



CAMEROON: LLINs DISTRIBUTION CAMPAIGN POSTPONED TO 2015

Initially planned for 2014, the LLINs distribution campaign has been postponed to 2015. This is to permit the government to take all necessary measures to ensure that the campaign shall take place under the best conditions for success.

Let's recall that the country needs for the LLINs distribution campaign slight-

ly more than 12 million LLINs. During the last visit to Cameroon in Sept 2013 by the Global Fund, they engaged to provide 12 millions LLINs up to the Douala port to Cameroon for this campaign. There is need therefore for the country to mobilise funds for the operational cost for the distribution campaign, and this has been estimated at

5 068 201 298 F CFA (10,497,300 Usd) . To this effect, the Minister of Health put in place sub-committees that to conduct advocacy for the mobilisation of the necessary funds from several activity sectors in Cameroon. The committees continue meeting to spell out their strategy in order that the 2015 campaign be a successful.

DRC: LAUNCHING OF LLINs DISTRIBUTION CAMPAIGN IN MANIEMA

In his word of welcome, the Provincial Medical Inspector recalled that this was the second LLINs distribution campaign organised in Maniema after that of 2009-2010...the most efficient way to fight against mosquito bites, vector of malaria; on the use of LLINs, he invited all the household members receiving the LLINs to use them only for the purpose.

« The use of LLINs will help avoid about 2,407 deaths of children aged Under 5 yrs in one year in Maniema». Herewith an extract from the speech of the National Director for the NMCP, Prof Joris Losimba Likwela, who came to take part in the LLINs distribution campaign from Dec 18 - 25, 2013 in the town of Kin-du, Maniema Province. He specified that from Jan to October 2013, out of 676,312 new consultations registered in health facilities in Maniema, 308,742 were due to malaria. During the same period, 2,201 deaths were registered in health facilities of which 816 were due to malaria among which 668, 82%, were children aged below 5 yrs.

These statistics are due to the fact that malaria continues to be a major public health problem in Maniema as is the case in the



entire nation of the DRC. The effective and regular use of LLINs in a large scale is one of the key strategies for the fight against malaria in DRC like in most endemic countries. In effect, this strategy can reduce by half the number of malaria cases and 18% the number of global malaria deaths for children aged Under 5 yrs.. Malaria related deaths affects children Under 5 years old for up to 3/4 of cases. Meanwhile, the use of LLINs will help avoid 5.5 deaths per 1000 children protected.

Thus the efforts of the Congolese government, funders, and the entire community will help save 2407 children aged Under 5 yrs in one year if each family in Maniema ensures that their children sleep Under LLIN.

Sources, NMCP DRC - Bulletin spécial « Campagne de distribution gratuite des moustiquaires imprégnée d'insecticide dans la province du Maniema, 16 - 22 dec 2013

CHAD: JOINT MALARIA PROGRAM REVIEW

Chad carried out the joint review of its malaria program from Oct 28 to Nov 11 2013. Among the key recommendations one stands out, which is to develop a new National Strategy Plan for Malaria Control 2014 - 2018, which is a key activity for the National Malaria Control Program during this year. The aim of the new NSP is to contribute in reducing morbidity and mortality due to malaria among the population and particularly for the target populations of children aged Under 5 and pregnant women. Key strategies retained for the NSP are:

Prevention through vector control : promotion of use of Long Lasting Insecticidal Nets (LLINs), Indoor residual spraying (IRS) during epidemics, Intermittent Preventive Treatment for pregnant women and seasonal malaria chemoprevention (SMC) for children aged 3 to 59 months ;

Correct and prompt case management including obligatory biologic confirmation through microscopy or by using the Rapid Diagnostic Test (RDT) and treatment of uncomplicated cases with Artemisinin Combination Therapy (ACT) and severe cases with injectable artesunate or artesunate suppositories before referral to health facility;

Supporting activities among which is to reinforce the managerial capacity of the NMCP, epidemiological surveillance and operations research, monitoring and evaluation of planned activities, behaviour change communication and partnership strengthening .

DJOUMBE Ephraïm,
NMCP Tchad



CONTACT:

Dr Jose Nkuni- RBM Partnership Focal Point for Central African Regional Network
Email: jose.nkuni@ifrc.org / danielle.eloundou@ifrc.org
Cell: +237 79 51 60 97
+237 79517797

Best Wishes

Dear partners,

The CARN Coordination is pleased to extend to you their Best Wishes for 2014, and to thank you for your successful support in the fight against malaria.

May our joint efforts continue in a bid to consolidate our gains for an effective malaria control in Central Africa.