ROLL BACK MALARIA PARTENARIAT

LES ECHOS DU CARN

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COULD IT BE POSSIBLE TO INVOLVE THE BANK OF CENTRAL AFRICAN STATES (BEAC) IN THE FIGHT AGAINST MALARIA?

A meeting bringing together Mr Lucas Abaga Nchama Governor of BEAC, Dr Manuel Nso Obiang OCEAC focal point for malaria and Dr José Nkuni CARN Coordinator was held on January 24 at the BEAC headquarter in Yaoundé.

Dr Nkuni briefed the Governor on the genesis and current achievements of RBM and explained the critical role played by different financial institutions like the WB, IDB, ADB among others in the fight against malaria and invited BEAC to join the battle against malaria because Central African countries will reach a high level of economic development unless they fight successfully malaria because this is the disease number one in terms of morbidity and mortality in the Central African sub region. He added that some countries of the sub region are not getting the financial support from the GFATM and urged the bank to explore opportunities of seed grants, the funding of LLINS and more, the involvement in the trans borders malaria control.

The BEAC Governor expressed his satisfaction for the CARN initiative and acknowledged that malaria is the daily disease in the sub region. He urged that any support from the bank to tackle that disease should be perceived as a social responsibility of the bank. Mr Lucas Abaga Nchama was pleased to see the good collaboration between CARN and OCEAC which is the technical arm of the CEMAC (Economic and Monetary community for Central African States) for endemic diseases and stated the bank willingness to provide some support in the fight against malaria within the framework of OCEAC . If the bank cannot respond with financial resources, the governor at least can play the advocacy role.

An RBM pin was given to the governor who was invited to serve as RBM ambassador.

INJECTABLE ARTESUNATE: THE NEW LIFESAVING TREATMENT FOR SEVEREMALARIA WILL SOON BE WIDELY AVAILABLE IN CAMEROON

Why is injectable artesunate (Inj AS) the recommended 1st line treatment for severe malaria?

Recent studies have shown superior efficacy of Inj AS (intravenous or intramuscular) over IV quinine and IM artemether. These studies conducted in 2005 (SEAQUAMAT[1]) and in 2010 (AQUAMAT)[2] on patients suffering from severe malaria have respectively demonstrated a 35% reduction in mortality among adults and 25% reduction in risk of death among children treated with fewer side effects on Inj- AS compared to those on IV-quinine. As a result of these studies, the WHO revised the Guidelines for the Treatment of Malaria in 2006 for adults and in 2011 for children recommending *Inj AS as the 1st line treatment for severe malaria.*

How is Cameroon introducing injectable artesunate into the country?

Cameroon updated the National Malaria Treatment Guidelines in 2013 and introduced Inj-AS as 1st line treatment for severe malaria for both adults and children. Starting in 2014, partners will support the Ministry of Health in the procurement and scale up of Inj AS. The UNITAID funded program "Improving Severe Malaria Outcomes", will be implemented over three years by Medicines for Malaria Venture and Clinton Health Access Initiative (CHAI) and will include procurement of Inj AS and technical assistance in the uptake of injectable artesunate and support to the NMCP. The

A child with severe malaria

Global Fund will also contribute to the implementation of the new guidelines thanks to the Phase 2 Round 9 activities on procurement and trainings. Faced with the evidence that the vast majority of deaths from malaria occur in children under 5, Cameroon's President recently announced treatment of severe malaria free of charge for children under five (treatment of uncomplicated malaria is free of charge for children under 5 since 2011). The Ministry of Health is already working with its country's malaria control partners to fully implement this very laudable policy.

Alexandra Rinaldi et Larissa Tene,
Clinton Health Access Initiative

References:
1. South East Asian Quinine Artesunate Malaria Trial (SEAQUAMAT) group; Lancet 2005; 366: 717–25
2. Arjen M Dondorp et. Al. Artesunate versus quinine in the treatment of severe falciparum malaria in African children (AQUAMAT): an open-label, randomised trial; Lancet 2010; 376: 1647–5

EQUATORIAL GUINEA: BIOKO ISLAND AND IRS

On Saturday February 1, the NMCP launched the 19th round of Indoor residual spraying for the benefit of all houses in the island. The event took place at the Medical Care Development International (MCDI) office. MCDI is the NGO in charge of malaria control program implementation in the Bioko Island. The Delegate Minister for health and social affairs, Mr Miguel Obiang Abeso, the director general of public health and the NMCP director Dr Mathilde Riloha attended the function.

In his speech, the minister insisted on the importance of human and financial resources invested by the government and partners (Marathon oil, Nobel energy) during the program last ten years. He invited the island inhabitants to welcome the IRS team in opening house doors for a successful campaign.

The speech of the minister aligned itself with the objectives of the slogan of the BIMCP(Bioko Island malaria Control Program) which advocates health for all and which is also included in the National Horizon 2020 development plan recommended by the Head of State.

The IRS team

Besides this campaign spreading up to July of this year, children under 5 and pregnant women will also benefit from free health care and LLINs in public health facilities. Different speeches during the function were punctuated with role play and musical entertainment and the ceremony ended with a visit of the exhibition displaying work being done to combat malaria.

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GFATM AND THE NEW FUNDING MODEL 2014-2016: How much money for CARN countries

Countries	Allocation in million USD	Population In million[1]	USD per capita	Countries	Allocation in million USD	Population In million[1]	USD per capita	Countries	Allocation in million USD	Population In million[1]	USD per capita
ANGOLA	60.2	21.6	2.78	GABON	0	1.6	0.00	CAR	32.1	4.7	6.82
CAMEROON	118.1	21.5	5.49	EQUATORIAL-GUINEA	0	0.8	0.00	SAO TOME	10.9	0.2	54.5
CONGO	0	4.4	0.00	DR CONGO	436.8	71.1	6.14	CHAD	97.9	12.2	8.02

1 Source:2013 Population Reference Bureau (Population Mid 2013)

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