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Changes in Malaria Prevention and Incidence Due to Political Restructuring of Mozambique and South Africa

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CHANGES IN MALARIA PREVENTION AND INCIDENCE DUE TO POLITICAL RESTRUCTURING OF MOZAMBIQUE AND SOUTH AFRICA

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Introduction

In 1998 the World Health Organization (WHO) unveiled the Roll Back Malaria (RBM) partnership with the United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), and the World Bank to establish and promote malaria elimination as an international high priority (WHO 3). There has been a steady increase in malaria transmission and incidence in South Africa and Mozambique since the mid 1990s; however, the two countries have been affected differently. Mozambique has constant malaria rates all year with a peak in the rainy season (Cliff et al. 374). South Africa, on the other hand, is malaria free in many areas, but has high malaria rates in provinces bordering Mozambique and Swaziland (Cliff et al. 374). In this study, the current systems of malaria care, current resources, and the feasibility of cooperation between South Africa and Mozambique are analyzed in order to address the potential of international cooperation between the two countries.

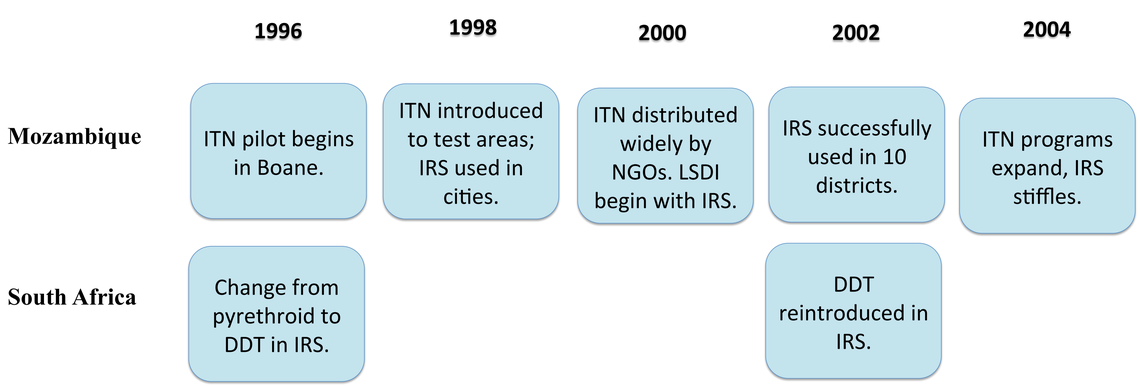

Figure 1 Timeline of events influencing vector choice in Mozambique and South Africa from 1996 to 1998. (Cliff et al.)

Results

- **Prevention Methods**: Mozambique utilizes insecticide treated nets, while South Africa uses indoor residual spraying (Coetzee et al. 775).
- **Treatment Cost**: In Mozambique, it costs patients US$0.02 per each consultation and per each prescription, whereas in South Africa it is free (Castillo-Riquelme 110)
- **Research**: Mozambique has more partnerships with international research communities and has collected up-to-date vector data, compared to South Africa. South Africa last collected vector data in 2001. (Cliff et al. 377)
- **Healthcare Model**: Mozambique depends on international nongovernmental organizations (NGOs) to heavily supplement their decentralized health care system (Sherr 2-3, Mussa 4). South Africa's has centralized public health and barely relies on external aid (Castillo-Riquelme 110).
- **Community Understanding**: Mozambique's attempt to prevent malaria has been reversed due to citizens not fully understanding how prevention methods work to stop malaria transmission. South Africa has not faced any difficulty with communities undermining malaria prevention implementations (Montgomery, Munguambe, Pool 1695).

Partnerships	Conflicts
South Africa Push IRS Help Control 1970s Mozambique Malaria Epidemics (Cliff et al. 378)	Belief that South Africa Interference Stop ITN program (Cliff et al. 378)
Lubombo Spatial Development Initiative (Cliff et al. 379)	Inadequate Number of Temporary Visas and High Border Duties (Peberdy 373)
Regional Malaria Control Commission (Cliff et al. 379)	Mozambique strong ITN vs South Africa strong IRS (Cliff et al. 379)
Migration of people between countries (Maharaj et al. 8)	

Table 2: Partnerships and Conflicts between Mozambique and South Africa in the Last 40 years.

Conclusions

A cooperation program between South Africa and Mozambique could utilize similar resources and create a flow of research, advice, and aid that would allow the two countries to actually eliminate malaria and complete the UN's goals. A successful program would combine IRS and ITN malaria prevention methods to create a more effective manner of preventing and treating malaria in all endemic areas. The program would create new ways of educating the community on malaria prevention and handling aid from NGOs and international aid organizations by combining the previous experience of the two countries. The program not only has the potential to eliminate malaria, but it could help the two governments to cut their dependence on international NGOs and external aid in healthcare and other industries.

When developing a cooperation program, bordering countries such as Swaziland and Zimbabwe, that also have high malaria incidence, must be evaluated for their effects on malaria incidence in South Africa and Mozambique (Cliff et al. 274). A more localized cooperation program could be used to eliminate other diseases more efficiently all around the world.

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