



WHO IN CAMEROON

Annual Report 2016



World Health
Organization

For a healthier population

Summary :

	Pages
List of abbreviations	3
Editorial	5
Highlights of 2016	6
Significant quotes in 2016	8
Figures, charts and tables	9
Introduction	10
1. Communicable Diseases	12
1.1. HIV / AIDS	
1.2. TUBERCULOSIS	
1.3. MALARIA	
1.4. NEGLECTED TROPICAL DISEASES	
1.5. VACCINE PREVENTABLE DISEASES	
2. Noncommunicable Diseases	
2.1. NONCOMMUNICABLE DISEASES	
2.2. NUTRITION	
3. Promoting health at all stages of life	
3.1. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH.	
4. Health Systems	
4.1. NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS	
4.2. ACCESS TO DRUGS AND HEALTH TECHNOLOGIES, AND STRENGTHENING REGULATORY MEASURES	
4.3. INFORMATION AND DATA ON HEALTH SYSTEMS	
5. Preparedness, monitoring and response	
5.1. ALERT AND INTERVENTION CAPACITIES	
5.2. MANAGEMENT OF CRISES AND RISKS ASSOCIATED WITH EMERGENCIES	
5.3. POLIOMYELITIS ERADICATION	
6. Institutional and Support Services	
6.1. PROGRAMME SUPPORT (COUNTRY SUPPORT UNIT)	
6.2. HUMAN RESOURCES	
6.3. FINANCIAL MANAGEMENT AND INTERNAL CONTROL	
6.4. IMPROVEMENT OF THE WORKING ENVIRONMENT	
6.5. INFORMATION AND COMMUNICATION TECHNOLOGIES	
6.6. COMMUNICATION SUPPORT PROGRAMMES	
>> The faces of the office	
ANNEX	
Annex 1 : Obstacles and constraints	
Lessons learned	
Prospects for the year 2017	
Annex 2 : Support received from IST – AFRO - HQ	
Annex 3 : Assistance Missions to the Country	
Annex 4 : List of documents produced	
Conclusion	



7

14



6

15

19

24

25

25

31

32

33

35

36

42

43

45

46

47 - 50

51

52

53

54

55



14

Acknowledgements

Throughout the year, we worked with the Ministry of Public Health, the Government of Cameroon, numerous bilateral and multilateral partners, governmental organizations and the civil society.

We therefore express to them our deepest appreciation.

Abbreviations

AFP :	Acute Flaccid Paralysis	EVD :	Ebola Virus Disease
AFRO :	WHO Regional Office for Africa	EWI :	Early Warning Indicator
ART :	Antiretroviral therapy/treatment	FAIRMAID :	Health for the Poor
ARV :	Antiretroviral	FAO :	Food And Agricultural Organization
ATC :	Approved Treatment Center	FDA :	French Development Agency
BOPV :	Bivalent Oral Polio Vaccine	FEI :	France Expertise Internationale
BPM :	Business Process Mapping	GATS :	Global Adult Tobacco Survey
CA :	Central Africa	GAVI :	Global Alliance for Vaccine and Immunization
CAFELTP :	Central African Field Epidemiology and Laboratory	GESP :	Growth and Employment Strategy Paper
CAMPHIA :	Cameroon Population-based HIV Impact Assessment	GFATM :	Global Fund to Fight AIDS, Tuberculosis and Malaria
CCM :	Country Coordination Mechanism	GFF :	Global Financing Facility
CDC :	Centers for Disease Control	GPEI :	Global Polio Eradication Initiative
CDI :	Community Distribution Interventions	GPS :	Global Positioning System
CDT :	Community-Directed Treatment	GSM :	Global Management System
CERF :	Central Emergency Revolving Fund	GYTS :	Global Youth Tobacco Survey
CERPLE :	Regional Center for the Prevention and Control of Epidemics and Pandemics	HAT :	Human African Trypanosomiasis
CHAI :	Clinton Health Access Initiative	HD :	Health District
CM :	Comprehensive Management	HDDP :	Health District Development Plan
CPC :	Centre Pasteur of Cameroon	HHA :	Harmonization for Health in Africa
CR :	Coverage Rate	HIV :	Human Immunodeficiency Virus
CRHDP :	Consolidated Regional Health Districts Plan	HIVDR :	HIV Drug Resistance
CRVS :	Civil Registration and Vital Statistics	HKI :	Hellen Keller International
CSU :	Country Support Unit	HQ :	Headquarters
DFC :	Direct Financial Cooperation Agreement	HRDP :	Human Resources Development Plan
DPS :	Department of Health Promotion	HSS :	Health Sector Strategy
DRC :	Democratic Republic of the Congo	IC :	Immunization coverage
DTC :	Diagnostic and Treatment Center	IDP :	Institutional Development Plan
DVDMT :	District Vaccines Data Management Tool	IEC :	Information – Education – Communication
EmONC :	Emergency Obstetrical and Neonatal Care	IEF :	International Eye Foundation
EPI/ R :	Expanded Programme on Routine Immunization	IHP+ :	International Health Partnership
EPI :	Expanded Programme on Immunization	IMCI :	Integrated Management of Childhood Illnesses
EPT :	Emerging Pandemic Threats	IST :	Inter Country support Team
ESCA :	Epidemiological Surveillance in Central Africa	ITP :	Implementing Through Partnership
ESPEN :	Expended Special Project for Elimination of NTDs	JPMS :	Joint Program Monitoring System
		LCIF :	Lions Club International Foundation
		LF :	Lymphatic Filariasis
		LID :	Local Immunization Day
		LLIN :	Long-lasting Insecticide treated net

MCHNAW :	Maternal and Child Health Nutrition Action Week	PMTCT :	Prevention of mother-to-child transmission of HIV
MCT :	Mother -to-Child Transmission	RDPH :	Regional Delegation for Public Health
MINEPAT :	Ministry of Economy, Planning and Regional Development	Rota :	Vaccine against Rotavirus diarrhoea
MINFI :	Ministry of Finance	RRG-MTNP :	Regional Review Group of the MTN Programme
MINTSS :	Ministry of Labour and Social Security	RRT :	Rapid Response Team
MNCH :	Maternal, Neonatal and Child Health	SDG :	Sustainable Development Goals
MOH :	Ministry of Public Health	SDH :	Social Determinants of Health
MOU :	Memorandum of Understanding	SHS :	Strengthening of the Health System
MU :	Management Unit	SLIPTA :	Stepwise Laboratory Improvement Process Towards Accreditation
NCB :	National Coordinating Body	SMNMR :	Surveillance of Maternal and Neonatal Mortality and Response
NCD :	Non-communicable Disease	SSA :	Special Services Agent
NCEHO :	National Center for Emergency Health Operations	SUN :	Scaling-Up Nutrition
NDTG :	National Diagnosis and Treatment Guide	SYNAME :	National Essential Drugs Supply System
NGO :	Non Governmental Organization	TAS :	Transmission Assessment Survey
NID :	National Immunization Day	TB/VIH :	Tuberculosis and HIV
NIS :	National Institute of Statistics	TOPV :	trivalent Oral Polio Vaccine
NMCP :	National Malaria Control Programme	TP :	Training Programme
NOCP :	National Onchocerciasis Control Programme	TSC :	Technical Supervision Committee
NPMP :	National Pharmaceutical Master Plan	UHC :	Universal Health Coverage
NPO/EDM :	National Professional Officer for Essential Drugs and Medicines	UN System :	United Nations System
NPO/EPI :	National Professional Officer for Expanded Programme on Immunizations	UN :	United Nations
NPO/FHP :	National Professional Officer for Family Health Programme	UNAIDS :	Joint United Nations Programme on HIV/ AIDS
NPP :	National Pharmaceutical Policy	UNESCO :	United Nations Educational, Scientific and Cultural Organization
NSPCM :	National Strategic Plan for the Control of Malaria	UNFPA :	United Nations Fund for Population
NTD :	Neglected Tropical Disease	UNHCR :	United Nations High Commissioner for Refugees
OASIS :	Organizational Assessment for Improving and Strengthening Health Financing	UNICEF :	United Nations Children's Fund
OPV :	Oral Polio Vaccine	UNWomen :	United Nations Entity for Gender Equality and the Empowerment of Women
PCR :	Polymerase Chain Reaction	VAR :	Anti-Measles Vaccine
PCT :	Preventive chemotherapy	WASH :	Water Sanitation and Hygiene
PENTA3 :	Pentavalent Vaccine, 3rd dose	WHD :	World Health Day
PEPFAR :	President's Emergency Plan For AIDS Relief	WHO :	World Health Organization
PLWHIV :	People Living with HIV	WIW :	World Immunization Week
PM :	Pediatric management	WPV :	Wild Polio Virus

Since September 2015, the international community set 17 Sustainable Development Goals (SDGs) by 2030, which transitioned from the Millennium Development Goals (MDGs).

Objective 3, which aims to "enable everyone to live in good health and promote the well-being of all people of all ages", demonstrates to a sufficient extent, the transversality of health, which is at the heart of all policies.

At the center of the SDGs are the 5 "Ps": population, planet, prosperity, peace and partnership, the aim being to eradicate poverty, reduce inequality and injustice and take action to combat climate change. The 2016-2027 health sector strategy and the 2016-2020 health development plan of Cameroon are aligned with these new orientations.

The WHO Office supports Cameroon to achieve the objectives set out in these core documents through its cooperation strategy. To achieve this, it is essential to have a country office that is aligned with the requirements of the Transformation Agenda of the WHO Regional Director for Africa, Dr Matshidiso Moeti, and in search of High Performance. It is a process that requires innovation, audacity in the face of challenges, and better preservation of achievements.

Throughout 2016, meetings with the Prime Minister and other members of Government, field trips in 4 of the 10 regions of Cameroon, confirmed the need to initiate a process to upgrade the health districts so that they regain their vital role in the functioning of the health system, and thus restore the confidence of the population it serves. Needs Assessments of these community-based health facilities were conducted, revealing that they do not necessarily require huge investments for them to meet their basic and immediate needs. Renovations at the Garoua Regional Hospital and the construction of a neonatal unit at the Bafia district hospital are evidence of this. It also involved the supply of rolling stock, medical and laboratory equipment to other health facilities.

Other achievements in 2016 include setting up the Resource Mobilization Committee, which enabled the office to receive **USD \$ 2,811,250**, and the official opening of a field office in Maroua.

All this was made possible by the work of a team closely linked to the objectives set during a retreat that strengthened team building and the practice



Dr Jean-Baptiste Roungou
Representative

of values such as integrity, honesty, excellence and humility; a "Dream team" spirit, patiently built, in an improved professional environment. In addition, a gym and a medical rest room will soon be equipped, for use by the staff.

But there are still challenges. The year 2017 calls for more discipline, self-sacrifice and innovation, more excellence, speed and efficiency in quality. In addition, we need to support targeted health districts to make them models among others. Universal health coverage, which is still in its early stages, and which aims to enable populations to receive quality healthcare without incurring excessive financial burdens, needs to be fully implemented. The 2015-2020 Africa Health Transformation Programme, "A Vision for Universal Health Coverage" developed by the WHO Regional Office for Africa, demonstrates this with a view to multi-partner collaboration between African regional and sub-regional institutions, bilateral and multilateral partners, the United Nations system and countries. The transition of MDGs to SDGs and the almost permanent threat of public health emergencies require us to build functional, resilient and highly responsive health systems using the "ONE HEALTH" approach. It is in this light that the new Country Cooperation Strategy (2017-2020) between WHO and Cameroon will set the stage for the Organization's support for the country's health development policies, strategies and plans. The Cameroon Office will contribute to the development of an effective health system through a strong and effective partnership.

We invite you to browse through our activities undertaken in 2016.

Enjoy reading !

2016 PRIME



22 January 2016 : simulation exercise to manage mass influx of victims in Maroua



22 March 2016 : delivery of 19 brand new vehicles to the Ministry of Public Health



26 March 2016 : Country office retreat in Kribi, election of a new staff association executive.



9 May 2016 : in Douala-Cameroon : WHO 2015 recommendations on the use of ARVs are disseminated to Central and West African countries at a regional workshop



26 May 2016 : Response to the avian influenza epidemic, meeting at the National Center for Emergency Operations in Yaounde

TIME



3 February 2016 : Audience with the Prime Minister, Head of Government



2 June 2016 : official opening of the Maroua field office



8 July 2016 : presentation of the 2012 national health accounts



11 July 2016 : Visit to Cameroon by WHO Ambassador for the control of Leprosy



8 September 2016 : WHO provides the lead for health with a bi-monthly meeting of technical and financial health partners



24 October 2016 : Fight against NTDs, China Africa Meeting on Schistosomiasis elimination and malacology training



21 December 2016 : Launch of national network of data producers "Cameroon Health Data Collaborative"

Significant quotations

in 2016



« The service of human personality and its integral well-being must be the principle and the culmination of our investment choices and our priorities for the creation of wealth. »

17 may 2016,
Opening of the International Economic Conference of Yaounde

His Excellency Paul BIYA,
President of the Republic of Cameroon



« Health is an outcome that reflects the success of many other goals. Because the determinants of health are very broad, progress made in improving health is a reliable indicator of those that have been accomplished in implementing the overall sustainable development program. »

21/11/2016,
Opening of the 9th World Conference on Health Promotion in Shanghai

Dr MARGARET CHAN,
Director General WHO



« The WHO Regional Office for Africa will be at the forefront of transforming the health and well-being of African populations, with a clear set of priorities and a renewed and expanded commitment to report on results and values of equity, transparency, integrity, professionalism and openness »

Commitment of the 2015-2020 Africa Health Transformation Program
A Vision for Universal Health Coverage

Dr MATSHIDISO MOETI,
WHO Regional Director for Africa,

Figures, Charts and Tables

Figures

Figure 1 :	Comparative Analysis (%) of tested individuals (adult males/females, adolescents and children) in the DS (Health District) in 2015 and 2016 during the same period	12
Figure 2 :	Comparative Analysis of the cumulative number of children exposed to HIV having benefitted of early diagnosis by PCR in the DS (Health District) in 2015 and 2016 during the same period	12
Figure 3 :	Comparative Analysis of the proportion of people HIV positive and under treatment (adults and children) in the DS (Health District) in 2015 and 2016 during the same period.	13
Figure 4 :	Curves of the evolution of proportions of children missed in and out of households during vaccination campaigns against polio from January 2015 to December 2016	39
Figure 5 :	Administrative immunization coverage of the Polio LVD from 19 to 21 November 2016	39
Figure 6 :	Evolution of the transmission deadline of AFP samples of children less than 15 years of age in Cameroon between 2010 and 2016	40
Figure 7 :	Evolution of the number of HDs that did not detect any AFP in a child under 15 between 2010 and 2016	41
Figure 8 :	Mapping of HDs that achieved the two AFP surveillance indicators in Cameroon in 2016	41

Charts

Chart 1 :	Children who received SCP	16
Chart 2 :	Points of difference observed between IC in 2016 and 2015 during the same period	23
Chart 3 :	Number of OPV doses in children aged 6-59 months who had AFP between 2010 and 2016	38
Chart 4 :	Categories of actors trained on the surveillance of VPDs and research	40

Tables

Table 1 :	NTD drugs received and transmitted to the Ministry of Public Health	17
Table 2 :	Distribution of measles cases and children vaccinated during the campaigns against measles epidemics recorded in Cameroon in 2016	21
Table 3 :	Performance of regions during the two MCHNAW rounds organized in 2016	21
Table 4 :	Immunization coverage per antigen and per region under routine EPI January to December 2016	22
Table 5 :	Summary data on the evaluation of the withdrawal of tOPV from the vaccination system in Cameroon	37
Table 6 :	Results of Polio response campaigns conducted between August and December 2016	38
Table 7 :	Results of retrospective retrieval of AFP cases in border health districts with Nigeria	40

Introduction

During 2016, the WHO Country Office in Cameroon focused its technical and financial assistance on the implementation of priority health interventions of the sector. To this end, several major challenges were identified and significant results were achieved. Thus, in 2016, the Cameroonian health system was enriched with two strategic documents, namely: the 2016-2027 Health Sector Strategy and the 2016-2020 Health Development Plan. Response to the HIV pandemic consisted in supporting interventions to eliminate mother-to-child transmission of HIV, increasing access to HIV counseling and testing, optimizing access to care and ARV treatment for adults and infected children under the "Treatment for All" approach, strengthening stakeholder coordination as well as capacity building of national officials to implement priority interventions. Tuberculosis has undergone a major transformation with the adoption by WHO of the multidrug-resistant tuberculosis treatment of the standardized 9-month regimen. Malaria remains a major public health problem in Cameroon and is still an important part of the agenda of the Ministry of Public Health,

WHO and their partners. The aim of the fight against this scourge is to scale up essential malaria control interventions with a utilization rate of at least 80% of the services and inputs offered. As for neglected tropical diseases (NTDs), drugs and reagents were supplied to the Ministry of Public Health by WHO for the mass treatment of NTDs with preventive chemotherapy. With regards to non-communicable diseases, the control of these diseases is the challenge that partners must place more importance on in the future, given the increasing prevalence of these diseases among the populations. The improvement of Maternal and Child Health was achieved in 2016 through strengthening of the Health System, and the advocacy for more actions in the fight against maternal and neonatal mortality, with the involvement of all stakeholders. Epidemics and disasters in Cameroon all received appropriate responses. The control of Poliomyelitis further intensified in response to cases of wild polio virus detected in Nigeria and in border areas with Cameroon, requiring the recruitment of national consultants on a temporary basis. The strengthening of routine immunization continued and intensified interventions are projected in the coming years.

Despite the progress made, some problems were encountered, such as insufficient WHO staff causing a significant increase in workload, inadequate funding for some priority programmes (Health System, NTDs, and NCDs) and security stocks for emergencies.

Work organization within WHO

The activities of WHO are organized around a specific number of categories. The first five are planning activities and correspond to the technical activities of the Organization, while the sixth covers all institutional services. They are organized as follows :

CATEGORY 1 : Communicable diseases

HIV / AIDS : Increasing access to essential interventions for people living with HIV

TUBERCULOSIS : Increased number of TB patients successfully treated

MALARIA : Increasing access to first-line antimalarial treatment for confirmed malaria cases

NEGLECTED TROPICAL DISEASES : Increasing and maintaining access to essential drugs for Neglected Tropical Diseases

VACCINE PREVENTABLE DISEASES : Extending Immunization Coverage for difficult-to-reach populations and communities

CATEGORY 2 : Non-communicable diseases

Improved access to interventions aimed at preventing and managing non-communicable diseases and their risk factors

MENTAL HEALTH AND SUBSTANCE ABUSE : Improved access to services on mental health and disorders related to substance use

VIOLENCE AND TRAUMA : Reduction of risk factors for violence and trauma, with emphasis on road safety, child trauma and violence against children, women and youth

NUTRITION : Reduction of nutritional risk factors.

CATEGORY 3 : Promoting lifelong health

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH : Increasing access to interventions to improve the health of women, newborns, children and adolescents

SOCIAL HEALTH DETERMINANTS : Improving inter-sector coordination of policies to address social health determinants

HEALTH AND ENVIRONMENT : Reducing environmental threats to health

CATEGORY 4 : Health systems

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS : All countries have comprehensive national health policies, strategies and plans that have been updated over the past five years

INTEGRATED, PERSON-CENTERED HEALTH SERVICES : The necessary policies, funding and human resources are available to improve access to integrated, person-centered health services

ACCESS TO DRUGS AND HEALTH TECHNOLOGIES AND STRENGTHENING REGULATORY CAPACITY : Access to safe, effective and high-quality drugs and health technologies is improved and used more rationally

INFORMATION AND FACTUAL MATERIAL ON HEALTH SYSTEMS : All countries have civil registration and vital statistics systems that work properly

CATEGORY 5 : Preparedness surveillance response

ALERT AND RESPONSE CAPACITIES : All countries have the most basic alert and response capacities required for all risks, as required by the International Health Regulations (2005)

MANAGEMENT OF CRISES AND RISKS ASSOCIATED WITH EMERGENCIES : Countries have the capacity to manage public health risks associated with emergencies

POLIOMYELITIS ERADICATION : No cases of paralysis due to wild poliovirus or poliovirus related to vaccine virus type 2 worldwide

RESPONSE TO EPIDEMICS OR CRISIS : All countries respond appropriately to threats and emergencies with public health implications.

CATEGORY 6 : Institutional and supporting services

LEADERSHIP AND GOVERNANCE : Greater coherence of global health action, with WHO playing a leadership role enabling many different actors to contribute actively and effectively to the health of all peoples

MANAGEMENT AND ADMINISTRATION : Effective and efficient management and administration in the Organization.

1. Communicable Diseases

1.1. HIV / AIDS

In order to meet the 90-90-90 targets by 2020 and the elimination of the HIV pandemic by 2030, Cameroon has adopted the "Treatment for All" strategy recommended by WHO in November 2015, and began its implementation nationwide. To this end, advocacy and technical and financial support of the WHO office were decisive. This commitment of Cameroon for the universal access of infected persons to ARV treatments was materialized by an official launch on 24 June 2016.

As part of the operationalization of the "Treatment for All" strategy, WHO deployed three national consultants to the East, Littoral and North regions, enabling 90 health facilities with high attendance to increase the provision and use of screening, PMTCT, pediatric HIV care and ARV treatment services. Thus, more than 75,300 adults and 793 children born to HIV-positive mothers were tested for HIV; 4,060/4,582 (88.6%) people living with HIV were placed on ART and 704/6,775 (25%) patients who did not meet their appointments were found and reintroduced into the care circuit of the hospital, which improved the survival of these patients.



Ceremony to launch the "Treatment for All in Cameroon" Strategy. The Minister of Public Health (3rd from the right), on his right the Minister of Communication, on his left, the Secretary of State in charge of epidemics and pandemics control followed by the UNAIDS Country Director representing WHO and UNAIDS

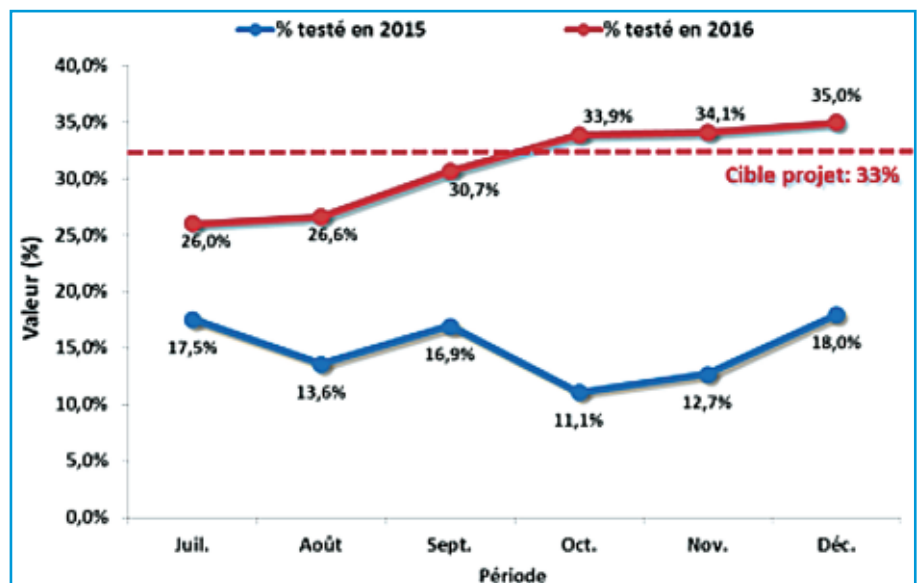


Figure 1 : Comparative analysis of the percentage of persons tested for HIV (adult men, women, children/adolescents) in the HDs of the project in 2015 and 2016 during the same period

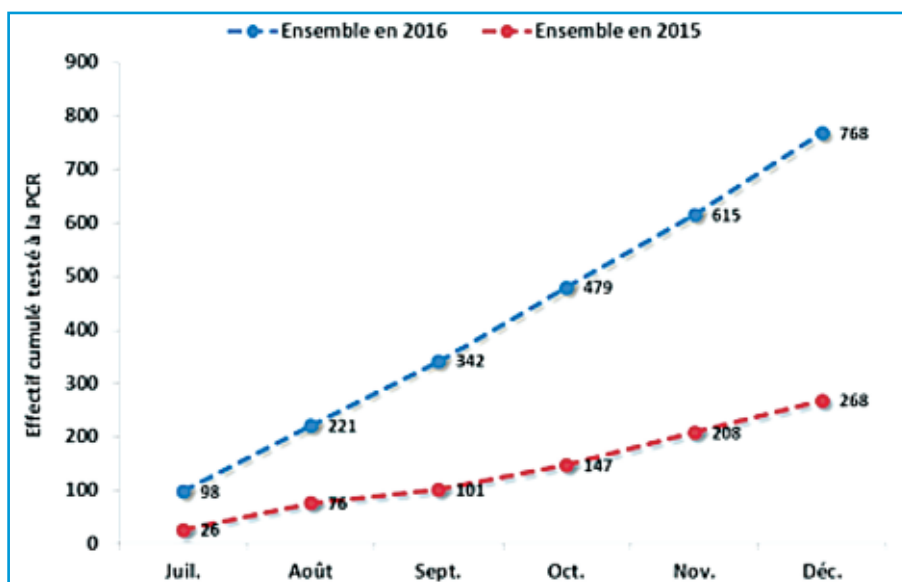


Figure 2 : Comparative analysis of the cumulative number of HIV-exposed children who received early PCR diagnosis in the HDs of the project in 2015 and 2016 during the same period

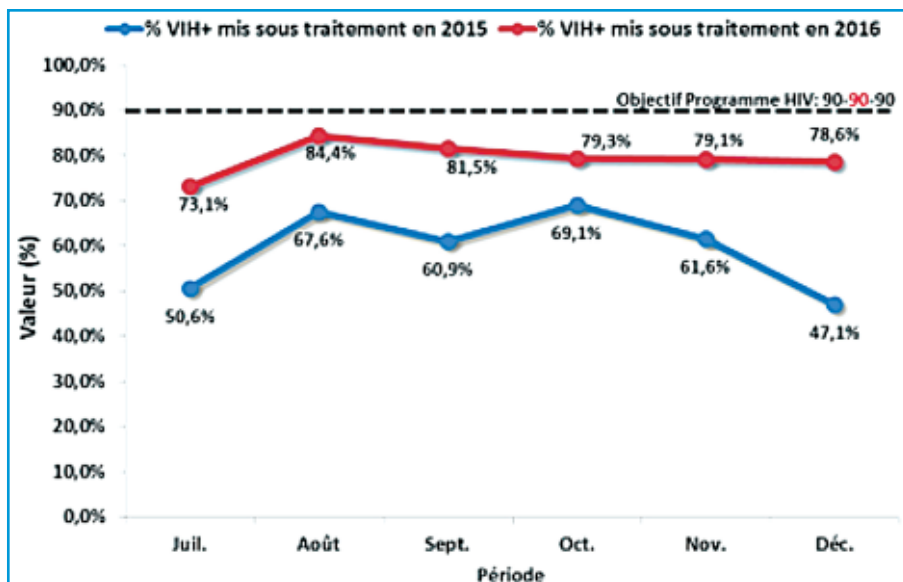
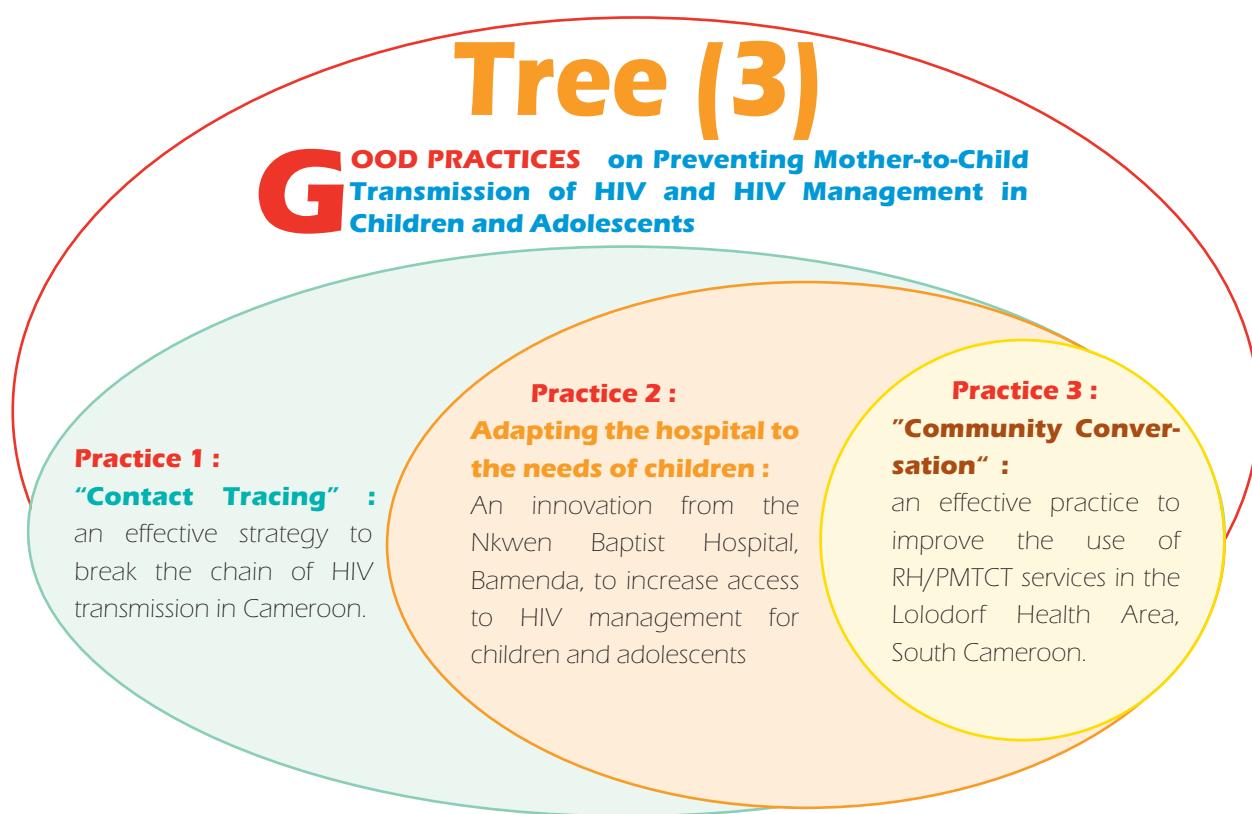


Figure 3 : Comparative analysis of the percentage of HIV+ persons on treatment (adults, children) in the HDs of the project in 2015 and 2016 during the same period

In addition, care to HIV positive persons have been harmonized in more than 230 health facilities through the adaptation, printing and dissemination of 206,000 copies of national guidelines, registries, medical records and follow up sheets of AIDS patients.

Technical and financial support from WHO in collaboration with UNAIDS and UNICEF also provided training for 27 focal points in M & E at different levels and for the preparation of the 1st Report on HIV National and Sub-national Cascades (ARV treatment, PMTCT, Pediatric care). These reports identify the gaps to be filled and priority interventions to improve the performance of each region or health district in the provision and use of HIV services. Also, WHO facilitated the development of 3 national reports JPMS, GARPR and use of ARVs in 2015.

Good practices were documented as a model for providing services to the less performing health districts, which will help to overcome some of the bottlenecks that hamper the scale-up of interventions.



1.2. TUBERCULOSIS

In Cameroon, the National Tuberculosis Control Programme set the goal of screening more patients by targeting vulnerable groups (HIV+, inpatients, children, refugees and displaced populations).

During the year 2016, the WHO office in Cameroon provided a consultant to evaluate the National Tuberculosis Control Programme and provided technical support for the implementation of pharmacovigilance for the use of two new anti-tuberculosis drugs (Bedaquiline and Delamanide).

The office also provided technical assistance to Equatorial Guinea in organizing the management of multidrug-resistant tuberculosis, and facilitated the signing of an MOU for collaboration between the programmes of the two countries

1.3. MALARIA

By 2016, hospital morbidity and mortality rates for malaria were 23.6% and 12% respectively.

The 2015 World Malaria Report reveals that there were 2,000,000 cases in Cameroon, with 4,000 deaths, representing 70 per cent among children below 5 years of age. The year 2016 was marked by two major interventions: the completion of the free distribution of



Demonstration of the use of LLINs in different sleeping areas before the launch of the campaign.



12.3 million LLINs across the country and the implementation of CPS in the Sahel regions of the North and Far North, on joint funding from the Global Fund, the Government of Cameroon, WHO and UNICEF.

WHO country office contributed at all stages of the LLIN distribution campaign with maximum contribution from partners and strong involvement of administrative, religious and traditional authorities.



Symbolic delivery of an LLIN by the WHO Cameroon Representative in Mokolo Far North Region

Region	Theoretical population	Counted population	Scheduled llins	Needs in LLINS	Available LLINS	LLINS Distributed	Distribution Rate
Adamawa	1 200 970	1 312 556	667 206	731 789	704 295	697 070	98,97
Centre	4 183 742	4 539 661	2 310 829	2 499 599	2 448 460	2 230 542	91,10
East	835 643	1 040 599	464 246	563 792	551 452	497 216	90,16
Far north	4 065 866	4 424 015	2 218 337	2 462 124	2 258 659	2 237 147	99,05
Littoral	3 671 579	3 381 060	1 863 877	1 889 625	1 916 352	1 674 851	87,40
North	2 442 578	2 724 042	1 356 988	1 393 738	1 375 453	1 362 401	99,05
North west	1 968 578	1 764 509	1 093 654	991 801	1 093 654	956 407	87,45
West	1 921 590	2 041 754	1 067 548	1 145 628	1 032 284	1 014 453	98,27
South	749 552	761 802	416 418	423 222	413 250	376 767	91,17
South west	1 553 320	1 538 847	862 956	856590	862 900	715 118	82,87
Total	22 593 418	23 528 845	12 322 059	12 957 908	12 656 759	11 761 972	92,93

Source : MOH Cameroon

A seasonal malaria chemoprevention campaign was organized in the North and Far North regions to address the regular increase of malaria cases during the rainy season in these regions. In 2015, malaria morbidity was 37 % in the Far North region and 35 % in the North Region for a national average of 30 %; hospital malaria mortality rates were 39% and 37 % respectively for a national average of 19 %. Funded by the Ministry of Public Health, with technical support from WHO, UNICEF, and the involvement of national NGOs: Malaria No More, Plan Cameroon, Malaria Consortium - Cameroon Coalition Against Malaria (MC-CCAM) and Iresco, about 1,500,000 children aged 3 to 59 months received a monthly dose of Amodiaquine-Sulfadoxine Pyrimetamine in August, September and October 2016.

Of the expected targets, 85.6 % (1,326,366) of the children received the three treatment doses, 8.3 % (128,975) received two, 47,864, or 3.1 % received only one. Mortality dropped by 74 % and 59 % respectively in the Far North and North Regions compared to the previous years during the same period. The technical support of WHO was crucial, with the provision of a team of international experts.



Launch of the CPS by the Minister of Public Health Andre Mama Fouda in Gazawa, Maroua, Far North.

With support from the HQ, WHO country office produced the document entitled “A DECADE (2006--2016) OF CLINICAL EFFICACY AND

A team on the field with all inputs



SAFETY OF ARTEMISININE- BASED COMBINATION THERAPY IN CAMEROON” on the 10-year assessment of research work on the treatment efficacy of artemisinin combination therapies (ACTs).

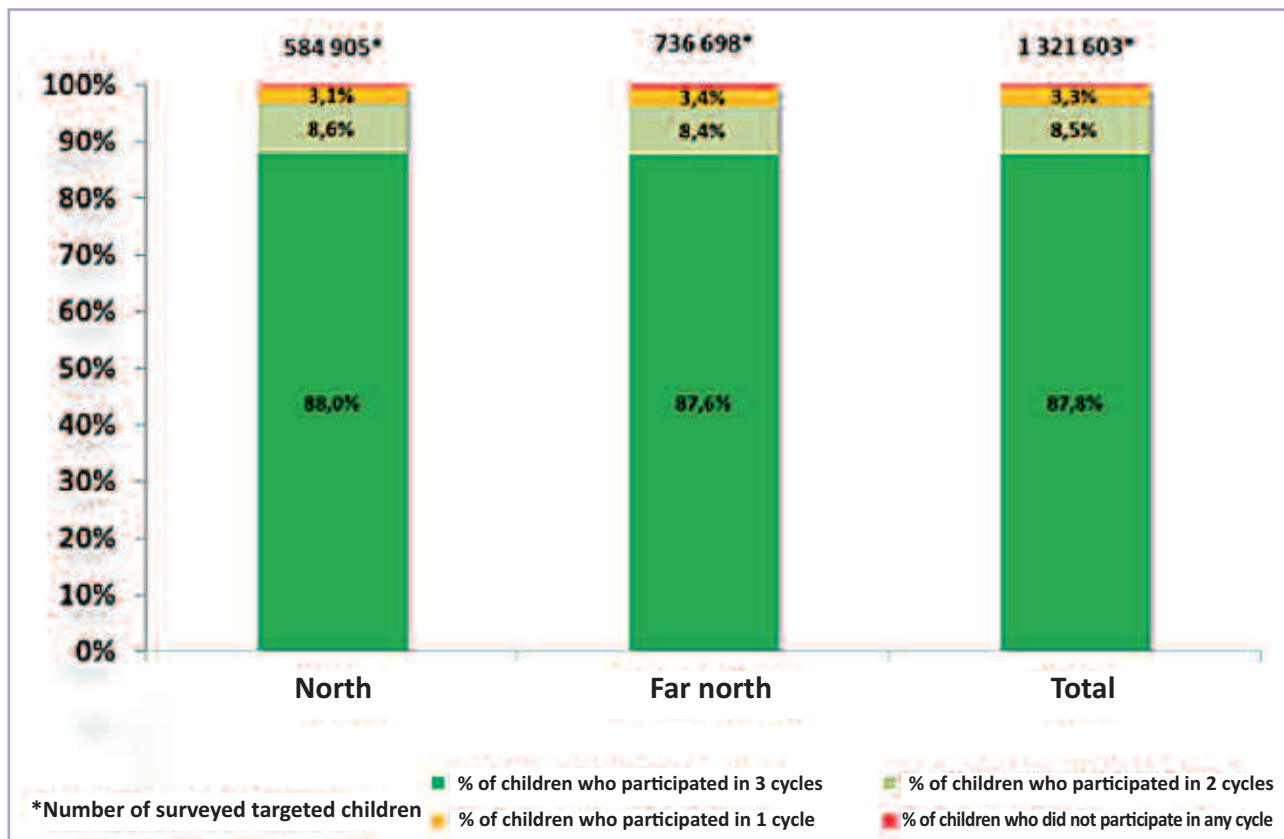


Chart 1 : Children who received SCP

1.4. NEGLECTED TROPICAL DISEASES :

During the year 2016, WHO mobilized and made available to the Ministry of Public Health, drugs and reagents for the mass treatment of neglected tropical diseases (NTDs) preventive chemotherapy (PCT), screening and the free management of Human African Trypanosomiasis (HAT), leprosy and Buruli ulcer.

Table 1 : Drugs received and transmitted to the Ministry of Public Health

Bulk ordering of mass distribution of NTD drugs for preventive chemotherapy for the 2017 campaign was transmitted and validated by GRRP-MTN

Pathology	Drugs/Reagents received	Quantity
Onchocercociasis/ Lymphatic Filariasis	Mectizan 3 mg	31 985 000 tablets
	Albendazole 400 mg	13 300 000 tablets
Schistosomiasis	Praziquantel 600 mg	10 998 000 tablets
Geo-helminthiases	Mebendazole 500 mg	7 854 000 tablets
Leprosy	Clofazimine adults and children	5 packages
	Pentamidine 10 mg, reagents CATT (40000)	2 packages
HAT	Module trypano Nect and accessories	5 packages



Medication for mass distributions made available by WHO for the National Schistosomiasis Programme.

During the year 2016, the contribution of the WHO Office in the Control of NTDs in Cameroon increased in collaboration with NGOs for the control of NTDs (HKI, Sightsavers, LCIF, IEF, Perspectives and FAIRMED) in the following interventions.

Onchocerciasis :

113 Meso and hyperendemic HDs on Community Directed Ivermectin Treatment (CDIT) achieved a treatment coverage of 81,5%.

Lymphatic Filariasis (LF) :

162 endemic HDs to LF, of which 137 on treatment achieved a treatment coverage of 80%. 25 co-endemic HDs to loiasis are not on treatment. An assessment of the endemicity of LF in these HDs with new reagents is underway.

De-worming of school-age children against Geo-helminthiasis and Schistosomiasis :

A total of 23,065 schools were targeted in 2016, including 5 million children who were dewormed with Mebendazole, that is, 82% and 2 million with Praziquantel, representing 66%.

Trachoma :

- Of the 16 endemic HDs mapped in 2012, 5 HDs reached the interruption of trachoma transmission in 2014 and 2 in 2015.

- 9 HDs continued the mass distribution of Azythromycin in 2016 to which were added 2 new HDs with a prevalence between 5 -10% with a 95% treatment coverage and 1000 cases of trichiasis operated upon.

Screening and free treatment of leprosy, Buruli ulcer and yaws



Ulcer cases from Yaws

Mass distribution of drugs against NTDs in PCT



Deworming of school-age children



Cases of trichiasis surgery in the Far North region



New cases of multi-bacillary leprosy in the active stage

- 196 new cases of leprosy treated;
- 81 new cases of Buruli ulcer treated;
- 888 new cases of Yaws treated.

Rumors of 5 Guinea worm cases were recorded, including 2 in Yagoua HD, 1 in Guider, 1 in Maroua1, and 1 in Kousseri.

The survey was conducted in 2016 and confirmed the end of lymphatic filariasis transmission in 31 health districts of the Far North and North Regions. The Regional Review Group of the NTD Control Programme that validated the survey report recommended continued treatment in co-endemic districts with onchocerciasis.

1.5. VACCINE-PREVENTABLE DISEASES

To support the country in the implementation of its national child immunization policy under the EPI, WHO provided the Ministry of Health in 2016 with:

- Technical, financial and logistical support to respond to epidemics resulting from vaccine-preventable diseases;
- Funding of USD 23,316 for a survey on the reasons for non-vaccination of children in the large cities of Yaoundé and Douala, where about 64% of unvaccinated children are concentrated;
- USD 3,050,232,197 in support of eight additional immunization activities;
- Continuous financial support for epidemiological surveillance activities by surveillance focal points at all levels;
- Technical support for the preparation and implementation of the activities of the regional routine EPI data validation meetings;
- Technical and financial support for the organization of the workshop on the use of DVDMT in health districts and their implementation, and the improvement of the EPI data management system in HDs, regions concerned and at the national level;
- Consultants to support surveillance and immunization activities in 9 of the 10 regions of the country;

VISIT OF THE WHO AMBASSADOR FOR THE ELIMINATION OF LEPROSY

The WHO Office organized the working visit of His Excellency YOHEI SASAKAWA, WHO Goodwill Ambassador for the Elimination of Leprosy. This visit took place in the Baka Pygmies of the East region of Cameroon. The objectives of this mission were to assess the leprosy situation in this minority and marginalized group, and produce an advocacy documentary for the mobilization of funds. At the end of the visit, a project on "Accelerating the screening and integrated case management of indigenous and marginalized populations in Cameroon" was developed and submitted to donors.



From left to right: the Minister of Public Health, H E Mr. SASKAWA, the Secretary of State for Health, WHO Representative



H. E. Yohei Sasakawa comforting a former patient with leprosy sequelae



Through the vaccination registries, consultants deployed in the country facilitated investigations and implementation of responses to measles epidemic in 7 health districts, Lagdo, Ngaoundere rural, Tignere, Mbonge, Kolofata, Mora and Poli. These various response campaigns resulted in the vaccination of 109,771 children aged 9 months to 15 years on an initial target of 101,990, which helped to stop these epidemics.

As part of preventive actions, WHO facilitated the organization of two rounds of Maternal and Child Health and Nutrition Action Weeks (MCHNAW) with the aim of providing high impact interventions on the survival of women and children, and promote the benefits of immunization at all ages. The first round took place in April throughout the country and a second in December in six regions (Adamawa, East, North, Far North, West, North-West). Five of them received funding from WHO for Local Polio Immunization Days. Finally, switching from tOPV to bOPV in the EPI was done in April 2016 under the "Switch" framework.



WHO staff in the North Region supporting response to the measles epidemic in Lagdo HD



WHO consultant verifying the effective immunization of children in a village in the Massea health area, Yokadouma HD

Table 2 : Distribution of measles cases and children vaccinated during response campaigns to measles epidemics recorded in Cameroon in 2016

Régions	District de santé en épidémie	Date (epid Week) onset index case	Nombre de cas enregistrés					Caractéristiques des suspects de rougeole			Information sur la riposte			
			Confirmé au laboratoire	Confirmé par lien épidémiologique	Total cas	Décès	Total dans les MAPE	% cas âgés < 5 ans	% de cas vaccinés	% de cas non vaccinés ou inconnus	Age cible	Population cible	Nombre vacciné	Couverture administrative
Nord	Lagdo	10/07/2015 (W40-2015)	16	83	99	0	28	67,0%	7,0%	73,0%	9 mois - 19 ans	34 380	42 671	124,0%
Adamaoua	Ngaoundéré rural	25/02/2016 (W08)	4	2	6	0	18	37,5%	0,0%	100,0%	9 mois - 14 ans	1 605	2 005	125,0%
Adamaoua	Tignère	16/04/2016 (W15)	5	8	13	0	12	25,0%	6,0%	94,0%	09 mois - 14 ans	2 098	1 978	94,00%
Sud Ouest	Mbonge	22/04/2016 (W16)	5	20	25	0	42	41,0%	7,0%	93,0%	09 mois - 14 ans	7 260	6 913	95,00%
Extrême nord	Kolofata	23/03/2016 (W12)	3	66	69	0	142	67,0%	0,0%	100,0%	09 mois - 14 ans	56 647	56 204	92,00%
Extrême nord	Mora	19/08/2016 (W33)	20	56	76	0	83	86,0%	6,0%	94,0%				
Nord	Polī	06/11/2016 (W44)	5	0	5	0	8	87,5%	12,5%	87,5%				
Cameroon			58	235	293	0	333					101 990	109 771	107,63%

Data source: MOH EPI and DLEMP CTG

At the end of the first MCHNAW held in April 2016, 6,051,878 (97%) children aged 0 -59 months were vaccinated against polio on a target of 6,221,136 and 5,221,778 (92.9%) children aged 6 - 59 months supplemented with vitamin A and 4,654,470 (93%) children aged 12 - 59 months dewormed with Mebendazole.

The second MCHNAW organized in 6 regions helped to supplement 3,448,436 children aged 6 - 59 months in VITA for a target of 3,569,009 children. In addition, 3, 072,485 children aged 12 - 59 months were dewormed for a target of 3,179,647 children.

Table 3 : Performance of regions during the two MCHNAW rounds organized in 2016

Regions	Cibles		SASNIM 1 (Avril 2016)				SASNIM 2 (Decembre 2016)			
	0-11 mois	0-59 mois	VITA (6-59 mois)		MBZ (12-59 mois)		VITA (6-59 mois)		MBZ (12-59 mois)	
			Enfants vaccinés	Couverture	Enfants vaccinés	Couverture	Enfants vaccinés	Couverture	Enfants vaccinés	Couverture
Adamaoua	71 024	389 313	307 595	86,9%	272 210	85,5%	332 480	92,8%	298 587	92,6%
Centre*	227 367	1 128 246	813 462	80,2%	721 826	80,1%				
Est	69 149	392 598	318 700	89,0%	287 349	88,8%	237 428	66,3%	210 330	65,0%
Extrême Nord	303 719	1 455 099	1 270 555	97,5%	1 135 277	98,6%	1 307 935	100,3%	1 160 854	100,7%
Littoral*	121 158	690 898	537 228	85,2%	483 030	84,8%				
Nord	162 635	799 507	740 185	103,1%	656 545	103,1%	762 228	106,1%	672 485	105,6%
Nord Ouest	76 563	399 970	349 048	96,5%	312 022	96,5%	346 472	95,3%	310 744	95,8%
Ouest	95 813	522 064	458 701	96,7%	415 030	97,4%	461 893	98,1%	419 485	99,2%
Sud*	30 758	154 274	142 512	102,6%	126 911	102,7%				
Sud Ouest*	58 096	289 167	273 792	105,3%	244 270	105,7%				
Cameroon	1 216 283	6 221 136	5 211 778	92,9%	4 654 470	93,0%	3 448 436	96,6%	3 072 485	96,6%

*regions not concerned by SASNIM2 – Source : MOH, EPI CTG

As part of routine EPI and data management, training offered by WHO to district management teams on the mastery of DVDMT made it possible to generalize its use for reporting immunization data and improving completeness of the data in general and particularly that of the health facilities that vaccinate. The country has not been able to achieve the objectives assigned to the routine EPI, that is, 90% national coverage and 80 % of HDs with at least 80 % IC in DTP3. The IC in PENTA 3 was about 83 % in 2016 compared to 84% in 2015 during the same period (January-December) and only 4 regions (Adamawa, East, North and West) reached the 90 % recommended this year. The Littoral and Northwest regions recorded the lowest performances in Penta 3 with less than 70 % of immunization coverage.

Table 4 : Immunization coverage per antigen and per region under routine EPI January to December 2016

Regions	Complétude des données des DS	Complétude des données des FOSA qui vaccinent	Antigènes											Taux d'abandon spécifique	
			BCG	DTC-HepB-Hib 1	VPO1	DTC-HepB-Hib 3	VPO 3	PNEUMO 3	VAR	VAA	VAT 2+	VIT A	Rota 2		VPI
Adamaoua	100,0	98,4	90,8	103,5	117,2	93,8	90,5	91,7	78,7	77,9	63,8	56,5	79,0	80,4	5,2
Centre	99,7	92,6	68,1	84,5	83,6	78,0	76,7	77,7	71,0	70,7	53,0	38,1	76,9	68,4	8,2
Est	100,0	98,9	103,5	119,2	117,5	104,3	102,3	102,8	94,8	96,3	100,4	110,6	91,2	93,9	12,6
Extrême Nord	99,7	98,1	53,3	100,7	100,6	89,2	88,2	88,6	82,1	82,5	53,9	56,8	79,5	84,5	11,5
Littoral	100,0	98,7	57,6	67,6	68,1	66,4	66,0	66,2	62,7	62,6	47,4	42,3	63,7	65,1	3,4
Nord	100,0	85,9	71,1	101,7	100,6	92,4	89,7	91,2	84,2	86,1	77,8	64,3	85,7	86,3	9,2
Nord Ouest	91,7	92,8	55,5	66,5	66,5	65,3	65,2	65,3	62,3	62,1	40,0	44,0	63,4	64,6	2,7
Ouest	98,3	91,7	89,6	101,8	99,3	93,2	89,6	91,8	85,6	85,9	58,6	38,8	91,3	85,7	8,6
Sud	100,0	93,8	83,6	98,1	96,9	88,8	87,7	88,7	77,6	78,2	62,4	20,4	86,2	86,8	9,5
Sud Ouest	99,1	96,9	75,9	89,8	88,4	85,7	84,2	85,4	83,6	83,3	66,1	46,3	84,4	84,6	4,7
Cameroun (Janvier - Décembre 2016)	98,8	94,5	68,6	89,8	89,9	82,8	81,3	82,2	76,1	76,4	58,0	49,3	77,9	77,3	8,2



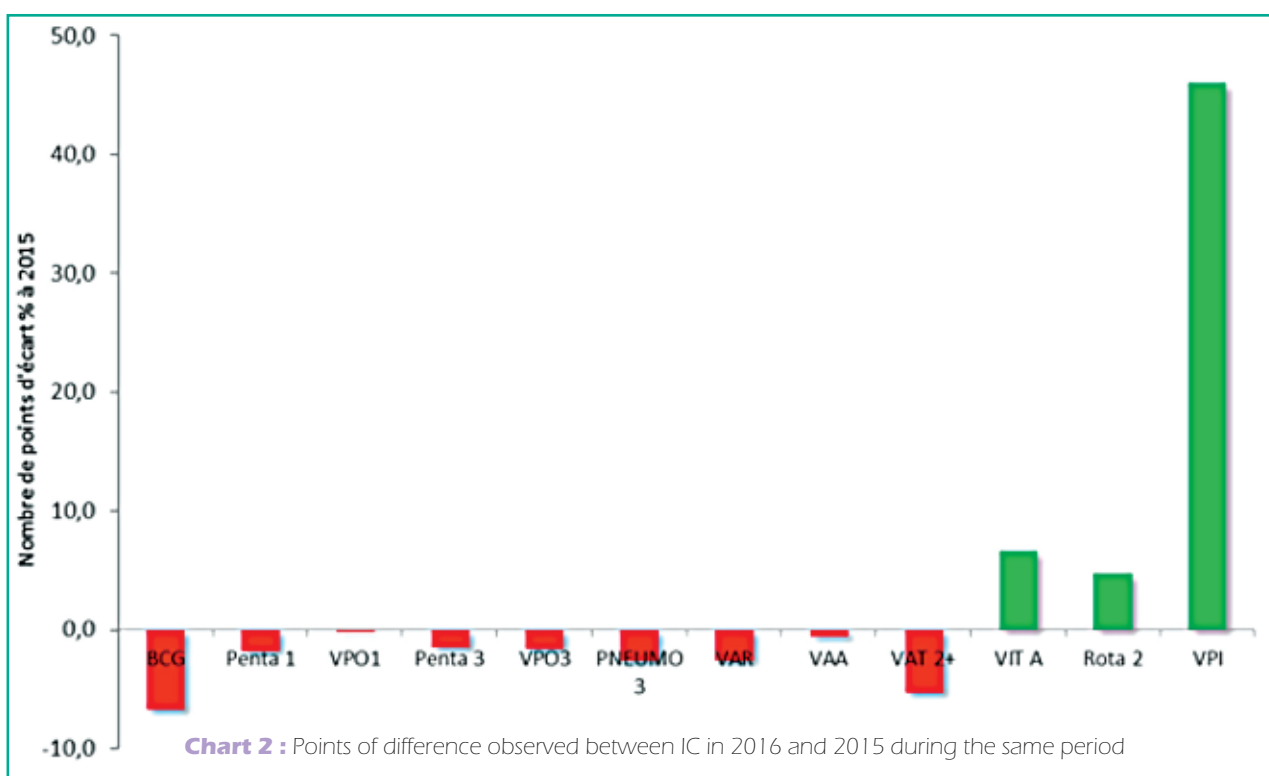
Sensitization of women during immunization sessions by a WHO consultant



Briefing on the calculation of the R-EPI indicators, tracing of the monitoring curve in a health area during supervisions

Immunization coverage in large cities continues to be problematic and is hampering the country's overall performance. The study on the reasons for non-vaccination of children in the cities of Yaoundé and Douala under routine EPI revealed that there are almost 20 points of difference between the administrative coverage of these cities and that found in the field. EPI data recording system in these districts does not fully capture vaccinated children who attended several different health facilities. To fill this gap, WHO, in collaboration with the Ministry of Health, has set up a pilot project for electronic registration of vaccinated children in routine EPI pending funding. With this system, all children visiting a health facility in the pilot city will be registered.

Overall, performance improved for five antigens compared to the same period in 2015. Results of the last two antigens introduced into routine EPI (Rota 2 and IPV) were better in 2016 although still below 90% required by GVAP. The large gap observed in IPV between 2015 and 2016 is explained by its introduction in mid-2015 and therefore some children were not able to benefit from the vaccine at the beginning of the year.



Since 20 April 2016, the bivalent oral polio vaccine is administered to children in Cameroon in Routine EPI combined with IPV. The operation benefited from WHO's technical expertise at the level of preparation, implementation and evaluation.



Reaching hard-to-reach populations

2. Noncommunicable diseases

2.1. NONCOMMUNICABLE DISEASES

WHO provided technical and financial support for the 6th round of data collection for the Global Tobacco Control Report as well as for the 2016 Alcohol Data Collection Survey. WHO Country Office also provided technical and financial support for World No Tobacco Day and World Health Day, celebrated on 7 April 2016 on the fight against diabetes theme.



World Health Day



World No Tobacco Day

2.2. NUTRITION

Technical and financial support from WHO helped to strengthen interventions to monitor growth in children under 5 years of age through the training of 10 national trainers and 50 health workers from 15 health facilities with large attendance, and the development and dissemination of 3 visual aids (posters) on monitoring the growth of children. Scaling up this surveillance will ensure the detection and early management of malnourished and/or HIV infected children.

Parallel with these actions, WHO collaborated with other agencies of the United Nations system and civil society organizations to develop the Action Plan and the 2017-2021 Common Results Framework for Nutrition in Cameroon.

3. Promoting health at all stages of life

3.1. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

The main objective of the inputs provided by WHO to improve maternal and child health was to support the strengthening of the health system. To this end, within the framework of human resources strengthening, WHO at all levels (country, IST/CA, AFRO, HQ) made available to the country, its national adviser, 3 regional/HQ advisers and one International consultant in support of the GFF (Global Financing Facility) investment framework.

In order to improve data quality, 3000 integrated RH/MNCH/PMTCT registries for the collection of routine data were produced and distributed in the health facilities. Data collection equipment: computers, printers and android terminals, were handed over to the Health Information Unit of the Ministry of Public Health.

Furthermore, in strengthening advanced strategies in community-based surveillance of maternal and neonatal mortality, in response (SMNMR) and in the referral/counter referral system, rolling stock was made available to the Ministry of Health such as: vehicles, bicycles, motorcycles and motorcycle ambulances.

Finally, improvements in maternal and child health services were reinforced by the construction of a neonatal unit at the Bafia Hospital and the rehabilitation of the operating room and facades of the Garoua Regional Hospital.

Joint working visit of the UNICEF, WHO and UNAIDS Heads of Agencies (Far North Region)



In the Gazawa health district, visit at the Gazawa Medicalized Center: in front of one of the 12 motorcycle ambulances, adapted tricycles that carry pregnant women and patients in very remote areas



Inside a motorcycle ambulance

Project bicycles used by community workers



Delivery of vehicles for the fight against Maternal and Infant mortality at the Ministry of Health, as part of the RMNCAH / Trust Fund project





Delivery ceremony of vehicles chaired by the MOH



Renovated and newly equipped Garoua Regional Hospital



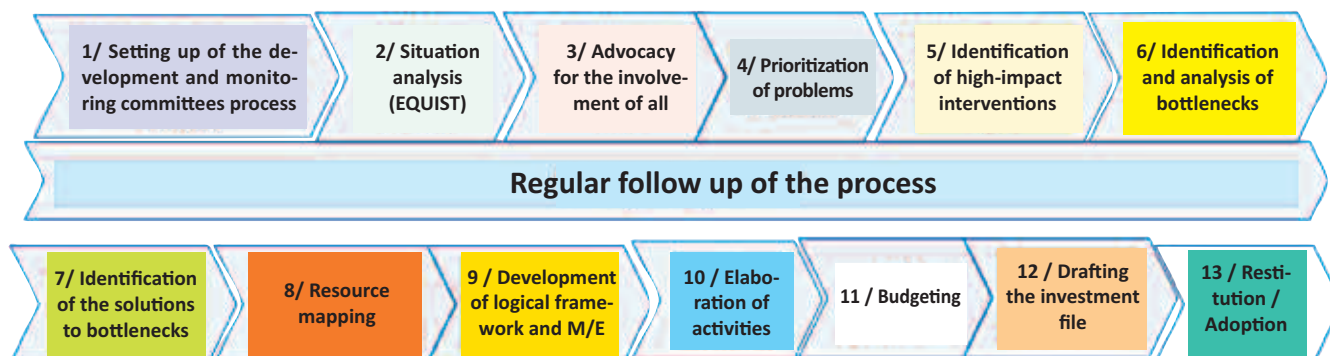
Newly constructed and equipped district hospital in Bafia for neonatal care

Handing over "android" phones in



As part of the fight against maternal and child mortality in 2016, WHO focused its main interventions on financing, strengthening human resources, service provision, advocacy and partnership.

WHO, through the RMNCAH/TF project, supported the Ministry of Health in strengthening Performance Based Financing activities, the VALUE For RESULTS pilot project (purchase of results) in 4 Health Districts of the Center region. The organization also contributed throughout the process to the development of the GFF (Global Financing Facility) investment framework for each Mother and Child (see FIGURE below, the process of the investment file as it was conducted in Cameroon):



A study carried out within the framework of the H6 project to revitalize the retention of health personnel in difficult-to-access rural areas made it possible to highlight the reasons for the ineffectiveness of the presence of health care providers at their duty stations. Then, as part of strengthening the SMNMR, national guides and tools were developed and validated.

Hence, WHO under the RMNCAH/Trust Fund project supported the training of 87 providers in the operation and organization of a regional blood transfusion branch and blood bank equipment was made available to the Ministry of Health, in 10 health facilities in the Center and East regions.

The WHO Representative advocated for the fight against maternal and child mortality during field visits in the regions most affected by the scourge (Far North and East). Dr ROUNGOU met with administrative and religious authorities. As for partnership, it was marked by a Memorandum of Understanding signed between CHAI (Clinton Health Access Initiative) and WHO.

the Center and East Regions



Meeting of the WR with the Governor of the Far North Region



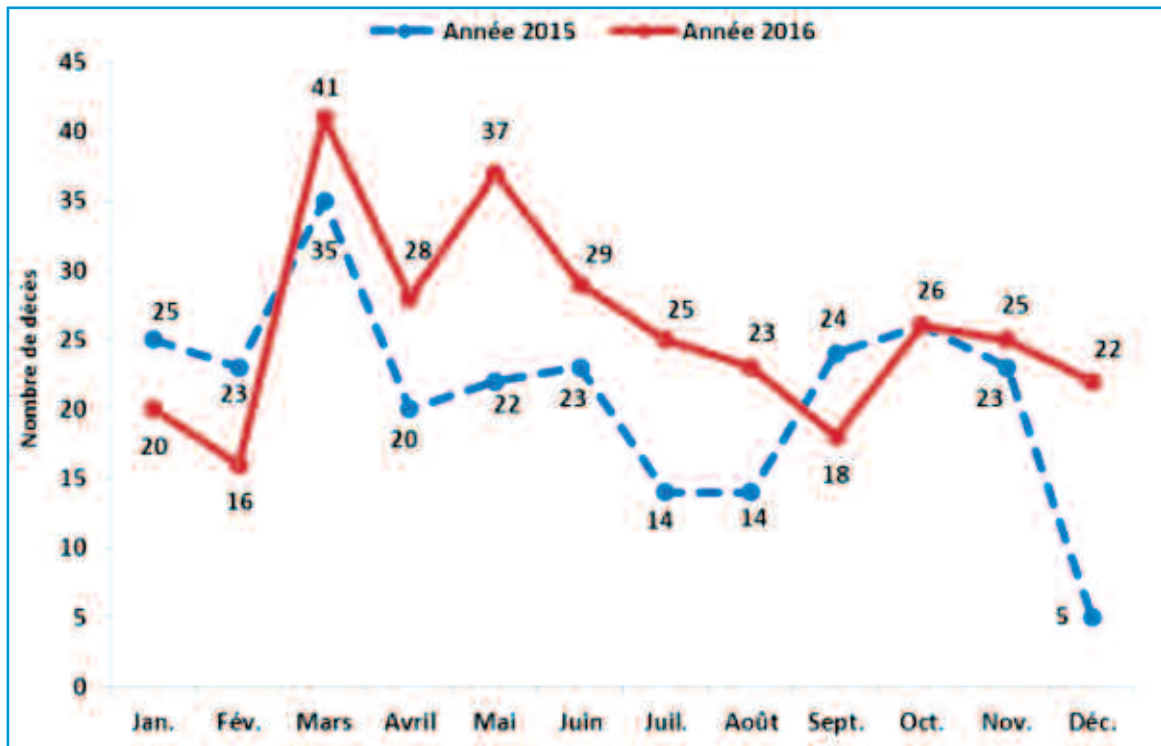
Conversation between the Lamido of Maroua and the WR, Surrounded by the WHO National Adviser in charge of Family Health (left) and WHO H6 Coordinator in Maroua (right)

Pregnant Woman's delivery book

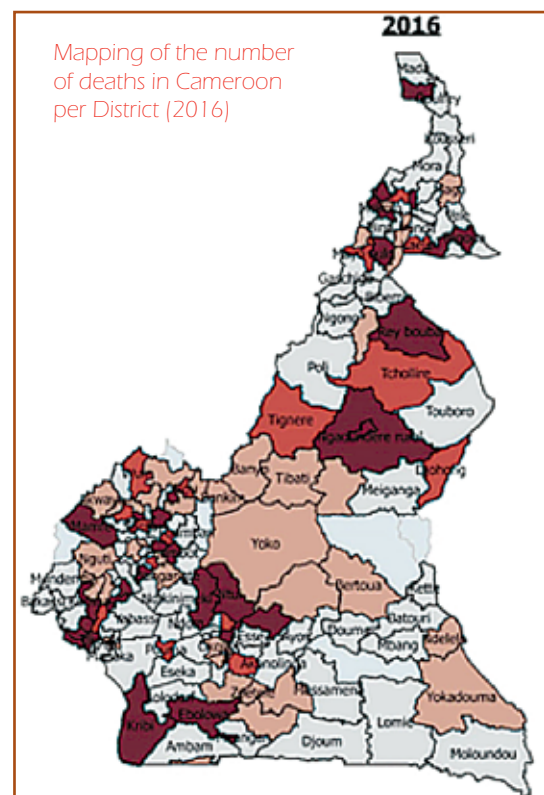
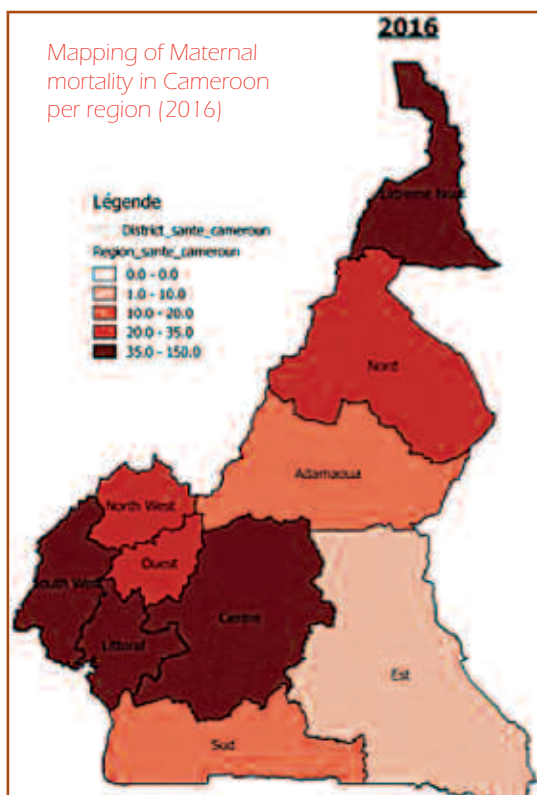


In 2016, WHO's contribution to the achievement of outcomes was marked by strengthened surveillance of maternal and neonatal mortalities, availability of SMNMR guide and training tools to service providers, and production of a delivery book to be used by expectant mothers in health facilities

This contribution was also marked by the implementation of the "Data Capture by the DHIS 2 software" system, for the electronic transmission of the Monthly Activity Report (MAR). All this contributes to obtaining reliable data and the development of a mapping of trends per Region / District (see below):



Evolution of maternal mortality in Cameroon per region, 2016 (nov)



Sources : data MAPE, DLM, MOH

While significant progress has been made, community-based Surveillance of Maternal and Neonatal Mortality and Response (SMNMR), the RMNCAH Global Review, and the evaluation of RMNCH quality of care are still face challenges.

4. Health systems

4.1 NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

In Cameroon, the health system is essentially marked by the adoption in January 2016 of the 2016-2027 Health Sector Strategy and the development of the 2016-2020 National Health Development Plan (NHDP) as well as its monitoring/evaluation plan being finalized. For the realization of these strategic documents, WHO made consultants available to the MOH and provided financial support for the start of the implementation activities of the 2016-2027 Health Sector Strategy. WHO also supported the validation of the frameworks of the Health District Development Plans (HDDP) and the Regional Consolidated Health Development Plans (RCHDP) as well as the development of a simplified computer application in line with the policies of the HDDP and the RCHDP. In addition, WHO support continued through the training of a pool of national and regional trainers on the tools and methodology used for the development of the HDDP and RCHDP.

Through the technical and financial support of WHO, OASIS study to assess Cameroon's health financing system and propose options and changes to improve its performance was carried out. This study showed a great fragmentation in the three functions of health financing and a very low impact in terms of the population covered and the package of services offered. It recommends the development of a coherent strategy for health financing, on the one hand, greater mobilization of resources and risk pooling, and on the other hand, guaranteeing an essential package of health services to the largest number and especially the most vulnerable.

Through this same support, the study on the architecture of health financing in Cameroon was carried out and the scenario retained validated. The recommended architecture takes into account the national context, past experiences with health protection in Cameroon and lessons learned from international experiences. This scenario is based on the introduction of a compulsory basic system for the general population by offering a basket of common care and, on the other hand, the pooling of financial resources and certain technical functions within a national management structure with local task shifting (purchase, control of services) to specialized institutions.

4.2. ACCESS TO DRUGS AND HEALTH TECHNOLOGIES AND STRENGTHENING REGULATORY MEANS

WHO contributed to the financing of the pre-assessment mission of 3 laboratories for inclusion in the SLIPTA accreditation process. The Country Office also provided technical and financial support to the high-level conference of ministers in charge of health in the CEMAC zone. The meeting resulted in the adoption by the Ministers of the 2016-2020 plan of action on the coordinated control of counterfeit drugs and illicit channels in CEMAC countries. Technical and financial support was also provided for the validation of normative documents on pharmacovigilance, the validation and translation of the national strategic plan for the development of medical analysis laboratories, and the revision of the National Blood Transfusion Strategic Plan.



WHO also contributed to strengthening quality management in the laboratory of viral haemorrhagic fevers (Centre Pasteur of Cameroon) and in the National Public Health Laboratory. In addition, WHO facilitated the printing of documents on the Guide to the Management and Destruction of Drugs and other Pharmaceutical Products unsuitable for consumption as well as the National Strategic Plan for the Development of Medical Analysis Laboratories.

4.3. INFORMATION AND DATA ON HEALTH SYSTEMS

During the year 2016, WHO Regional Office for Africa launched a specific program in some country offices, including Cameroon, related to the strategic information system and the African Health Observatory, with a view to strengthening support to the country in the production and dissemination of health information for decision-making in public health (Evidence-based for decision making).

To this end, the WHO Office of Cameroon provided technical and financial support for the launching of the Cameroon Health Data Collaborative, a collaboration and sharing platform for health data actors and producers in Cameroon. The official launch took place on 21 December 2016 at the Hilton Hotel by the Representative of the Minister of Public Health.



Concerning the dissemination of the DHIS2, two executives from the Health Information Unit of the Ministry of Public Health were trained at the DHIS2 academy of French-speaking countries in Lomé.

In addition, Cameroon's 2016 health profile was achieved through technical and financial support from WHO to the National Public Health Observatory (NPHO). The bureau provided support for the training

of two senior staff of the directorate of Family Planning and the Health Information Unit of the Ministry of Public Health on the codification of the causes of death SMOL-10 (Startup Mortality List)". This training took place in Tanzania.

The Country Office also invested in the design and validation of the data collection tools of the Chemoprevention of seasonal malaria (CPS) campaign and in the realization of the situation analysis and the roadmap of the National Public Health Observatory (NPHO) with a view to its revitalization.

The Office also provided support to the National Civil Status Bureau (BUNEC) for the complementary evaluation of the Civil Registration and Vital Statistics (CRVS) in the mapping of its processes within the framework of the GFF, in drafting the national policy on the issue and their Business Process Mapping (BPM) within the framework of the GFF. It also supported the drafting of the national strategic plan of BUNEC following the guidelines of APAI-CRV, and the surveys and collection of SMART, CAMPHIA and Demographic dividend data.

In addition, the WHO Office provided technical support for the follow-up of individuals and laboratory results during the avian influenza epidemic of May 2016.

5. Preparedness, monitoring and response

5.1 ALERT AND INTERVENTION CAPACITIES

As part of emergency preparedness, WHO contributed to the analysis of the health risks of Cameroon as well as the country's capacity to manage these risks, in collaboration with a dozen ministries involved in the management of disasters and health emergencies, several directorates of the Ministry of Public Health and other partner organizations (CDC, MSF, Red Cross). This exercise continued with the capacity building of 349 actors in the Far North Region in Public Health Emergencies, notably in the preparation of hospital plans for the management of mass influx of victims, training in first aid and war surgery followed by a simulation exercise. The trained personnel were able to better manage more than 500 injured victims of terrorist attacks in the Region during the year. In the Centre region, a similar training was delivered to about 350 actors with a focus on managing mass influxes of casualties. This training led to better management of the train accident in Eséka in October, which resulted in 78 deaths and 597 injured persons, as well as a better medical coverage of the 2016 Women's AFCON.



Simulation exercise in Maroua: After a signal from the coordinator, the scene changes abruptly: the actors simulate the attack, with the dead and the injured

Concerning cholera, WHO office pre-positioned more than 2,000 RDTs (rapid diagnostic tests), and posters for the sensitization of the populations in the regions most at risk. For the prevention of the Ebola virus disease, 37 kits of 500 PPE (personal protective equipment) were positioned in each region and at the main entry points.



Health's boat on Ngoko to reach out island populations

Emergencies contributed to the strengthening of the health system in the East and Adamawa regions, which host more than 250,000 refugees. Hence, WHO supported the training in the management of health data of 19 members of the health district teams in the Adamawa Region. This training enabled the region to improve its completeness of data transmission and to analyze them at the district level before transmission. Support continued through the training of 40 trainers at the regional and health district levels in the use of flow charts, which facilitated the provision of these tools in health facilities in eastern Cameroon.



Train-the-trainer session in the use of flow charts

WHO also supported the training of 20 laboratory technicians from health facilities in the East-Adamawa emergency zone in fixation and spreading of blades, resulting in a significant reduction in cases of the lost-to-follow up TB treatment and to improve the recruitment capacities of refugees placed on tuberculosis treatment.



Practical training session of laboratory technicians in spreading and fixation of blades

WHO supported the Regional Health Delegations of the East and Adamawa in the implementation of the second evaluation on the functionality of health facilities in the emergency areas. It showed that the gaps remain persistent despite the improvements brought by the government with the support of partners. Thus, of the 40 health facilities surveyed, 40% had partially damaged buildings, 15% had no laboratory, 28% had no cold chain, 80% had no PEP kit and only 4% had health personnel with the capacity to manage rape survivors. In addition, only 1.8% of health personnel in the emergency area were trained in the management of mental health issues and psychosocial support.

In the Far North Region, that has been under attack by the terrorist sect Boko Haram and which hosts many Nigerian refugees and internally displaced persons, WHO supported the training of:

- 170 community relay workers at the Minawao Refugee Camp in community-based epidemiological surveillance.
- 35 vaccination service providers from the camp and its surroundings:
- 14 pharmacy clerks from the health facilities of the Mokolo Health District including the Minawao Camp.
- 212 volunteers from the Cameroon Red Cross as part of the project to strengthen community surveillance in the 4 health districts of the Logone and Chari Division. This project helped improve the detection of AFP cases in this division in 2016 (that is, 19 cases compared to only 3 cases detected in 2015)



Training workshop for vaccination service providers at the Minawao Camp from 7 to 10 March 2016 in Mokolo

5.2. MANAGEMENT CRISIS AND RISKS ASSOCIATED WITH EMERGENCIES

As part of response to the avian influenza epidemic in May 2016, WHO provided technical and financial support for the development of the avian influenza contingency plan, contributed in the investigation and follow-up of human contacts (277 people were monitored and tested / 282 exposed (98%) out of 6 epizootic outbreaks), and handed over PPE and Tamiflu.



Destruction of infected carcasses by MINEPIA staff equipped with PPE from MOH/WHO and clinically monitored by the MOH

WHO also participated in the response to monkeypox epidemic in Mefou Park through technical and financial support for the development of the action plan, and investigation and monitoring of human contacts.

The train accident in Eseka in October 2016 provided an opportunity to put into practice the simulation exercises carried out during the preparation phase.

In 2016, with funding from the CERF, WHO implemented the project to assist the 192,000 internally displaced persons and vulnerable host populations of the Logone and Chari Division of the Far North Region, who were greatly affected by the conflict against the Boko Haram sect. On this occasion, the maternity clinic constructed and equipped by WHO at the Minawao camp recorded more than 6,000 antenatal consultations (ANC) and 3,070 deliveries (an average of 60 per week) in 2016. WHO provided technical and logistical support for the investigation of 29 deaths and the management of 71 suspected cases of methanol poisoning in the East Region.

It also contributed in the implementation of the active TB and HIV screening campaign in formal refugee sites in eastern Cameroon. Of the 1,342 refugees with chronic cough and who did sputum examinations, 18 had a positive smear test, and of the 1,466 refugees who were tested for HIV, 28 were HIV-positive, and 10 had a TB/HIV co-infection.

WHO supported immunization of refugees at Cameroon's entry points, where sporadic refugee entries continue to be recorded in the border health districts of Cameroon due to deteriorating security conditions in some villages of the CAR.



Vaccination at the Gbitti entry point in Ketté District

In the Far North Region, WHO supported the vaccination of Nigerian refugees at the Zamay transit site prior to their entry into the Minawao camp: since the beginning of the year this enabled 2,655 children aged 6 months to 15 years to be vaccinated against measles and 6,987 people of all ages against polio.

In addition, a donation of drugs and orthopedic/trauma kits contributed to the free management of 844 displaced persons in the Mokolo Health District, more than 500 victims of terrorist attacks in health facilities in the Far North Region, more than 8,000 IDPs and Nigerian refugees in the Mora HD and 96 IDP families in the Mokolo HD.



Ceremony to hand over drugs to the Mayo-Tsanaga administrative authorities for the free management of IDPs in TOUROU

5.3. POLIOMYELITIS ERADICATION:

Following the discovery of new WPV cases in Nigeria in May 2016, Cameroon, together with other countries in the Lake Chad Basin, declared polio a public health emergency. The Country Office provided technical support to the Ministry of Public Health in the 10 regions of the country.

Thirty-two international, national and Stop Team consultants were mobilized, a consultant was provided to help the country make an inventory of the goods and functions of the GPEI under the Polio Legacy and funded polio eradication activities to the tune of FCFA 4 028 940 034.

In line with the Global Polio Eradication Strategy, the Office contributed to the withdrawal and destruction of tOPV in the country's health facilities as part of the End Game. It also supported the vaccine response to cases of cVDPV and WPV in Nigeria; contributed to the improvement of the polio vaccination campaign data collection system at the national level; strengthened surveillance in border health districts with Nigeria including the 4 HDs of the Lake Chad Basin and the less performing health districts and large hospitals.

It also contributed to the improvement of the system for archiving data on the investigation of AFP cases in the sites, the extension of environmental surveillance in new regions and the establishment of regional reception centers of AFP samples and other VPD cases, and support to the country in the development and implementation of tOPV Phase 2 containment activities.

All these actions enabled Cameroon to successfully implement, within the framework of the Switch, the withdrawal and destruction of tOPV in all health facilities that vaccinate in the country. The WHO data collection, summary and analysis approach to obtain regular feedback (3 per day) during the independent evaluation enabled the presence of tOPV to be detected on time in the health facilities and to take swift corrective action in the health areas, health districts or problem areas. All the bottles found were brought back for destruction.

Table 5 : Summary data on the evaluation of the withdrawal of tOPV from the vaccination system in Cameroon

Indicateurs →	Site monitorés			Pourcentage de sites avec tOPV dans la chaîne de froid avec l'étiquette appropriée	Pourcentage de sites avec tOPV dehors de la chaîne de froid avec l'étiquette appropriée	Pourcentage de sites avec tOPV dans la chaîne de froid ou en dehors de la chaîne de froid avec l'étiquette appropriée	Pourcentage de site avec bOPV disponible	Pourcentage de site avec IPV disponible	Quantité de flacons de tOPV trouvés par Moniteurs	Quantité de flacons de tOPV ramenés par Moniteurs
	Régions ↓	# sites à Monitorer	# sites Monitorés	%	%	%	%	%		
Adamaoua	48	48	100,0	0,0	0,0	0,0	89,6	89,6	0	0
Centre	262	272	103,8	1,8	0,7	0,0	69,5	65,8	65	65
Est	73	76	104,1	2,6	0,0	0,0	84,2	85,5	67	67
Extrême Nord	117	117	100,0	0,0	0,9	0,0	90,6	91,5	27	27
Littoral	171	176	102,9	1,1	0,6	0,0	90,3	89,2	8	8
Nord	75	76	101,3	0,0	0,0	0,0	89,5	88,2	0	0
Nord Ouest	113	119	105,3	0,0	4,2	0,0	93,3	91,6	15	15
Ouest	167	175	104,8	1,7	2,3	0,0	81,1	73,7	28	28
Sud	82	82	100,0	0,0	0,0	0,0	72,0	69,5	0	0
Sud Ouest	84	84	100,0	0,0	0,0	0,0	94,0	91,7	0	0
Cameroon	1192	1225	102,8	1,0	1,1	0,0	83,3	80,8	210	210

The discovery of new cases of WPV in Nigeria in May 2016 led Cameroon and the other countries in the Lake Chad basin to organize five synchronized vaccination campaigns between August and December 2016 against WPV and a campaign to respond to the cVDPV type 2 in December 2016.

WHO supported the operational technical costs of these campaigns, independent evaluations by independent monitoring and LQAS, as well as the evaluation of the withdrawal of monovalent OPV type 2 from health facilities in the four HDs concerned by the campaign.

The administrative results of the five rounds of the polio campaigns were generally satisfactory because for all these campaigns at least 95% of the target population was reached.



Table 6 : Results of Polio response campaigns conducted between August and December 2016

Tour de campagne	Cibles	Enfants vaccinés	Couverture VPOB (%)			Taux de perte (%)	Nombre de cas de MEV détectés				Résultat monitoring			IQAS (Nbre moyen enfants manqués par CS)
	0 - 59 mois	0 - 59 mois	0 - 11 mois	0 - 59 mois	Zero dose		PFA	Rougeole	FJ	TNN	Ménage	Hors ménage	Ensemble	
Tour 1 (27 - 29 août 2016)	2 643 919	2 630 546	94,6	99,5	1,1	3	6	6	19	0	2,3%	3,9%	2,6%	3
Tour 2 (17 - 19 septembre 2016)	3 565 953	3 537 625	95,2	99,2	0,6	5	14	12	33	5	2,6%	3,9%	2,8%	3
Tour 3 (08 - 10 octobre 2016)	3 565 953	3 603 867	97,4	101,1	0,5	3	22	24	32	2	2,5%	3,4%	2,7%	3
Tour 4 (12 - 14 novembre 2016)	3 565 953	3 610 566	98,1	101,3	0,6	3	20	29	30	0	2,7%	3,0%	2,6%	3
Tour 5 (03 - 05 Decembre 2016)	3 565 953	3 610 566	98,1	101,3	0,6	3	20	29	30	0	2,3%	3,1%	2,5%	3

In addition, AFP surveillance showed that the reported cases had a sufficient level of immunity through the number of vaccine doses received.

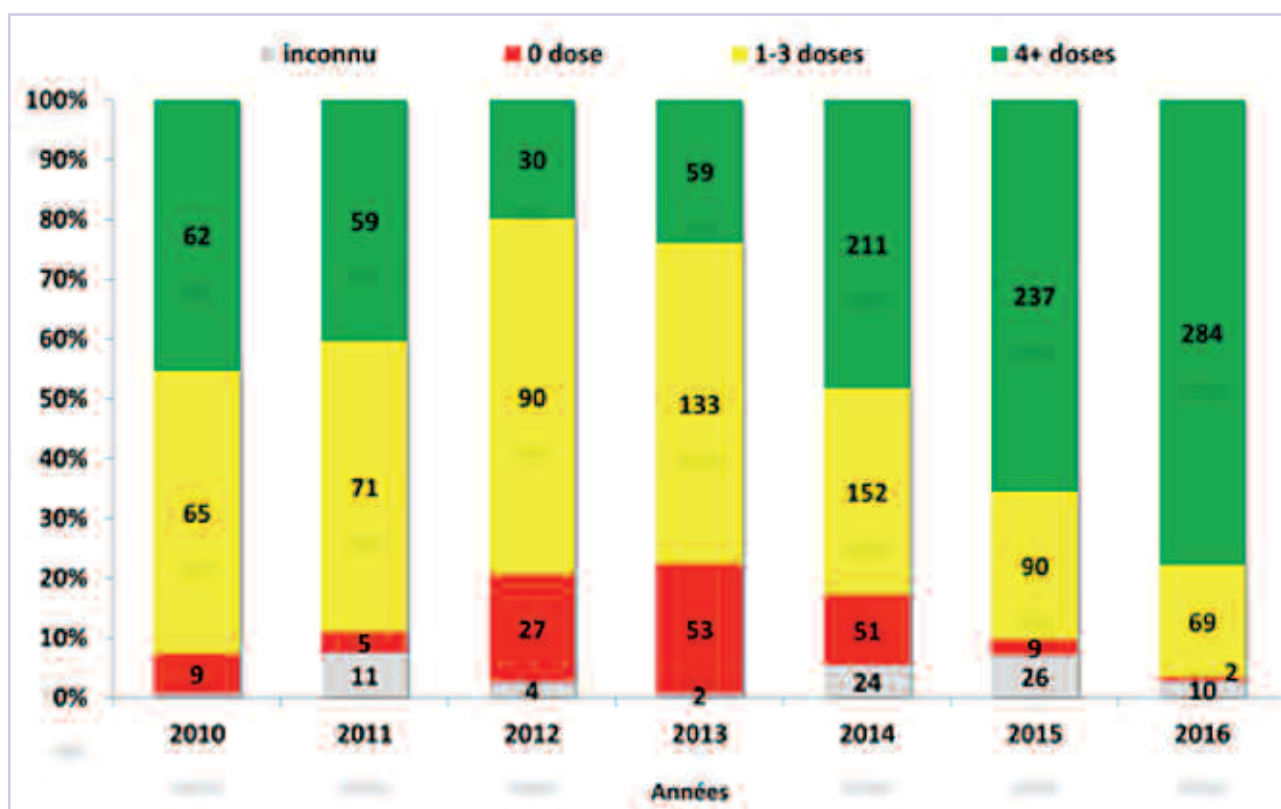


Chart 3 : Number of OPV doses in children aged 6-59 months who had AFP between 2010 and 2016

By conducting detailed analyses of the results of these independent evaluations, less performing HDs were identified and invited to review their strategies on the field during the campaigns. This allowed the country to fall below the 5% threshold of missed children in households in April 2016 and to maintain it during the entire response.

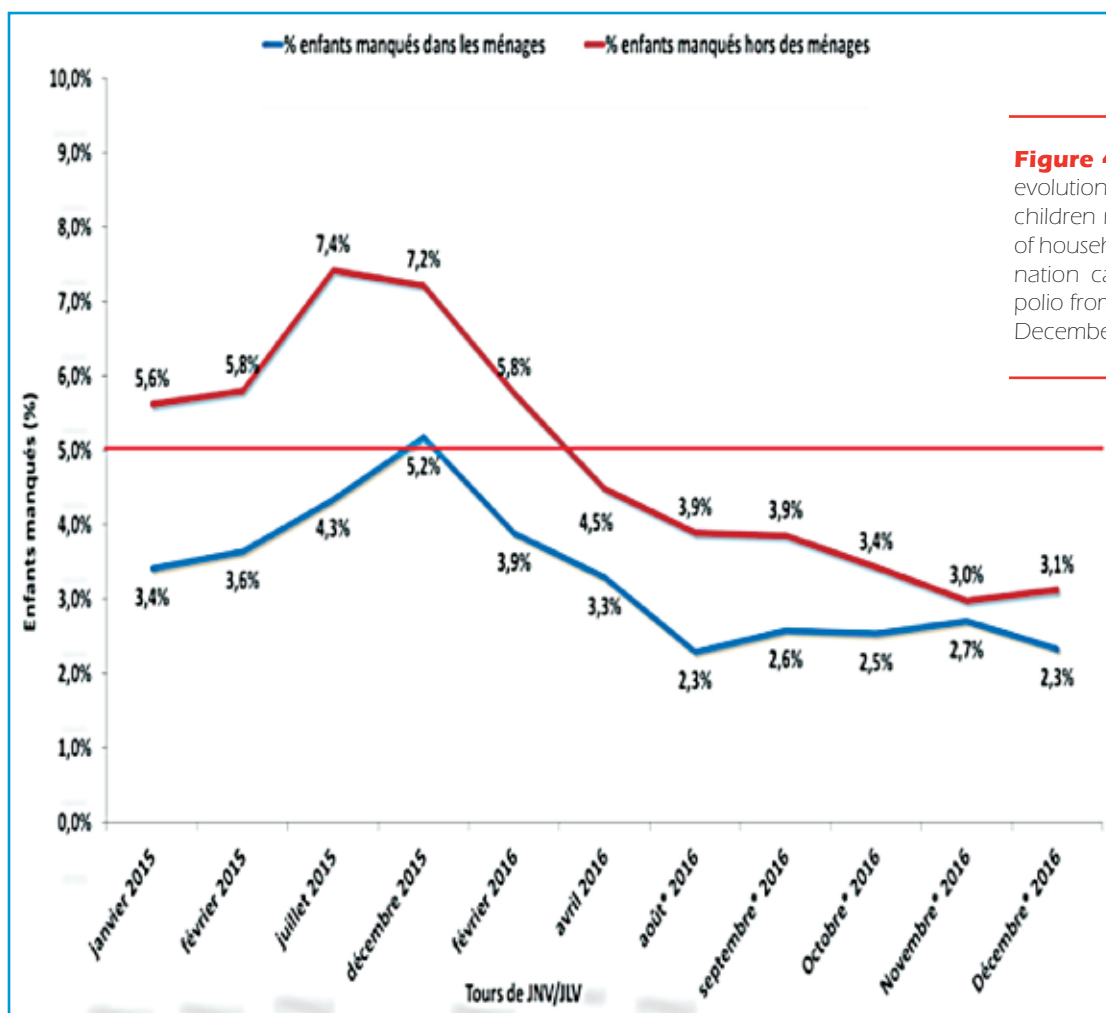


Figure 4 : Curves of the evolution of proportions of children missed in and out of households during vaccination campaigns against polio from January 2015 to December 2016

Through the technical support of WHO, the EPI can now have administrative data from the Polio campaigns by health areas at the national level.

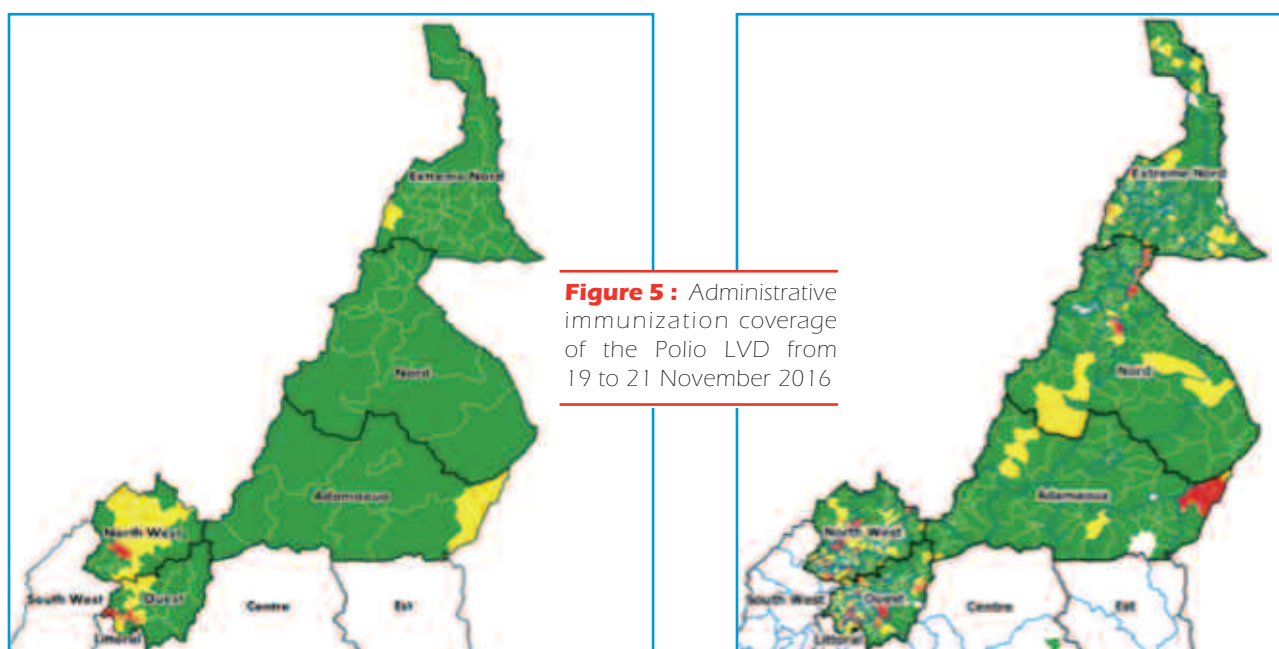


Figure 5 : Administrative immunization coverage of the Polio LVD from 19 to 21 November 2016

In addition to immunization response, WHO funded activities to strengthen AFP surveillance in the 17 border health districts with Nigeria in the northern part of the country. This activity had a training component where nearly 1,569 actors were trained (Figure xx) on VPD surveillance and retrospective retrieval of AFP cases. The results are found in the table below.

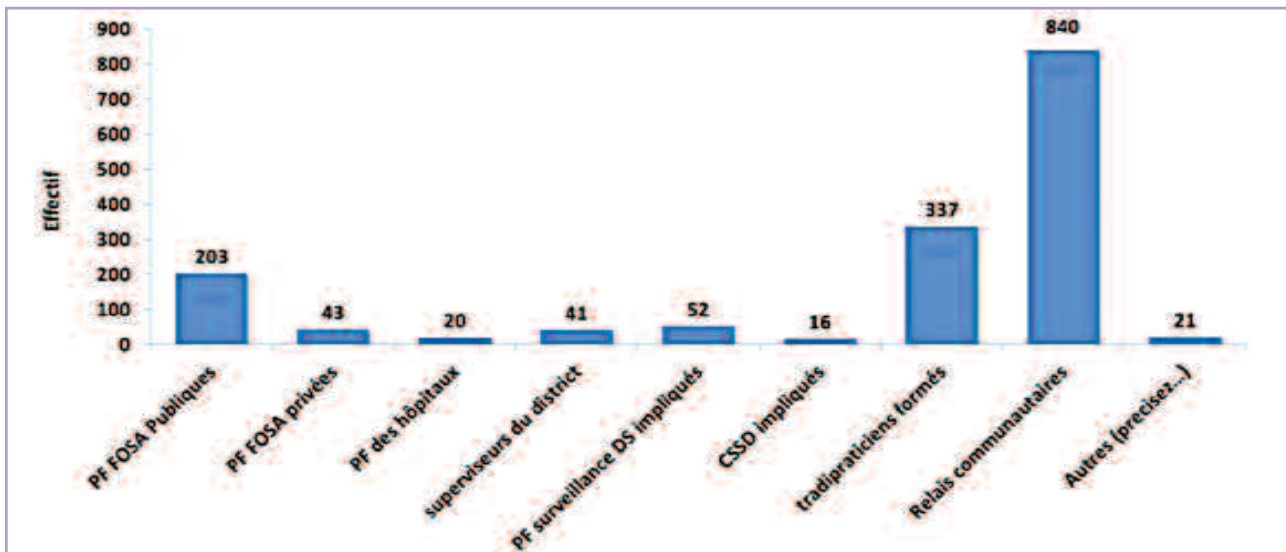


Chart 4 : Categories of actors trained on the surveillance of VPDs and research

Regions	Structures visitées			PF Surveillance		Revue de registre			Sensibilisation			
	Nombre de sites de HP visités	Nombre de sites de MP visités	Nombre de sites de FP visités	Nombre de structure avec PF surveillance désigné	Nombre de structures visitées dont le registre a été revu dans les 7 jours avant la recherche rétroactive	Nombre de structure avec PF surveillance formé	Nombre de registre revu	Nombre de cas de PFA détectés dans le registre	Parmi les cas PFA détecté, combien ont été manqués par la structure	Nombre de medecins sensibilisés	Nombre de paramédicaux sensibilisés	Nombre de communautaires sensibilisés
Adamaoua	11	0	2	11	10	11	29	3	0	6	47	46
Extreme Nord	18	19	19	74	57	35	86	8	0	12	215	208
Nord	4	14	53	71	69	46	70	1	1	5	140	387
Total	33	33	74	156	136	92	185	12	1	23	402	641

Tableau 7 : Results of retrospective retrieval of AFP cases in border health districts with Nigeria

The support of WHO technicians in the regions helped increase the level of validation of AFP cases in the country, from less than 30% in 2015 to 65% by the end of 2016.

Environmental monitoring of polio expanded from 3 to 7 regions with the enrollment of Adamawa, Far North, East and South-West in 2016, and the number of sites increased from 16 to 30. The first regions were the Centre, Littoral and West.

Four regions opened regional sample reception centers (PREBs) (Littoral, East, Adamawa and Far North) through WHO advocacy. This should reduce the time required to transport AFP samples

from the field to the laboratory and reach the standard of at least 80% of AFP samples reaching the laboratory within a maximum of 3 days. In 2016, WHO made FCFA 120 million available to the EPI for this activity.

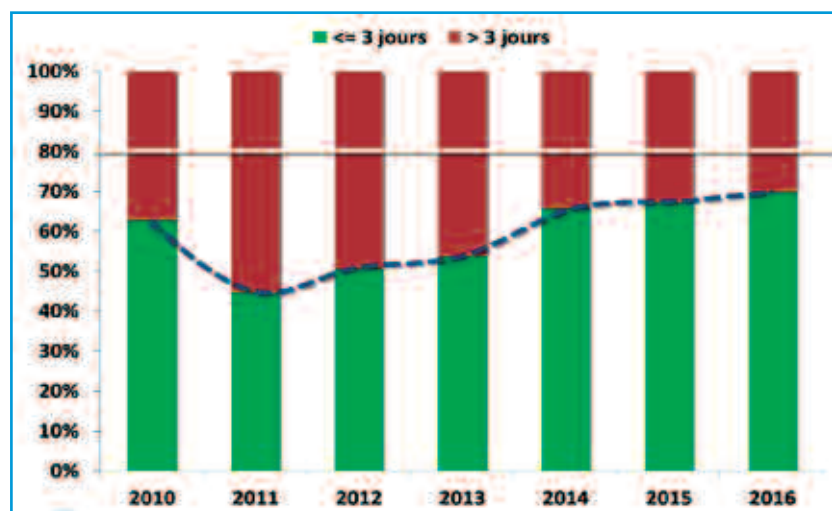


Figure 6 : Evolution of the transmission deadline of AFP samples of children less than 15 years of age in Cameroon between 2010 and 2016.

The archiving system of AFP investigation cases improved at the operational level in the country by the production and dissemination of standardized registries with counterfoils of AFP surveillance forms and other vaccine preventable diseases.



With the retention of consultants in the field and the implementation of a deployment strategy based on the real needs in the field, the number of HDs without AFP notification reduced to its lowest level in 10 years. The regularity of site visits and the regular monitoring of the work done by each consultant made it possible to get as much HDs out of the silence.

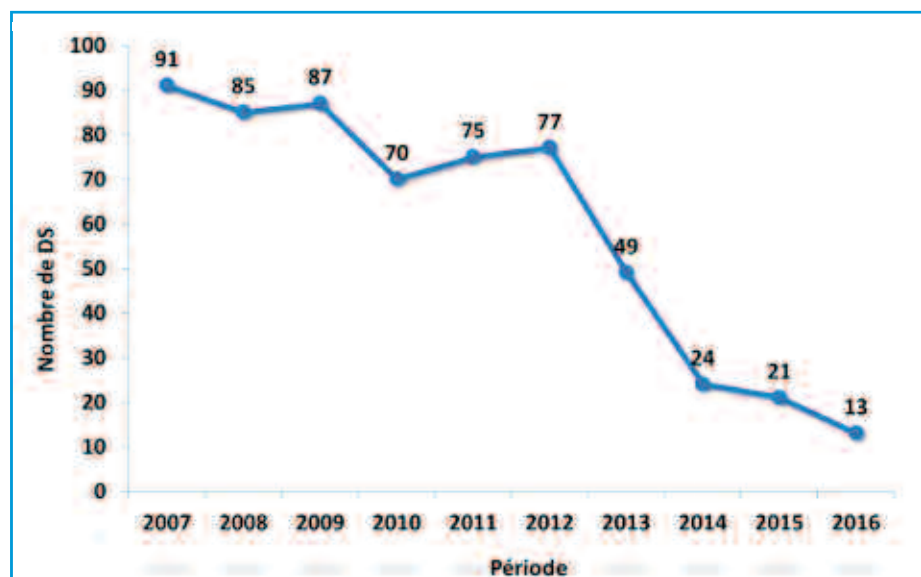


Figure 7 : Evolution of the number of HDs that did not detect any AFP in children less than 15 years of age between 2010 and 2016

The contribution of consultants is measured by the level reached in 2016 for the main AFP surveillance indicators. The annual non-polio AFP rate was 8.3 (against 5.6 in 2015) and stool quality was 89.7% (against 86.1% in 2015). The country is approaching the 90% standard for stool quality. Overall, there were 136/189 (72%) HDs that achieved the two major indicators of AFP surveillance against 104/189 (55%) in 2015.

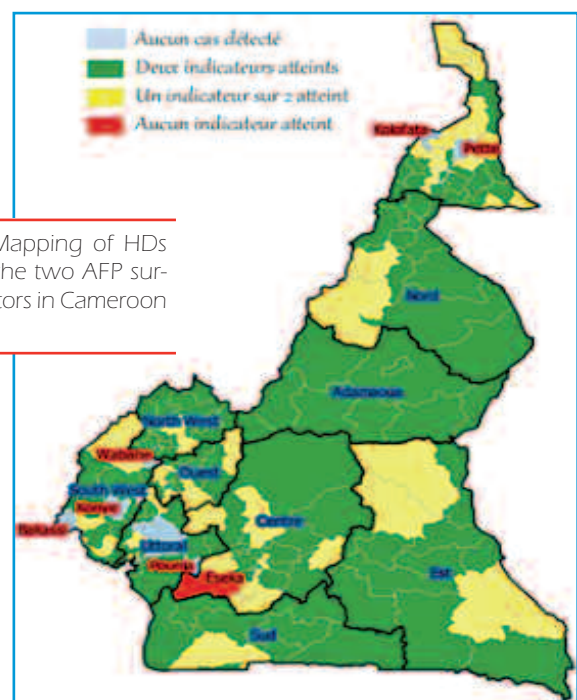


Figure 8 : Mapping of HDs that achieved the two AFP surveillance indicators in Cameroon in 2016

6. Institutional and support services

6.1 SUPPORT TO PROGRAMMES (Country Support Unit)

Throughout the year, the UHC unit provided administrative, logistical and financial support for the implementation of activities.

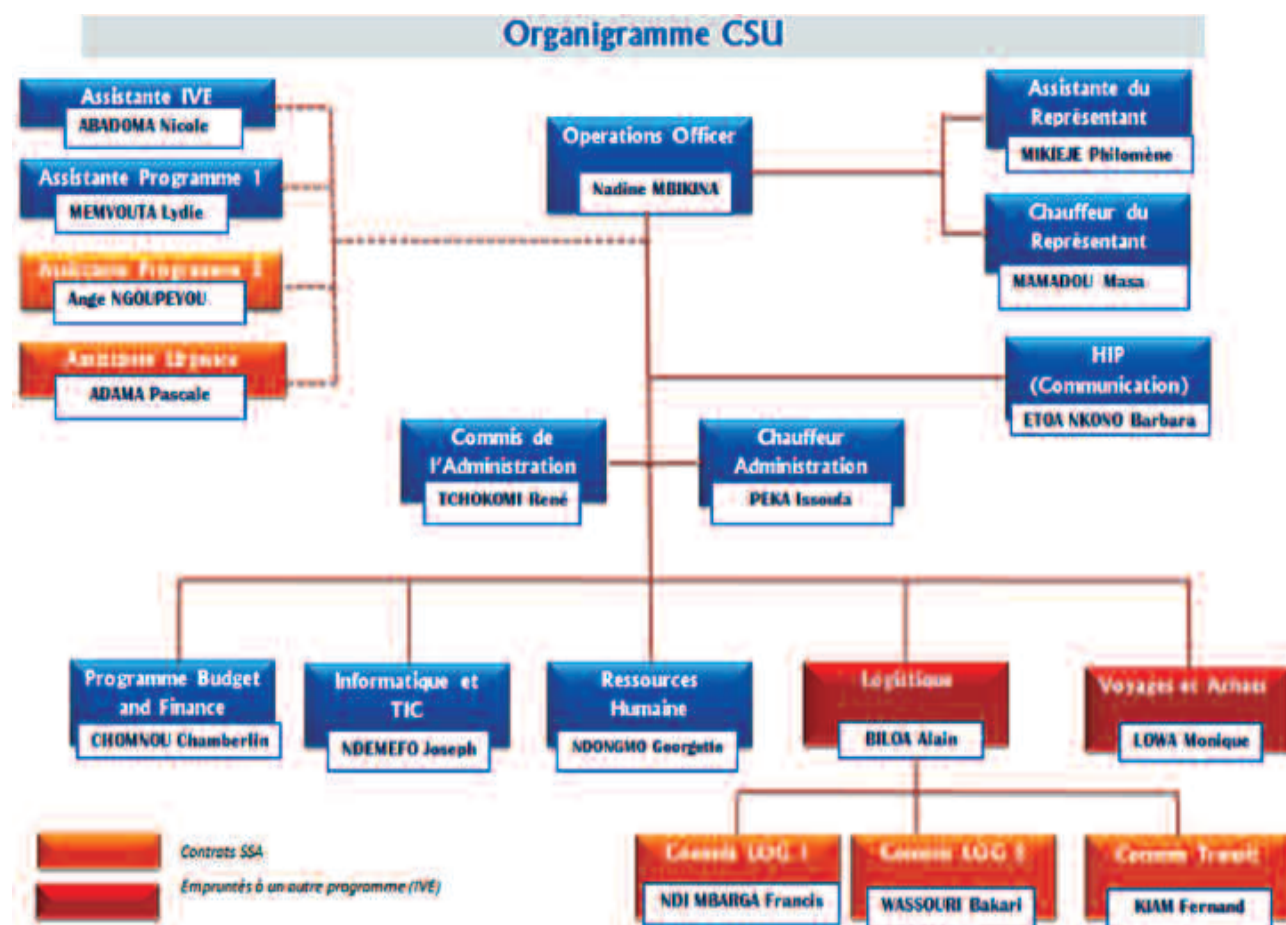
Their support resulted in an implementation rate of 73 % of the received financial resources, equaling to USD 15,096,853.

Progress was made in terms of financial management and internal control, improving the workplace environment and security, human resources management, logistics, and information and communication technologies.

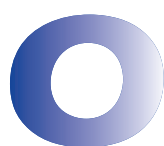


Retreat of the staff in 2016

The country support unit regularly monitored the Key Performance Indicators (KPIs), which improved significantly in areas such as finance, human resources (PMDS), donor reporting, and direct management of implementation.



6.2. HUMAN RESOURCES



Over the course of the year, the administration conducted the recruitment for a number of positions, including: Programme Budget and Finance Assistant, IVE Programme logistician, NPO (National Health Observatory, NPO (DPC), and Human Resource Assistant. In addition, the HRs also supported the recruitment of SSAs, Consultants and APWs.

However, some essential positions are still occupied by SSAs or staff borrowed from other programmes, notably travel and procurement assistant, and programme assistant and logistician for the country support unit, all resulting in significant increase in the burden of work.

Two office staff members, Dr MBAM MBAM and Mrs ZOUA Jeanne, went on retirement.

With the aim to strengthening the cohesion of WHO staff in order to improve the performance of the WHO Cameroon Office, a staff retreat was organized in LIMBE from 24 to 26 March 2016. It enabled the identification of performance factors and the setting up of an internal Coaching Task Force.

The Internal Coaches were trained to lead the roadmap for achieving high performance.

Thus 4 teams were set up, with the aim of achieving a strategic axis :

1. Justification of funds (DFC/DI)
2. Management of staff travel
3. Human Resources Management
4. Mobilization of resources

In addition to achieving the goals of the strategic axes, each team embodies and promotes values of excellence, humility, integrity, impartiality and effective work ethic.



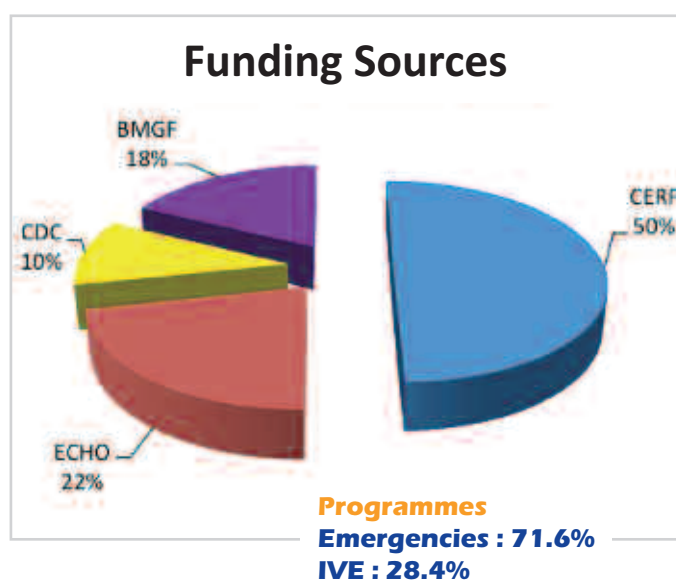
6.3. FINANCIAL MANAGEMENT AND INTERNAL CONTROL

Resource Mobilization

The office set up a resource mobilization task force which mobilized **USD 2, 811, 250**.

Two workshops were held during which 6 projects were presented for funding;, of which 4 were successful.

At the end of 2016, an implementation rate of 73 % was achieved.



Over the course of 2016, funding for the activities of the Ministry of Health (DFC and DI) amounted to **FCFA 5,124,929,905**, that is, **USD 9,753,733**, representing 75% of the expenses. This financial support was mainly achieved through:

- Direct Transfer to the Ministry of Health (DFC): 117 DFC for a total amount of XAF 4,748,022,564, that is, **USD 9,112,465**
- Financial implementation by the Country Office (DI): 28 direct implementation for a total amount of **FCFA 376, 907, 341**, that is, **USD 641, 268**

Support through Direct Implementation decreased by more than half. We had **151 DI** for a total amount of **USD 3,123,064** over the 2014-15 biennium. In 2016 we are at **28 DI**. This is because the office issues DIs only for specific activities, such as those related to the implementation of immunization campaigns and surveillance.

Efforts were made by the Country Office in the transmission of the DI justifications. At the end of the year there were 6 unjustified DIs, representing 78 % justification to which we must add the 65 unjustified DFCs from the previous years which were regularized during the year.

On the other hand, DFC justification remains a major challenge; the number which remained unjustified was at 80 by the end of 2016.

In terms of Internal Control, the office helped in :

- Strengthening the procurement committee and the development of the terms of reference with a clarified workflow process for procurement of goods and services ranging from expression of need to delivery and payment.
- Improving emprest management with the effective reconciliation of the Emprest account and clearing of all outstanding items.

Travel management remains a major challenge. In 2016, 777 TRs were issued of which 68% were less than 10 days before travel. It must also be noted that there was an improvement in the submission of mandatory supporting documents, such as security clearances. The country office went from 10% of TRs with supporting documentation to 98% by the end of 2016.

Statut des plans de travail Cameroun 2014-2015							
	Projet	Coûts planifiés	Budgétisé	Encumbrances	Dépenses	Balance	Tx mis en œuvre
Activités	PROGRAMME SUPPORT	6,916,400	6,088,008	144,490	5,455,363	488,155	92%
	POLICIES & SYSTEMS	3,034,437	1,617,941	13,584	1,544,698	59,659	96%
	COUNTRY PRESENCE	375,553	375,552	8,752	278,470	88,330	76%
	POLIO ERADICATION	25,883,699	24,285,161	61,914	23,788,435	434,812	98%
	OUTBREAK & CRISIS	5,991,347	4,905,729	64,336	4,618,123	223,270	95%
		42,201,436	37,272,391	293,076	35,685,089	1,294,226	97%
Salaires	SALARY WORKPLAN	4,727,051	4,313,128	-	3,877,582	435,545	90%
		46,928,487	41,585,519	293,076	39,562,671	1,729,772	96%

Statut des plans de travail du Cameroun Décembre 2016									
	Projet	Projet	Coûts planifiés	Budgétisé	Encumbrances	Dépenses	Engagés	Balance	Tx mis en œuvre
Act Unités	PROGRAMME SUPPORT	AFCMR1611015	3,065,105	2,320,415	54,901	1,624,924	1,679,825	640,590	72%
	POLICIES & SYSTEMS	AFCMR1611026	2,246,874	2,179,345	126,784	1,809,955	1,936,739	242,606	89%
	COUNTRY PRESENCE	AFCMR1611027	124,500	124,500	4,731	81,421	86,151	38,349	69%
	POLIO ERADICATION	AFCMR1611028	10,453,978	10,519,012	86,679	7,713,523	7,800,202	2,718,810	74%
	OUTBREAK & CRISIS	AFCMR1611029	1,586,815	1,552,510	80,555	1,373,702	1,454,257	98,253	94%
	PIP EMERGENCIES	AFCMR1612850	252,500	252,500	10,834	23,804	34,638	217,862	14%
			17,729,772	16,948,282	364,484	12,627,329	12,991,812	3,956,470	77%
Salaires	SALARY WORKPLAN	AFCMR1610749	4,869,955	3,825,875	3,160	2,101,881	2,105,041	1,720,834	55%
			22,599,737	20,774,157	367,644	14,729,210	15,096,853	5,677,304	73%

6.4. IMPROVEMENT OF THE WORKING ENVIRONMENT

• Maroua

Following the recommendations of the security officials in Geneva, the WHO Field Office in Maroua moved to new premises. The new offices were equipped and made functional, which improved safety and the working conditions.

• Yaoundé

- Opening of a cyber café in the library which re-opened its doors to students and researchers.
- In order to provide first aid in the event of a malaise or slight discomfort, a first aid room was set up at the Yaounde office.



The WHO Fields Office in Maroua



6.5. INFORMATION AND COMMUNICATION TECHNOLOGIES

In the area of ICT, several improvements have been made with modernization of equipment and support to staff :

- Implementation of the "one staff one device" rule by replacing all old desktops with laptops with dockings stations
- The availability of a cybercafé in the library
- Fibre optic internet connection between the field offices of Maroua, Bertoua and Douala
- Introduction of ultra-modern videoconferencing system in the Yaoundé office
- Introduction of videoconferencing system in Douala and Maroua offices



Innovation : rest and aid room



Maroua - Yaoundé videoconference on avian influenza

Programme Support (Country Support Unit)

Several GSM training workshops were organized to enable the staff to be familiarized with the new modules integrated into GSM.

6.6. COMMUNICATION SUPPORT PROGRAMMES

Communication activities were conducted across all the programmes.. Thus, during the avian influenza epidemic of May 2016, sensitization was carried out at the Mfoundi market, where 60 chicken sellers and 23 chicken feather removers were engaged in sensitizing their peers.

To strengthen routine immunization, transport unions posted 35,000 vaccination calendar stickers in taxis in Douala and Yaoundé.

Concerning communication at the country office, illuminated display signs, kakemonos and bulletin boards were put in place. Several country office activities also benefitted from media coverage.





Doctor Jean-Baptiste ROUNGOU
WHO Representative in Cameroon

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Operations Officer



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Technical Adviser
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Dr. Etienne Nnomzoo
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Mr. Serge Bataliack
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Mrs. Mariette Dia
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Mr. Joseph Ndemefo
IT Focal Point



Mr. Chamberlin Chomnou
Finance Assistant



Mrs. Thérèse Belobo
Communication



Mr. Alain Biloa
Logistician



Mr. Jean-Christian Kouontchou
Data Manager



Mrs. Barbara Etoa
Health Information and Promotion
Officer

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Mrs. Georgette Ndongmo
Human Resources Assistant



Mrs. Nicole Abadoma
Secretary Vaccination Team



Mrs. Monique Lowa
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Mr. René Tchokomi
Administrative Clerk



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Logistic Assistant



Mr. Mamadou Masa
Representative Driver



Mr. Michael Agbor
Driver



Mr. Maximilien Teme Djina
Driver



Mr. Ignatius Cho
Driver



Mr. Issofa Peka
Driver



Mr. Charles Essimbi Emini
Driver

EMERGENCY TEAMS

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Technician in Charge of Emergencies



Dr Gwangogbe Cletus
Technician in Charge of Surveillance



Dr Saa Fotso
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Dr Eric Zoua
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Dr Gilbert Tchatchoua
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Mr. Roger Zanga Fanga
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Mr. Marie-Paule Bindzi
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Mr. Martial Ango
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Mr. Parfait Zock
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Mr. SOUAIBOU Mohamadou
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Mr. SAIDOU
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Mr. Fernand Kiam
Transit Clerk



Mrs. Emilienne S. Nwahba
Technician in Charge of HIV/AIDS



Mr. Aymard Kuni
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Mr. Nhomba Bapa II
Driver



Mr. Japhet Yuh Akem
Driver

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Dr Rose Tsafack
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Dr Lucienne Djomassi
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Dr Mathilda Ako Arrey
Technician in Charge of Surveillance



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Dr André Mbida
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Dr Richard Mouzoko
Branch Epidemiologist Centre



Dr Hassan Ben Bachir
Branch Epidemiologist North



Mr. Jones Ngala
Branch Epidemiologist West



Mr. Cajetan Nchangang
Technician in Charge of Surveillance South-West



Mr. Sandie Ahmad
Driver Centre



Mr. Hyacinthe Litet
Driver Garoua



Mr. Thierry Mvogo
Driver South-West



Mr. Ernest Nyeck
Driver Ngaoundere



Mr. Dieudonné Nguimbous
Driver North-West



Mr. Léon Banta
Driver Centre Region



Mr. Charles Boda
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Dr Mohamadou Coulibaly
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Dr Diate Coulibaly
Far North



Dr Diallo Moustapha
West



Dr Kourouma Sory
South-West



Dr Rouafi Oummani
Stop Team IVE Centre



Dr Moumouni Goundara
Littoral



Dr Grégoire Yaméogo
GTC PEV Centre



Dr Talatou Ouedraogo Marc
Maroua



Mr. Sanou Brouya
Data Manager GTC PEV Centre

Some pictures...



UN Agencies during the International Labour Day... WHO is present.

H6 Project to accelerate progress in maternal, newborn and child health...



United Nation Country Team meeting at WHO...

ANNEX

Annex 1 :

Constraints

HIV :

The major obstacles and constraints that hampered WHO's actions are mainly decreased capacity and inadequate human resources at the Ministry of Health and the long deadlines for activities.

TUBERCULOSIS :

- > Low or no funding for TB control activities ;
- > Poor access to GeneXpert for the diagnosis of tuberculosis in some risk groups (HIV+ persons, prison population, refugees and children); ;
- > Inadequate infection control in specialized multi-drug resistant tuberculosis treatment centers

NTDs :

low availability of funds for scaling up screening and free treatment of NTDs, intensive case management (HAT, leprosy, Buruli ulcer and leishmaniasis), whose mapping is not yet complete.

REPRODUCTIVE AND MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH :

- > Growing insecurity linked to attacks by the terrorist sect Boko Haram in the Far North region, making it difficult to implement interventions
- > Conflicts of the schedules of heads of Health Facilities.

HEALTH SYSTEM :

- > Insufficient funding for HSS implementation activities ;
- > Insufficiency of staff in the Technical Secretariat of the Steering Committee of the Health Sector Strategy.

ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES :

Weak mobilization and motivation of the staff of the DPML and the NBTP for the timely realization of the programmed activities.

FACTUAL INFORMATION AND DATA ON HEALTH SYSTEMS :

Still very low funding and not systematic in the monitoring and evaluation systems and health information, need for integration and convergence of programme activities actions to achieve catalytic results that will impact the entire health system and consequently all health programmes.

Lessons learned

TUBERCULOSIS :

Recommendation of the 9-month short-term multidrug-resistant TB regimen by WHO.

MALARIA :

The evaluation of the campaign has shown that future campaigns should be better logistically prepared (fully available inputs) and should last four months instead of three, from July to October.

NTDs :

Establishment of a common platform for exchange between stakeholders in the control of NTDs in CTP and intensive case management at the national coordination unit for the control of NTDs (NCUCNTDs) in the Department of Disease, Epidemics and Pandemics Control made it possible to better plan and integrate interventions in the field

ACCESS TO MEDICINES AND HEALTH TECHNOLOGY :

- > Conducting activities by a consultant or expert is more efficient and fast.
- > Improve the planning of activities for more visible and more impacting results, search for catalytic activities.

Prospects

HIV/AIDS :

Emphasis will be placed in 2017 on the intensification of the "Treat All" strategy, particularly with regard to strengthening the links between PMTCT and ARV treatment as well as the retention of patients on ART.

Tuberculosis :

In terms of TB control, the following three major interventions were envisaged :

- > The mid-term review of the 2015-2019 NSPTBC ;
- > Intensification of active tuberculosis screening in vulnerable groups ;
- > Monitoring of the resistance of BK to anti-tuberculosis in all cases to be retreated.

Nutrition :

Scaling-up growth monitoring and the collection and dissemination of high-quality strategic information will be the major areas of WHO action.

NTDs :

In 2017, WHO will provide support to :

- > Establishment of the Onchocerciasis Elimination Committee ;
- > Conducting campaigns for the mass distribution of drugs, free screening and treatment of cases ;
- > Conducting evaluation surveys on the end of lymphatic filariasis transmission in 86 HDs in 30 evaluation units.

Health technologies :

En 2017, l'OMS fournira un appui :

- > the organization of the study on the basket of care to be offered under UHC.
- > strengthen the implementation of a quality management system at the National Public Health Laboratory, setting up a national network of laboratories in Cameroon and surveillance of antimicrobial resistance (AMR).

Reproductive, maternal, neonatal, infant and adolescent health :

- > Implementation of the GFF.
- > Establishment of a system for centralizing national data on maternal and child health.
- > Submission of the funding request of the Global Fund to Fight HIV, Tuberculosis and Malaria for the health of young girls and adolescents and human rights.

Annex 2: Support received from IST – AFRO – HQHQ

Origin	Area of support concerned	Composition of the team	Period concerned
AFRO	Evaluation of sentinel surveillance of pediatric meningitis and rotavirus diarrhea	IST, AFRO, CDC	9 – 13 May 2016
CDC	Support to activities to strengthen surveillance	Dr Alleman Mary	09 – 30 september 2016
CDC	Support to immunization campaigns for PVS response (NW) and activities to strengthen surveillance (CE)	Dr Samba	7 november – 12 december 2016
CDC	Support to vaccination campaigns for PVS response (OU) and development proposal of Phase 2 GIS project	Dr Louie	29 november au 15 december 2016
HQ	Support to mOPV 2 response campaign EN Support to the elaboration 2017 surveillance budget Survey 123	Caillette Frederic Katherine Sheridan	06 – 20 december 2016
CDC	Support to vaccination campaigns PVS response (OU)	Dr Zamahoun	05 – 19 november 2016
CDC	All EPI related activity support especially Polio	Dr Ouambe Marc	7 november 2016 to 11 january 2017

Annex 3: Assistance Missions to the Country

Beneficiary country	Field of assistance	Name and position of staff	Period covered
Guinée Conakry	Support for Independent Evaluation of VDPVc 2 Response (OBRA 1)	Dr Nimpa Marcellin NPO/SURV	29 February to 11 March 2016
Guinée Conakry	Support for Independent Evaluation of VDPVc 2 Response (OBRA2)	Dr Nimpa Marcellin NPO/SURV	9 to 19 August 2016
USA	Technical Support for training of STOP 48	Dr Sume Gerald NPO/EPI	03 - 10/06/2016
GABON	Technical Support for Data Management of IVE at IST Center	Kouontchou Christian NPO/DM	28 August to 5 September 2016
RDC	Support for the Yellow fever epidemic campaign in the DRC	Dr Wang Hubert, NPO/HSSai	24 August to 21 September

Annex 4 : List of documents produced

Field	Title
Maternal and Child Health	Integrated RH / MNCH / PMTCT Registries
HIV / AIDS	National Consolidated Treatment Guide for PLWHIV
HIV / AIDS	2015 - 2018 National Plan for Monitoring HIV Resistance to ARVs

Conclusion

Throughout 2016, the WHO country office of Cameroon has provided assistance with the aim of improving the health of the country population, in view of contributing to the goal of an emerged Cameroon by 2035. The WHO transformation agenda in the African region is the compass that will allow the achievement of better performance. To this end, partnership efforts with the Government and other key stakeholders will be pursued to develop and implement the best health policies and strategies for the well-being of the people.

