There is intense malaria transmission all year round in the Central African Republic and the entire population of the country is at high risk. The annual reported number of malaria cases in 2017 was 1,267,673 with 3,689 deaths.
Malaria
Progress
Central African Republic has procured sufficient LLINs to achieve 100% operational coverage of the targeted at risk population. The country has decreased the estimated malaria mortality rate by more than 40% since 2010. Central African Republic have recently submitted insecticide resistance monitoring data to WHO.

Impact
The annual reported number of malaria cases in 2017 was 1,267,673 with 3,689 deaths.

Key Challenges
- Limited access to some at-risk populations is hampering coverage of malaria control interventions.
- Limited resources to further scale-up interventions.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enact high level policy and strategy change</td>
<td>Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector</td>
<td>Q3 2013</td>
<td>Green</td>
<td>There has been a 0.1 increase in CPIA Cluster D</td>
</tr>
</tbody>
</table>

Central African Republic has responded positively to the recommended action on development and implementation of a national insecticide resistance monitoring and management plan and reporting on the status of insecticide resistance monitoring to WHO.

RMNCAH and NTDs
Progress in addressing Neglected Tropical Diseases (NTDs) in Central African Republic is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Central African Republic is reasonable for trachoma (32%) and for soil transmitted helminths schistosomiasis (31%), however, the country has not reported data for onchocerciasis, lymphatic filariasis and schistosomiasis to WHO.
## Previous Key Recommended Actions

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<tbody>
<tr>
<td>RMNCAH¹: Optimise quality of care</td>
<td>a) Prioritise the collection of postnatal care data</td>
<td>Q1 2013</td>
<td>Green</td>
<td>Pre- and postnatal care reporting forms are included in the National Health Information Service (NHIS) however, lack of means of electronic transmission of data in health facilities limits completeness. UNICEF are planning to support the family health directorate with a statistician to assist in data management. Additionally, implementation of a unified DHIS2 database management platform at regional level is expected to enhance data availability. The reasons for the decline in deliveries by qualified personnel include a general lack in qualified personnel and inequitable distribution of qualified personnel in the Health Facilities, low coverage of Health facilities delivering EMOC, and weak reporting through the HMIS. The country has worked to address these issues. CAR organised a consultation of key actors on the determinants of maternal and infant mortality in the country and has developed an Investment Package to more effectively combat maternal, newborn and child mortality (MMI), significantly improve the health of adolescents and young people and strengthen leadership and coordination at the different levels of the health system. Planned strategies include the development of a regular staff integration plan, particularly for midwives, with more equitable distribution. There are also plans for the opening of and decentralization of training schools for staff in Reproductive Health, the development of incentives to keep staff at their posts, the scaling up of health facilities offering EMONC, and the regular supply of inputs and emergency kits. Fundraising efforts are ongoing to support this.</td>
</tr>
<tr>
<td>b) Investigate and address the reasons for the decrease in skilled birth attendants</td>
<td>Q1 2019</td>
<td></td>
<td></td>
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<tr>
<td>NTDs</td>
<td>As a priority, submit the data on Preventive Chemotherapy (PC) coverage of Schistosomiasis, Onchocerciasis and Lymphatic Filariasis to WHO</td>
<td>Q1 2019</td>
<td>Yellow</td>
<td>The programme has to date collected approximately 40% of the reports due to the difficulty of accessing instability-affected localities, but it is striving to collect and compile all reports. Data will be submitted to WHO as soon as compilation is completed.</td>
</tr>
</tbody>
</table>

Central African Republic has responded positively to the RMNCAH recommended action addressing low coverage of ARTs in the whole population and in children, with a

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¹ RMNCAH metrics, recommended actions and response tracked through WHO
resulting increase of 3% and 4% respectively over the last year, and continues to track progress as this action is implemented.

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due