





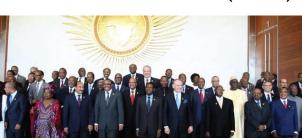


The African Leaders Malaria Alliance (ALMA)

The Federal Health Minister, Bahar Iddris Abu Garda, met at his office yesterday the delegation of the African Leaders Malaria Alliance (ALMA).

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Leaders Malaria Alliance (AL.MA).
The meeting discussed ways for providing the technical support to the
Federal Health Ministry in designing
an electronic follow up system for the
progress achieved in the field of malaria combating in the country.
The Federal Minister who welcomed
the delegation's visit has indicated
keenness of the ministry to implement
the scientific guidelines and policies
agreed upon.
He said we work for improving the
follow up process and intervention for
malaria, lauding the association role in
the training of the local frameworks of
the ministry of health on the electronic
system and its continuous modernizasystem and its continuous moderniza

system and its continuous moderniza-tion.
It worth noting that the delegation's visit to the Sudan comes in contexts of the Health Ministry Demanded to the (ALMA) to visit Sudan to inspect the progress achieved and the Sudan's ex-periment in malaria combing.
The African Leaders Malaria Alliance (ALMA) was launched by African Heads of State and Government during the United Nations General Assembly in September 2009 to provide African leaders with a high-level form to en-sure efficient procurement, distribu-



tion, and utilization of malaria control interventions; facilitate the sharing of effective malaria control practices; and ensure that malaria remains high on the global policy agenda. ALMA members are concerned that malaria affects over 200 million Africans and costs Africa at least USD\$ 12 billion annually in direct costs to development. ALMA is comprised of 49 African Heads of State and Government who are committed to reaching the United Nations Secretary-General's goal of ending malaria deaths by 2015. Malaria high on the political and poli-

cy agenda at global, national and local

levels
The objectives of ALMA are to:-Keep
malaria high on the political and policy agenda at global, national and local levels; -Provide a forum for high level advocacy for the attainment of the 2015 malaria targets, including the funding needs; -Provide a forum to re-view progress and address challenges being faced in meeting the malaria targets; -Maintain the focus and collective attention on malaria within the International Community, the United Nations and regional organizations;

-Furnish a platform for collective advocacy with multilateral organizations on such policy priorities as the timely release of donor funds and the efficient implementation of the global strategy essential for malaria awareness, acquisition and dispensing malaria control assets; -Provide a forum for sharing best practices on combating malaria Africa's leaders are committed to winning the fight against malaria

In Africa, we used to track malaria by metrics of despair – cases and deaths, wasted life and squandered opportuni-ty. We tracked numbing statistics like



the million Africans who died annually from this preventable disease a decade ago. Today, however, we track malaria by statistics of progress and malaria by statistics of progress and momentum. We count the 11 countries

malaria by statistics of progress and momentum. We count the 11 countries that have reduced malaria deaths by more than 50% since 2000. We count more than 300% since 2000. We count more than 300m lifesaving mosquito mets now being delivered across the continent. We track improved school attendance, the eased burden on health systems and a stronger workforce. These gains are inspiring, but fragile. Progress is made possible by two things: first, genuine African ownership and commitment within and across our borders; and second, dependable international funding for programmes that demonstrate real results. The world is rallying to bring malaria deaths in Africa to near zero by 2015. Attaining that will be a tremendous humanitarian feat. But it sup to Africa - tis leaders and its people - to see it through.

Leaders Malaria Alliance, or Alma: a coalition of African heads of state from 40 countries spearheading the fight against malaria. Alma offers a compelling example of what is possi-ble through co-operation, leadership, commitment, and sound management of national and international funds. Global dollars are essential to this

commitment, and sound management of national and international funds. Global dollars are essential to this success, but the buck stops with us. As heads of state and government, we are ultimately responsible for demonstrating that aid is being used wisely, effectively and efficiently. We are responsible for the wellbeing of our citizens, who have put their trust in us. We are responsible for meeting the health goals we've set.
When we look at the Alma scorecard, we see concrete results. But it is the families across Africa - those living healthier and more productive lives, free from malaria - that will be the greatest measure of our success.



AWD Management Training Concludes for 70 Health Practitioners

At the National Medical Supply Fund in Khartoum, the second group of 35 male and female health practitioners from all over Sudan finished their intensive "training of trainers" on AWD management and containment, organized by WHO and supported by Sudan's Health

Ministry. The training supported the ongoing response to the Acute Watery Diarrhoea (AWD) outbreak by WHO and Sudan's Health Ministry, by giving the practitioners new expertise to use in their crucial and life-saving response activities across the country.
Three experts traveled to Sudan

from the International Centre for Diarrhoeal Disease Research in Bangladesh (icddr,b), a WHO Collaborating Centre for Diarrhoeal Diseases Research The three experts, Dr. Azharul Islam Khan, Dr. Md. Sirajul Islam, and Dr. Pradip Kumar Bardhan, shared their combined public health experience of several decades with the 70 local practitioners

titioners.

According to Dr. Bardhan, the next crucial step for participants will be to follow-up and using the knowledge in a practical setting. "If you're not using your newly acquired skills and the knowledge, after a month they will have vanished", he

At the closing ceremony, Dr. Naeema Al-Gasseer, WHO Representative for Sudan, said: "We have to look at health services and the health system dif-ferently. AWD is not merely a problem of treating a disease. It has to be contained through a public health lens. Both its causes and its solutions can be found in all parts of society. This is why we need the Health in All Policies approach, and these new trainees will be a key part of implementing that ap-

Participants in the training agreed that the experience was highly fruitful and successful, answering all their questions regarding diarrhoeal disease man-agement and control. One of the participants, Elshaffie Haggar, works as WHO Surveillance Officer in North Darfur and said: "Now, each of us needs to use their local resources as much as possible, so that when we think back, we immediately remember our training and are able to share it." The newly gradu-ated trainees, who were care-fully selected by Sudan's Ministry of Health and WHO, will in turn train their colleagues in the health facilities where they work, creating a snowball effect and reducing the death toll that AWD exacts across Sudan.



"Without Laboratories, the Medical Sector is Blind"

better leaders and managers. Dr. Oskam: 'Lab managers are normally technically strong, but not necessarily good managers as formal management training is missing. Although you can't make perfect managers in just a few days, our course does provide a broad introduction into a lot of management skills and topics."
The subjects covered include quality and

risk management, personnel management planning, budgeting and evaluation, and "soft" management skills focusing on giv-ing effective feedback to people, delegating, communicating and active listening. Dr. van Beers: "The class is highly motivated and active. One thing that struck me was that all of the participants agreed in-dependently that soft management skills

can have a huge impact, while costing lit-tle time and money."

In the Sudanese public sector, especially in remote areas, planning is another cru-cially important dimension of proper lab management. Dr. Oskam: "In the private sector, you can order supplies and they will often arrive the next day. In the pub-lic sector, things tend to take a little long-er. So, as a lab manager you also need to look ahead much further, sometimes even

six months."

Once the participants go back to their states, they will not only strengthen the central state laboratories, but also apply their new knowledge and skills to local labs and officers. In addition, there is a labs and officers. In addition, there is a budding plan to create a postgraduate programme on laboratory management and leadership, which would be one only few in the world. Dr. Oskam: "In Sudan's national laboratory policy there is a key mention of improving lab management quality. To achieve that goal, you need more than a week long training. So the postgrad would definitely be a big step forward, for Sudan and for the region as well.



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Al-Bashir St No 8., Bahry Industrial Zone, Khartoum Bahry, Sudan

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