**We need to strengthen our resolve to eliminate Malaria**

**An Opening Address of the South African Deputy Minister of Health**

**Dr Sibogiseni Dhlom to the 4th Annual Global Forum of Malaria-Eliminating Countries “Accelerate elimination to achieve GTS milestones”**

**24-26 JANUARY**

Programme director

Country representative of WHO, Dr Owen Kaluwa,

Team Lead from the WHO HQ- Dr Alkan Gasimov

Team lead from WHO AFRO region - Dr Ebenezer Baba,

Programme managers from Malaria eliminating countries,

Global and local Malaria experts.

Distinguished guests

Ladies and gentlemen

It is an honour and a privilege for me to address you at this important meeting. On behalf of the Minister of Health Dr Joe Phaahla, we acknowledge and appreciate being nominated as part of the completed E2020 initiative and now E2025 countries which are close to elimination and are implementing a national elimination strategy. Botswana and Eswatini are also regional member states nominated in the E2025 initiative and we applaud them for this.

Let me start by expressing my sincere gratitude to the WHO for organising this Global Malaria elimination meeting in South Africa.

This gratitude extends to all the participants representing the various countries and organisations that are present here today. We welcome you to South Africa and are very grateful for your presence at this meeting. We firmly trust we all will be able to benefit from your knowledge that you will be sharing during this meeting.

The Malaria map is gradually, if not rapidly, shrinking. At the turn of the 20th Century (in 1900), endemic Malaria was present in almost every country. During the years 1955 to 2018 the disease eliminated in 111 countries and 34 countries are advancing towards elimination. In fact, this August body (WHO) were declared the 34 countries Malaria free. We understand elimination as the absence of transmission in a defined geography – typically a country.

**The Challenge of Imported Cases**

During the years 1955 to 2018, at least 30 countries and two territories were declared Malaria free by the WHO. These nations are now facing the problem of imported Malaria cases from other endemic countries. Increasing movement of people to and from endemic settings has largely connected the Malaria free countries with Malaria endemic countries.

Many factors contributed to the importation of cases into non-endemic regions, including endemicity and prevailing interventions in the region of origin. In addition, number of people travelling to endemic regions and frequency of travels also play major role in Malaria importation. The risk factors associated with the deaths from imported Malaria cases corresponded to Malaria diagnosis and different socioeconomic factors.

Imported Malaria challenges the elimination programmes in countries that are heading towards WHO Malaria free certification. Although general health services in many countries undertake continuous vigilance of imported cases and provide prompt diagnosis and treatment, however surveillance mechanism is still weak in many endemic countries due to one or another reasons. To counter this problem, in addition to strengthening the surveillance system, it is crucial to analyse country specific movement pattern of Malaria cases. In South Africa, we know that cases of Malaria importation increase during the festive period and local transmission increases in summer.

**Control Programmes**

There is an ongoing need to collaborate and strengthen control interventions with nations that export Malaria cases regularly. Cross-border collaboration among the neighbouring countries, synchronising control efforts at regional level strict vigilance in highly connected locations has proven to be the most effective approach. Successful Malaria control programmes in the remaining 64 countries with ongoing transmission have helped to reduce global incidence by 17% and mortality by 26% since 2000.

For the 34 eliminating countries, the reductions were 85% in incidence and 87% in mortality. This progress is encouraging.

Despite progress, the burden of Malaria is still great, and it is widespread. If the world is not going to commit to progressive elimination leading to eventual global eradication, we need to review our programmes and embark on a drug research that will aid our eradication efforts

Of the ten leading causes of death in the world, Malaria is the only one with a real prospect for eradication.

Yes, progress is good. Our integrated efforts are effective and continually improving. With adequate and sustained commitment, the task can be achieved.

**Social Science Research**

The impact of drugs to control disease or programmes to reduce human-mosquito contact is mediated by local practices and beliefs about Malaria and its treatment. Most people in Malaria-endemic countries seek initial treatment for Malaria outside of the formal health sector. Programmes that attempt to influence this behaviour must understand that current practices satisfy, at some level, local concerns regarding such matters as access to and effectiveness of treatment, and the cost of services. Access to care may lead to practices at odds with mainstream medical practice. We need to make UHC a reality if we are to succeed in elimination efforts.

Our evidence-based efforts should consider the social, cultural, and behavioural dimensions of Malaria – factors limit the effectiveness of measures undertaken. Social science research incorporate household or community concerns and resources into programme design. In most countries, little is known about how the demand for and utilisation of health services is influenced by such things as user fees, location of health clinics, and the existence and quality of referral services; further reinforcing the urgent need to implement the UHC.

There is a need for further research on local perceptions of Malaria as an illness, health-seeking behaviours (including the demand for health care services), and behaviours that affect Malaria transmission, and that the results of this research be included in community-based Malaria control interventions that promote the involvement of communities and their organisations in control efforts.

There is also a need for consistent support of innovative combinations of control technologies and for the transfer of new technologies from the laboratory to the clinic and field for expeditious evaluation. Successful technology transfer requires the exchange of scientific research, but more importantly, must be prefaced by an improved understanding of the optimal means to deliver the technology to the people in need.

**Malaria Control Strategy Should be Dynamic**

Malaria is a complex disease that, even under the most optimistic scenario, will continue to be a major health threat for decades. The extent to which Malaria affects human health depends, largely, on epidemiologic and ecologic factors. Depending on the combination of these and other variables, Malaria may have different effects on neighbouring villages and people living in a same village. All Malaria control programs need to be designed with a view toward effectiveness and sustainability, considering the local perceptions, the availability of human and financial resources, and the multiple needs of the communities at risk. If community support for health sector initiatives is to be guaranteed, the public needs to know much more about Malaria, its risks for epidemics and severe disease, and difficulties in control.

Unfortunately, there is no panacea, and no single Malaria control strategy will be applicable in all regions or epidemiologic situations. Our efforts include resources to improve local capacities to conduct prompt diagnosis, including both training and equipment, and to ensure the availability of anti-Malarial drugs.

There is a need allocate resources to develop and disseminate Malaria treatment guidelines for physicians, drug vendors, pharmacists, community health workers, and other health care personnel in endemic and non-endemic countries. The guidelines should be based, where appropriate, on the results of local operational research and should include information on the management of severe and complicated disease. The guidelines should be consistent and compatible among international agencies involved in the control of Malaria.

There is also a need to implement locally relevant communication programmes that provide information about how to prevent and treat Malaria appropriately (including when and how to seek treatment) and that foster a dialogue about prevention and control.

Let me strike a note of caution here: if our programmes or interventions are to be successful, we need to harness country and local resources.

**The Design of Malaria Control**

One of the major criticisms of Malaria control programmes during the past 15 to 20 years has been that funds have been spent inappropriately without an integrated plan and without formal evaluation of the efficacy of control measures instituted. In many instances, this has led to diminished efforts to control Malaria. We cannot neglect this factor any longer.

**Global Technical Strategy Targets Set for 2025**

Programme Director

As noted in the World Malaria report 2022 and from looking at the Malaria burden, South Africa is now on track to meet the Global Technical Strategy targets set for 2025, with at least a 40% reduction in Malaria case incidence.

However, South Africa will not be able to eliminate Malaria by itself, hence we together with SADC member states, have committed ourselves collectively to the goal of elimination of Malaria. This we have done by ensuring that the Windhoek declaration on Malaria elimination was signed by our heads of state on 18 August 2018. In the Windhoek declaration, SADC heads of state committed to the following:

1. Firmly placing regional Malaria elimination on the agenda of all member states.
2. Intensifying resource mobilisation by committing to domestic financing of Malaria elimination to ensure that Malaria programmes are adequately funded, and national targets are met.
3. Promoting a supporting policy and legislative environment for Malaria elimination by harmonizing policies to maximise the use of resources devoted to Malaria prevention and treatment.
4. Reinforcing accountability among member states to accelerate and achieve regional Malaria elimination by jointly reviewing progress on elimination targets.

I have brought up these commitments, to give assurance that we are committed to eliminate Malaria in the regions and globally, by putting in the effort and to collectively acknowledge some of the successes and challenges that we face as South Africa and as a region to implement these recommendations.

In November 2022, the Ministers of Health from SADC convened in the Democratic Republic of Congo; and this global forum is an opportune moment to share some of the highlights of the deliberations from that meeting.

**Malaria Statistics of the SADC Shows it is still a Burden in the Region**

* In 2021, approximately 83% of the population in the SADC region lived in Malaria at risk areas. In 2021 SADC Member States reported 63,685,376 million Malaria cases and 42,871 deaths.
* Over 80% of all the cases were reported from countries with high Malaria transmission which include Angola, the Democratic Republic of the Congo, Madagascar, the United Republic of Tanzania, Malawi, Mozambique, and Zambia.
* Countries with low Malaria transmission risk include Comoros, Eswatini, South Africa, Botswana, Zimbabwe, and Namibia

**Regional Initiatives are Contributing Significantly towards Malaria Elimination**

Several cross-border Malaria initiatives have been initiated over the past few years, which harness collective approaches and seek areas of synergy for accelerating Malaria elimination. Some of the initiatives include:

* The **Trans-Kunene Malaria** initiative between Angola and Namibia
* The **MOSASWA** – the cross-border initiative between Mozambique, South Africa, and Swaziland (now Eswatini);
* The Zim-Zam Malaria Initiative- between Zimbabwe and Zambia,
* The Bomozisa initiative, between Botswana, Mozambique, Zimbabwe, and South Africa.

**Domestic Resource Mobilisation for Implementing National Elimination Strategic Plans in South Africa**

* Countries are now mobilising resources domestically. South Africa for example mobilised approximately USD 24 million in 2019 for a 3-year grant to the provincial Malaria programmes and a further USD 2.4 million to support Mozambique achieve its Malaria prevention and control targets.
* In spite of this progress and successes that we have recorded in SADC there are several challenges that we in South Africa and the region face, these include:

**Malaria Outbreaks -** flare-ups and clustered outbreaks in areas which had previously reported free of Malaria, due to large scale irrigation farming and new settlement. Climate change has also contributed to some of the recent Malaria transmission patterns

**Procurement and Supply Chain -** delays in delivering of Malaria commodities because of multiple internal and external factors.

**Inadequate Financing-** underfunded Malaria programmes from some countries in the region, due to other competing priorities, from programmes such as HIV/AIDS and TB.

**COVID-19 Pandemic - Increased** risk and exposure of health workers to the virus and has regularly affected delivery on the Malaria programme.

**Coverage of key Malaria interventions** remains a challenge, especially for vector control, where the application of Indoor Residual Spraying and Insecticide Treated Nets are not at optimal levels.

Ladies and Gentlemen,

I have tried to give you an account of the progress we have made to the elimination of Malaria from countries and the challenges we also face. I make a plea to you on behalf of South Africa and the SADC region, to work with us to support mitigation efforts to address the challenges we face. I have noted the representation from eliminating countries around the world, leading malariologists, astute technical experts from all sectors and key partners here today. Malaria elimination requires a concerted effort from all of us to ensure its elimination whilst we as government’s will do all we can to ensure that we set the policies and help with mobilising the resources and support the implementation of key Malaria elimination strategies, but we need partner support to help us achieve the country and WHO set targets for elimination of the disease.

Having said a mouthful, I wish you fruitful deliberations at this meeting and I look forward to receiving a report on the proceedings of this meeting and I commit the county staff at the Department of Health in South Africa to support implementation of the recommendations arising from this meeting.

I thank you.