**SOUTH AFRICA**

**FLAG AND MAP**

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**HEALTH PROBLEMS**

- HIV/AIDS
- Malaria
- Tuberculosis
- Schistosomiasis
- Cholera
- Amoebiasis
- Typhoid Fever
- Leprosy

**DEMOGRAPHIC AND SOCIO-ECONOMIC INFORMATION**

- **Age structure**:
  - 0-14 years: 32.46%
  - 15-64 years: 62.76%
  - 65 years and over: 4.78%
- **Population growth rate**: 0.94% (2002-2005)
- **Life expectancy at birth (2000-2005)**:
  - Total population: 47.4 years
  - Male: 46.5 years
  - Female: 48.3 years
- **Infant and child mortality (per 1000 LB)**:
  - Neonatal mortality rate (1998): 19.8
  - Infant mortality rate (2001): 56
  - Under five mortality rate (2001): 71

**National Health Indicators (2000)**

- Per capita GDP in US dollars: 7,555
- Total expenditure on health as % of GDP: 8.8
- Per capita total expenditure on health in US dollars: 663
- Per capita government expenditure on health in US dollars: 280
- General Government expenditure on health as % of total general government expenditure: 11.2
- Total national budget for malaria as % of total national health budget: N/A

**Global Fund support to fight Malaria**

South Africa is part of the Multi-Country Southern Africa (South Africa Mozambique, Swaziland) support from the Global Fund through the project "Malaria Control in the Lubombo Spatial Development Initiative Area". These countries received US$7,424,815 for a period of two years. South Africa has also applied for the third round.

**Number of districts in the country**: 53

**Sources**:
- d Demographic and Health Survey in South Africa (1998)
MALARIA EPIDEMIOLOGY:
Malaria Risk, Vector & Parasite Species and Transmission Season:

Endemicity a:

Anopheles Species b:
Forty-four (44) Anopheles species have been documented in the country. The following anopheles species are malaria vectors:
An. Flavicosta, An. Quadriannulatus

Malaria Parasite Species:
The main parasite is Plasmodium falciparum.

Malaria Transmission Season c:
The transmission of malaria occurs in three northern provinces (along the border with Mozambique and Swaziland) of country. The duration of the transmission is 1-7 months, from October to April.

Malaria Risk c:
Population at Risk of malaria N/A
Negligible Risk 81%
Epidemic Risk 6%
Endemic Risk 13%

MALARIA MORBIDITY AND MORTALITY:

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<tr>
<td>Total population</td>
<td>36376</td>
<td>41300</td>
<td>41948</td>
<td>42607</td>
<td>43309</td>
<td>43716</td>
<td>44127</td>
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<td>Annual population growth</td>
<td>1.92</td>
<td>1.57</td>
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<td>rate (per 100)</td>
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<td>Pop. less than 5 years</td>
<td>4874</td>
<td>4997</td>
<td>5076</td>
<td>5155</td>
<td>5197</td>
<td>5246</td>
<td>5295</td>
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<tr>
<td>Pop. 5 years and above</td>
<td>31502</td>
<td>36303</td>
<td>36873</td>
<td>37451</td>
<td>38112</td>
<td>38470</td>
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<tr>
<td>Women population aged</td>
<td>18297</td>
<td>21517</td>
<td>21855</td>
<td>22198</td>
<td>23084</td>
<td>23301</td>
<td>23520</td>
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<td>15-49 years</td>
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<tr>
<td>Number of clinical malaria</td>
<td>6822</td>
<td>22052</td>
<td>26445</td>
<td>51444</td>
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<td>Under five years</td>
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<td>198</td>
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<td>458</td>
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<td>Number of admitted malaria</td>
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Sources:
b Ministry of Health
CASE MANAGEMENT AND DRUG POLICY:

Antimalarial Drug Policy:

The drug policy differs in the 3 affected provinces of South Africa.

In **KwaZulu-Natal**, Artemether-lumefantrine is used as first line for lab-confirmed Malaria. A combination of Chloroquine and Proguanil is recommended for the prevention of malaria in pregnancy. Quinine is the second-line (treatment failure) drug and also recommended for Severe Malaria.

In **Mpumalanga**, a combination of Sulphadoxine-pyrimethamine and Artesunate is used as first line drug for uncomplicated malaria. Quinine is the second-line (treatment failure) drug and also recommended for Severe Malaria.

In **Limpopo**, Sulphadoxine-pyrimethamine is used as first line drug for uncomplicated malaria. Quinine is the second-line (treatment failure) drug and also recommended for Severe Malaria.

Drug Therapeutic Efficacy Testing Profile in Selected Sentinel Sites:

No drug efficacy study reported to AFRO.

SUMMARY OF CORE IMPACT AND CORE OUTCOME INDICATORS:

<table>
<thead>
<tr>
<th>Core Impact Indicators</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>Global Target in 2010</th>
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<tbody>
<tr>
<td>Under five crude death rate (per 1000)</td>
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<td>Half of 2000 figures</td>
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<td>Proportion of deaths attributed to malaria among children under five in selected health facilities</td>
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<td>Under five Case Fatality Rate in selected health facilities</td>
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<tr>
<td>Proportion of morbidity inpatients attributed to malaria in Under five in selected health facilities</td>
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<tr>
<th>Core Outcome Indicators (Abuja Indicators)</th>
<th>Abuja Target in 2005</th>
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<tbody>
<tr>
<td>Proportion of children under five with uncomplicated malaria correctly managed in health facilities</td>
<td>-</td>
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<tr>
<td>Proportion of health facilities surveyed with no stockout of nationally recommended antimalarial drugs continuously for one week during the last three months at the time of survey</td>
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<tr>
<td>Proportion of under five with fever/malaria receiving correct treatment within 24 hours of onset of fever in communities surveyed in 2001</td>
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<tr>
<td>Proportion of children under five sleeping under mosquito nets</td>
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<td>Proportion of children under five sleeping under ITNs</td>
<td>-</td>
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<td>Proportion of pregnant women sleeping under mosquito nets</td>
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