

# POLIO GLOBAL ERADICATION INITIATIVE

## Cameron Update on Country Transition Planning

Polio Partners Group – 8 December 2017

BILL & MELINDA  
GATES foundation



## Plan of the presentation

1. Development framework
2. Key achievement of the fight against Polio
3. Objectives of the transition plan
4. Strategic axes
5. Budget
6. Main challenges
7. Next Steps
8. Difficulties identified

# Development framework



- Under the leadership of the Ministry of Public Health through the Cooperation Division and the EPI-Central Technical Group (*Working Group set up by Service Note No. E2-136/NS/MINSANTE/ SG/DSF/GTC-PEV/PEVR-Log of 2 September 2016*);
- Partner ministries: MINFI, MINEPAT
- The Civil Society: PROVARESSC
- Technical support: WHO, UNICEF, CHAI, CDC
- Duration: 12 months divided in two phases:
  - May 2016 to December 2017: technical support of two consultants (national and international);
  - Extension from January to April 2017: technical support from a new national consultant.



# Development framework



Main stages:

1. Inventory of achievements and lessons learned:  
the comprehensive report from this important research work was the foundation on which the entire transition plan was built;
2. Establishment of a technical group in charge of planning;
3. Establishment of four thematic sub-groups;
4. One to one meetings and interviews;
5. Workshops and retreats for proofreading and validation of documents;
6. Summary work by consultants;
7. Inter Agency Coordinating Committee (IACC) .



# Development framework



- **Overall Objective:**

Maintain a polio-free Cameroon over the next 5 years

- **Terms of Reference for the working group:**

- *Define the functions of the polio programme that should be selected, based on the achievements;*
- *Choose priority activities that result from them and identify programmes that could continue to implement them;*
- *Indicate minimum costs to implement them and an adequate strategy;*
- *Definitively draft a 5-year budget.*



# Key achievement of the fight against Polio

## 1) Process and achievements

- Coordination mechanisms at the central, regional and district levels;
- Governors' fora in 8 out of 10 Regions (about one thousand committed decision-makers);
- Partnership with more than 280 women associations
- Cooperation between States: cross-border activities;
- Decentralized monitoring system and environmental monitoring;
- Media involvement including community radios.

## 2) Infrastructure

- No infrastructure developed but:
- 3 WHO and 2 UNICEF Sub-Offices for local support for polio control activities;
- 5 WHO surveillance branches in regions with the assignment of an epidemiologist, a driver and a vehicle;
- 3 633 public and private health facilities: Routine immunization services in all the 189 health districts.



## Key achievement of the fight against Polio (2)



### 3) Human resources:

- The most represented personnel :
  - Officials involved in the community (authorities, leaders, elected officials, CSOs, etc.): **33 192**
  - Vaccinators and facilitators during Supplementary Immunization Activities (SIA): 18 582
  - Focal points and people in charge of monitoring: 23 414
  - **Social mobilizers: 18 582**

### Capacity building:

#### Monitoring:

- 555 supervisors at various levels;
- 605 members of district health teams;
- 3 554 tradipractitioners.

#### Interpersonal communication:

- 5 866 Social mobilizers;
- 1 799 focal points of health areas;
- 204 members of dialogue structures;
- About 4 000 women;
- 177 community radio workers



## Key achievement of the fight against Polio (3)



### 4) Equipment:

- Rolling stock:
  - 272 motorbikes
  - 35 four wheel drive vehicles
- Cold chain material
  - 314 refrigerators
  - 157 freezers
  - 71 coolers
  - 11 267 vaccine carriers
- Computer equipment:
  - 350 computers
  - 79 satellite phones
  - 495 smartphones

### 5) Tools:

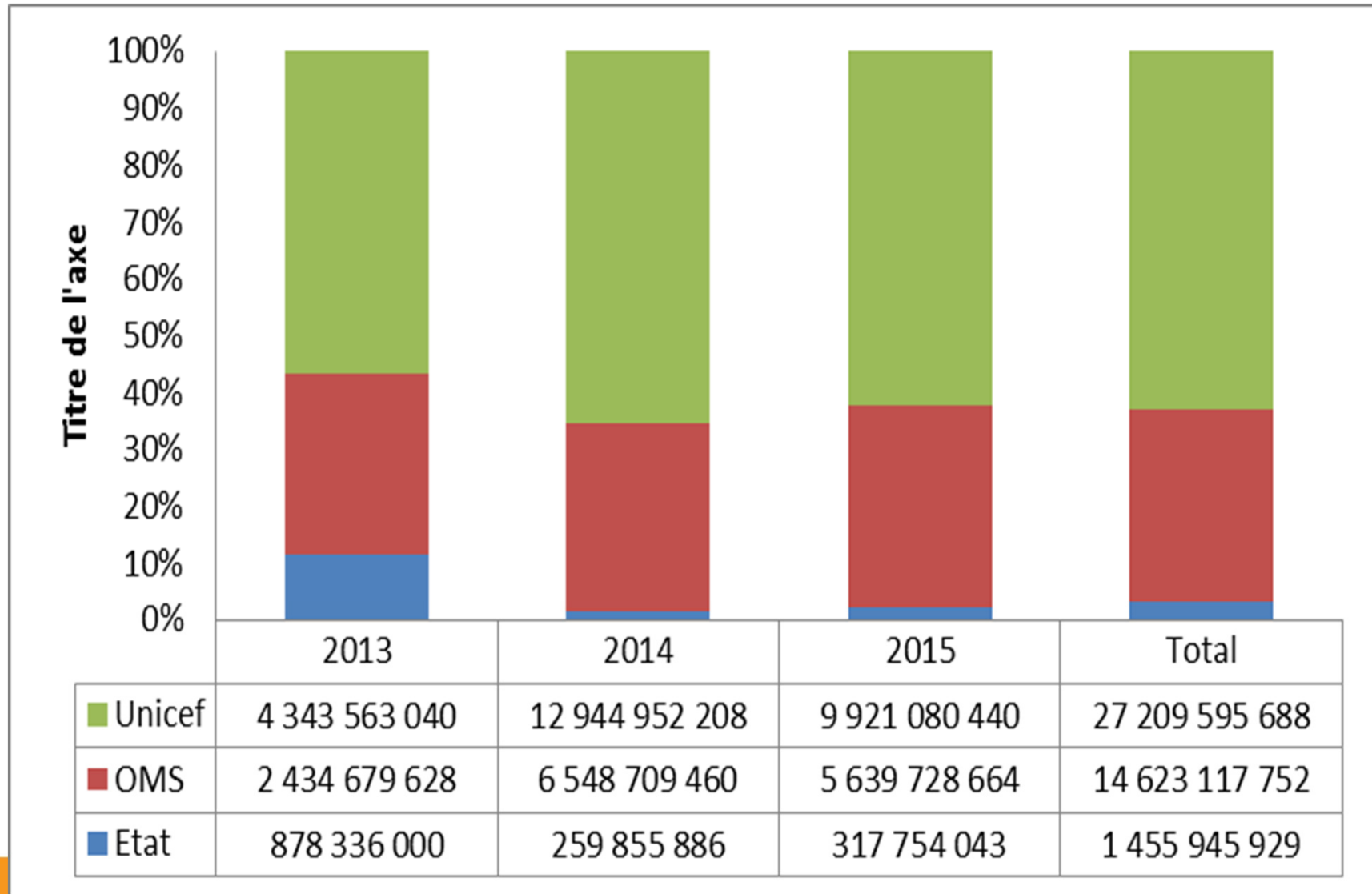
- Electronic cartography (Shape files) with **geo location** (Geographic Information Systems) of 1 779 health areas;
- Tools and instruments for data collection;
- **Polio risk assessment** tools (monitoring and communication);
- Development of various **training tools and material** (monitoring, communication, logistics);
- Outline and **budgeting tools**





# Key achievement of the fight against Polio **POLIO** GLOBAL ERADICATION INITIATIVE

## 6) 2013-2015 Financing: FCFA43 288 659 369



# Objectives of the transition plan 1/2



## Overall objective:

By 2021, maintain a polio-free Cameroon and ensure that investments to eradicate polio contribute to future public health goals.

## Specific objectives (5):

- Interrupt any potential poliovirus transmission chain throughout the national territory, within the deadlines and respect all quality principles required by 2021;
- Increase immunization coverage with Oral Polio Vaccine (OPV) and Inactivated polio vaccine (IPV) by 10% with a focus on health districts and high-risk populations by 2018;



# Objectives of the transition plan 2/2



## Specific objectives (continued)

- Strengthen epidemiological surveillance in order to reach by 2018 the certification level of AFP surveillance indicators (TPNPA, quality of stools, NPENT) at the national and subnational levels, and to maintain it;
- Develop approaches which enable to maintain competences under polio financing in the health system by 2021;
- Increase gradually the proportion of the MOH budget allocated to the EPI from 2% in 2016 to at least 10% in 2021;
- Strengthen community commitment and involvement in immunization.



# Strategic axes of the transition plan



- Response to epidemics and immunization campaigns;
- Routine immunization;
- Epidemiological surveillance and laboratory;
- Financing;
- Community commitment and communication;
- Human resources;
- Material, equipment and tools;
- Organization, implementation, monitoring and evaluation of the transition



# Potential Scenarios for the transition

- **Scenario 1**: **optimistic situation**, no case of WPV in Cameroon, nor in neighbouring countries, decreasing external financing before reaching the phase of eradication certification level ;
- **Scenario 2**: **current situation**, no WPV in Cameroon, nor in neighbouring countries, maintenance of external financing;
- **Scenario 3**: **catastrophic situation**, occurrence of a polio epidemic in Cameroon, refer to the polio response plan, increase of external resources;
- **Scenario 4**: **Ideal situation**, no WPV in Cameroon and in neighbouring countries, permanent discontinuation of external financing upon declaration of eradication.

# Prerequisites and hypotheses for the success of the transition of the polio programme



- Maintain the EPI as a priority programme
- **Increase the financing of immunization**
- Strengthen community approach
- **Strengthen the service integration approach and the decentralisation of responsibilities and resources**



## Monitoring indicators of the plan

- Number of polio epidemics declared/responded in a timely manner;
- Coverage with OPV = 95% / IPV=87%
- TPFANPA:  $\geq 8.1/100\ 000$ ; Quality of stools:  $\geq 90\%$
- % of HRs who are not civil servants under contracts  $\geq 30\%$
- Proportion of the national budget allocated to immunization  $\geq 10\%$ ;
- Share of targeted RLAs participating in the financing of the transition plan  $\geq 80\%$
- Proportion of AFP cases detected by the community  $\geq 30\%$  of the detected cases

**Slide 15**

---

**v4**

Pourrions nous ajouter des indicateurs de communication

vitalien, 14/07/2017



# MERCI – THANK YOU

