

Swaziland Presentation

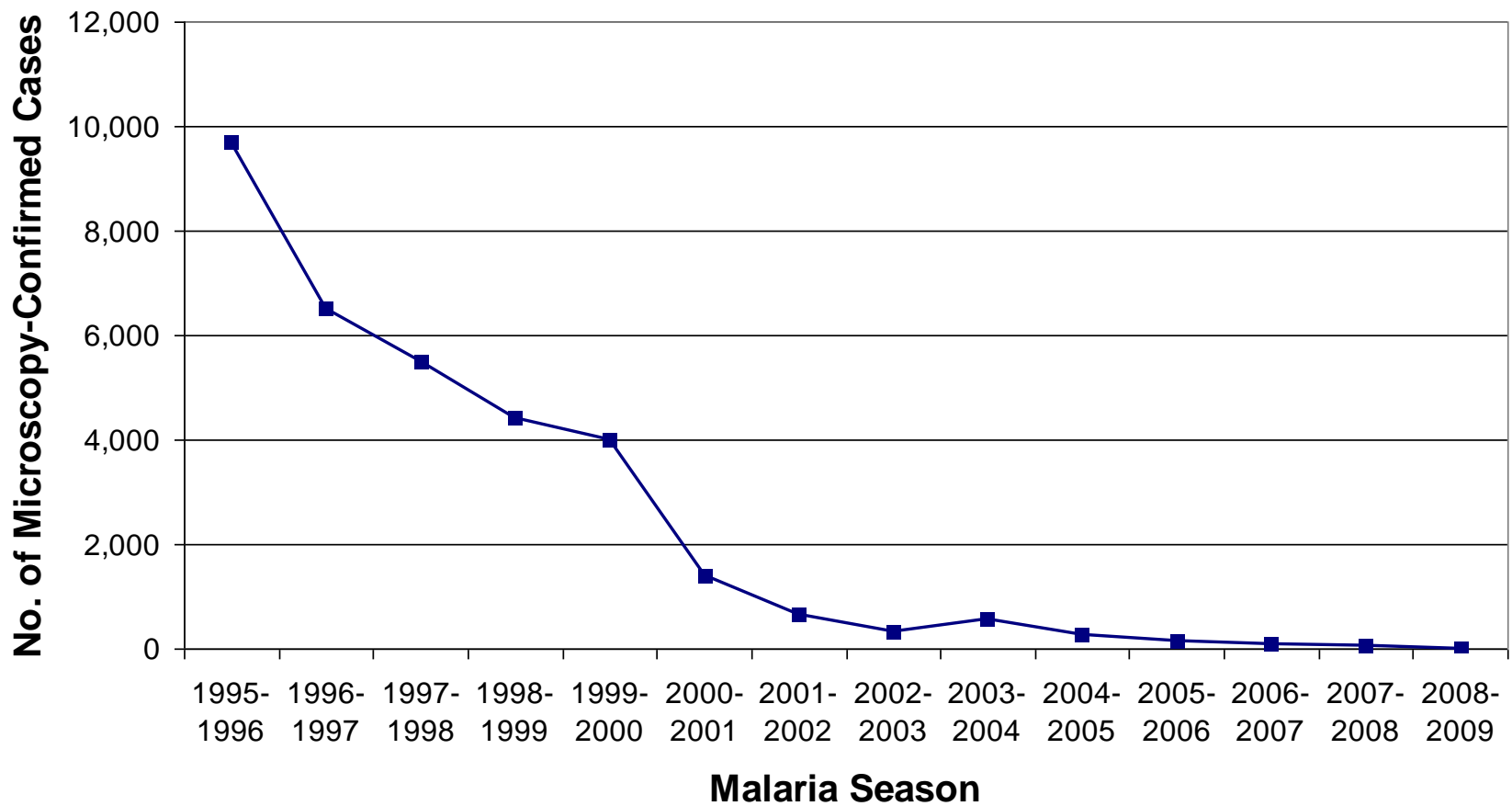
Challenges with LLINs in Pre-elimination Setting

AMP Meeting 2014



Swaziland Ministry of Health

Continuous Decline in Malaria Cases, 1995-2009



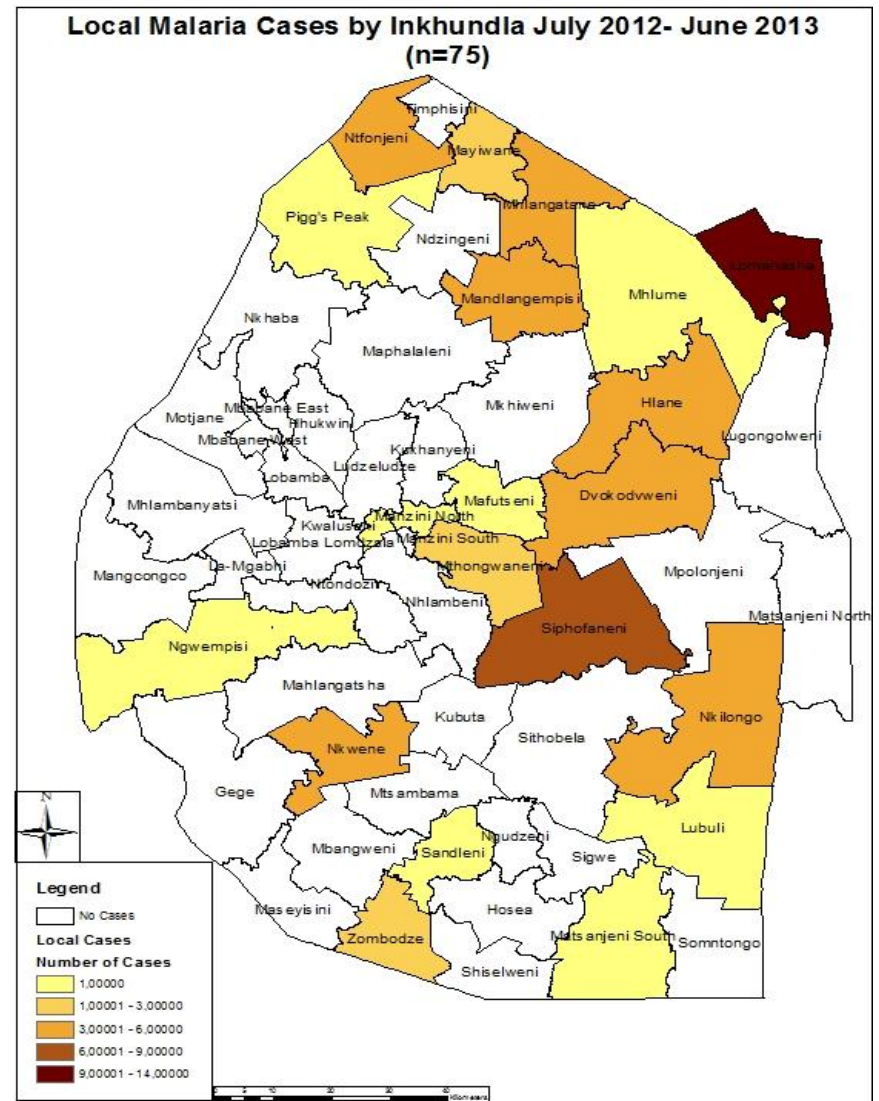


Introduction to the Elimination Campaign

- From 2002-2009, malaria incidence has decreased from 49.5 to less than 18 cases per 1000 of the population at risk – a decrease of more than 70%!
- Thus SADC and the African Union have identified Swaziland as a candidate for malaria elimination by 2015

Malaria in Swaziland

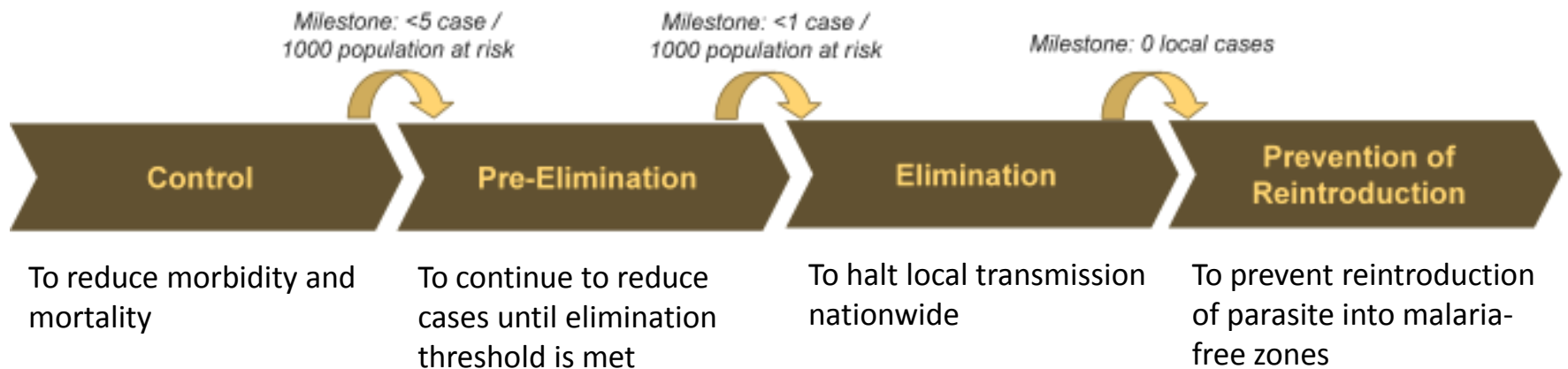
- Main Parasite: *P. falciparum*
- Main Vector: *A. arabiensis*
- Transmission season: November-May
- Geographic area of transmission: Lowveld
- Population at risk
 - 285,972 persons (~30%)
- June 2012-July 2013 malaria burden:
 - 379 confirmed cases
 - 26% of cases due to local transmission
- Target malaria elimination by 2015



Swaziland on the WHO Malaria Continuum

In 2008-2009, Swaziland had a malaria morbidity rate of 20 cases per 1000 population at risk. Considered the **Control Phase**.

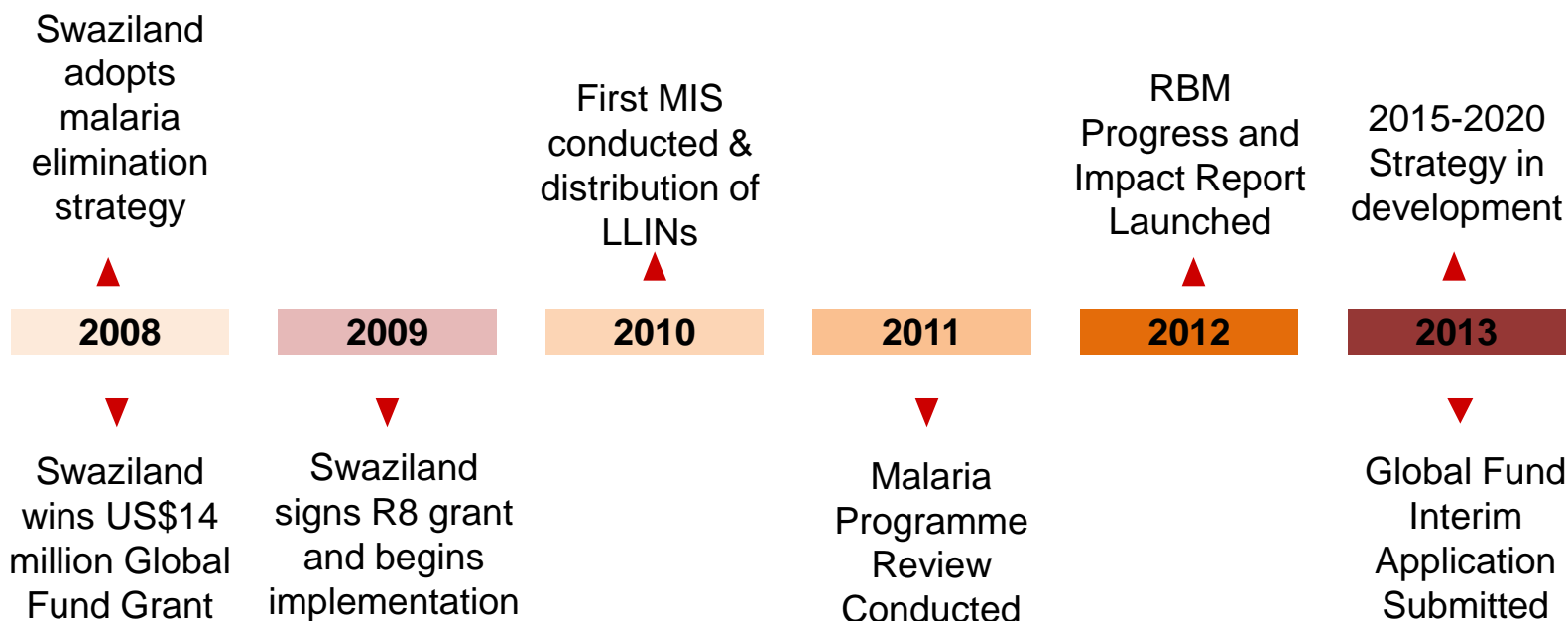
Since Swaziland implemented its National Elimination Strategic Plan, malaria cases have been significantly reduced, to 1.29 cases per 1000 population at-risk. Therefore, Swaziland has already reached the **Pre-elimination Phase**.



Swaziland's Commitment to Malaria Elimination

MALARIA ELIMINATION GOAL

The interruption of local transmission despite a continued presence of malaria vector mosquitoes and importation of parasites from abroad through travel/migration.





Swaziland's Malaria Elimination Strategy

Case Management

- Confirmed diagnosis for all cases
- Prompt, efficacious treatment for all confirmed cases

Integrated Vector Management

- Joint IRS and LLIN distribution to population at risk
- Ongoing entomological monitoring

Surveillance and Epidemic Preparedness & Response

- Strong surveillance systems
- Active surveillance programme
- EPR

Information, Education, and Communication

- Mass media campaign for total population and travelers
- Community outreach to endemic areas



Net Distribution Strategy

2002 - 2007

- Round 2 Global Fund Grant
- ITNs distributed to pregnant women and Children U5
- Distributed through ANC and child immunisation campaigns

2009 to present

- Round 8 Global Fund Grant
- LLIN distribution began
- Universal coverage in at-risk areas



LLIN Distribution

Joint IRS and LLIN Distribution Campaign

Seasonal LLIN Distributors recruited

GPS used for LLIN distribution

LLINs distributed as per sleeping area

LLIN Distribution

Joint IRS and LLIN Distribution

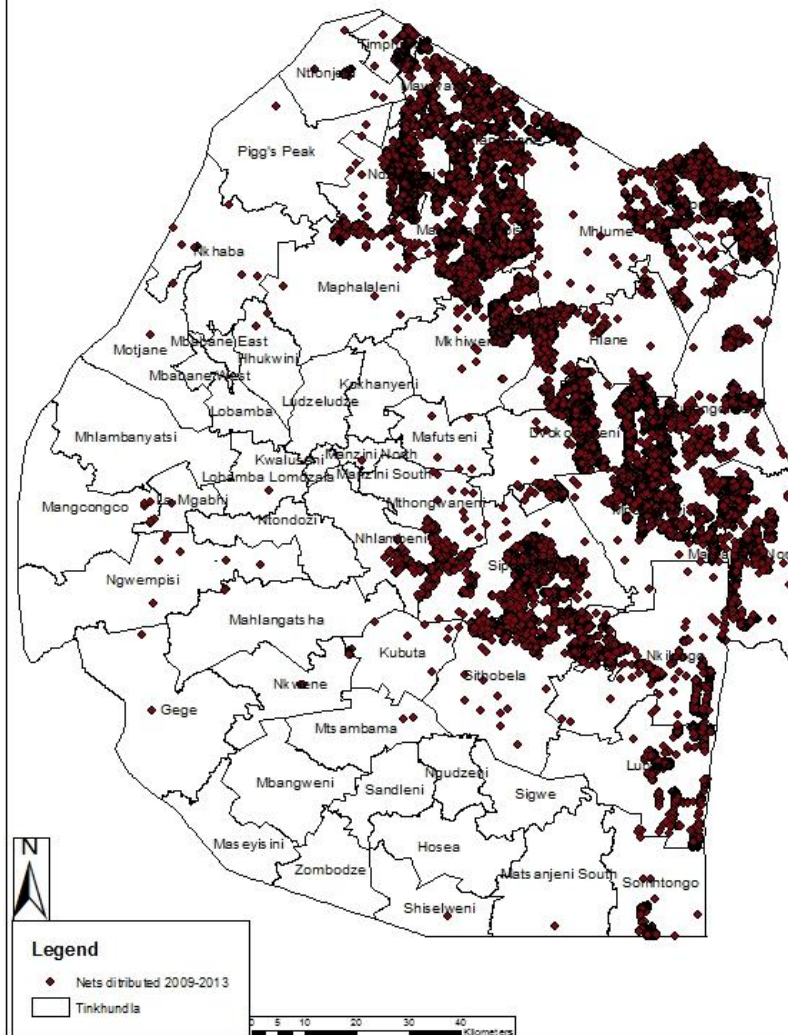


Private Sector Involvement



LLIN Coverage

NET DISTRIBUTION BY INKHUNDLA 2009-2013

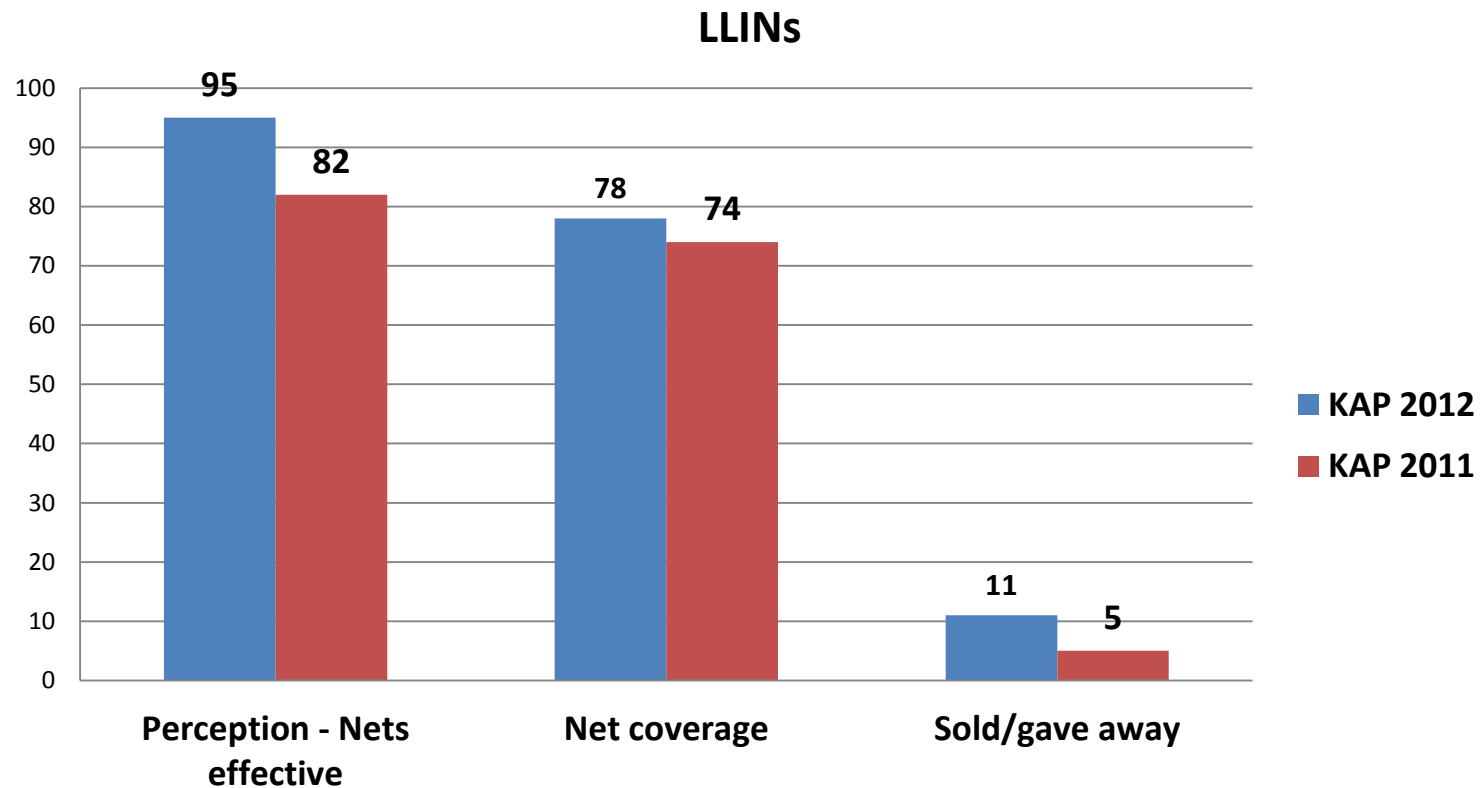




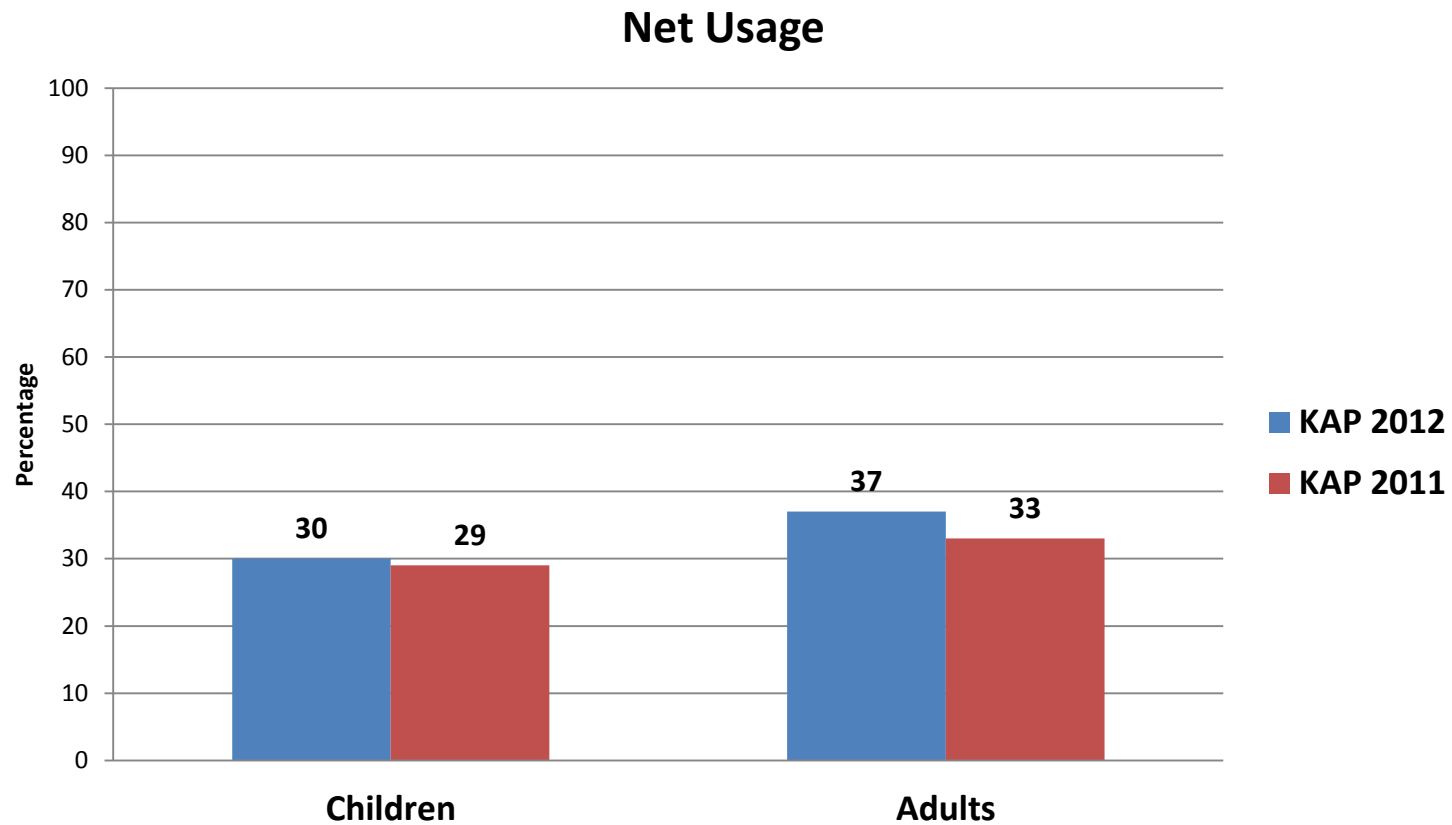
Challenges with LLINs in Elimination Setting

- Utilisation of LLINs
- Low risk perception
- Community involvement in malaria issues

Long Lasting Insecticide-treated Nets

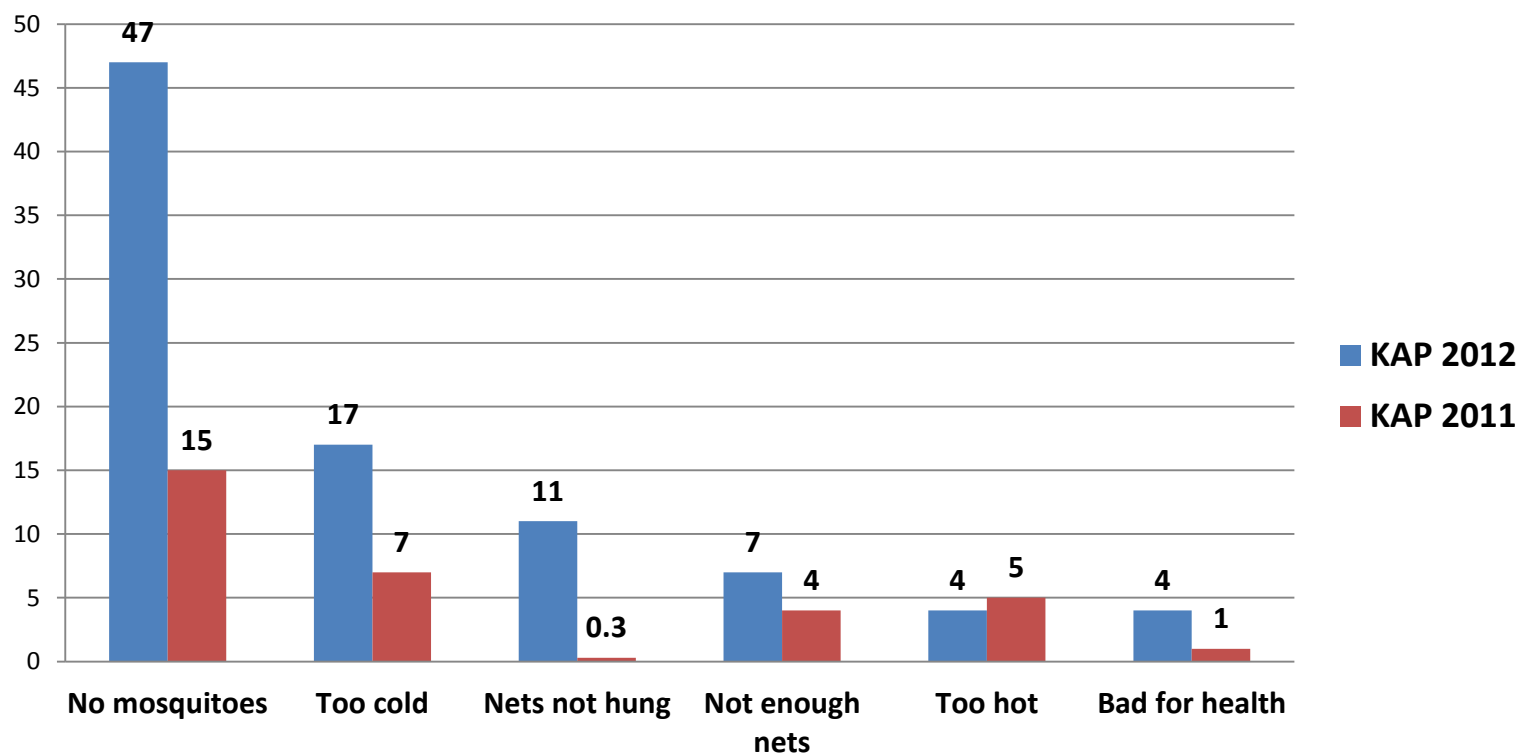


Net Usage Among Children and Adults



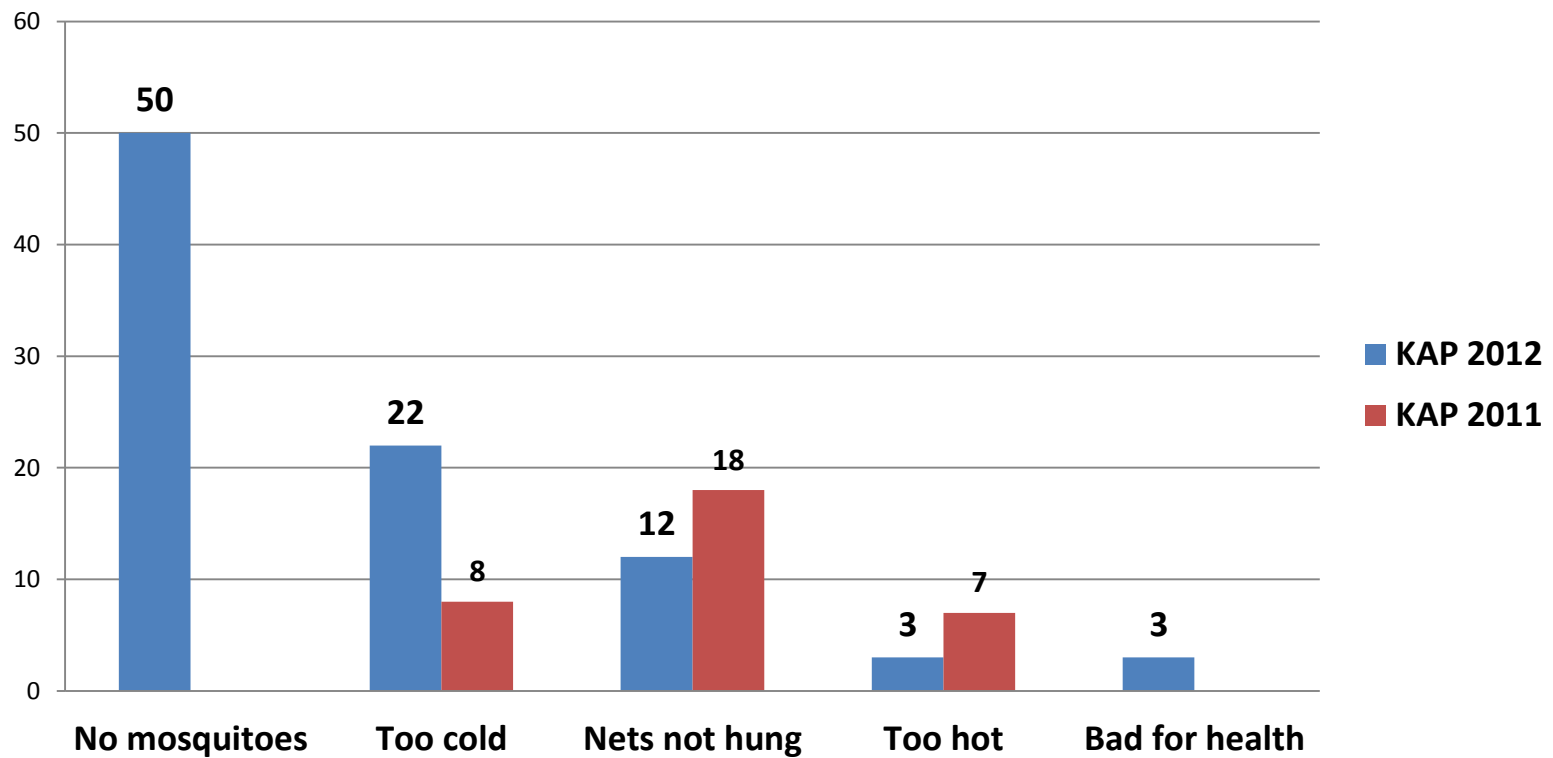
Reasons for not Using Nets - Children

Children: Reasons for not using nets

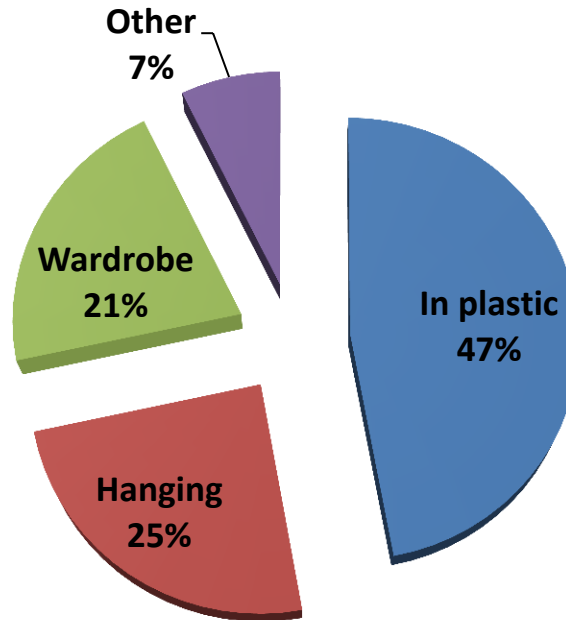


Reasons for not Using Nets - Adults

Adults: Reasons for not using net



Where Nets Were Found 2011

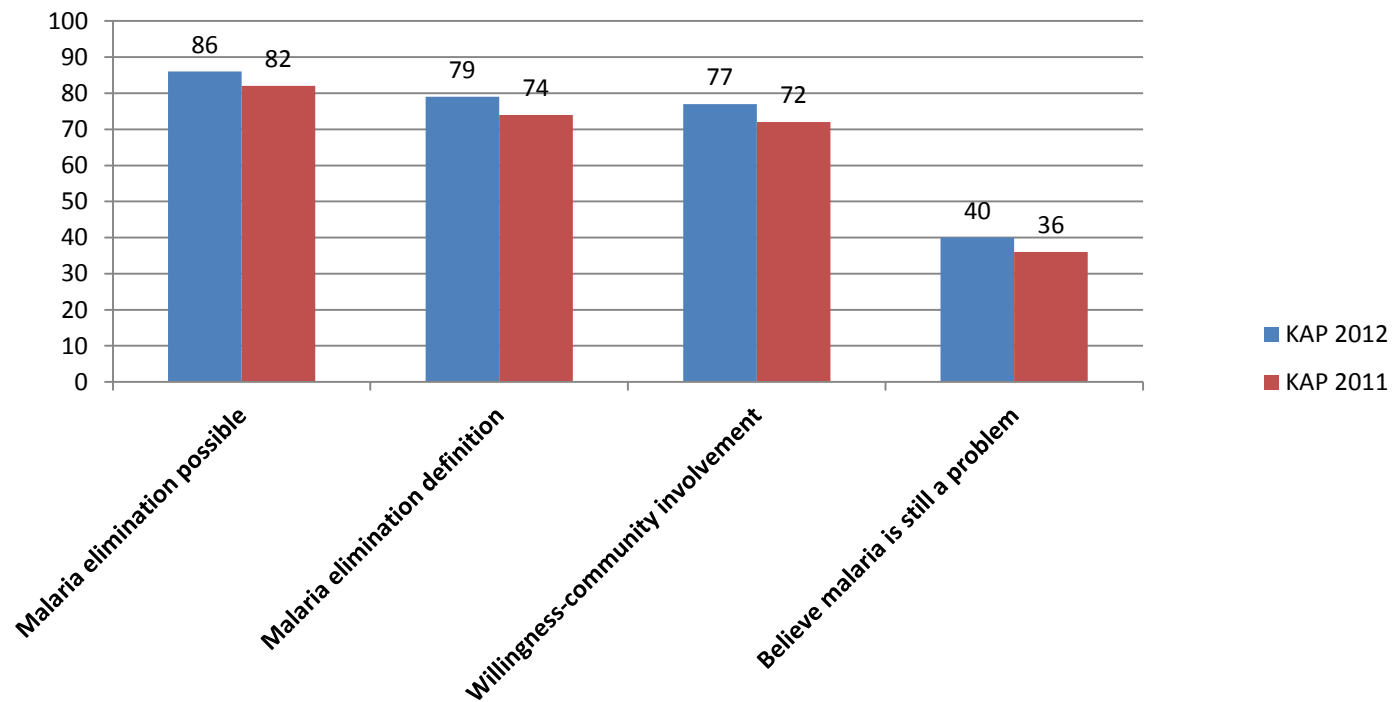


In 2010 MIS:

- 31% nets were found hanging above sleeping space


Community Involvement

- Work with Rural Health Motivators (RHMs)
- Work with Community Leaders, Farmers
- Work with School Teachers





Conclusion



Utilization of nets remains an issue. Promote the usage of nets through community outreach activities.



Need for new creative and innovative ways to promote behavior change



Need to address low risk perception



Need to invest and strengthen community linkages



Yes We Can!

Malaria Elimination is Possible

Thank you