

# Rolling back malaria in South Sudan: what have we missed?

Malaria remains a public health problem, not only in South Sudan, but also globally. According to the World Health Organization (WHO), there were an estimated 247 million malaria cases in 2021 compared to 245 million 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.<sup>[1]</sup>

The South Sudan Ministry of Health reports that since 2017, the number of confirmed malaria cases treated has been increasing with 2019 recording 3.5 million cases. By June 2021, there were already 3.1 million cases, and 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.”<sup>[2]</sup>

The First National Malaria Conference held in Juba from 8th – 10th November 2022 came at the right time to re-focus the efforts in the fight against malaria in the country (See story on page 37). The presence of the H.E. Vice President Hussein Abdelbagi Akol Agany gave the conference the political support of the government in the fight against malaria. However, the recommendations fell short of the needs in the country. Although increased government funding is needed to supplement donor support, the conference should have emphasized the active implementation and operationalization of the 5-year National Malaria Strategic Plan 2020-2025 launched in December 2020.<sup>[3]</sup> Where is that bold new strategy, two-years down the line? How much of it has been implemented? What are the challenges and how can they be mitigated? What needs to be done differently?

The new strategy called for implementation of new prevention methods such as the Seasonal Malaria Chemoprevention (SMC) based on the results from a Médecins Sans Frontières (MSF) pilot study.<sup>[4]</sup> When implemented correctly, SMC will contribute to reduction of malaria child morbidity and mortality, especially if integrated into the Boma Health Initiative.<sup>[5]</sup>

Another issue not addressed is the potential emergence of antimalarial drug resistance within the region, as reported in northern Uganda.<sup>[6]</sup> The rational use of antimalarials, and other drugs in the country has been an issue due to poor drug enforcement policies. Without proper therapeutic efficacy studies to detect whether artemisinin-resistant malaria has emerged in the country and work to address the issues around it, South Sudan maybe in a losing battle in the fight against malaria without knowing it. It maybe the missing piece.

## References

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