Case Management in Cameroon
Achievements and Challenges

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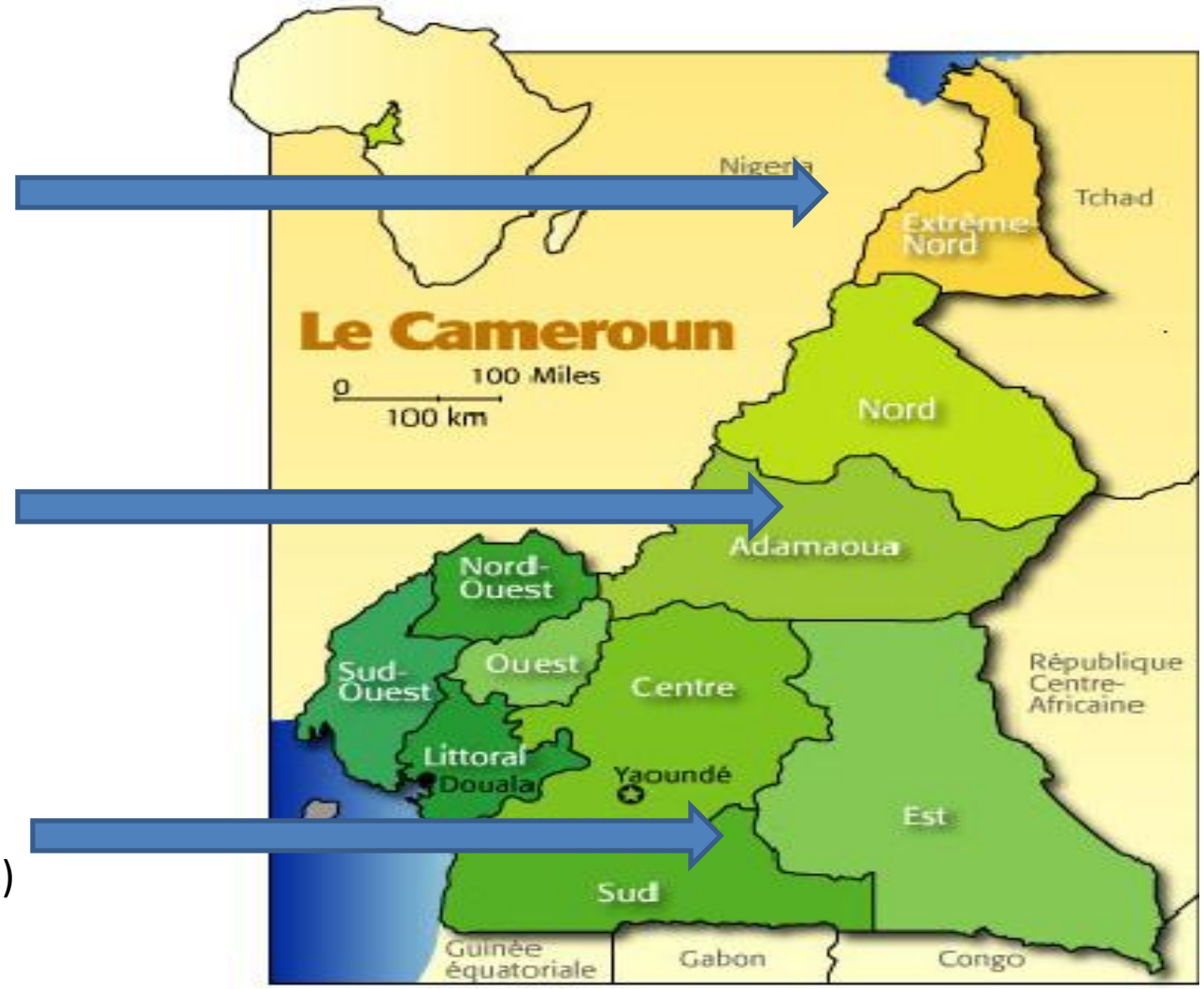
Background

Short seasonal transmission (Unstable)

Long seasonal transmission (mesoendemic)

Perennial transmission (Hyperendemic)



Background

- 30% of OPD cases are malaria (23% UM and 7% SM)
- Malaria prevalence 30% (DHS 2011)
- Public Health facilities 30%, Private sector 20% and CCM 50%
- LLIN use remains below 60% (DHS done before mass distribution campaign in 2011 stated that 21% children under five use LLINs)
- Accessibility to health care is still a problem (distance, #health staff, availability of commodities, poverty)
- IMCI exists only in about 60 health districts HF (33%) and only 25 HD out of about 190 for iCCM so needs scaling up

Case management Strategies

1. Reinforcing malaria diagnosis in health facilities and communities
2. Reinforcing malaria treatment in health facilities and communities: uncomplicated and severe malaria
3. Reinforcing the National Essential Drug Supply System

Case Management activities _Diagnosis

- Guidelines recommend systematic diagnosis of all suspected cases before treatment
- Microscopy available in about 48% of health facilities
- Performance of RDTs in health facilities <10% of diagnosis (training underway)
- CMM in 50% of health districts, issues with supply chain (cost recovery)
- No QA system for diagnosis in place (Funding gap)
- Acceptability of RDT is an issue (low cost, “so many negative tests”- needing incentives for providers

Case Management activities _Treatment

- 6% of malaria cases receive appropriate treatment within 24 hours (DHS 2011)
- CCM targets communities with difficult access to health services
- ASAQ used for treatment and for pre-referral in patients who can receive oral treatment (Guidelines 2008)
- 60-70% adherence to treatment guidelines (ASAQ and AL)
- No data on adherence to test results (anecdotes on treatment of – cases)

Case Management activities _Treatment

- Only 50% of children under five benefit from free treatment in health facilities (need for ped. forms)
- Difficult acceptability of first line drug to be addressed
- Subsidies in ACTs have not increased demand
- Quinine drips and IM artemether are used for severe malaria (50% patients are hospitalized for severe malaria)
- IV artesunate to be introduced in 2013 beginning with capacity building of national case management teams. PV activities to be discussed as introduction

Case management-Treatment

- Insufficient support and monitoring of implementation of the private sector distribution of subsidized commodities
- Pharmacovigilance depends on the National PV system:
  - Low notification to the National Pharmacovigilance Center
  - Meetings of the PV committee to follow up PV activities
  - New strategies being discussed such as pilots in referral hospitals

Main challenges

- Presumptive treatment is still rampant (late disbursements).
  - To be addressed through training, communication and supervision.
- Demand of RDTs and ACTs by HF remains low.
  - Both push and pull mechanisms are used to ensure availability to end users.
  - Correct malaria case mgt to be included in the package of PBF
- Insufficient adherence to treatment guidelines (ASAQ and AL)
  - Revision of guidelines to take into consideration preference of prescribers
  - Incentives to be established for health workers and HF
- Insufficient resources to carryout PV activities.
  - NMCP to develop capacity in carryout PV activities

THANK YOU