

CARN ANNUAL REVIEW AND PLANNING MEETING 2013

The 10th CARN annual review and planning meeting took place in Douala/Cameroon from 29 to 31 July. The meeting brought together more than 150 participants and was a given opportunity to address the status of the fight against malaria in all 9 countries thanks to presentations and discussions from NMCPs, malaria experts from the private sector, academia and research institutions, bilateral, multilateral, regional economic, faith based and non governmental organisations. CARN also invited for the first time national managers in charge of reproductive health from all 9 countries. Burundi also attend the meeting.

The meeting concluded with key recommendations to countries including their partners and aimed at stressing harmonization of interventions for malaria control in the CARN region.

August 1 was devoted to the coordination committee (CC) meeting where discussions were around strength and weakness analysis of the just held annual meeting, level of implementation of the Bangui recommendations, the technical assistance to provide to countries and the organisation of the next CC meeting.



A view of the audience

What to learn about the CARN meeting?

Although there is a reduction of mortality and morbidity in many CARN countries, thanks to the implementation of high level activities such as national mosquito nets distributions, roll-out of rapid diagnostics test and treatment accompanied with communications campaigns, the CARN region faces important challenges; the use of Intermittent Preventive Treatment (IPT) for pregnant women although free of charge remains very low. The same problem is observed with the use of Rapid Diagnostics Tests (RDTs) in the region. The audience participated as well and presented several ideas, causes and potential solutions to address these issues such increase of communications/sensitization activities, educations and trainings of health workers and compensation mechanisms in the health systems to motivate the staffs. CARNs NMCPs received an award of recognitions for their accomplishment's this year in the fight against Malaria.

For more, please refer to CARN recommendations or final report on the RBM web site.

www.rollbackmalaria.org.

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CARN Countries: Much has been achieved but still much more needs to be done

By: Dr Esther Tallah, MC - CCAM

The recent CARN meeting in Douala was a success in its quality and inclusivity. Among many partners and stakeholders, reproductive health officials participated at the CARN meeting for the first time in order to explore means of improving the uptake of IPTp.

During the review of country ROAD Maps, it was evident that all the CARN countries are not at the same level of achievement on malaria programming. However almost all the CARN countries, at this point in time, are similar, in that none except one has achieved universal coverage for malaria control tools. Universal coverage must be achieved for countries to be able to control malaria and move towards elimination. Given that, by the GMAP I, all endemic countries should have achieved universal coverage by Dec 2010, it could be concluded that all CARN countries are lagging behind. More so the GMAP II, which is to be developed in the near future, shall be focusing more on countries moving towards malaria elimination. This means that countries in the CARN sub-region must work very hard to achieve universal coverage in a sustained manner. In order to achieve the universal coverage there is need to bring life saving interventions to communities where most malaria illness and deaths occur. Community based interventions have been shown to increase coverage and save lives.



Visit of the stands by the Governor of the Littoral Region, Personal Representative of the Minister of Health

During the CARN meeting, a presentation on iCCM and home-based management of malaria, made by MC-CCAM Director, aimed at highlighting the importance of reaching out to the impoverished masses who are most impacted by malaria with life saving integrated interventions at the community level. Where iCCM was implemented, there was evident increase in access of life saving interventions at time 2-3 fold. It is highly recommended that countries should adopt the integrated approach for malaria case management in order to build confidence for community health workers in their communities and thereby achieve more concrete results and save more lives. Once you invest in malaria the results are quickly perceived. All our countries can and should invest on high impact interventions to save lives and reduce sufferings and move towards malaria elimination.

IN BRIEF

The Executive Director of RBM together with the CARN coordinator visited Chad and had the opportunity to meet with the First Lady, the Prime Minister, minister of health, country representative of institutions that created RBM and many partners.

The First lady was invited to sensitize other first ladies of central African countries in the fight against malaria. With the Prime minister and the Minister of health discussions were around the strengthening of working relationship between Chad and RBM.