UNIVERSAL HEALTH COVERAGE ALLIANCE CAMEROON

DATE: From the 11th to 12th December 2019
Place: hotel les deputes Yaoundé
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INTRODUCTION

The UHC workshop was a two day event which brought together health care workers, Civil society organizations and media organs throughout the national triangle to brainstorm on issues which will help improve on the primary health care services in Cameroon. This workshop took place in Yaoundé at Hotel Deputes. The aim of this workshop was; to create a Universal Health Coverage Alliance (UHCA) in Cameroon and also to develop a framework for collaboration between health care service providers enhance which will help enhance access to primary Health care in conflict zones and the North West region. At the end of this workshop, it is expected that: the National UHCA created should be capable of adapting and fostering the UHC agenda as per Cameroon’s context, participants should produce the first ever Joint statement of the alliance calling on the Government to keep their promise on improving primary Health care service delivery in Cameroon and finally produce a multisectoral and multidisciplinary coordination framework to facilitate joint advocacy on the UHCA agenda.
Objectives

- To form a UHC alliance in Cameroon capable of enhancing equity in health service delivery and fostering the health for all agenda.
- To develop a framework for collaboration between health Care providers to enhance access to primary health care in the North West Region and other conflict zones.

Expected Outcome

- A National UHC alliance capable of fostering the UHC agenda tailored to Cameroon’s context.
- A multisectoral and multi-disciplinary coordination framework to facilitate joint advocacy on the UHC agenda.
- First joint statement from alliance calling on government to keep their promise.

DAY1.

The workshop started at about 8:00am with the arrival of representatives from the different health care service delivery organizations/Associations in Cameroon. A total of 35 representatives from 18 Health care associations, 04 media organizations and a Newspaper institution answered present. Mme Mercy did a presentation on what the UHC is all about and where Cameroon is regarding the implementation of this agenda, while stating the goal of the workshop which is to frame a road map to improve access to quality health care services at affordable rate to all. During this session, CSOs engaged in deliberating on the factors influencing the accessibility and affordability of health care services to all.
The activity for this day was for them to look at the UHC plan for Cameroon, evaluate what the Government and the civil society organizations have done to ameliorate primary health care service delivery in Cameroon; evaluate the short comings of the roll out strategy UHC plan in Cameroon while proposing a way forward through a Joint statement report which will be forwarded to the Government.

The following points were short-listed as a factors leading to poor primary Health care service delivery in Cameroon: Mismanagement of health funds by hospital hierarchy, discrimination and segregation among the different social classes of patient by hospital staff, corruption within the health sector, absence of passion in health care service delivery due to lack of motivation, low budget allocated to health care, and shortage of personnel.

The team suggested that in order to ameliorate primary health care service delivery in our hospitals, the Government should: revised the policy reforms binding the medical corps. This should include an increase in the monthly wages and incentives of health workers, effectuate regular monitoring and evaluating
schemes on health care providers as well as hospital authorities. Also, laws on professional ethics and penalties for defaulters should be implemented to the latter

**DISCUSSION ON UHC POLICIES IN CAMEROON AND COMMON WEALTH COUNTRIES**

In order to ameliorate health care services in Cameroon, the participants tried to revisit some articles on UHC policies in Cameroon. It is worth noting that Cameroon has got an elaborate UHC scheme which was drawn by the National Technical Group in the Year 2015; no UHC legal framework.

President Biya in one of his end of year speeches made mention of the UHC agenda which targets about 2,2million people especially pregnant women and children between the 0-5yrs age range. The agenda has as objectives to: **subsidize vaccination and health care service delivery to the minimum, ensure social security and protection to all including disabled persons, reduce inequality, poverty and hunger; use resources more efficiently, consolidate and adopt funding pools to cover for health care services and ensure quality health care services delivery and nutrition.** The UHC scheme of Cameroon has as objective to:

- Reduce global maternal mortality by 70% per hundred thousand births as well as prevent infant mortality rate by 2030
Eliminate Hunger, AIDS, tuberculosis, malaria and other neglected tropical diseases while controlling hepatitis and water borne diseases by 2030

Develop a global health financing strategy for all citizens which should be compulsory, affordable fair and efficient.

As per the 2012-2013 statistics we have noticed a decrease in the living standards in many households in Cameroon

With most households spending 70.6% of their income on Health care services of which 10.1% is apportion to catastrophic health care service delivery. The UHC agenda has as aim to consolidate and adopt Funding pools which will decrease these values to 40% and 5% respectively by the year 2030.

These schemes are not satisfactory; stake holders need to revisit the schemes by burrowing from some commonwealth countries and implementing them in the Cameroon context.

**Day 2**

It was at about 9:30 am that the activities of the day began, the team registered some new participants. After the five minutes presentation of the new participants, Mme Mercy gave a rundown of the different activities effectuated on day 1 as well as, the agenda for the day. At the end of her presentation she then gave the floor to the different groups to present their proposed recommendation which needs to be scrutinized by the entire team before forwarded to the government as a joint statement for the amelioration of primary health care service delivery in Cameroon.

Because issues on health care delivery is very sensitive, the team also brainstormed on the techniques which the Government uses in achieving quality
primary health care services throughout the national triangle. The following points were proposed:

➢ Through sensitization the community on health issues using the different routes of communication
➢ Through inclusive collaboration using CSOS and other stakeholders
➢ Addressing our educational curriculum with the incorporation of health education at all levels of the educational systems.
➢ Instituting strong monitoring and evaluation structures to enhance uphold quality of care and track progress on the roll out.

Participants were divided into three groups and each group came up with statements following their assigned tasks. These statements were presented to all, adopted or discarded (if not accepted by the majority) and then aggregated to a single statement which will be submitted to the government.

**Way forward**

➢ Thereafter, Participants were tasked to identify the various offices of the Alliance. Following this, it was requested that participants vote into office the pioneer executive members of UHCA-Cam; because it was running late, participants unanimously agreed that the exercise be effectuated on the social media group page come Saturday the 13th of December 2019.

➢ After the signing of the statement by all, the executive bureau will submit the stamen to the minister, and book an audience to discuss on the roll out of the UHC
in Cameroon and the strategies proposed by CSOs.

➢ Following details gotten from the conversation with the ministry (when information via documents are made available), another workshop will be organized for the Alliance to develop a five years strategic plan.

The workshop came to an end at about 6pm with the CEO of Value Health Africa, organizer of the UHCA-Cam workshop giving her closing remarks, as well as appreciating all who made out time to be present for this workshop. A family picture was taken by participants, after which participants retired to their different destinations.
ANNEX I: JOINT STATEMENT

Yaoundé, 19th December 2019

Ref. : N°000034/VAHA/CN/PN/2019

To the Minister of Public Health
Dr MALACHIE MANAOUDA
Yaounde - Cameroon

H.E. Minister of Public Health,

It is an honour to deliver this statement on behalf of thirty representatives from 24 civil society organizations (CSOs) who converged for a two-day collaborative and advocacy workshop on the 11th and 12th of December 2019, aimed at fostering the realization of the Universal Health Coverage (UHC) Agenda in Cameroon. Mr Minister, we will like to thank your leadership and the government of Cameroon for committing herself to the UHC declaration as this demonstrates a strong political will in improving the health and wellbeing of the 23million inhabitants of Cameroon. As civil society organizations, we believe that the implementation of this Political Declaration will be a major contribution to a Cameroon in which every person’s right to health is protected. However, as CSOs we have examined a few gaps and have made proposals which we believe if implemented, will speed up the implementation of this agenda:

1. **Availability of information to all:** We would recommend that all information on the progress of UHC in Cameroon including UHC implementation plans, policies, strategies and structure be made available online as this will facilitate progress tracking by all stakeholders.

2. **Improving primary health care service delivery:** Stepping up the budget for healthcare services (15% as stated by the Abuja declaration).
3. We also recommend the motivation of doctors serving in remote communities by prioritising them for national and international scholarships as this will serve as a motivation for others to take up duties when deployed to such areas.

4. **Urgent package for internally displaced pregnant women:** Many displaced pregnant women have lost their lives because of lack of financial means to access healthcare. It will be amazing if your office can look at a mechanism of setting up a coverage scheme for all displaced persons starting with pregnant women and children below the age of 5.

5. **Setting up an external body**: create a separate body headed by CSOs to monitor and evaluate the implementation process and progress of the UHC agenda especially at the community levels.

6. **Set up anti-corruption structures at ports of entries to reduce illicit drugs trade**: a control structure should be stationed at every port of entry to monitor, control and scan to confirm quality of drugs entering the country. There should also be medical personnel to ensure that entry of such drugs is prohibited.

7. **Decentralization of health services**: During the implementation of the decentralisation agenda, primary health care should be of high priority; giving regions the autonomy to source for medications and funding. Also, communities should be given some rights to mobilize and construct roads, bridges etc leading to hospitals to ensure access to health facilities.

8. **Mandatory health insurance scheme at birth**: An obligatory mechanism should be put in place for parents to save for their children's healthcare. An example could be the deduction of an insignificant percentage of every airtime loaded to carter for health through partnership with telecommunication networks.

9. **Integrate health education into the school curriculum**: Primary, secondary and high schools should have at least a course on primary healthcare to enable them get basic knowledge on communicable and non-communicable diseases, sexual education and rights to health. The drawing up of the content of this course should involve all stakeholders including parents and CSOs.

10. **Include medical law as a program in the university**: this will go a long way to build young professionals who will keep the system to check and fish out culprits of malpractices in the health sector.
We will be glad if you can take a look at the above points and give us feedback on the outcome. To this regard the executive will like to book a physical audience with you to understand the progress made by our government to enable us speed up the implementation of the UHC in Cameroon.

- Attached are the names and signatures of all the organizations who came up with this statement:
ANNEX II: UNIVERSAL HEALTH COVERAGE ALLIANCE
CAMEROON CSOs LOGOS
## ANNEX III: AGENDA

**UHC Advocacy and collaborative workshop**  
**11th to 12th December 2019, Yaoundé**

### AGENDA

#### DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda item</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>0800-0830</td>
<td>Registration</td>
<td>Value Health Africa</td>
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<tr>
<td>0830-0900</td>
<td>Introductions</td>
<td>Value Health Africa</td>
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<tr>
<td>0900-0915</td>
<td>Welcome and opening remarks</td>
<td>Value Health Africa</td>
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<tr>
<td>0915-0930</td>
<td>Training objectives/Expected outcomes</td>
<td>Kyeng Mercy</td>
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<tr>
<td>0930-1000</td>
<td>• Definition of UHC;</td>
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<td></td>
<td>• Benefits of UHC;</td>
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<td></td>
<td>• Monitoring of UHC goals; and</td>
<td></td>
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<tr>
<td></td>
<td>Addressing gender and social exclusion</td>
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<tr>
<td>1000-1030</td>
<td>Tea break</td>
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<tr>
<td>1030-1100</td>
<td>• Importance of multisectoral dimensions of the SDGs, UHC, PHC revitalization;</td>
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<tr>
<td>1100-1145</td>
<td>Current status of UHC in the country and any progress</td>
<td>Eugene Foyeth/MOH</td>
</tr>
<tr>
<td>1145-1215</td>
<td>List of information or research on UHC /Scope in Cameroon</td>
<td>Group work</td>
</tr>
<tr>
<td>1215-1300</td>
<td>Identify and list policies and plans on UHC in Cameroon</td>
<td>Group work</td>
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<tr>
<td>1300-1400</td>
<td>Lunch</td>
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<tr>
<td>1400-1445</td>
<td>Identify UHC polices and plans from other Commonwealth countries which you could adapt</td>
<td>Group work</td>
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<tr>
<td>1445-1545</td>
<td>Discuss the adequacy of UHC policies and plans, including linkages with national development plans (NDPs), national health plan (NHP) and national health strategic plan (NHSP)</td>
<td>Group work</td>
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<tr>
<td>1545-1600</td>
<td>Tea Break</td>
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<tr>
<td>1600-1700</td>
<td>Development of a joint statement on UHC</td>
<td>All</td>
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<td></td>
<td>Wrap up of the day</td>
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ANNEX IV: DRAFT FRAMEWORK

BACKGROUND

The UHC Alliance Cameroon (UHCA-CAM, is envisaged to be a strong tool and medium for advocating for the implementation of UHC in Cameroon.

UHCA-CAM recognizes:

- Collaboration doesn’t in anyway replace or decrease organization’s autonomy in sourcing funds or implementing UHC projects.
- Collaborating is a complex and resource consuming activity which requires sound riskmanagement.
- No one model of collaboration will fit the needs of each team. Effective collaboration may take different forms for different purposes and each collaborative team must develop a model of operation to suit its purpose.
- Collaboration is inspirational. It develops from relationships of trust, mutual respect and negotiated reciprocity.
- While it is people who collaborate, high level organizational commitment to collaborate is an essential starting point.
- Understanding the complexities of collaboration and applying the key elements involved in collaboration increases the likelihood of achieving shared goals and outcomes.

The scope of collaboration for this discussion has three main dimensions:
Across a variety of organizational forms;
Across many relevant knowledge domains and disciplines;
and across the triangle of stakeholders in health care delivery, research, advocacy
and policy development

All three dimensions are relevant for the governance and successful performance of the
UHCA-CAM. UHCA-CAM is itself a mix of diverse member organisations and individuals
and must operate as such.

**Collaboration**

In the context of the UHCA-CAM mission, collaboration is seen as the key to
identifying and tackling important and complex problems around Access to primary
health care and the UHC agenda that have resisted solutions. On the basis of both
experience and intuition, it is assumed that these key problems can best be addressed
by sharing strategic thinking, research design and findings, and practical insights
arising from program delivery and review. This process should generate innovation,
fresh research, and better targeted programs or interventions that will have optimal
impact on the key problems.

**Collaborative Teams**

The UHCA-CAM multidisciplinary cross sector teams will be drawn together from
across:

- Organizational forms
- Relevant knowledge domains and disciplines
- Pentagon of stakeholders
- Each team will work on a specific UHCA-CAM work program objective and once
  the objective is achieved the team will be dissolved. The work of the teams will
  be branded an UHCA-CAM activity and all outputs will reside with UHC-CAM
  who will make them publicly and freely available in keeping with its mission.
- Teams will operate with an investment from the collaborating organizations and
external funding. UHCA-CAM will provide seed funding and team experts will develop projects for funding.

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Team composition will be determined through a transparent process in keeping with the values of UHCA-CAM to be open in its decision making and its commitment to advancing the UHC agenda in Cameroon.

**MISSION OF UHCA-Cam**

To coordinate efforts towards the, realization of the Universal Health Coverage agenda in Cameroon.
GOAL

• Advocate and improve on policy reforms on primary health care systems in Cameroon as a roadmap towards the realization of UHC by 2035.

• Engage CSOs, stake holders and the local population in a joint action towards the fostering of the UHC agenda in Cameroon.

VISION

• A Cameroon wherein everyone can access quality health care without fear of financial hardship.

OBJECTIVES

➢ To advocate for an increase in health investment budget that will carter for the promotion of health care services in Cameroon.

➢ To improve quality health care services, good performance and accountability by promoting /ensuring equity and equality within all health care service centers irrespective of the social class by enhancing community participation.

➢ To act as an intermediary between stake holders and the local communities for better health care services by monitoring the implementation of the UHC-plan in Cameroon.

Projected IMPACT

➢ UHCA-Cam will influence policies and processes that will improve on the Health budget as stipulated by the Abuja declaration by the year 2035.

➢ By 2035 UHCA-CAM would ensure accessibility, equity and equality in health care service delivery within all the local communities in Cameroon.

➢ UHCA-Cam will ensure 100% vaccination coverage for children below 5 years while ensuring for the reduction in the maternal mortality rate by 529 per hundred thousand by the year 2030.

LEADERSHIP

It will be made up of two bureaus; the Executive Bureau and the Advisory Bureau.
THE ADVISORY COMMITTEE

This committee will constitute persons from the external body that is, representatives from Civil society organizations (the UHC program officer in WHO, UN women, UNICEF, UNFPA, AU, OCHA), community leaders, Health care workers, legal mind and UHC experts. Members of the advisory bureau will ensure that the documents of UHCA are up to date, oversee the activities of UHCA, link the UHCA to funders, carry out trimester or annual Monitoring and Evaluation on the executive bureau and the UHCA activities. They can also develop policies and propose projects for the executive bureau.

THE EXECUTIVE BUREAU

This bureau will constitute of elected members of the alliance representing their Associations. Members will be elected into office based on their competence, availability and reliability to in executing a particular function. This Bureau will have the following offices:

President or National Coordinator

The president is the general overseer and ensures for the smooth running of the different programs of the Alliance. He/she is responsible for the conveyance of virtual and physical meetings of the Alliance, review national and international policies related to the UHC plan, mobilize resources and opportunities in order to build the capacities of the different stake holders of the alliance and finally he should be capable of conceiving programs and projects for implementation collaborate with stake holders to ensure that the UHCA goal is realized.

Secretary General

This post should be handled by a highly organized person who keeps records of every detail. He or she should be perfect in at least one of the National Languages spoken in Cameroon. He/she must have a good mastery of some computer software programs. His duty is to handle the general clerical works of the Alliance. His job will be to ensure the appropriate documentation of all paper works and reports of the Alliance, draft out Partnership and sponsorship letters, ensure donor reporting and finally prepare and present quarterly and annual reports.
**Treasurer**

The person elected into this post of office must have a little knowledge in accounting. It must be someone trustworthy, honest, reliable and open. He must be able to keep, justify and prepare all financial reports for the alliance. He controls the account of the alliance and disburses funds for the different projects to be executed by the alliance.

**Financial Secretary**

This office should be occupied by an honest and trustworthy person. He prepares the financial statement of the Alliance,

Manages the assets and money of the associations, draws up a balance sheet and budget for every project as well as propose strategies for the Alliance to prevent any financial crisis

**Project /Grants officer**

It is someone who designs projects for funding mobilizes funds and resources for the alliance, coordinate the implementation and execution of projects within a given time frame as well as link the alliance to donors and sponsors.

**Membership engagement officer**

He or she will have to develop membership strategy, ensure that the constitution and by-laws of the alliance are fully respected and finally, develop a procedure for the recruitment of members as well as distribute tasks to members for execution.

**Communication officer or Public relations officer**

The elected person into this post of office must be dynamic and fluent. He or she must have a good networking strategy and as well as a good communication skills. His role will be to develop internal and external communication policy, link the organization to stake holders and partner organizations, market the image of the Alliance, manage the on and offline media presentation of UHCA-Cam.
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<th>Participating Organisation</th>
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<tr>
<td>✓ Value Health Africa (VAHA)</td>
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<td>✓ Yes Health Foundation (YHF)</td>
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<td>✓ HOSPIMOBILE</td>
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<td>✓ Aid Without Borders</td>
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<td>✓ Our Health Foundation</td>
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<td>✓ Grace Paradise Elderly Foundation</td>
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<td>✓ Women For a Change Cameroon</td>
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<td>✓ Organization for Health in Sustainable Development (OHISD)</td>
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<td>✓ Innovative Platform for Sustainable Agriculture</td>
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<td>✓ Academic and Career Development Initiative Cameroon (ACADI)</td>
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<td>✓ African Justice for Health and Peace Academy</td>
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<td>✓ Open Dreams (OD)</td>
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<td>✓ Rural Development Foundation (RDF)</td>
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<td>✓ The IYA Foundation (TIF)</td>
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<td>✓ Association for the Welfare of Women and Indigenous People (ASOWWIP)</td>
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<td>✓ Denis Miki Foundation</td>
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<td>✓ Stars from Scars Africa</td>
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<td>✓ Cameroon Medical Women Association</td>
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<td>✓ Regional Technical Group-6-HIV/AIDS</td>
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<td>✓ GLOCARE</td>
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<tr>
<td>✓ Media Organs/ Freelance Journalist</td>
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<td>✓ MINSANTE</td>
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