a 100% curable disease, if detected and treated early.

## Malaria in Limpopo

In Limpopo, the northern and eastern lowveld areas in Limpopo, are malaria endemic areas. In these areas, malaria transmission is seasonal, and with cases normally at higher levels during summer rainy season.

Although the malaria incidence has declined since 2000, malaria transmission still persists in the malaria risk areas. During years favorable to malaria transmission, malaria can increase sharply, as a result of external factors like high temperatures and rainfall, outdoor activities at night and movement of people between malaria risk areas in Limpopo and neighboring countries.

The Limpopo Department of Health has made considerable progress, over the past 15 years, in reducing the incidence of malaria in the province.

While malaria remained at between 3,000 to 8,000 cases per year, 2017/18 saw a dramatic upsurge in malaria, with 18,977 cases & 160 deaths were reported in the 2017/18 season.

The Department was able to turn the situation around, with 6606 cases and 38 deaths reported in 2018/19.

This represents a 65% decline in cases and 76% decline in deaths.

During the current financial year, 2,226 cases & 9 deaths have been reported.

## Early Diagnosis & Prompt Treatment.

While the incidence of malaria has declined to lower levels, malaria remains a fatal disease, if remained undiagnosed and untreated. Communities need to be vigilant of malaria and to consult at the

closets health facility, when malaria symptoms are observed. Primary health care facilities (clinics) and hospitals are also prepared to deal with patients, infected by malaria. All patients with fever, visiting a health facility, are tested for malaria. The best available treatment for malaria, is available at all clinics, and treatment is administered to all patients found to be positive with malaria. Malaria is a disease that can be treated fully and successfully, if detected and treated early

It should be noted, that due to various factors, mostly associated with patient delays in seeking health care early and other underlining medical conditions, around 1% of malaria cases ends up as fatalities. In order to reduce malaria fatalities, health seeking behavior, to ensure early diagnosis with prompt treatment is essential.

Plans for Malaria Elimination in the SADC region.

South Africa is one of four countries in the SADC region targeting malaria elimination (zero local malaria transmission). The key challenge that South Africa will face are imported cases from travelers and workers entering the country from neighboring high burden malaria endemic countries.

It is important to remind communities at risk and travelers to malaria endemic areas to remember that signs and symptoms of malaria are: fever, severe headache, shivering, chills, sweating, weakness, body pains, vomiting, nausea, and diarrhea. Prevention is better than cure, hence the following preventative measures should be taken into account for communities and travelers to malaria endemic regions.

Communities in Malaria Risk areas and tourists

Make provision for drainage of rain and household water near houses.

See that there is no standing water in either ground pools or articles like empty cans or old car tyres near houses.

Build houses away from marshy areas and rivers that are potential breeding areas for mosquitoes.

Co-operate with malaria control teams, ensuring that your house get

spraying during spraying activities.

Tourists and visitors to the province should take note of malaria control efforts from the Department of Health. The eastern Lowveld parts of the province (eg Kruger National Park) is still a malaria risk area and tourists should take the necessary precautions when visiting these areas.

In Waterberg, local transmission only occurred in a small geographical area and with low case numbers.

The entire Waterberg is safe for tourists to visit and there is no need to take medication (chemo-prophylaxis) when visiting Waterberg. Tourists are advised to take personal protective measures when visiting western Waterberg, eg apply mosquito repellents to exposed skin at night, remain indoors and use mosquito burners/ mats.

Our main focus as the Department is to increase indoor residual spraying, towards the ultimate Malaria elimination.

Once more, we appreciate the invaluable support given by the Mpumalanga Department of Health and we strongly believe that we will join hands in future to fight other diseases threatening the livelihood of our people.