



Act to End Neglected Tropical Diseases | West
FY 2023 Workplan–Cameroon
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Table of Contents

- ACRONYM LIST..... 3
- NARRATIVE..... 5
 - NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT..... 5
 - IR1 PLANNED ACTIVITIES: LF, TRA, OV:..... 6
 - Lymphatic filariasis 6
 - Trachoma..... 8
 - Onchocerciasis..... 9
 - IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES.....10
 - IR3 PLANNED ACTIVITIES: SCH, STH:15

ACRONYM LIST

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
CBTI	Community-Based Treatment with Ivermectin
CCU	Central Coordination Unit
CDD	Community drug distributor
CDTI	Community-directed treatment with ivermectin
CRFiMT	Research Center on Filariasis and other Tropical Diseases (<i>Centre de Recherche sur les Filarioses et autres Maladies Tropicales</i>)
COSA	Health Area Health Committees (<i>Comités de Santé des Aire de Santé</i>)
DMO	District Medical Officer
DRM	Domestic Resource Mobilization
DRSP	Regional Delegations of Public Health (<i>Délégations Régionales de la Santé Publique</i>)
DSA	Disease-specific Assessment
EU	Evaluation Unit
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
FTS	Filariasis test strips
FY	Fiscal year
HD	Health District
Helen Keller	Helen Keller International
ICT	Immunochromatographic
IDP	Internally displaced person
IEF	International Eye Foundation
IVM	Ivermectin
JRSM	Joint request for selected PC medicines
LF	Lymphatic filariasis
MDA	Mass drug administration
MINCOM	Ministry of Communication
MINEDUB	Ministry of Basic Education
MINESEC	Ministry of Secondary Education
MDP	Mectizan® Donation Program
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Public Health (MOH)
NCEOLF	National Committee for the Elimination of Onchocerciasis and Lymphatic Filariasis
NGO	Non-governmental Organization
NTD	Neglected tropical disease
OSF	Ophtalmo Sans Frontières
OV	<i>Onchocerca volvulus</i>
PBF	Performance-based financing

PC	Preventative chemotherapy
PCR	Polymerase chain reaction
PNLO	<i>Programme National de Lutte contre l'Onchocercose</i> (National Program for OV control)
PNLCé	<i>Programme National de Lutte contre la Cécité</i> (National Program for Blindness Prevention)
PNLSHI	<i>Programme National de Lutte contre la Schistosomiase et les Helminthiases Intestinales</i> (National Program for SCH and STH control)
PZQ	Praziquantel
QI	Quality improvement
RDPH	Regional Delegation of Public Health
RFHP	Regional funds for health promotion
RTI	Research Triangle Institute
SAFE	Surgery, Antibiotic therapy, Facial cleanliness, and Environmental change
SAE	Serious adverse event
SCH	Schistosomiasis
SCT	Supervisor's coverage tool
SOP	Standard operating procedure
SCH	Schistosomiasis
STH	Soil-transmitted helminths
TA	Technical assistance
TAS	Transmission assessment survey
TEO	Tetracycline eye ointment
TF	Trachomatous inflammation – follicular
TIPAC	Tool for integrated planning and costing
TIS	Trachoma impact survey
TOR	Terms of reference
TSS	Trachoma surveillance survey
TT	Trachomatous trichiasis
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
ZTH	Zithromax

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Cameroon is situated in central Africa and covers an area of 475,650 sq. km. The estimated population in 2022 is 27,856,182.¹ The health system has the following structure:

- 10 Regional Delegations of Public Health (*Délégations Régionales de la Santé Publique* [DRSPs]), each headed by a Regional Delegate, with regional hospitals as well as private and public hospitals with facilities like those of a regional hospital.
- 197² Health Districts (HDs). Each HD has a district hospital and several primary health care centers.

Cameroon was endemic for all five preventive chemotherapy (PC) neglected tropical diseases (NTDs): lymphatic filariasis (LF) in 142 HDs, onchocerciasis (OV) in 117 HDs, schistosomiasis (SCH) in 153 HDs, soil-transmitted helminths (STH) in 197 HDs and trachoma in 24 HDs. Three national disease-specific programs are involved in the control and elimination of PC NTDs:

- The National Program for Onchocerciasis Control (PNLO), which focuses on OV and LF
- The National Program for Blindness Prevention (PNLCé), which focuses on trachoma
- The National Program for Schistosomiasis and Soil-Transmitted Helminths Control (PNLSHI)

In 2010, Cameroon integrated disease-specific programs into a single NTD program with the support of the U.S. Agency for International Development (USAID) through its NTD Control Program, managed by RTI International and implemented by Helen Keller International (Helen Keller). Specifically, USAID support was received through the ENVISION project from 2011 to 2019, and since 2018, the Act | West program. The Central Coordination Unit (CCU) of the Ministry of Health (MOH) coordinates integrated control activities for the five PC NTDs through the three national NTD programs and at the regional level. Health district management teams organize and implement the activities at the district and community levels. Community-based (for LF, STH, OV, and trachoma) and school-based (for SCH and STH) platforms are used for mass drug administration (MDA) by community health workers, community drug distributors (CDDs), and teachers. The regional and district referral hospitals oversee the management of serious adverse events (SAEs), should they result from the drugs distributed.

As of July 2022, all 142 LF endemic HDs have passed the first transmission assessment survey (TAS 1) and met the criteria for stopping LF MDA, hence LF MDA is no longer required in Cameroon; 141/142 HDs have passed TAS2 except Akwaya HD where a survey is scheduled for FY23; and 39 HDs have passed TAS 3 with additional 19 HDs undergoing TAS 3 in 2022. OV MDA is still ongoing in all 117 meso/hyper-endemic HDs. SCH/STH MDA is being supported by Sightsavers.

Among the 24 trachoma endemic HDs, Kolofata stopped MDA in 2011 (though support for MDA and surveys was through a research partner), and all other 23 HDs passed the trachoma impact survey (TIS) between 2014-2017 and met the criteria for stopping MDA. In FY 2019, the results of the trachoma surveillance survey (TSS) in the 23 HDs showed that trachoma was recrudescing in three HDs: Goufey (TF=6.91%), Makary and Fotokol (TF= 10.01%), therefore MDA restarted in these three HDs. After one

¹ MOH, *Institut National de la Statistique*, United Nations Population Fund. (2016). *Projections démographiques et estimation des cibles prioritaires des différents programmes et interventions de santé* (p. 27). Retrieved from http://slmp-550-104.sl.westdc.net/~stat54/downloads/2016/Rapport_etude_estimations_populations_cibles_MINSANTE.pdf

² The number of HDs increased from 189 to 197 following a 2021 redistricting.

round of MDA in Goulfey HD in FY 2021, a TIS was conducted in FY 2022; preliminary results suggest that Goulfey is likely below the stop MDA threshold once again (final results will be available by early the end of September with the validation of the survey report). MDA in Makary and Fotokol is currently ongoing with the next TIS in FY 2023. In addition, USAID supported re-mapping was conducted in Kolofata during FY22 due to results from a survey in 2013 indicating that TF prevalence had increased to over 5% two years after MDA had stopped (preliminary results showed a prevalence of 5.8% TF in Kolofata).

LF, trachoma, OV, SCH, and STH are targeted for elimination as public health problems according to Cameroon's National Strategic Plan for NTDs. The Act | West Program is working to build capacity, ownership, and leadership of the PNLO, PNLCé, PNLSHI, and the MOH to ensure that NTD elimination and control objectives are achieved, and that Cameroon sustains progress in the long term. This support includes MDA and DSA implementation related to OV, LF, and trachoma and elimination dossier development.

Activities supported by the host government and partners

The Government of Cameroon provides support to the MOH to combat NTDs by providing staff salaries, infrastructure (office and meeting room facilities), vehicles for NTDs activities and import exemptions for NTD drugs and other consumables.

IR1 PLANNED ACTIVITIES: LF, TRA, OV:

Lymphatic filariasis

Cameroon has targeted the elimination of LF by 2030. The LF program started in 2008 and 100% geographic coverage was achieved in 2017. At baseline, 142 HDs were endemic for LF and as of June 2022 there are no HDs that require MDA.

Plan for FY 2023:

➤ **MDA**

No LF MDA is plan for FY23.

➤ **DSA**

TAS3 in 14 EUs (36 HDs) in the East, Far North, Littoral, South and West regions: In FY 2023, Cameroon plans to conduct TAS3 in 14 EUs (36 HDs) in the East, Far North, Littoral, South and West regions, all of which passed TAS2 in 2020.

LF Assessment to evaluate health facilities: Act | West will support the development of an ODK form to collect data on the evaluation of 39 health facilities in the management of LF morbidity cases. This form will be sent to health facility managers at the regional, district and health area levels. The completed forms will be accessible to the national program via the ONA server created for this purpose. The national program and Helen Keller – Cameroon will provide troubleshooting support for health facilities that face difficulty in submitting the assessment form as part of the supervision of this activity.

The data analysis from this evaluation will help to identify the health facilities where training of health personnel should be prioritized in the management of hydroceles and lymphoedema. The criteria for the selection include health facilities that have reported cases of LF-related morbidity; where personnel have

never received training in MMDP; and technical facilities are sufficiently equipped for hydrocele management.

LF Morbidity Case Estimation, Validation and Linkage to Care

In FY23, Act | West will support an activity for identification and validation of hydrocele and lymphedema cases in all the OV-endemic HDs of the Far North region. These districts include LF endemic districts where MDA has stopped after passing TAS1. The main goal of this process is to locate patients and enable the health system to provide care in those areas. The MOH will use the opportunity of the OV MDA platform for the case finding and validation. First, trained CDDs will identify suspected LF morbidity cases during the community census that precedes drug administration for OV. They will report the suspected cases in the community MDA registers. During the drug distribution phase of the OV MDA, trained health personnel from the health area level will rely on list of suspected cases in the community registers and household identifiers to find the suspected cases of hydrocele and lymphedema for examination and validation. To ensure the success of this LF morbidity burden estimation activity, Act | West will provide the CDDs and the health personnel with a one-day training which will be combined with the OV MDA training. CDDs will receive training on simple steps and tools to be able properly identify cases; and health personnel will receive training on confirming cases of hydrocele and lymphedema. Trainers will come from the central level of the NTDP. The cases identified in each HD will be the official LF morbidity case estimates which the NTDP will use for planning care within the health system and report same to WHO. Confirmed cases (and other conditions) will be referred to the nearest health facility that has surgical and or clinical management capacity.

The NTDP will monitor and document the process systematically. When successful, it will be improved with lessons learned and applied for morbidity cases estimation and connecting to care in all LF HDs where OV MDA platform still exists.

Dossier Status for LF:

Since the start of Act | West, the country has made some progress since in preparing the LF dossier. Major activities implemented so far include:

- Participants finalized a checklist of documents and data to collate and collect for the LF dossier preparation workshop in February 2020 funded by Act | West.
- A virtual meeting in June 2020 organized by the PNLO assessed implementation of recommendations from the first LF elimination dossier development meeting. Discussions revealed that nearly 70% of the requested documents/data are already available. A working group comprising of staff from the MOH NTDs CCU and Helen Keller–Cameroon was created to define guidelines to write the first draft of the LF dossier.
- An assessment meeting was held in July 2020 at which the following documents were compiled: the demographic reports of endemic HDs, LF baseline prevalence, LF MDA data from 2008–2019, Pre-TAS and TAS data from 2013–2020, LF entomological survey reports and publications, the LF MMDP data, and the 2019–2023 national MMDP plan.
- Dossier development meetings enabled the National Program and country partners to develop a draft of the dossier narrative, which integrates historical data from an Excel file template.

In FY 2023, Act | West will support two dossier development meetings. Each meeting will last one day and will be organized by the CCU (three staff), with attendance from the national program (three staff), Act | West country staff (four staff), and NGO partners (seven staff). Participants will evaluate the progress made towards completion of the draft of the dossier. They will also discuss solutions for

any challenges and/or delays. In the month before each meeting, a small working group made of CCU (one staff), PNLO (two staff), and Helen Keller–Cameroon (one staff) will consolidate additional information and update the dossier narrative accordingly.

Act | West will use the opportunity of the OV MDA to support LF patient estimation in the HDs co-endemic with LF and OV while updating the LF dossier. This support will also give an opportunity for CDDs to identify persons with LF complications during the MDA registration and refer them to the nearest health facility for clinical diagnosis.

Trachoma

Plan for FY 2023:

Trachoma MDA

In FY 2023, Act | West will support the trachoma treatment in Kolofata HD following the results of the trachoma re-mapping conducted in FY 2022. The National Program sent the related drug request to ITI. Also, given that this will be the first MDA in years (and the first MDA with tablets/Powder for Oral Suspension [POS]), Act | West and the PNLCé will put in place the following program measures: field supervision of the Kolofata HD management teams and the NTD regional team, MDA training sessions to incorporate drug dosage, SAE notification and reporting process, and the utilization of IEC materials for sensitization. Act | West will also provide the Kolofata district teams with SCT training to improve the quality of supervision of the trachoma MDA. If security is still a challenge during the drug distribution period, the National Program and Act | West will discuss the possibility of using the “Hit and Run” strategy developed by WHO to facilitate polio vaccination in high-risk zones. It consists of teams carrying out health interventions and leaving the zone immediately to avoid any attack.

Supervision

The supervision strategy involves multiple teams from the central, regional and district levels on site. The objective is to cover as many health areas as possible and to provide CDDs with on-site coaching. The supervisor’s coverage tool (SCT) will be implemented.

DSA

Re-TIS are planned in two HDs in FY 2023 (Makary and Fotokol HDs) after three rounds of annual MDA. In FY 2021, Makary and Fotokol received two rounds of treatment. For the First MDA round they reported 98.66% program coverage (the redistricting was not yet done, and Makary was the only HD). The second round, Makary and Fotokol reported 97.01% program coverage and 96.6% program coverage, respectively. The third round will be conducted in August 2022.

Dossier Status for trachoma:

The PNLCé held a meeting in May 2019 (with participants from USAID, Act | West, Sightsavers and the NTD CCU of the MOH) to advance the trachoma elimination dossier. During this meeting, three working groups were established: one to focus on Surgery (coordinated by Sightsavers), a second to focus on Antibiotics (coordinated by Helen Keller–Cameroon), and a third to focus on trachoma surveys (coordinated by the NTD CCU). A review meeting for these working groups took place on August 20, 2019. The PNLCé organized one assessment meeting in November 2020, in which participants from the MOH, Act | West, Sightsavers, and WHO evaluated the progress of the dossier.

In September 2021, November 2021, and April 2022, the PNLCé organized three meetings co-funded by Act | West and Sightsavers. Each of these meetings brought together the CCU, the PNLCé, Act | West and Sightsavers, to update the narrative and continue populating the Excel table with new trachoma information (historical data were already populated). Discussions included the equipment and human resources needs in the trachoma endemic districts, as well as the post elimination surveillance activities such as the training on TF and TT cases identification, treatment of cases and reporting.

In FY 2023, Act | West will continue to provide technical assistance (TA) for the dossier development by supporting two one-day meetings to bring together the CCU (three staff), the national program (three staff), Act | West (four staff), and Sightsavers (three staff). Participants will update the dossier using data from recent DSAs (including re-mapping in Kolofata, re-TIS in Goulfey, Makary and Fotokol, and TSS investigations in Goulfey and Makary). They will also continue update information related to the S, F and E components as they become available.

Quality Improvement:

Act | West will support the roll-out of the Quality Improvement (QI) model developed by FHI 360 in Kolofata to ensure good coverage is achieved during the trachoma MDA. The program will apply lessons learned from the QI implementation during trachoma MDA in FY 2021 and FY 2022 in Makary and Fotokol.

Onchocerciasis

Plan for FY 2023:

MDA

In FY 2023, Act | West will support the OV treatment in 117 OV-endemic HDs.

Supervision

To ensure quality assurance of the community-based MDA, several supervisors will conduct field trips during the campaign, including the nurses in charge of the health areas, the members of the HD management team, the NTD staff of the RDPHs, the MOH central level, and staff from the Helen Keller International Country Office. The Supervisor's Coverage Tool (SCT) will continue to be used during field supervision.

District-Level Data Review Meetings

For all HDs targeted during the MDA, a one-day data review workshop will be organized in each of the HDs to review and validate the MDA data.

Quality improvement

In FY 2021 and FY 2022, Act | West supported the training of Quality Improvement (QI) coaches utilizing the model developed by FHI 360 to support program improvements for OV MDA activities. The QI model for OV MDA is targeting two districts-- Bafia and Sa'a, in the Center Region to increase the treatment coverage rates to at least 80%, the threshold value set by WHO as part of the OV elimination program. A coverage survey conducted in 2018 revealed that the Bafia HD had a treatment coverage of 57.7% below the 80% threshold. A sub-district data analysis of Sa'a reveals treatment coverage below 80% in some health areas.

By using the QI tools, the program was able to identify several root causes of the coverage issues in these districts, including the decreased motivation of community distributors, insufficient social mobilization at the sub-district level, and insufficient monitoring of the MDA activities. Through the QI process, the national program put forward the following suggestions to ameliorate the coverage issues: partners involved in the MDA should provide motivation to distributors; revitalize community meetings; and improve the quality of supervision and ensure that deliverables and supporting documents are submitted on time. The last two recommendations are being incorporated into the FY 2022 OV MDA.

In FY 2023 Act | West will support the continuation of the QI implementation in the same HDs for OV MDA (Bafia and Sa'a) expanding the model to additional health areas within these districts. QI coaches will set up teams in the new health areas targeted for the QI process and work with the existing QI teams set up learning sessions to assess progress and determine next steps for their health areas. The learning sessions will take place during the post-MDA review meetings. The national program will also host a workshop to develop a QI technical brief that will summarize the results achieved from the QI implementation. Act | West will provide technical support for this activity.

DSA

OV impact assessment surveys in 22 HDs in the Center and South regions

In FY 2023, Act | West will support the MOH to conduct OV impact assessments in 16 OV HDs in the Center region and six OV HDs in the South region.

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

IMPROVING CORE NTD PROGRAM FUNCTIONS:

DATA SECURITY AND MANAGEMENT

To collect data, the MOH and its partners use CDD registers, health area data summary sheets, health district data sheets, and regional databases. These tools are updated and reproduced each year prior to MDA, except for CDD registers which are updated and reproduced every three years (the last update and production was in 2021). The flow of data collected from the community level to the central level is as follows:

- The CDD collects data at the community level using the CDD register. At the end of the campaign, he/she writes a report and submits it to the health agent in the health area along with the register.
- The health agent collects the reports from each CDD in their respective coverage area and fills out the summary data sheet that is submitted to the HD. A copy is kept in the health center.
- The HD analyzes the data and inserts them into the electronic data sheet (Excel sheets) before submission to the RDPH.
- The RDPH collects the Excel sheets from each HD and completes the NTD regional datasheet before submission to the central level.

At each level, the manager performs data analysis and feedback to improve data quality. Past supervision indicated that CDD reports contained inconsistencies, which were attributed to the level of education among CDDs and a lack of access to calculators for basic arithmetic. In addition, the CDD register often contained incomplete information. Therefore, the summary written by the health area

nurse using the CDD reports contained inconsistent data. To address these concerns in FY 2023, four health center staff from each health area will visit villages just after the MDA to assist CDDs in filling in registers and making required calculations, in addition to supervisors from the central, regional, district, and health area levels assisting CDDs while they are filling in the registers. At the end of data collection, CDD registers are kept at the health center level. The summary data sheets are kept in file folders at the health areas level and in electronic NTD data folders in the computers at the health district and RDPH levels. At the central level, the MOH has scaled up the use of DHIS2 for data storage as part of the school-based deworming campaign (SCH/STH MDA) in nine regions out of ten and used it for all HDs in the West region for OV MDA. This will continue in FY 2023.

Monitor the implementation of the recommendation of the Data Security Policy assessment

NTD data availability and integrity are paramount for the elimination dossiers. Improving security of NTD data helps NTDPs assure the validation of their data and protects the data from possible inaccuracies and loss. As Cameroon prepares to submit elimination dossiers to the WHO, the reliability and accuracy of the NTDP data is of utmost importance. The Data Security Policy activity focuses on assessing and improving the documentation of NTD data security roles, guidelines, and responsibilities in line with national standards and best practices.

In FY 2023, the CCU will lead the rollout and follow up of the implementation of data security SOP at all levels of the health system. Perspective and Helen Keller will provide technical support to the MoH through their supervision in the field at the health area and health district level, this could include orientation sessions or the development of job aids. In addition, Act | West will provide ongoing TA to monitor the implementation and effectiveness of these policy recommendations and to update them in collaboration with the CCU and NTDPs as necessary.

NTDs data management via DHIS2

The Ministry of Public Health of Cameroon (MoH) through its Health Information unit has been working since 2012 to set up an integrated national health information system (HMIS) using the DHIS2 platform (District Health Information Software 2). Several programs, including the malaria and immunization programs, are already using it. Since 2017, the platform has collected data in real time from the distribution campaign of Long-Acting Impregnated Mosquito Nets (LLINs) and seasonal chemo prevention for malaria at the community level.

In 2019-2020, the country held two workshops that validated the variables and indicators to be included in the DHIS2 for soil-transmitted helminthiasis (STH), schistosomiasis (SCH), trachoma, onchocerciasis (OV) and lymphatic filariasis. STH, SCH and OV MDA indicators as well as trachoma surveillance indicators are already integrated.

The PNLSHI started using DHIS2 for deworming in 2020 in two regions and scaled up to nine regions in 2021. The PNLSHI noted improvements in the data management and campaign monitoring thanks to the use of DHIS2 in FY 2021. For the OV MDA, the MOH has used the DHIS2 in the West region for the FY 2020 and FY 2021 campaigns.

As the MoH has adopted the DHIS2 as the main platform for health data storage, the CCU likewise aims to store OV MDA for all endemic HDs in the DHIS2. Based on the pilot experience in the West region, the CCU identified the training of users as a requirement. Future trainings will emphasize OV MDA data analysis, data quality control, how to carry out deeper analysis, and create maps. Developing these user skills will improve data quality and enable timely and effective decision

making.

During FY 2023, Act | West will provide technical and financial support for the following activities:

- Training of trainers/supervisors of NTD programs in the capture, analysis, and monitoring of the MDA campaign via DHIS2;
- Regional level training of actors on the analysis and monitoring of the campaign via DHIS2;
- Training of Heads of Health Areas in data entry in DHIS2.

During the MDA, the CCU, PNLO, RDPH, and the NGOs will monitor data entry, data tracking, and analysis. The district management teams will review and validate data during the District Level Data Validation Meeting.

Regional workshops on the analysis and monitoring of the campaign via DHIS2

After the national level training, trainers will facilitate a two-day regional level training on the analysis and monitoring of the campaign via DHIS2 in the 10 regions. Participants will include the Regional Data Manager, the regional Head of the Health Information System, Manager for Supply and Stock, DMOs, and NTDs district data managers. This will be one-time training for this phase of updating NTD data in DHIS2.

Training of nurses from health areas in data entry in DHIS2

DMOs and NTDs district data managers will train chiefs of health areas. This one-day training will be combined with the routine training of health personnel. Topics will focus on MDA data entry and analysis using the DHIS2.

DRUG MANAGEMENT

In FY 2023, the Mectizan® Donation Program (MDP) will donate IVM for the OV MDA. The International Trachoma Initiative (ITI) will donate Zithromax® and Act | West will purchase TEO for the trachoma MDA. Act | West will also purchase filariasis test strips (FTS) for the LF surveys (TAS3).

Act | West will provide TA to the Regional Delegations of Public Health in developing their respective drug allocation plans to decrease the drug loss rates and avoid large stocks of unused tablets, including:

- Working with the regional level to help them develop an accurate drug allocation plan;
- Working with the district levels and health areas to help them evaluate their needs based on the targeted population. This is to ensure that the adequate quantity of drug will be sent to the field by the regional level;
- During the training of CDDs, a theme will be focusing on the drug management, especially how to safely handle the tablets during the distribution period and the return of the unused drug to the health area level.
- Starting in FY22, Cameroon has worked to streamline the MDA schedule, so that MDA is completed during the same period in all ten regions. This will help in getting accurate drug inventory information in a timely manner.

Drug quantification and completion of JAP for 2023

During the FY 2023 OV MDA, Act | West will provide technical support to the CCU to finalize the NTD drug order through a national workshop. The CCU, in consultation with all NTD programs, submits a joint drug order to WHO.

Reverse logistics

Act | West will provide technical assistance (TA) to support the reverse logistics for remaining drugs after the MDA in the 10 regions. After the MDA, the remaining stocks of drugs must be collected by the health area nurses. They must take them to the HD level, and the HD level staff must bring them to the regional level where they are repackaged by lot number, expiration date, and quantity. This activity will have no specific costs since Act | West is already providing funds for the supervision of the MDA data collection and analysis which is conducted right after the drug distribution period. Briefings will also take place prior to field visits at each level to ensure that those involved understand their responsibilities.

Management of serious and adverse events (AEs)

During the FY 2022 OV MDA campaign, all AEs reported were minor and managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In case of a serious adverse event (SAE), the Regional Delegation of Public Health in charge notifies the PNLO, Helen Keller, and the Technical Advisor for Loiasis, equipped with the tools and personnel to investigate potential causes. Both the MoH and Act | West support operating costs associated with reporting SAEs to drug manufacturers and donors, as required by WHO and MDP guidelines. Helen Keller will also support the PNLO and the Regional Delegations of Public Health to notify all partners within the 24 hours after a SAE occurs.

Supply Chain Mainstreaming Technical Assistance (Deloitte/Helen Keller)

In FY 2022, Act | West provided technical support to the NTDPs and MINSANTE to conduct self-assessments of NTD drug warehousing. These assessments targeted all national warehouses, ten regional warehouses, and six district-level warehouses (representing 5% of the total districts). Based on the results of these assessments, the Deloitte team will adapt and scale the supply chain methodology to fit the needs and scope in Cameroon, focusing on the outcomes of the warehouse assessment and recommendations to be prioritized for implementation.

Act | West will review warehouse assessment findings and warehouse component of the supply chain to deepen the understanding of the challenges and opportunities around mainstreaming NTD drug supply and warehouse storage with other MOH processes and services challenges and opportunities. This will help inform the suggested prioritization of recommendations and solutions for improvement and mainstreaming to be discussed with the CCU and NTDPs. Act | West will then work with the CCU, NTDPs, to finalize where Cameroon is within the mainstreaming approach based on the four phased approach and determine what targeted technical assistance is needed to move to the next phase in applying the mainstreaming strategy. Finally, Act | West will help the CCU, and NTDPs develop and implement a roadmap for targeted warehouse mainstreaming support through, for example, supporting engagement with potential partners and working groups, facilitating development of MOUs for shared services, and supporting the development or improvement of SOPs and roles and responsibilities.

ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING (AS APPLICABLE BY COUNTRY):**1. Summary Work to Date**

From FY 2016 – FY 2019, Cameroon held several advocacy meetings with government officials from at the regional and district levels to improve implementation of and mobilize resources for NTD activities. The meetings convened senior officials from the MOH and other ministerial departments,

including mayors, religious and traditional authorities, and private sector managers. These advocacy meetings have led to the following:

- The MOH now covers the cost of drug transportation from the central level (CENAME) to the regional level. Each region then covers the cost of transporting drugs to communities.
- In FY16, several regions mobilized financial resources to support their CDDs, though the amount was not sufficient. Community fundraising for CDDs in the Littoral Region raised \$6,000. Likewise, the Far North Region raised cash and in-kind contributions totaling \$5,000, which breaks down as follows: contributions from the city halls of Petté and Kolofata in the amount of \$500, in-kind donations with an estimated value of \$270, and financial contributions from households in the amount of \$4,300. In total, \$11,000 was mobilized in 2016 to support CDD motivation. Resources have been mobilized since FY 2016, but the data have not been systematically reported and documented. In FY 2021, it was determined in preparation for the Domestic Resource Mobilization (DRM) workshop that the DMO would be responsible for documenting DRM community contributions as a part of their role in sensitizing and supervising NTD programs. This data capturing community contributions would then be reported to the national level.
- The Cameroon Armed Forces have increased security during MDA in insecure HDs, notably the Far North Region.

The MOH set up advocacy meetings with mayors in FY 2020 to encourage support for NTD programs and provide logistics support to health district teams during MDAs. Instead, these meetings were held with private companies from the Littoral, Central, and West regions, resulting in a network of private companies in support of NTDs. However, the MOH plans to target mayors in future meetings. In FY 2021, Act | West also supported the MOH technically and financially to host an advocacy meeting targeting private firms, intending to discuss solutions to increase CDDs' commitment and motivation. The firms that attended set forth the first network of private firms supporting the MOH in the fight against NTDs. This platform will hold regular discussions to propose actionable solutions to support the NTD national program.

The advocacy meeting in FY 2021 suggested gifting CDDs with a “minimum package” or gift-in-kind (bottle of cooking oil, soap, wheat flour, salt, pasta), donated by private companies. The MoH will evaluate this approach during discussions with the private sector and discuss tax implications with the Ministry of Finance. The idea is that once the network is established, companies can apply for tax exemption for these donations.

The CCU conducted a domestic resource mobilization (DRM) workshop in FY 2021 with Act | West support that convened stakeholders from multiple sectors to discuss priorities for and approaches to DRM. Participants included members from the PNLO, the PNLSHI, the PNLCé, the Ministry of Primary Education (MINEDUB), the Ministry of Secondary Education (MINESEC), Department of Financial Resources and Heritage, and NGOs supporting the NTDs. Together, stakeholders outlined shared priorities between NTD programs and the MOH, as well as identified and troubleshooted challenges to DRM. The workshop was the first of a series of DRM activities introducing approaches to DRM advocacy approaches and highlighted the need to use the Tool for Integrated Planning and Costing (TIPAC) to understand funding gaps.

In August FY 2022, Act | West will provide technical and financial support to the MoH to hold central level advocacy meetings targeting parliamentarians to raise their awareness and solicit their support

for the increase of a budget for NTDs. At the regional level, Act | West is supporting a one-day advocacy meeting in the North West and the South West regions to improve mayors' contributions to NTD activities. Act | West is also supporting a one-day advocacy meeting in several districts to improve support by local communities and individuals. These activities are planned for July/August FY 2022.

In FY 2023, the NTDP has expressed interest in developing a strategy for NTD sustainability that aligns with the WHO NTD Roadmap. This year's activities will prioritize the implementation of the data security policy recommendations from the workshop planned in August 2022, NTD data integration into DHIS2, and supply chain mainstreaming.

IR3 PLANNED ACTIVITIES: SCH, STH:

SCH/STH MDA:

No MDA or DSA is planned for SCH in FY 2023 with USAID funding.