

Malaria and Other Vector Borne Diseases



DRIVEN TO END MALARIA:
NOW WE CAN, NOW WE MUST

COUNTRY UPDATE – WHERE WE ARE NOW

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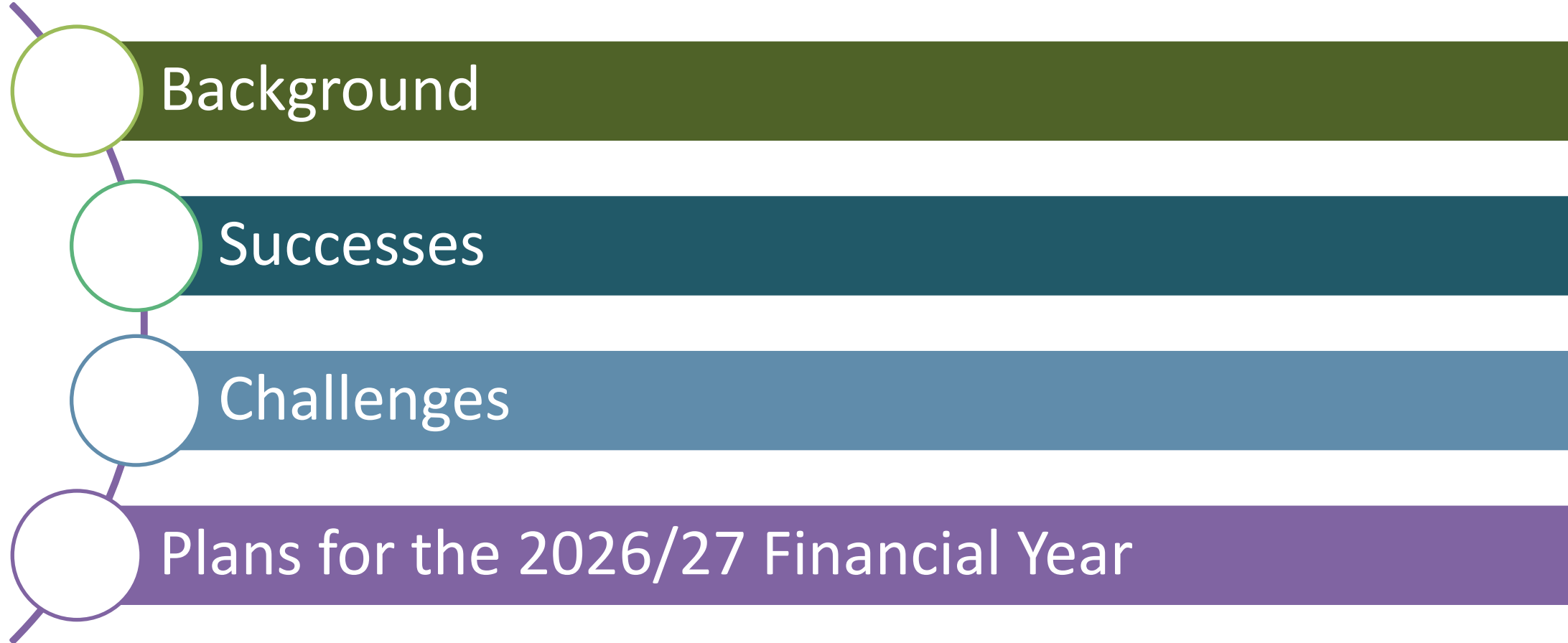


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Outline of the presentation



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Background



Malaria remains a major global health challenge with 282 million cases worldwide in 2024.

South Africa's malaria transmission is endemic in Limpopo, Mpumalanga, and KwaZulu-Natal provinces.

According to our National Elimination Strategic Plan 2025/26- 2029/30, South Africa has the goal to eliminate malaria by 2030.

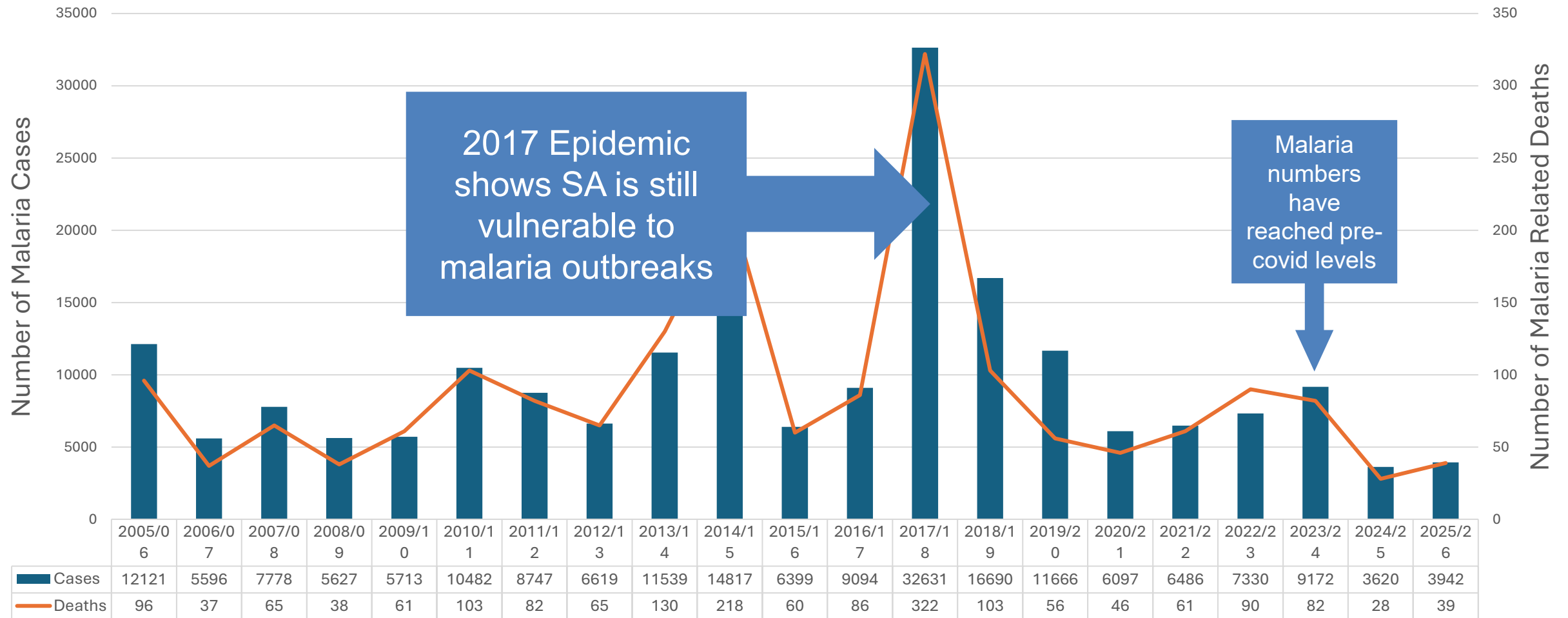


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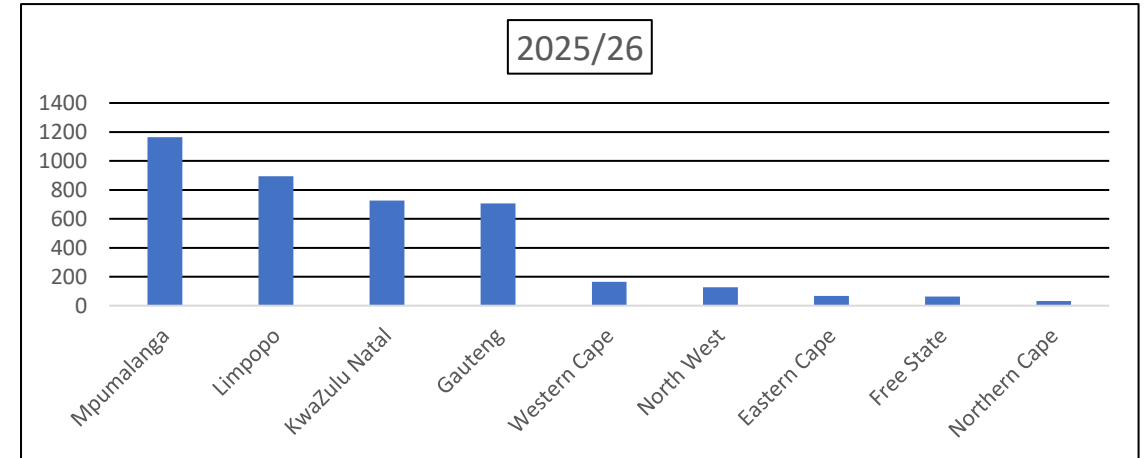
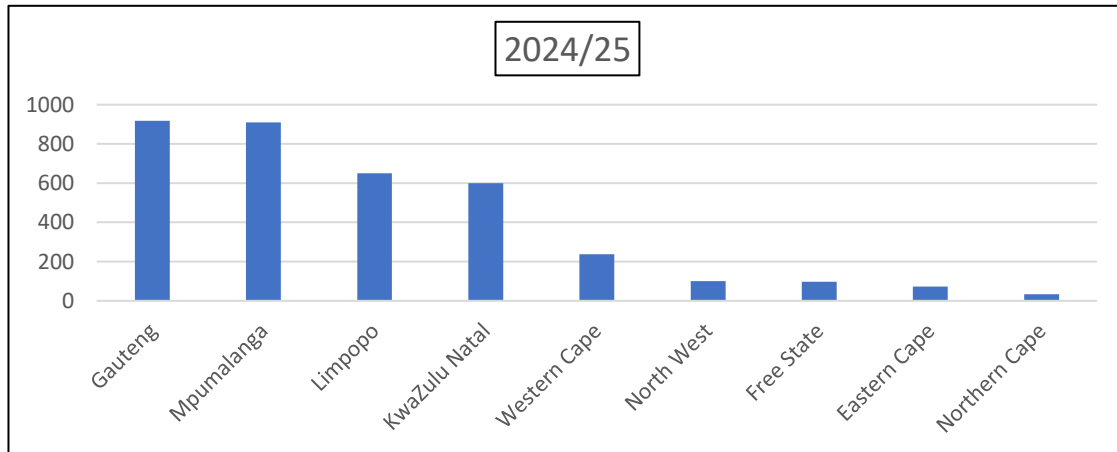
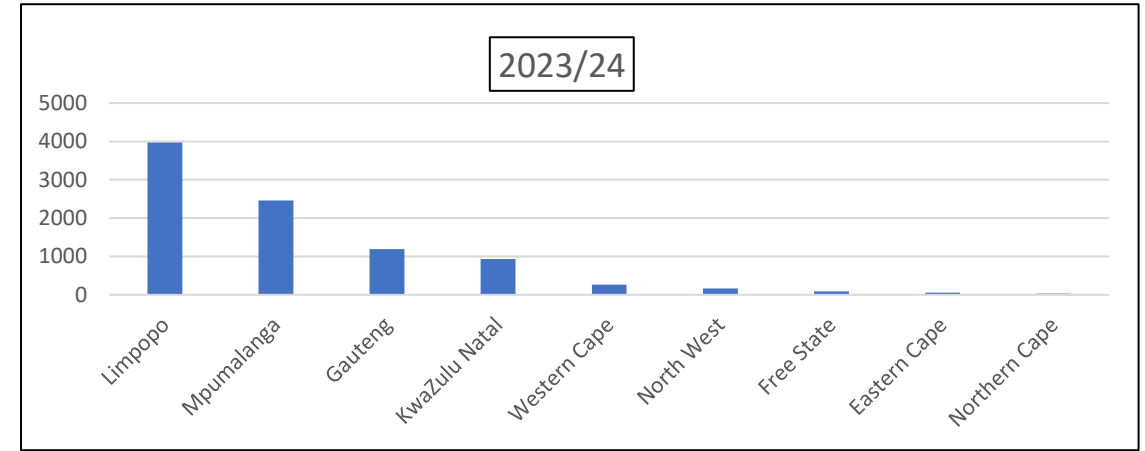
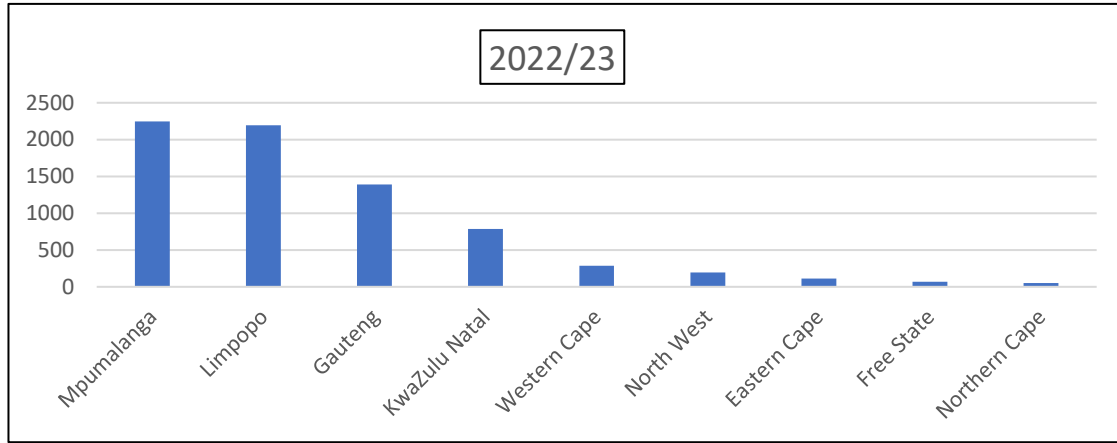
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National overview of financial year trends, 2005/2006 – 2025/26



Provincial Stratification of cases, 2024/25-2025/26

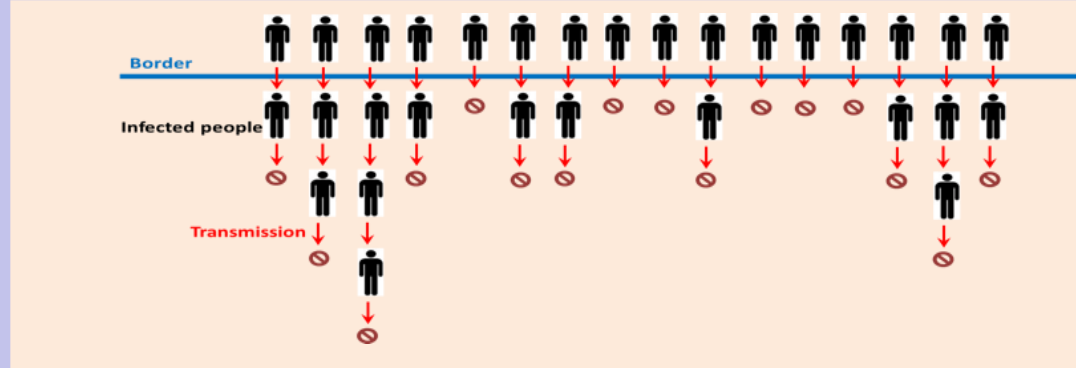


Importation from high-risk areas from the regions presents a challenge to achieving elimination in South Africa

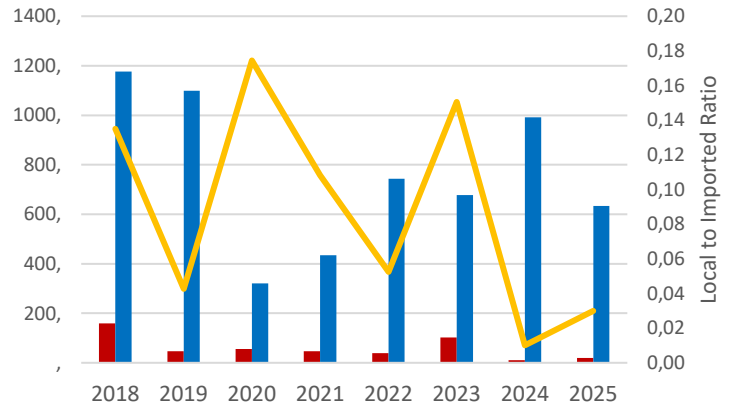


Elimination requires that local conditions do not support local transmission: any imported infection will die out **after a few generations**.

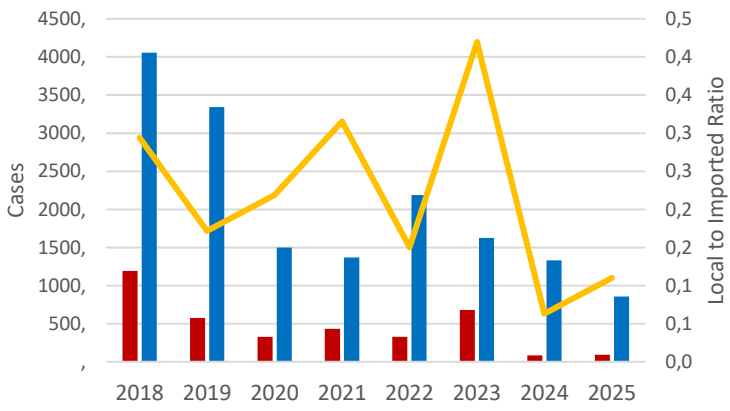
Even if conditions are such that local transmission eventually dies out, **importation can lead to considerable numbers of local cases and a sustained risk of resurgence**



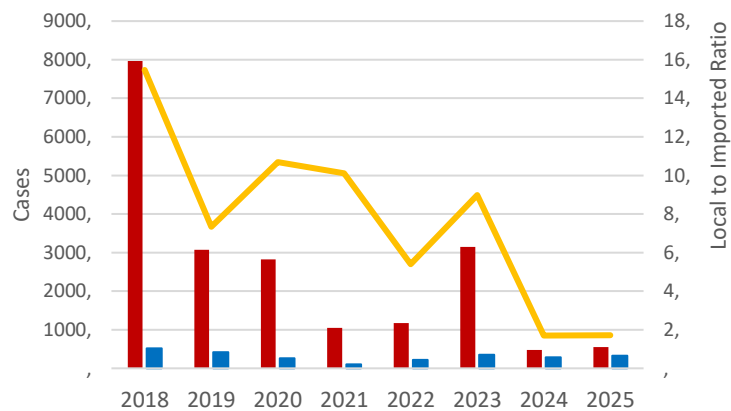
Local vs Imported in Kwa Zulu Natal 2018 - 2025



Local vs Imported in Mpumalanga 2018 - 2025



Local vs Imported in Limpopo 2018 - 2025



- Local
 - Imported
 - LIR
- KZN and Mpumalanga have successfully maintained very low levels of local transmission despite moderately high importation.
 - In 2025/26 local case loads are very low - **24 local cases in KZN, 142 in MPU**

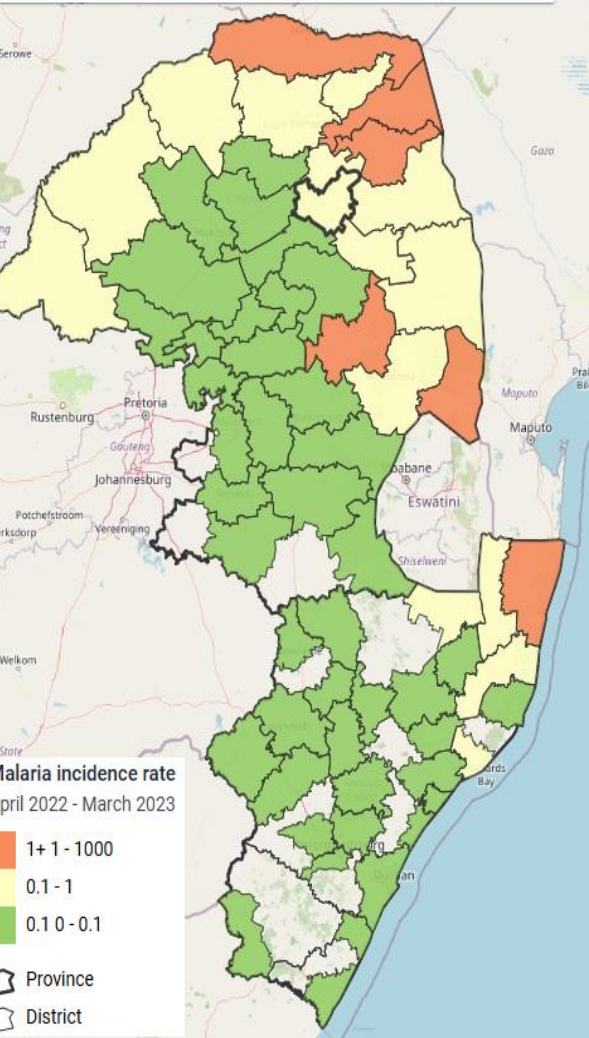
Transmission in Limpopo is predominately local, and has been the focus of significant domestic investment to address.

In 2025/26 **708 local reported**

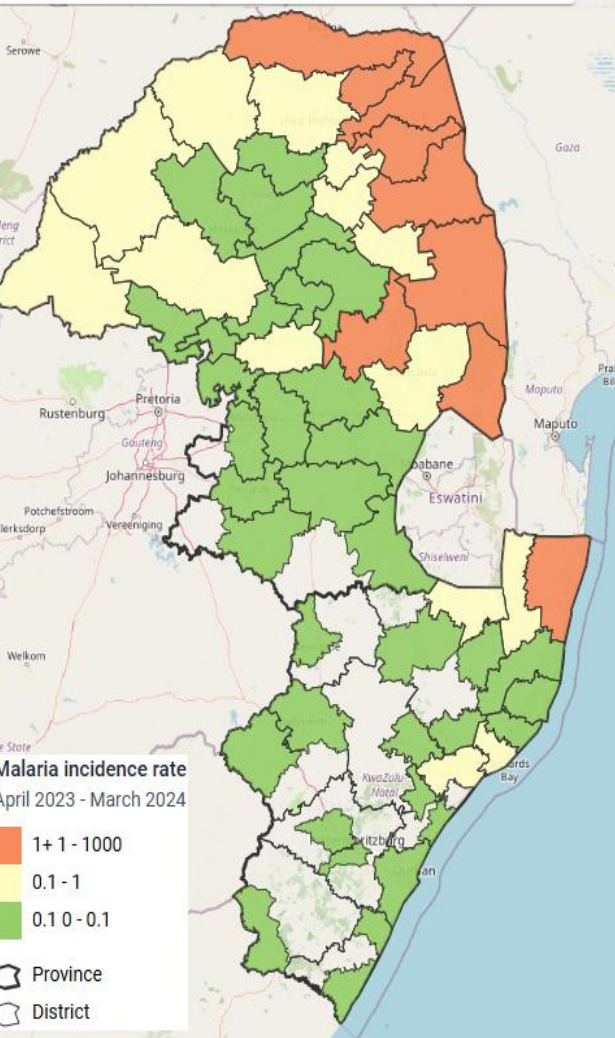
Malaria Average Incidence per 1000 Population by Sub-District in the Endemic Provinces of South Africa (2022/23 to 2025/26) FY



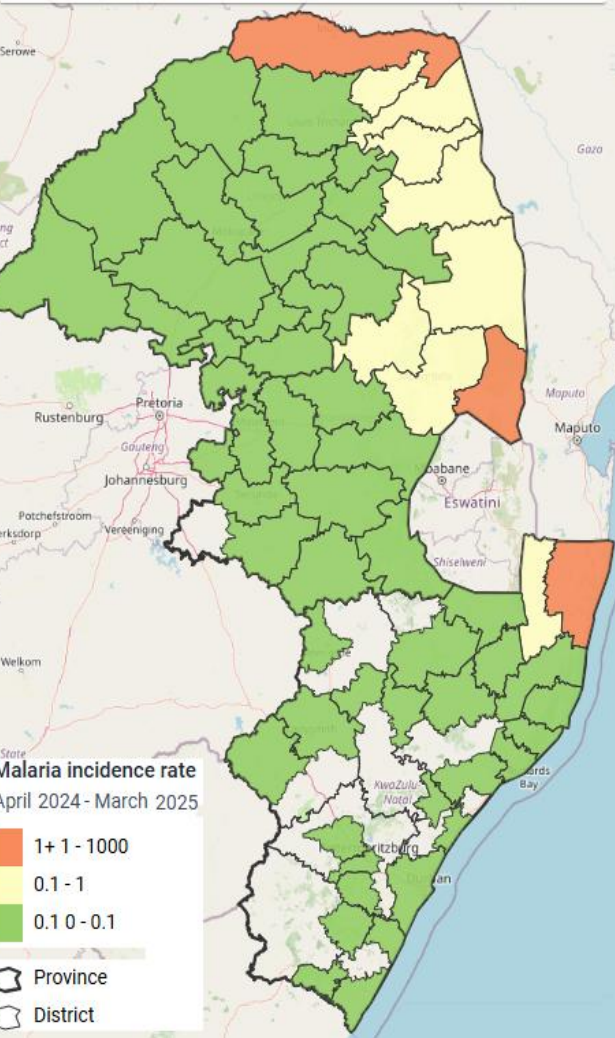
Average Malaria Incidence Rate by Sub-District (Apr 2022 - Mar 2023)



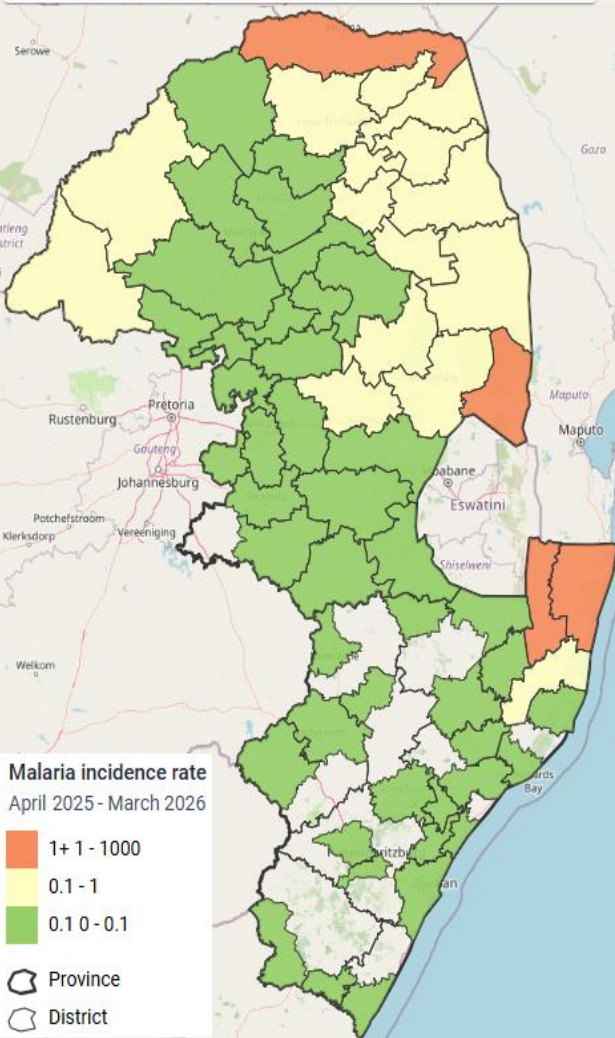
Average Malaria Incidence Rate by Sub-District (Apr 2023 - Mar 2024)



Average Malaria Incidence Rate by Sub-District (Apr 2024 - Mar 2025)



Average Malaria Incidence Rate by Sub-District (Apr 2025 - Mar 2026)



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Building a Smarter Surveillance System



Reliable data is the backbone of elimination. Our surveillance strategy ensures every case is detected, recorded, and acted upon – from the most remote village to the national level.



MIS TRAINING NATIONWIDE

All non-endemic provinces have been fully trained to use the Malaria Information System (MIS), maintaining elimination status and preventing re-introduction.



DATA QUALITY AUDITS

Regular Data Quality Audit (DQA) meetings review, validate, and improve malaria data at every province – with feedback loops driving continuous corrective action.



REVISED MALARIA RISK MAP

A dynamic, evidence-based national malaria risk map published in 2025 guides resource allocation, intervention planning, and program prioritization across all provinces.



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MIS TRAINING: NON-ENDEMIC PROVINCES NOW ONBOARD



1

WHAT WE ACHIEVED

All non-endemic provinces have been fully trained to use the Malaria Information System (MIS) – a critical milestone for maintaining elimination status and preventing re-introduction of malaria.

2

COMPLETE COVERAGE

100% of non-endemic provinces trained on the MIS, ensuring no province is left behind in national data capture and reporting.

3

STANDARDIZED REPORTING

Unified data capture now operates across all 9 provinces, enabling consistent, comparable, and nationally harmonized malaria information.



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Data Quality: Continuous Improvement Through Audits



HOW WE ENSURE ACCURACY

Training is only the beginning. We conduct **regular Data Quality Audit (DQA) meetings** to review, validate, and improve malaria data at every province.

ROUTINE AUDIT CYCLES

Regular audit cycles identify data gaps early – before they compromise decision-making or program planning at provincial and national levels.



FEEDBACK LOOPS

Structured feedback mechanisms drive corrective action at every level, ensuring data issues are resolved systematically and promptly.



PROVINCIAL COLLABORATION

Provincial and national teams work closely together, sharing data insights and aligning on quality standards across all 9 provinces.



DATA INTEGRITY

Continuous monitoring ensures malaria data integrity is maintained – a non-negotiable standard for evidence-driven elimination strategies.



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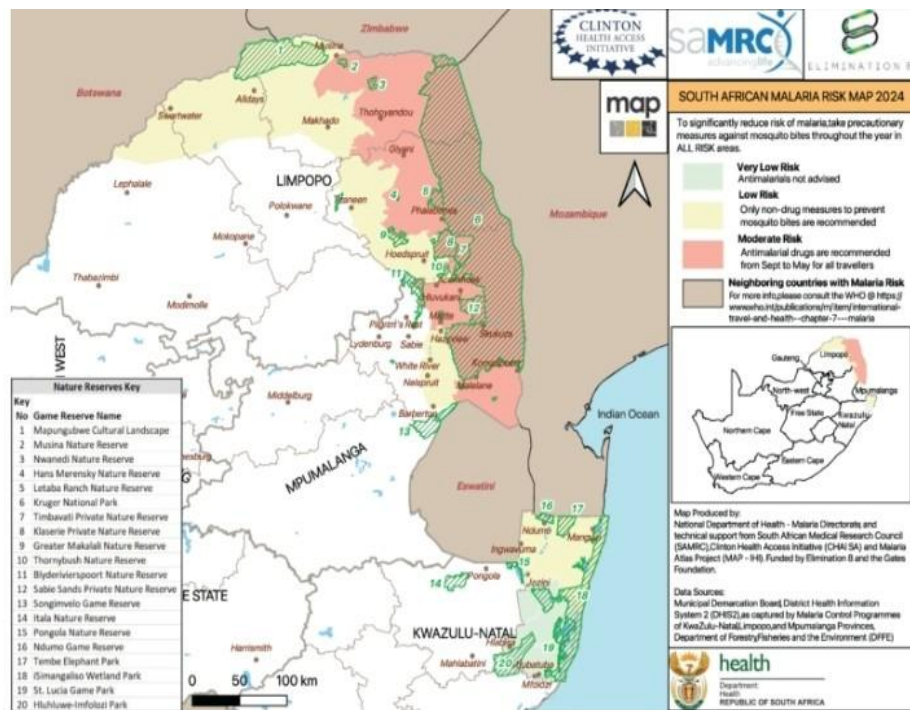
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REVISED MALARIA RISK MAP: A LIVING TOOL FOR DECISION-MAKING



In 2025, we published a **revised national malaria risk map** – a dynamic, evidence-based tool that guides resource allocation, intervention planning, and program prioritization across all provinces.



9

PROVINCES CLASSIFIED

All provinces stratified by transmission intensity for targeted planning

2025

YEAR PUBLISHED

Latest evidence integrated into a continuously updated national resource

The risk map enables **targeted action** – matching interventions to local risk profiles so resources reach the highest-burden areas first.



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Challenges still exists



- The use of the NMC system
 - < category 1 diseases, should be reported within 24 hours
 - < completion of Notification form
- Case Investigation
 - < gaps in case follow-up/case investigation
 - < makes classification (source) of cases difficult



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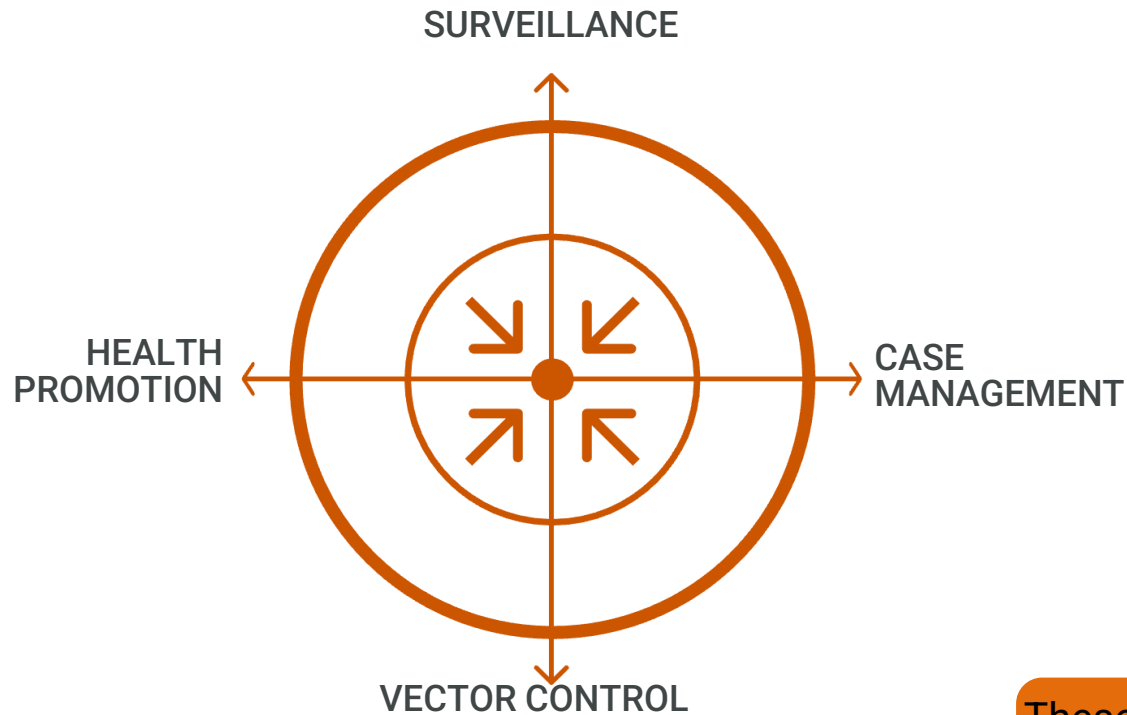
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FOUR PILLARS OF THE ELIMINATION ROADMAP



The 2025–2030 Malaria Strategic Plan sets a bold, evidence-driven framework for elimination.



4 Focus Areas

- Surveillance** – Timely detection and data-driven responses.
- Health Promotion** – Informed, empowered communities driving awareness and behaviour change at scale.
- Case Management** – Rapid diagnosis and effective treatment delivery
- Vector control** – Targeted interventions to reduce mosquito transmission

These four pillars represent our most significant recent achievements and form the heart of today's session.



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Strengthening Partnerships for Malaria Elimination: Stakeholder Insights into the NSP 2025/26-2029/30



World Health Organization



MOSASWA

Initiative for Malaria Elimination in Southern Mozambique, South Africa and Eswatini



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