



Republic of Namibia

Keynote Address

By

*Dr Nchabi Richard Kamwi, MP
Minister of Health and Social Services*

At the second World Malaria Day Commemoration

*24 APRIL 2009
Outapi, Omusati Region*

Programme Director

The Governor of Omusati Region – Hon. Sackey Kayone

The Traditional Authority

The WHO Representative

The UNICEF Representative – Mr. Ian Macloud

The USAID Country Director – Mr. Gregory Gottlieb

The Partners in Roll Back Malaria present here today,

Distinguished Invited Guests

Members of the Print and Electronic Media

Ladies and Gentlemen

I am pleased to join you in commemorating World Malaria Day, a day which originally was commemorated as Africa Malaria Day.

Malaria is one of the oldest diseases of humankind and has been a leading cause of illness and death especially for under five years olds and expecting mothers.

It is caused by a single cell parasite of the *genus Plasmodium* and is transmitted by mosquitoes of the *genus Anopheles*. These mosquitoes are common in most of the northern regions of Namibia including Omusati, Oshana, Oshikoto, Ohangwena, Caprivi and Kavango. *Anopheles* mosquitoes are also found on a small scale in Kunene, Otjozondjupa and Omaheke regions.

Programme Director

Ladies and Gentlemen

The objectives of this day are to provide education to the general public and to understand Malaria as a major public health problem nationally as well as globally.

Secondly, it provides us as health workers together with our stakeholders an opportunity to spread information on the Malaria Control Strategies including community-based activities for Malaria prevention, early diagnosis and treatment.

For example, what are the preventative measures to avoid mosquito bites?

- 1) Sleeping under Insecticide Treated Nets will protect ourselves together with our children from being bitten by mosquitoes;
- 2) Wearing of long sleeved shirts and trousers during late hours and at night;
- 3) Use of mosquito repellents;
- 4) Have your houses sprayed with insecticides such as 75 % DDT wettable powder and/or pyrethroids that kills mosquitoes;
- 5) There are other traditional methods that are being used to repel mosquitoes such as burning etse la kuku, the smoke will repel mosquitoes.
- 6) Similarly, it is advised that those travelling from non Malarious area to endemic Malaria areas get chemoprophylaxis.
- 7) There is need to assist spray men and women by opening your doors to allow them to spray the inside walls and roofs of our houses.

Programme Director, it is equally important to know the Malaria signs and symptoms which include fever with one or more of the following: rigors and chills, loss of appetite, vomiting, headaches, general body malaise, nausea and diarrhoea.

In addition, symptoms in children will include restlessness, excessive crying and coughing may be observed.

Following the onset of these symptoms, the communities are strongly advised to visit their nearest health facility for treatment. The earlier you visit the health facility the better the outcomes of treatment.

Programme Director

Ladies and Gentlemen

The theme for World Malaria Day is: “Counting Malaria Out”. First of all, unlike HIV/AIDS, Malaria is both preventable and curable. This theme is appropriate for this occasion given

that we now have resources and the tools to move on from Malaria control to elimination. It is regrettable that the northern regions including the host, Omusati and the eastern regions of Caprivi and Kavango experienced floods this year. These floods have resulted in conducive environment for the breeding of Anopheles mosquitoes. Naturally, with the presence of Anopheles mosquitoes it is expected that there will be more Malaria cases than was the case 3 years ago.

For example, Omusati region recorded 908 Malaria cases with 29 deaths from November 2008 to March 2009. Meanwhile, Ohangwena region had recorded 549 Malaria cases and 36 deaths during the same period. Kavango region reported the highest with 2182 Malaria cases and 34 deaths. In total, Namibia had recorded a total of 4070 Malaria cases with 135 deaths during the same period. By contrast, this is the highest figure, compared to the same time during the past 3 years.

This situation calls for those who are entrusted with Malaria control to redouble their efforts in order to realise our dream: **“Moving from Control to Elimination”**.

Programme Director

Ladies and Gentlemen

We are doing well with case management of Malaria and the drug policy should remain the same. However, there is need to redouble our efforts with vector control.

Indoor residual spraying using 75% wettable powder should remain the mainstay in the fight against Malaria vectors. When spraying cycle commences, let us aim at achieving a minimum of 80% spray coverage in all affected regions.

I note with concern that the 2008/2009 spraying programme performed poorly in all the malarious regions of the country. I am reliably informed that there was an exaggerated delay in the

delivery of DDT. Similarly, there is also a concern that there was a lack of community cooperation with our spray teams.

I therefore urge the management to consider bulk ordering for DDT through the Ministry's Headquarters. Similarly, I urge the Regional Health Directorates to collaborate with Local and Regional Councils in raising awareness in the fight against Malaria.

Programme Director

Ladies and Gentlemen

The reports from 2006 to 2008 were encouraging. For example, Malaria cases has dropped by 35% and 79% in 2006 and 2007 respectively. Similarly, Malaria deaths dropped by 41% and 82% in 2006 and 2007 respectively.

It is for this reason that the WHO has earmarked Namibia to be among the four front-line Malaria emilination countries including Botswana, South Africa and Swaziland, who together

have set the goal of Malaria elimination by 2015. However, this will only be realised when together with their northern neighbours, the second-line elimination countries notably Angola, Mozambique, Zambia and Zimbabwe can work together through border collaboration.

I am glad to report that the inaugurated meeting of the E8 Ministers of Health took place in March 2009. However, the challenge that the member states will face to realise this dream is related to financial and human resources to address cross border collaboration. Unless eliminating countries such as Namibia can ensure a significant and sustained reduction in transmission in the border areas of neighboring Angola and Zambia, it is unlikely that they will be able to achieve or sustain zero local transmission.

This approach has been followed in the Lubombo Spatial Development Initiative, a highly successful collaboration between Mozambique, South Africa, and Swaziland that has reduced Malaria prevalence in targeted areas by more than 90%.

I am confident that we too, Namibia and Angola can do the same. Namibia, for example almost eradicated *An. funestus* on the Namibian side using indoor residual spraying but the same species remain in abundance on the Angolan side where there is little or no activities.

Finally, we remain grateful to the financial and technical support given to the Ministry of Health and Social Services by our development partners; the UN Agencies, the Global Fund, PEPFAR, Clinton Foundation and many others.

Thank You.