

Reflections from the first South Sudan malaria conference

Onyango Okech 

Health and Social Sciences Research
Institute - South Sudan (HSSRI-SS) and
College of Medicine, University of Juba,
South Sudan.

Correspondence:
latinkuc3@gmail.com

INTRODUCTION

Malaria is caused by the Plasmodium parasites (*P. falciparum*, *P. vivax*, *P. ovale*, *P. malariae* and *P. knowlesi*), transmitted from one person to the other through the bites of infected female *Anopheles* mosquitoes and characterized by acute fever. The deadliest species and most prevalent in South Sudan and other parts of Africa is *P. falciparum*.^[1] The trend in global malaria cases is rising in the 84 endemic countries. In 2021, there were an estimated 247 million malaria cases as compared to 245 million malaria cases in 2020 and 230 million in 2015. The Democratic Republic of Congo, Uganda, Nigeria and Mozambique had the highest burden of the disease and accounted for almost half of the global caseload.^[2]

MALARIA CONFERENCE – SOUTH SUDAN



Dr. Onyango Okech at the venue of the First National Malaria Conference on the closing day of the conference at Radisson Blu Hotel, Juba - South Sudan, 10/11/2022. Photo Credit, Dr. Duol Biem.

South Sudan held the First National Malaria Conference from 8th – 10th November 2022 which culminated with the launch of the ‘Zero Malaria in South Sudan Starts With Me’ (ZMSWM) Campaign. The main objective of the conference was “To advocate and build the case for more investment in burden reduction of the number one killer (malaria) in South Sudan” under the theme, “Saving lives from malaria in a protracted humanitarian emergency setting.”

The conference, which I attended, brought together local and international experts to discuss progress and advances made in the fight against malaria and share experiences. Approximately 200 participants consisting of national and international NGOs, diplomatic missions, donors, UN agencies, researchers, policy makers, civil society, academia, and private sector were in attendance. The general conclusion after the 3-day event was that malaria constitutes a serious emergency in South Sudan that requires immediate action from government, partners, communities, and all stakeholders. “Malaria, a problem to be solved and not simply a task to be performed”^[3] said one speaker quoting Pedro L. Alonso.

Dr Kidiende Chong, the Ministry of Health Director General for Policy, Planning, Health Financing, Research and M&E, underlined that the last Malaria Indicator Survey (MIS) was conducted in 2017 in which only 39% of South Sudan’s population were sleeping under Insecticide Treated Nets (ITNs) even though 54.8% of households had access to ITNs. Further still, since 2017, the number of confirmed malaria cases treated has been increasing with 2019 recording 3.5 million cases and, by June 2021, there were already 3.1 million cases. He pointed out that the lack of recent data for malaria, general weak coordination mechanisms, inadequate health personnel, and delays in receiving supplies at the subnational level are affecting the response to malaria and other communicable diseases.

Dr Samson Baba, the Advisor to the Ministry of Health on Community Health and Special Programmes, emphasized the need to strengthen the Boma Health

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Initiative (BHI) to reinforce the fight against malaria. BHI was set to lay the foundation for a sustainable health care system in South Sudan. He said that by June 2021, only 42% (934/2219) bomas were implementing BHI. Major challenges facing the implementation of the initiative are the lack of funding, low incentives for boma health workers and parallel community-based initiatives.

Additional challenges pointed out by other presenters as hampering the fight against malaria in South Sudan were: the general lack and inadequate country ownership and political will, suboptimal coverage of preventive interventions especially in remote and hard to reach populations, poor access to health services due to inadequate integration, and inadequate engagement of the private sector.

“Malaria is widely accepted as a normal occurrence and not viewed as a life-threatening illness. This is coupled with inadequate political will that translates to poor domestic funding for the health sector and the national malaria programme,” said Dr Maru Aregawi, the World Health Organization Global Malaria Programme consultant.

EXPERIENCES FROM OTHER NATIONS

Rwanda

Community Health Workers (CHWs) are key in the last mile to the delivery of malaria case management and expanding malaria Community Case Management (CCM) is essential in reducing severe cases and deaths. Rwanda adopted home-based management (HBM) for malaria in all age groups in 2017 following a sharp rise in malaria cases between 2016 and 2017. The CHWs were equipped and incentivized to diagnose and treat all cases of malaria at the community level, free of charge. Their use, coupled with key policy changes in malaria control, resulted into 87% reduction in both severe malaria cases and deaths.

Kenya

The use of the Community Action Cycle (CAC) approach for community engagement to increase uptake of malaria control interventions is a lesson that South Sudan can borrow from Kenya. The CAC approach is a community led process through which those affected and interested in tackling the health issues organize, plan and act collectively for improved health.

Uganda and Tanzania

The use of data to guide situational analysis and implement an effective response to malaria epidemic with the full involvement of all key stakeholders and strong political commitment from the highest level to the community leaders was paramount in managing malaria upsurges in Uganda in 2022. The same message was echoed by Tanzania where malaria remains a public health challenge

in the mainland with 94% of the population estimated to be at risk of malaria transmission annually. The National Malaria Control Programme (NMCP) in Tanzania, in collaboration with other stakeholders, developed a malaria dashboard within the District Health Information System 2 (DHIS2) that is accessible and easy to interpret hence facilitating tailored interventions to sub-national local context.

CONCLUSION

At the conclusion of the three-day conference, the Honourable Minister of Health of South Sudan, Yolanda Awel Deng, commented that malaria is a disease that is preventable, treatable, and well known to everybody in South Sudan but still children under five years of age and those with compromised immunity continue to die from the disease. “Recent data indicates that three out of 10 hospital admissions are due to malaria which means that we still have a long way to go”, she said. On the other hand, H.E. Vice President Hussein Abdelbagi Akol Agany called upon everyone in the public and private sectors, NGOs, Civil Society Organisations, UN agencies, donors and communities to take action and fight malaria since it is a preventable and treatable disease that should not lead to the loss of lives. “Malaria is an emergency and cannot just be the business of the Ministry of Health”, he said before declaring the launch of the ZMSWM campaign.

RECOMMENDATIONS

Key recommendations advanced during the conference included the following:

1. The need to increase domestic funding from the national budget and increase resource mobilization for malaria from the public-private sector and civil society organisations while prioritizing investment for a resilient and integrated health system.
2. Improve investment and expand implementation of the Boma Health Initiative (BHI) package for all the population to reinforce the fight against malaria and increase Universal Health Coverage (UHC).
3. Improve capacity and systems for forecasting, quantifying, procuring and supplying malaria commodities to ensure constant service delivery
4. Strengthen the regulatory system for enhanced quality assurance and control of pharmaceutical products and promote operational research in traditional remedies for malaria.
5. To fast track the development and implementation of the Public-Private Partnership (PPP) framework for health.
6. Given the context of South Sudan, there is need to prioritise universal coverage of Long-Lasting

Insecticide Treated Nets (LLITNs) using innovative distribution approaches and implement Indoor Residual Spraying (IRS) and larvicide source management where applicable and sustainable.

7. Strengthen the use of the Health Management Information System (HMIS) and Integrated Disease Surveillance and Response (IDSR) tools for strategic use of data for decision making at all levels.

2. World Health Organisation. World malaria report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.,” 2022. doi: ISBN 978 92 4 1564403.
3. Monroe A, Williams NA, Ogoma S, Karema C, Okumu F. Reflections on the 2021 World Malaria Report and the future of malaria control. *Malar. J.*, 2022;21(1):1–6. <https://dx.doi.org/10.1186/s12936-022-04178-7>

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