**Call to Action on Pediatric Malaria Eradication**

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NURS4990: Issues in Global & Planetary Health

Professor Heather Sweet

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Dr. Joe Phaahla

Minister of Health

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Cape Town, South Africa

Delivered by email

Re: Call to Action on Pediatric Malaria Eradication

Dear Dr. Phaahla,

We are fourth year nursing students at the University of Windsor with a particular interest in the global pediatric malaria crisis and we are reaching out to you to express our concern. We would like to call upon you and South Africa to increase your efforts towards the eradication of malaria in hopes of reducing childhood deaths due to the disease.

As you are aware, malaria is a huge threat to the health of individuals living in Africa. Children are the most vulnerable population. This is due to multiple social determinants of health, such as incomplete education, poor income, and biological endowment like their underdeveloped immune systems (Centers of Disease Control and Prevention, 2022). In 2017, 80% of people who died from malaria were younger than 5 years old, and 10% of all deaths of any cause in children under 5 in Sub-Saharan Africa were directly from malaria (World Health Organization [WHO], 2022; Roberts & Matthews, 2016). With 70% of Africa’s population being youth, this shows how important it is to address malaria specifically (RBM Partnership, 2022).

South Africa was one of the 21 countries selected by WHO for the E-2020 initiative to eliminate malaria by 2020, yet not only remains one of the few African countries have not reached this goal, but has experienced an increase in indigenous malaria cases (WHO, 2021). We find this concerning as South Africa is the seventh-most developed nation in the continent (Benson, 2022). We have no doubts that you have the capacity to eliminate this issue and reap countless benefits in doing so. For example, Njau et al. (2021) explain that malaria elimination efforts are costly, but will have a positive return on investment and even reduce Mozambique’s malaria rates. Furthermore, this initiative aligns directly with the United Nation’s (UN) Sustainable Development Goal (SDG) 3 of healthy lives for all; target 3.3 specifically strives to end the epidemics of many communicable and water-borne diseases, including malaria (UN, 2022).

We have reached out to you specifically because we believe that you have the most potential to be a change agent for South African health policy. Your position gives you the opportunity to bring the malaria issue to the national Cabinet of South Africa that can lead to healthy policy creation and the administration of public health, which together, can assist the prevention of malaria (Wikipedia, 2022). Though we lack experience, we would like to provide some recommendations and goals based on progress and achievements we have witnessed in other countries who are dealing with or have dealt with malaria.

A reasonable SMART (specific, measurable, achievable, relevant, and time-based) goal we created is as follows: South Africa will be declared malaria-free by 2030 as in accordance with SDG 3, and consequently have a reduced childhood mortality rate by 10% (Boogaard, 2021).

To serve as an example on how to achieve this goal, we examined how Algeria was able to become malaria-free in 2019. The themes we identified included cross-border collaboration, healthcare accessibility, vector control, and disease surveillance (WHO, 2021). The *Malaria Elimination Strategic Plan for South Africa 2019-2023* that the National Department of Health for the Republic of South Africa (NDOH) developed in 2019, alreadytackles aspects including universal access to care and increased surveillance systems (NDOH, 2019).

Applying the South African context to the rest of the themes, this would entail working with neighboring countries—Namibia, Botswana, Zimbabwe, Eswatini, and Lesotho—to stop confirmed cases from travelling (The Commonwealth, 2023). This is important because the majority of South African cases are imported (Brooke, 2022). Vector control would involve spraying larvae breeding grounds with insecticides, though we advise caution with this, as insecticides can cause respiratory health effects for humans living in these areas. (Brooke, 2022; Californians for Pesticide Reform, n.d.).

Additional measures include increasing efforts during the late summer when cases peak (Brooke, 2022). Officials should also ensure that communities are utilizing provided resources. Munzhedzi et al. (2021) found in their study that although communities in the endemic Limpopo, Mpumalanga, and KwaZulu-Natal provinces displayed exceptional knowledge about malaria and its prevention, 97% of participants admitted to not using mosquito nets to sleep. There is no point in spending money and time if communities will not engage in eradication efforts. Finally, continued surveillance even when there are no active cases is vital to prevent reoccurrence of the disease in eradicated areas (WHO, 2021).

As members within the international community of healthcare, we firmly believe that with time and focused efforts, we can achieve a world that is free from malaria. By working together—and with organizations like The Global Fund (2023)—and sharing both knowledge and resources, we can provide a greater chance at healthy living to those who are at a disadvantage regarding the social determinants of health. It is not right for children around the world to die from such a preventable cause. We hope we have conveyed this message to you and look forward to seeing South Africa’s response to malaria.

With utmost respect,

Reem Boudali, Nicky John, Sakina Namuro, Joanne Ta, and Abigail Tuason

Fourth-Year Nursing Students, University of Windsor

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