Central African Republic

COUNTRY PROFILE

Overivew of malaria control activities and programme progress

Malaria is one of the major public health burdens and is endemic throughout the Central African Republic. It is responsible for an estimated 40% of all outpatient visits and 45% of hospital deaths in public health facilities. A situation analysis conducted in 2001 showed that appropriate management of those with malaria symptoms in public facilities and at home was unacceptably low, ranging from 12.8% to 17.3%. In recent years, the situation has worsened as a result of increasing resistance to CQ.

The national control strategy includes: (i) proper management of malaria cases and integrated management of child malaria in the home and in health facilities; (ii) prevention of malaria through improved sanitation, vector control measures — in particular ITN usage — and IPT for pregnant women; (iii) operational research; and (iv) strengthening the HIS and the monitoring and evaluation system. It is recognized that these strategies can only be realized with improved structural and institutional capacities of the MoH and by developing lasting partnerships that involve NGOs, the public and private sectors and development partners.

Several important policy steps have been made for changing the first-line antimalarial drug policy from CQ to more effective combination therapy, and for adopting IPT with SP for prevention of malaria during pregnancy. From 2001 to 2004, more than 40 000 ITNs were distributed.

In addition to resources made available by the government, several partners support the fight against malaria including WHO, UNICEF and the European Union. The GFATM recently committed over US$ 10 million to support malaria control activities.

National malaria policy and strategy environment

National malaria strategy overview for 2003

	Strategy
Treatment and Diagnosis Guidelines	Yes
Published/updated in	2004
Monitoring antimalarial drug resistance	Yes
Number of sites currently active	5
Home management of malaria	No
Vector control using insecticides	No
Monitoring insecticide resistance	No
Number of sites currently active	0
Insecticide-treated mosquito nets (ITNs)	Yes
Intermittent preventive treatment (IPT)	No
Epidemic preparedness	No

Current antimalarial drug policy

	Current policy
Uncomplicated malaria	
P. falciparum (unconfirmed)	CQ
P. falciparum (lab confirmed)	CQ
P. vivax	
Treatment failure	SP
Severe malaria	Q(7d)
Pregnancy	
Prevention	CQ weekly
Treatment	Q(7d)

EPIDEMIOLOGICAL DATA

Following WHO recommendations, malaria case reporting is carried out in most countries. The data presented below reflect aggregated malaria cases at the national level and are presented by gender, age and subnational level as submitted to WHO. Malaria reporting from national surveillance systems varies in quality and reporting completeness and may have limited value in understanding the actual malaria burden, but may be useful for understanding trends in the relative burden of malaria in the public health sector.

Reported malaria cases (annual)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
174 436	125 038	89 930	82 072	82 057	100 962	95 259	99 718	105 664	127 964

2000	2001	2002	2003
89 614	140 742		95 644

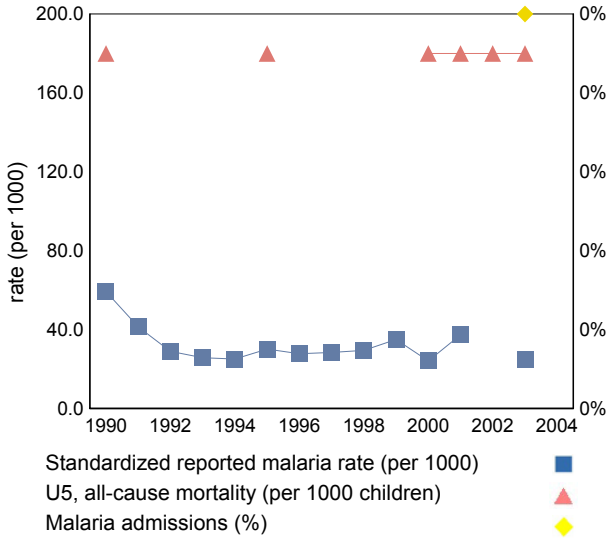
Date of last report: 22 November 2004

Reported malaria by type and quality

For most recent year: 2003

Reported malaria cases	95 644
Reported malaria deaths	

Probable or clinically diagnosed	
Malaria cases	95 644
Severe (inpatient or hospitalized) cases	
Malaria deaths	
Slides taken	
Rapid diagnostic tests (RDTs) taken	
Laboratory confirmed	
Malaria cases	
P. falciparum or mixed	
P. vivax	
Severe (inpatient or hospitalized) cases	
Malaria deaths	
Investigations	
Imported cases	
Estimated reporting completeness (%)	



Reported malaria cases by age and gender

Group	Subgroup	2000	2001	2002	2003	%
	Total	89 614	140 742		95 644	100
Age	<5 years	53 665	82 787		53 134	56
	5> years	35 949	57 955		42 510	44

Reported malaria cases by selected subnational area

15 of 17 areas	2000	2001	2002	2003	%
Ville de Bangui	25 225	27 472		36 601	38
Mbomou	5 344	2 514		10 339	11
Mambéré Kadéï	9 446	17 635		8 583	9
Ouham Pendé	7 804	12 365			9
Ouham	5 404	10 716			8
Ombella Mpoko	3 374	5 612		7 124	7
Ouaka	10 978	16 710		6 860	7
Lobaye	3 467	4 062		4 072	4
Kémo	3 255	5 446		3 916	4
Nana Mambéré	2 808	9 434		3 807	4
Sangha Mbaéré	3 044	5 457		3 133	3
Haute Kotto	1 392	5 466		2 880	3
Haut Mbomou	1 093	4 781		2 696	3
Basse Botto	1 387	2 514		2 201	2
Bamingui Bangoran	702			1 885	2

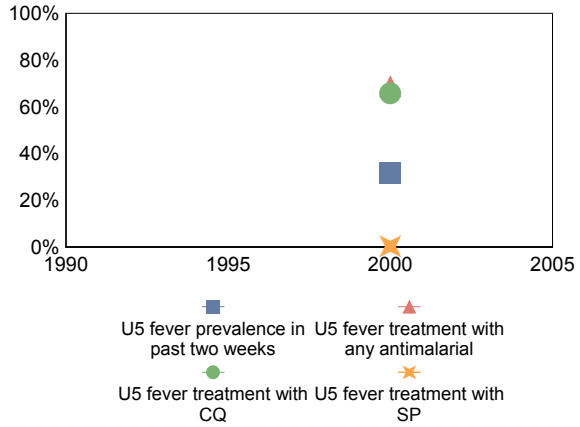
COVERAGE OF ROLL BACK MALARIA INTERVENTIONS

Information related to the coverage of RBM key interventions is presented here. This includes coverage of antimalarial treatment, possession and use of insecticide-treated nets (ITNs), and use of intermittent preventive treatment (IPT) among pregnant women (PW) where national policy indicates.

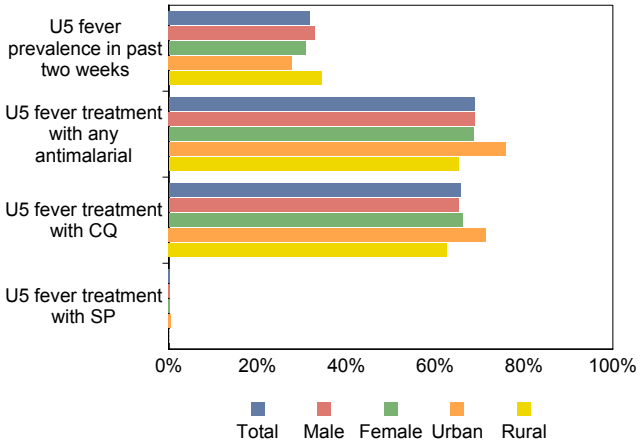
Fever prevalence and treatment with antimalarials

Prompt access to effective treatment is one of the key interventions promoted by RBM. Information presented below is from household surveys on fever prevalence and reported treatment of fever with antimalarials among children under 5 years of age (U5) within the previous 2 weeks.

Trend in fever prevalence and antimalarial coverage estimates from national surveys



Estimate of fever prevalence and treatment with antimalarials from most recent national survey



Available national surveys

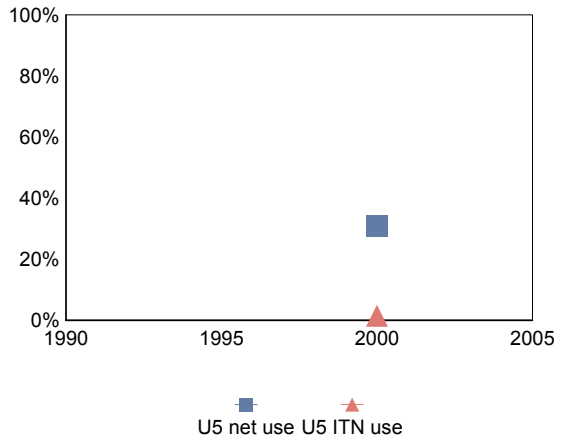
MICS 2000

Sample size (U5s): 14 267
Field work: Apr-Aug 2000
Scale: national
Supporting organization: UNICEF

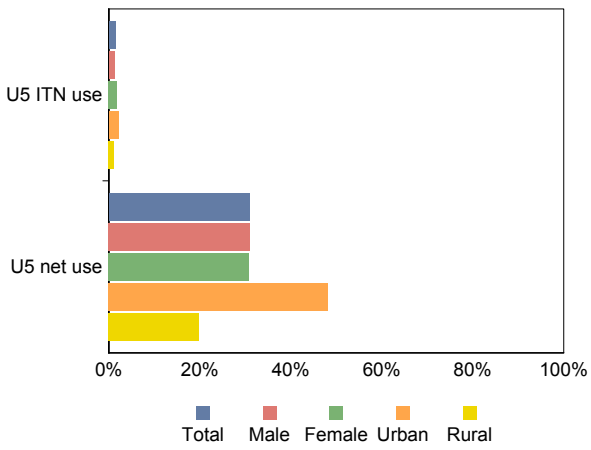
Insecticide-treated nets

ITNs are one of the key interventions promoted by RBM. Coverage of ITNs is best assessed through household (HH) surveys which ask questions on possession and use of nets, as well as insecticide treatment status, among the target populations of children under 5 years of age (U5) and pregnant women. Data below represent available household survey results in which household possession and use of nets and ITNs have been assessed.

Trend in mosquito net coverage estimates from national surveys



Estimates of ITN coverage from most recent national survey



Available national surveys

MICS 2000

Sample size (HHs or U5s): 14 267 Supporting Organization: UNICEF

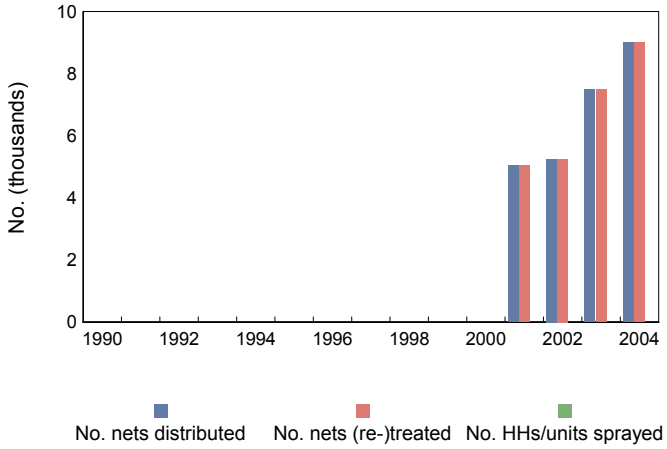
Field work: Apr-Aug 2000

Scale: national

SERVICE DELIVERY AND MALARIA-RELATED COMMODITIES

General malaria-related services delivered

Services delivered for malaria control include numbers of nets and insecticides delivered or sold, numbers of nets (re-)treated with insecticide and numbers of households (HHs)/units sprayed during IRS campaigns. These services and service-related commodities mostly reflect core malaria control activities of national malaria control programmes. The information reflects annual, country-reported data.



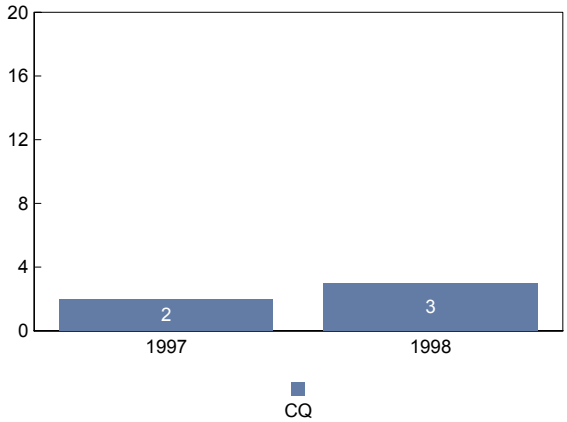
	No. nets (re-) treated	No. nets sold or distributed
2001	5 050	5 050
2002	5 250	5 250
2003	7 500	7 500
2004	9 000	9 000

MONITORING ANTIMALARIAL DRUG EFFICACY

Monitoring antimalarial drug efficacy is important for understanding the impact of antimalarial treatment being delivered and the need for drug policy change, essential for ensuring prompt access to effective treatment. Median, range and quartiles are based on percentage clinical failure for uncomplicated *P. falciparum* malaria for countries in Africa south of the Sahara, and percentage total failure for all other areas. Included are studies that used WHO protocol among selected drugs.

Study years	Number of studies	Median	Range		Percentile	
			Low	High	25th	75th
CQ						
1997-1998	5	20.8	19.0	57.1	19.3	39.6

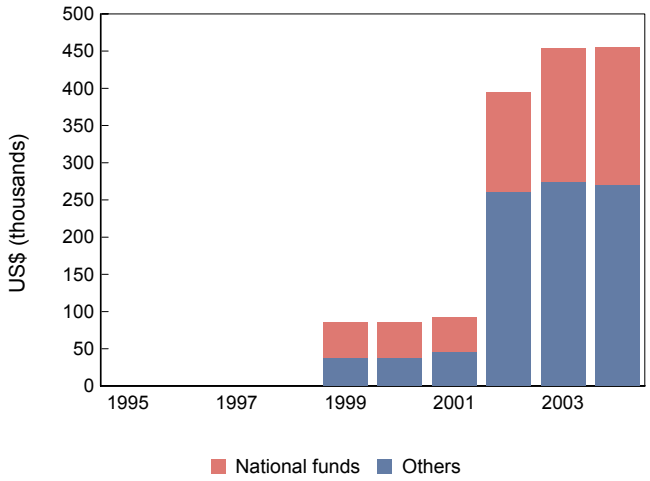
Number of drug efficacy studies available by year and drug type



FINANCING FOR MALARIA

Annual funding for malaria control

This information represents country-reported national and other resources budgeted or spent for national malaria control programme efforts. If information was reported in a different currency than US$, the annual average of the official exchange rate from the World Development Index was used for conversion. Currency is presented in US$ (thousands).



	National funds	Others
1995	-	
1996	-	
1997	-	
1998	-	
1999	48	38
2000	48	38
2001	46	46
2002	134	261
2003	179	274
2004	185	270

Malaria funds from the Global Fund to Fight HIV, Tuberculosis, and Malaria

Information on additional resources provided to countries through GFATM from 2-year committed funds for malaria from successful proposals through the first four rounds is presented. The details on approved proposals, grant agreements and disbursements to date are provided. Figures are presented in US$. These data are maintained and updated by GFATM.

Approved proposals			Grant agreements and disbursements (as of 13 January 2005)						
Source	Round	Total year 1-2 budgets	Principal recipient	Signed	Signature date	Grant amount	No. of disbursements	Total disbursed	% disbursed
CCM	4	10 592 816		No			-		

General notes and remarks

See explanatory notes at the beginning of the section.