

DELAYED HEMOGLOBINURIA FOLLOWING I.V. ADMINISTERED ARTESUNATE TREATMENT: WHAT ABOUT THE DRC?

Cameroon:

2014 LLIN Distribution Mass Campaign

A Cameroonian expression says that one cannot climb a tree with a single arm. This is the cry that launched Cameroonians towards strong mobilization for a successful 2014 LLIN distribution campaign.

The country needs 12,599,245 LLINs and the cost of purchase, transportation and distribution in nearby sites is 42,837,772,000 CFA. The Minister of Health has set up a strategic team to discuss different strategies of financial resources mobilization and cost reduction if possible. CARN is joining this effort.



Chad

Chad will soon run two grants that will roll out in tandem. A consolidated grant (R7 and R9 with key activity which is the purchase and distribution of RDTs and ACTs) with the UNDP as Primary Recipient (PR) and a new grant (21 million euro TFM and NFM interim application with \$ 5,000,000 with main activity the procurement and distribution of LLINs) with FOSAP as PR. UNICEF and the NMCP will play the role of SBR. CARN and HWG support the country technically with three consultants for the new grant.

WHO recommendations on the progressive replacement of intravenous (IV) quinine with IV artesunate has motivated researchers engaged in malaria control to collect data on the eventual side effects of this drug which is to be administered to large populations.

CDC/Atlanta has published a review with 19 cases of late hemoglobinuria reported globally since IV artesunate was recommended as first line treatment for severe malaria. Although the treatment is not yet authorized in USA, it has been made available by CDC within the framework of a protocol designed for investigating new drugs. IV artesunate used in this country is manufactured by the medical services of the American army and dispensed to soldiers on mission to endemic zones. Up till date, no side effect of this nature has been reported by the medical service of the American army. However, late hemoglobinuria has been described in patients having spent time in endemic areas and received treatment for severe malaria with the drug manufactured elsewhere. A relationship was found between the quality of the product administered and the apparition of side effects especially as the pathogenesis of malaria rather relates massive intravascular hemolysis to the severity of the illness than to the treatment itself.



The introduction of IV artesunate in our country has brought together clinicians and funding bodies to reflect on this problem in order propose measures to prevent the side effects of IV artesunate. Since then, the opinion of clinicians has been assuaged on the occurrence of late hemoglobinuria in patients treated with ACT. Unfortunately, there is no evidence due to the lack of studies on the subject. The National PV Committee resolved to address this deficit by designing a cohort study of more than 10000 cases which will be followed up. In the pilot phase 500 patients were followed up last year. This study will be coupled with others which focus on these new antimalarials which have been introduced in the DR Congo.

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CAR and the GFATM

CAR is actively preparing to move to Phase 2 of the R8 Global Fund grant with a focus on the campaign for mass distribution of LLINs, RDTs and ACTs. RDTs and ACTs will be deployed to accessible health facilities both in terms of security and geographic accessibility. CCM had identified the International Federation of Red Cross (IFRC) as potential PR for this phase 2. Structures that will lead the implementation are UNICEF, the MENTOR Initiative, MSF and the NMCP. The IFRC brought a large delegation of CCM led by its President Dr. Lala, a team from the NMCP, UNICEF and the Aids National Council (current PR) to Yaounde / Cameroon from May 27th-31st. The Bangui delegation had the opportunity to familiarize themselves with the technical team of the IFRC which will play a major role in the PR's work and prepare grant negotiation documents.

CARN encouraged different parties to better collaborate in successful implementation of the Phase 2 once approved by the Global Fund.



Jason Peat (IFRC Geneva) Denis Duffaut, Regional Representative IFRC Central Africa and Dr Jean Methode Moyen, Director NMCP CAR

CARN 2013

The Roll Back malaria partnership for Central African countries (CARN) and all its partners organize on a yearly basis the Annual Review and Planning meeting in one of the CARN countries. The event for this year will take place in Douala/Cameroon from 29 to 31 July and will bring together more than one hundred experts from NMCPs, private sector, Academia and research institutions, bilaterals, multilaterals, faith based organizations and NGOs. This is an opportunity for partners to discuss on the way forward intended to harmonize strategic interventions around NMCPs with impact in order to be closer to MDGs.

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