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Topic Three: Goal Three: Ensure healthy lives and promote well-being for all at all ages

Choose one or more of the targets of goal three or look at health and well-being overall. What are your observations and recommendations for addressing this target in your host country, based on your experience?

- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

Some of the targets that I have chosen to focus on within goal three involve that “by 2030, ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases” with a particular focus on the development of malaria preventatives within Zambia.

A goal was set within Zambia for 100% of households to receive mosquito nets in order to achieve high coverage from malaria. The education of how malaria is contracted, the use of mosquito nets, and access to malaria medication has been able to greatly reduce the deaths occurred from malaria; however, there are areas where more access is still needed. During the mosquito net project explained by PLoS one Journal, organizations only handed out one mosquito net to many households, protecting a fraction of the family at the residence. The nets were then mostly only directed to households with women and children, missing a large population and most specifically the elderly. Access to medication in rural areas is also still difficult to reach, and as residents should not be taking malaria preventatives on an ongoing basis, they wait until malaria symptoms have occurred making it more difficult to access treatment if a clinic is not close.

A “keep up” strategy for the replacement and ongoing education around mosquito nets in Zambia, would be to have mosquito nets readily available or sold at a low cost. Another product and education campaign is how mosquito repellent could be made more available as well. Mosquito repellent can be found at many restaurants in the evening within Zambia, and continuing to supply and sell these products is a good reminder. Local organizations may also want to continue supplying mosquito safety products, as well as offering any volunteer services for assisting in the set up and

maintenance of the mosquito nets and showing how they are used, which may be especially beneficial in the homes of the elderly.

PLoS one Journal states that Zambia first initiated Indoor Residual Spraying (IRS) in the 1970s. IRS coverage which was reduced in the 1950s at the same time that malaria became a notifiable disease, and by 1973 IRS coverage was reduced by 30%. In 2008 the percentage of children aged 1-5 years positive for parasites fell from 25% to less than 15% in Zambia due to increased malaria control efforts. The Malaria Journal (2015) recorded how Zambia has demonstrated considerable success in scaling up recommended malaria control interventions over the past decade and shown corresponding reductions in, malaria morbidity and mortality. Following these successes, the recent National Malaria Strategic Plan called for ambitious efforts to work toward malaria elimination and the establishment of at least five malaria free zones by 2015.

Despite these preventatives and research objectives, Malaria continues to be a disease of public health importance and delays in starting appropriate treatment is a major contributor to malaria mortality. The World health organization has recommended home management of malaria (HMM) as one of the strategies for improving access to prompt and effective malaria case management.