

OSHMed Magazine

Occupational Safety & Health and Medical

by



WORLD MALARIA DAY '26 HIGH-STAKES RACE TO ZERO

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World Malaria Day 2026: Namibia's High-Stakes Race to Zero



As April 25 marks **World Malaria Day**, the global theme—**"Driven to End Malaria: Now We Can. Now We Must"**—resonates with particular urgency in Namibia. While the nation remains a key player in the "Elimination Eight" (E8) initiative, 2026 has

brought both significant progress and sobering challenges. With the rainy season fuelling a spike in cases, the Ministry of Health and Social Services (MoHSS) is doubling down on its commitment to make Namibia malaria-free by 2030

The 2026 Situation: A Seasonal Surge

The start of 2026 has seen a notable increase in malaria transmission across Namibia's northern and northeastern regions. Since January 1, the country has recorded over **11,300 cases** and **21 deaths**. Heavy rainfall across Southern Africa has expanded breeding grounds for the *Anopheles* mosquito, particularly in high-burden districts like **Katima Mulilo**, **Outapi**, and **Rundu**.

Health Minister **Dr. Esperance Luvindao**

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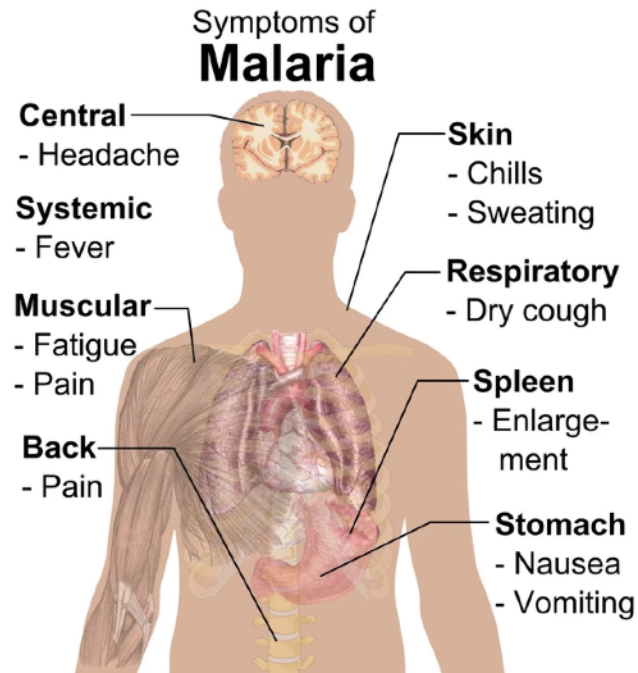
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recently emphasised that while the surge is a setback, the tools for elimination are more precise than ever. "We are no longer just fighting a disease; we are hunting it," she stated, referring to the ministry's use of high-resolution spatiotemporal risk mapping to target interventions at the village level.



Prevention: The Frontline Defence

Namibia's strategy for 2026 focuses on a "multi-layered" approach to prevention. It's not just about one tool, but the synergy of several:

- **Indoor Residual Spraying (IRS):** The MoHSS continues its annual campaigns, coating the interior walls of homes with insecticides that kill mosquitoes on contact.
- **Long-Lasting Insecticidal Nets (LLINs):** Distribution remains a priority in endemic regions, providing a physical and chemical barrier

during the peak biting hours of the night.

- **The "ABCD" Guide for Travellers:** For those traveling to the Zambezi, Kavango, or Kunene regions, health officials recommend:
 - **A**wareness of risk.
 - **B**ite prevention (repellents and long clothing).
 - **C**hemoprophylaxis (preventative tablets).
 - **D**iagnosis (seeking immediate help for fever).

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Diagnosis and Treatment: Speed is Life

In 2026, the mantra for health workers is "**Test, Treat, and Track.**" Malaria symptoms—fever, chills, headache, and muscle aches—can easily be mistaken for a common flu. However, in Namibia, a fever in an endemic area is considered a medical emergency until proven otherwise.

Rapid Diagnosis

Namibia has successfully decentralised testing. **Rapid Diagnostic Tests (RDTs)** are now available at even the most remote clinics, providing results in under 20 minutes. This ensures that treatment begins before the parasite can cause severe complications like cerebral malaria or organ failure.

The Gold Standard: ACTs

The first-line treatment in Namibia remains **Artemisinin-based Combination Therapy (ACT)**, typically **Artemether-Lumefantrine**. These "combo" drugs are highly effective at clearing parasites from the blood quickly, reducing the window for transmission to others.

The Road to 2030: Can We Eliminate Malaria?

Namibia's strategic goal is to reach **zero local transmission by 2027**, serving as a bridge to the 2030 total elimination target. The challenge lies in "imported" cases—roughly 27% of Namibia's 2026 cases involve cross-border movement from neighbouring endemic countries.

To combat this, Namibia is strengthening cross-border health committees and the "Zero Malaria Starts with Me" movement, encouraging every citizen to take ownership of their environment—from clearing standing water to ensuring their homes are sprayed.

Health Tip: If you have traveled to northern Namibia and develop a fever—even up to a year after your trip—inform your doctor immediately. Early detection is the difference between a quick recovery and a life-threatening illness.

World Malaria Day 2026 is a reminder that while the finish line is in sight, the final miles are often the hardest. By staying vigilant and utilising modern tools, Namibia is proving that a malaria-free future isn't just a dream—it's an approaching reality.

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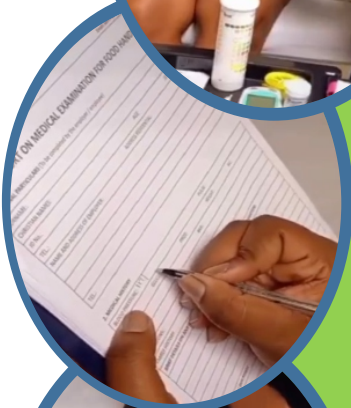


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Chips - Golden, Not Charred: How to Reduce Acrylamide in Your Favourite Snacks

*We all love the satisfying crunch of a golden-brown French fry or the salty snap of a potato chip. That distinctive flavour and texture are the results of the "Maillard reaction"—a chemical process that occurs when starchy foods are cooked at high temperatures. However, this same reaction creates a hidden byproduct that health experts are urging us to watch out for: **Acrylamide**.*



Based on recent guidance from health specialists, here is what you need to know about the risks of acrylamide and how you can keep your kitchen habits safe without sacrificing flavour.

What exactly is Acrylamide?

Acrylamide is a chemical compound that forms naturally in starchy foods during high-

heat cooking processes like frying, roasting, and baking. When the amino acid **asparagine** reacts with natural sugars (like glucose) at temperatures above 120°C (248°F), acrylamide is produced.

While it makes our food taste "toasty," laboratory studies have shown that acrylamide can damage DNA and is classified as "potentially carcinogenic" to humans. Because children have a lower body weight, they are often more susceptible to the effects of acrylamide, making it especially important for families to manage how these foods are prepared.

The Golden Rule: "Gilding, Not Charring"

The most important mantra for home cooks is "**Make it gold not dark**"—or "Go for gold, not for char." The darker and crispier a potato or piece of toast becomes, the higher the concentration of acrylamide.

Here are practical steps to lower the risk in your daily meals:

1. Proper Storage is Key

Many people believe the refrigerator is the best place for all vegetables, but potatoes are an exception. When stored below 8°C (46°F), the starch in potatoes converts into sugar more quickly. Higher sugar content leads to significantly more acrylamide formation during cooking. Instead, store your potatoes in a cool, dark, dry place—but not the fridge.

2. The "Soak and Rinse" Method

Before frying or roasting potatoes, slice



them and soak the pieces in water for a few minutes, or blanch them briefly in boiling water. This washes away excess sugars and asparagine from the surface, preventing them from reacting during the high-heat phase.

3. Watch the Temperature

Temperature control is your best defence against acrylamide:

- **Deep Frying:** Keep the oil temperature below **175°C (347°F)**. If you don't have a thermometer, use a wooden spoon handle—if small bubbles form around it immediately, the oil is hot enough, but ensure it doesn't start smoking.
- **Baking:** When using an oven, stick to **180°C (356°F)** for fan-assisted ovens and **200°C (392°F)** for conventional heat. Using baking paper can also help prevent the underside of your fries or biscuits from browning too quickly.

4. Size Matters

Cut your fries thicker rather than thinner. Thin, spindly fries have a larger surface-to-volume ratio, meaning they accumulate more acrylamide relative to their weight than thick-cut wedges.

5. Diversify Your Preparation

While frying and roasting are the primary culprits, boiling and steaming do not produce acrylamide. By varying your cooking methods and incorporating more

boiled or steamed potatoes into your diet, you naturally reduce your overall exposure.

The Bottom Line

You don't have to banish fries or chips from your diet entirely. By making small adjustments—choosing the right storage, rinsing your potatoes, and keeping an eye on the oven timer—you can enjoy that golden crunch while keeping your long-term health in mind. Remember: aim for a light golden yellow, and leave the dark brown bits behind.

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Comfort & Workplace Safety: The Invisible "Leading Indicator" in Namibia

*Whether in the bustling offices of Windhoek, the rugged mines of the Erongo region, or the industrial hubs of Walvis Bay—Occupational Safety and Health (OSH) has traditionally been measured by what goes wrong. We look at injury rates, "lost time" incidents, and medical claims. However, these are **lagging indicators**; they tell us about past failures rather than future safety.*



Modern safety science is shifting toward a more proactive metric: **Worker Comfort**. As highlighted in recent global OSH research, comfort is one of the earliest and most accurate leading indicators of employee wellbeing and organisational health.

When Comfort Fails, Focus Follows

For many Namibian workers, "toughing it out" is often seen as part of the job. But research shows that when a worker experiences physical discomfort—due to a poorly adjusted chair, a heavy repetitive lifting task, or an awkwardly placed workstation—their brain begins a "resource hijack."

Instead of focusing on quality, efficiency, or hazard awareness, the worker's mind shifts toward managing pain and fatigue. This mental distraction is where errors happen. A worker who is constantly adjusting their posture to avoid a backache is a worker whose attention is not fully on the machinery

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An advertisement for OSH-Med international. The top part features the logo "OSH-Med international" in white and red text on a blue and red background. Below this, the words "INDUSTRIAL FIRE FIGHTING TRAINING" are written in large, bold, white capital letters. Underneath, there is a list of training topics: "Basic Industrial Fire Fighting", "Industrial Fire Fighting", "Evacuation Planning", and "and more", each preceded by a white star icon. At the bottom, the locations "Windhoek · Ongwediva · Walvis Bay" and the website "www.osh-med.pro" are listed in white text. The background of the advertisement shows a close-up of industrial machinery, including a fire hose and nozzle.



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they are operating.

The "After-Work" Ripple Effect

A unique aspect of the OSH landscape in Namibia is the strong link between work and community life. Our workers are often the pillars of their families. When a shift leaves an employee physically exhausted and in pain, the recovery time spills into their home life.

If a worker is too sore to engage with their children or perform household tasks, they aren't just suffering physically—their mental wellbeing and morale decline. This creates a cycle: poor recovery at home leads to increased fatigue and higher injury risk when they return for the next shift. By prioritising ergonomic comfort, employers are essentially protecting the social fabric of the Namibian workforce.

Discomfort: The Warning Signal Before Injury

Injuries like Musculoskeletal Disorders (MSDs) are usually the final stage of a long

process. Long before a medical certificate is issued, discomfort causes behavioural changes that impact the bottom line:

- **Extended Breaks:** Workers take longer to recover between tasks.
- **Altered Pacing:** Tasks take longer as workers find ways to avoid pain.
- **Skipped Quality Checks:** Mental fatigue leads to cutting corners.
- **Absenteeism:** Workers use sick leave to manage general body aches before they become "injuries."

Small Changes, Big Gains

Improving comfort does not always require massive investment. In the Namibian context, small, thoughtful adjustments can be revolutionary:

- **Workstation Heights:** Ensuring desks or workbenches align with the worker's natural posture.
- **Tool Ergonomics:** Providing vibration-reducing gloves or lighter, more balanced tools.
- **Job Rotation:** Implementing smart

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- schedules that prevent one muscle group from being overused throughout the day.

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Transitioning from a "safety-by-accident" model to a "wellbeing-by-design" model requires expertise. To ensure your organisation meets and exceeds Namibian safety standards, it is essential to work with certified professionals.

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Fun Time - *Joke of the week*



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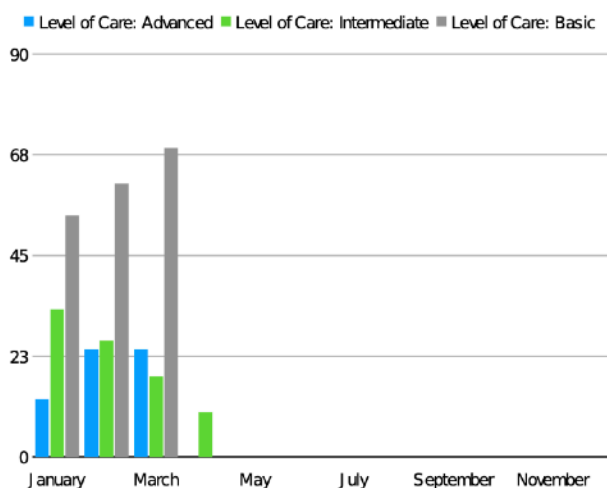
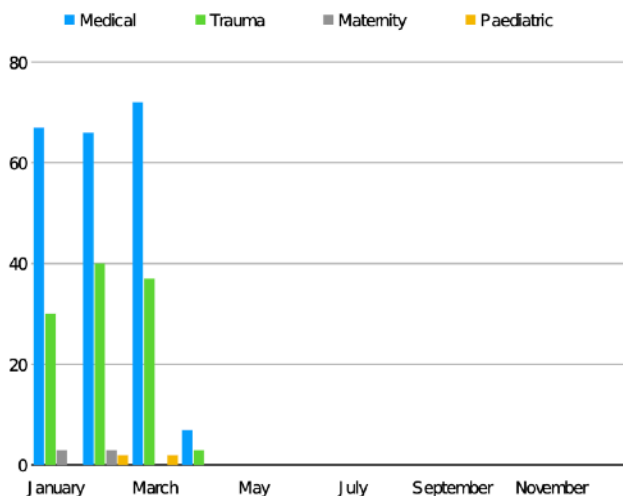
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February	66	40	3	2	24	26	61
March	72	37	0	2	24	18	69
April	7	3	0	0	0	10	0
May	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0
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December	0	0	0	0	0	0	0
Total per annum	212	110	6	4	61	87	184
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