# VALUE HEALTH AFRICA Half-Yearly Activity Report


**Reporting period:** January to August, 2025
**Location:** Douala, Yaounde, Bafoussam, Buea
**Report Date:** October 5th, 2025
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Value Health Africa

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# 1. Executive Summary

This half-yearly report summarizes the strategic public health interventions, community mobilization efforts, capacity-building initiatives, and advocacy campaigns carried out between January and June 2025. The activities focused primarily on **Non-Communicable Diseases (NCDs)**, **nutrition**, **gender-based violence**, and **institutional collaboration**.

Key field campaigns reached **over 2,759 community members** through health sensitization, while over **100 individuals** were screened for liver-related diseases. On the advocacy and capacity-building front, multiple **national workshops and conferences** brought together **over 150 professionals, educators, and CSOs** to address health taxes, cancer care, and GBV policy reform.

This report provides an in-depth overview of these activities, categorized by theme and assessed across performance metrics.

# 2. Key Achievements

- Reached **2,759 individuals** through grassroots health education campaigns in 8+ locations across the Littoral region.
- Trained **28 community health workers** and screened **70 people** for NASH, hypertension, and blood sugar issues.
- Coordinated national **conferences and workshops** with over **150 stakeholders**, focusing on early cancer screening, health taxation, and nutrition education.
- Strengthened **inter-CSO coordination** and advocacy through coalition-building meetings and technical training.
- Advanced the national discourse on **gender-based violence** and **feminicide**, leading to a draft GBV bill proposal.

# 3. PROGRAM AREAS COVERED

## 3.1 Field Activity

**A. International Fatty Liver Day (June 28, 2025 – Bafoussam)**:

As part of global efforts to raise awareness on **Non-Alcoholic Steatohepatitis (NASH)**, VAHA organized a community health event in Bafoussam. Over **100 community members** were sensitized, and **28 community health workers** received training on liver health. Objective of the event, raise awareness and provide free NASH screening in partnership with Global Liver Institute.

***Activities:***

- Educational session on NASH prevention and management
- Screening for hypertension and blood sugar
- Distribution of bilingual educational materials

## *Screening Summary:*

| Category | Number Screened | Hypertension Cases | High Blood Sugar Cases | Age Range |
|---|---|---|---|---|
| Men | 30 | 4 | 3 | 25–60 yrs |
| Women | 90 | 5 | 4 | 20–65 yrs |
| Adolescents | 26 | 1 | 1 | 12–19 yrs |
| Children | 0 | 0 | 0 | – |
| Pregnant Women | 5 | 0 | 0 | 22–35 yrs |
| **Total Screened** | **70** | **10** | **8** | 12–65 yrs |

***Note: Not all participants received both tests. 40 had BP checks; 30 had blood sugar tests***.

### Community Health Worker capacity building

| Activity | Details |
|---|---|
| Health Workers Trained | 28 |
| Educational Session Duration | 2 hours |
| General Public Sensitized | Over 100 people |
| Pamphlets Distributed | 30 (English & French) |
| T-Shirts Distributed | 8 |
| Total Educational Materials Shared | 38 |

**B. Community Campaign – "Healthy Food Choices Matter" (July 27 – August 22, 2025)**

Between July and August 2025, a health awareness campaign was carried out in the Littoral region to promote healthy eating and raise awareness about the dangers of ultra-processed foods. The campaign directly reached **2,759 people** across **12 key locations**, including schools, churches, community centers, and homes. Activities targeted a diverse audience: youth, parents, teachers, internally displaced persons, and religious leaders.

Key messages focused on the differences between healthy and unhealthy diets, health risks such as diabetes and heart disease, the role of taxation in regulating junk food, and practical solutions like home gardening and physical activity. The campaign was supported by a nutritionist and a member of parliament, which strengthened message credibility.

Despite weather disruptions, material shortages, and occasional institutional refusals, the team adapted effectively—using covered spaces, translating materials on the spot, and engaging audiences in informal moments. Key lessons learned include the need for bilingual materials, proactive authorization processes, and short, impactful messaging tailored to each context.

**Participation overview**

| Date | Location/Event | Participants | Flyer Language |
|---|---|---|---|
| 27/07/2025 | Collège Notre Dame des Nations (Douala) | 1,200 | French |
| 28/07–03/08 | Cité des Palmiers, Mabanda, Home Visits | 449 | French & English |
| 09/08/2025 | PK5 (Bus agencies) | 0 | — (activity cancelled) |
| 10/08/2025 | Paroisse St Jean-Marie Vianney | 241 | French & English |
| 16/08/2025 | JCI Cameroon (Youth Leaders) | 20 | French |
| 17/08/2025 | Shiloh Tabernacle Ministry (Dibonbari) | 564 | English |
| 20/08/2025 | King David College (Parents & Students) | 185 | French |
| 21/08/2025 | New Hope College (Teachers' Assembly) | 60 | French |
| **Total** | — | **2,719** | — |

**Total sensitized (all locations combined):** 2,759 people

The campaign demonstrated strong community engagement and laid a solid foundation for ongoing awareness efforts aimed at protecting public health through informed food choices and policy advocacy.

## 3.2 TRAININGS, WORKSHOPS, AND CONFERENCES

Throughout the reporting period, significant efforts were made to strengthen capacity among key stakeholders and amplify advocacy through targeted trainings, national conferences, and collaborative workshops. These events not only provided technical knowledge but also fostered multisectoral alliances crucial for long-term public health transformation in Cameroon.

## A. National Cancer Conference (August 14, 2025 – Yaoundé)

The 2025 National Cancer Conference brought together **55 participants**, including health professionals, cancer survivors, youth leaders, and civil society, to confront Cameroon's cancer crisis. With **15,700 new cases** and **10,500 deaths** recorded in **2022**, the conference emphasized the urgent need for **early screening** and **equity in care**.

Discussions highlighted key barriers such as poor screening infrastructure (e.g., only **3.5% cervical cancer screening coverage**), cultural stigma, and financial hardship. Innovations like the **C3UC3 program** (distributing **HPV self-sampling kits**) were praised for reaching underserved populations. Testimonies from survivors further stressed the life-saving role of early detection.

### Summary Table: Key Statistics & Outcomes

| Category | Details / Statistics |
|---|---|
| **New Cancer Cases (2022)** | 15,700 |
| **Cancer Deaths (2022)** | 10,500 |
| **Conference Participants** | 55 (health workers, survivors, civil society) |
| **Cervical Cancer Screening Rate** | 3.5% |
| **Innovative Program Highlighted** | C3UC3 – HPV self-sampling kits in communities |
| **Key Gaps Identified** | Limited screening, cultural stigma, poverty |
| **Top Recommendations** | UHC integration, national registry, digital tools |
| **Next Conference** | 2026, Douala |

Key recommendations included integrating cancer care into **Universal Health Coverage**, creating a **national cancer registry**, training **community and faith leaders**, and leveraging **digital tools** for outreach.

The event closed with a **multi-sectoral call to action** for stronger collaboration and sustained advocacy, with plans underway for the 2026 edition in **Douala**.


## B. CBOs and implementing partners' Coordination Partner Coordination Meeting

The coordination meeting held on **May 14, 2025**, at the **Delegation of Public Health** brought together CBOs and implementing partners to align on collaboration procedures for public health projects. Discussions emphasized that all CBOs must obtain formal **collaboration letters** and **authorization** from the Delegation before initiating any project activities. Projects must involve the Delegation from the conception phase to ensure alignment with national priorities.

CBOs were instructed to consult the **national strategic plan template** and submit full technical documentation early, with a **1–2 week timeline** for approvals. It was agreed that **quarterly coordination meetings** will be held and that CBOs working in the same areas should consider **joint implementation** to maximize efficiency. Stronger communication and planning were highlighted as essential for effective public health interventions.

## C. Civil Society Organizations (CSOs) Engagement Workshop on the Taxation of Sugar-Sweetened Beverages (SSBs) and Other Ultra-Processed Products (UPPs) (June 2, 2025 – Yaoundé)

On **June 2, 2025**, Yaoundé hosted a pivotal national workshop on the taxation of Sugar-Sweetened Beverages (SSBs) and Ultra-Processed Products (UPPs), bringing together over 40 civil society organizations, researchers, and health professionals. The event, facilitated by the CSO Coalition for Healthy Diets and supported by the Global Health Advocacy Incubator (GHAI), was a critical moment in building national consensus on health taxation as a public policy tool. Participants examined the staggering toll of non-communicable diseases (NCDs) in low- and middle-income countries like Cameroon and explored how targeted fiscal policies could both reduce consumption and generate revenue. Interactive sessions covered strategies for countering industry interference using the RIIMROP monitoring platform, designing evidence-based messaging, and mobilizing public and political support. The workshop concluded with a unified civil society commitment to press for the implementation of health taxes by September 2025.

### Key Statistics from the CSO Engagement Workshop on SSB & UPP Taxation

| Statistic | Value | Context / Notes |
|---|---|---|
| Global deaths caused by non-communicable diseases (NCDs) | **71%** of total global deaths | Highlights the global burden of NCDs. |
| NCD deaths in low- and middle-income countries | **77%** of NCD deaths | Emphasizes the disproportionate impact on countries like Cameroon. |
| Premature NCD-related deaths per year globally | **17 million** people | Reflects urgency in prevention strategies, including fiscal policy interventions. |
| Number of participating organizations and individuals | **40+** CSOs and professionals | Reflects the national and collaborative scope of the workshop. |
| Deadline for targeted fiscal policy implementation | **September 2025** | Timeline set for policy advocacy goals. |



**C. Training of Health Educators for the Promotion of Healthy Diets in Cameroon (17th to 19th july, 2025)**

The CSO Coalition for Healthy Diets and RADA, with support from the Global Health Advocacy Incubator (GHAI), organized a national workshop to train health educators on promoting healthy diets and supporting advocacy for taxes on sugar-sweetened beverages (SSBs) and ultra-processed foods (UPFs). The training responded to the growing burden of non-communicable diseases (NCDs), which account for 71% of global deaths and heavily impact low- and middle-income countries like Cameroon.

Educators learned about the economic potential of health taxes, with estimates showing millions in revenue that could fund nutrition and health programs. Participants also received practical skills in nutrition education, community outreach, and strategic communication. The training concluded with the development of regional action plans aiming to reach 3 million people by October 2025, supported by targeted messaging and educational campaigns.

**Key Statistics from the Workshop**

| Statistic | Value | Context / Notes |
|---|---|---|
| Global deaths caused by NCDs | **71%** of global deaths | Emphasizes the global health burden. |
| Potential revenue from a 30% tax on SSBs | **$118 million** | Economic impact of moderate taxation on sugary drinks. |
| Potential revenue from a 40% tax on SSBs | **$355 million+** | Shows significant revenue potential from higher taxes. |

| | | |
|---|---|---|
| Potential revenue from a tax on UPFs | **$8.6 million** | Highlights the benefit of expanding taxes to include ultra-processed foods. |
| Planned campaign reach by October 2025 | **3 million** people | Scale of public education effort across regions. |
| Duration of action plans | **12 weeks** | Structured outreach period post-training. |
| Workshop dates | **July 17–19, 2025** | Duration of training in Yaoundé. |
| Number of regions targeted | **Nationwide** | Implication from regional action plans and outreach strategy. |

**D. Cameroon NCD Alliance Empowers Civil Society Organizations Through Capacity Building Workshop**

From August 11–12, 2025, the Cameroon NCD Alliance (CNCDA) hosted a two-day capacity-building workshop in Douala aimed at empowering civil society organizations (CSOs) engaged in the fight against non-communicable diseases (NCDs). Under the theme *"Building Capacity for Impact: Awareness, Advocacy, Access, and Accountability,"* the event focused on strengthening advocacy, policy engagement, and fundraising skills.

Day 1 introduced participants to CNCDA's mission and strategic pillars, followed by sessions on policy advocacy and grant writing, led by CNCDA Secretary General, Mr. Ferdinant M. Sonyuy. These sessions emphasized storytelling in advocacy and best practices for grant proposals.

Day 2 focused on campaign planning and execution, with Ms. Merveille Danielle guiding participants through practical tools and strategies for collaborative campaigns. The workshop concluded with high participant engagement and a call to action to join CNCDA and apply the skills learned to drive meaningful change in NCD prevention and care.


## 3.3 ADVOCACY

**Forum on the Revision of Public Policies Regarding the Status of Women in Cameroon**
**Official Report – June 20, 2025 | National Assembly, Yaoundé**

In response to the alarming rise in gender-based violence (GBV) and feminicides in Cameroon, the National Assembly, in partnership with the collective STOP FÉMINICIDES 237, convened a critical forum to assess the current situation, identify gaps in existing public policies, and propose actionable reforms. This initiative aligns with Cameroon's international commitments, including CEDAW, the Maputo Protocol, and the Sustainable Development Goal 5 on gender equality.

The forum aimed to provide a comprehensive overview of violence against women and girls, highlight legal and institutional weaknesses, and recommend concrete measures to enhance national responses to feminicides. Key presentations revealed that over 70 feminicides were recorded in 2024, predominantly in urban areas like Yaoundé and Douala, with the most vulnerable groups including women, girls, internally displaced persons, and persons with disabilities.

A critical legal analysis underscored the absence of specific legislation criminalizing feminicides and highlighted procedural inefficiencies and inadequate sanctions. The forum called for a structural, multisectoral reform involving justice, social services, and economic empowerment of survivors.

The forum concluded with unanimous adoption of resolutions advocating for a dedicated law on GBV and feminicides, recognition of feminicide as a distinct crime with harsher penalties, establishment of a national feminicide registry, enhanced training for justice and social actors, and dedicated funding for survivor support and prevention. The collective STOP FÉMINICIDES 237 will oversee the follow-up and collaborate with parliamentary services to draft and submit the proposed law to the National Assembly.

This forum marks a pivotal step towards a coordinated, robust national strategy to eradicate feminicides and protect the rights of women and girls in Cameroon.

**Key Statistics Table**

| Indicator | Statistic (2024) | Remarks |
|---|---|---|
| Number of feminicides recorded | 70+ | Predominantly in urban areas and crisis zones |
| Most affected groups | Women, girls, internally displaced, persons with disabilities | High vulnerability identified |
| Legal recognition of feminicide | Not recognized as a distinct crime | No specific legal framework in Penal Code |
| Sanctions for domestic violence and feminicide | Weak and inconsistent | Mediation often preferred, even in severe cases |
| Geographic concentration of cases | Yaoundé, Douala, and crisis zones | Urban and conflict-affected areas most impacted |
| Funding for specialized GBV services | Insufficient and urban-centered | Need for sustainable and widespread funding |
| Coordination among institutions | Fragmented | Lack of interinstitutional collaboration |

## 4. Challenges Faced

### *Health Campaigns and Field Activities*

The health campaigns faced numerous obstacles that tested the teams' resilience. Unpredictable weather often disrupted field operations, making it difficult to maintain consistent outreach. Logistical challenges, such as restricted access to remote or difficult-to-reach locations, further complicated efforts and drove up operational costs. Staffing shortages, especially a lack of medical personnel during critical periods, limited the ability to deliver timely health screenings when they were most needed. Compounding these issues were language barriers; many participants were unable to fully engage because materials were not available in bilingual or local languages. Additionally, deeply rooted cultural habits around diet created resistance to adopting healthier behaviors, slowing the impact of health promotion messages.

### *Institutional and Advocacy Campaigns*

Institutional campaigns faced significant hurdles in promoting healthier policies and systemic change. Coordination across sectors was often inadequate, resulting in disjointed efforts and missed opportunities for collaborative action. Legal frameworks were insufficient, lacking specific protections and enforcement mechanisms necessary to uphold progress. The advocacy landscape was further complicated by interference from influential industry players who resisted regulation and policy reforms. Civil society organizations, although active, were fragmented and struggled to present a cohesive front, which weakened the momentum of campaigns advocating for healthier environments and stronger protections.

### *Gender-Based Violence (GBV) Initiatives*

Efforts to address gender-based violence encountered profound social and institutional barriers. The stigma surrounding GBV remained deeply entrenched in communities, making it difficult for survivors to come forward and access support. This social resistance slowed the acceptance of health and protection messages designed to empower survivors and promote awareness. On the institutional level, the absence of specific legal protections, such as laws criminalizing feminicide, severely limited the effectiveness of response mechanisms. Coordination among relevant sectors was weak, leading to fragmented and inefficient interventions. Advocacy efforts aimed at changing policies struggled against the influence of powerful industry actors and the lack of a unified civil society voice, which diluted the overall impact of campaigns designed to protect survivors and promote justice.

## 5. Lessons Learned

### *Health Campaigns and Field Activities*

Preparation was key—early authorizations and culturally adapted, bilingual materials improved outreach. When challenges arose, flexible responses like oral translations and quick budget shifts helped teams stay on track. Training and adequate staffing boosted

service delivery, while messaging in local languages and real-life stories built community trust.

### *Institutional and Advocacy Campaigns*

Policy change efforts succeeded when backed by solid evidence, strong alliances, and consistent messaging. Monitoring tools helped campaigns stay focused, even amid resistance. Integrating prevention—like gender equality education in schools—was identified as essential for shifting long-term social norms and building healthier, more equitable communities.

### *Gender-Based Violence (GBV) Initiatives*

Effective GBV work required trust and sensitivity. Messages grounded in local realities helped reduce stigma and foster openness. Multisectoral collaboration—with legal, health, and social actors—was vital, but needed clear protocols and capacity building. Stronger advocacy using data, coalitions, and survivor voices helped push for legal reform.

## 6. Conclusion

During the first half of 2025, Value Health Africa (VAHA) made notable progress in advancing public health across Cameroon, focusing on non-communicable diseases, nutrition, and gender-based violence. Through field campaigns, trainings, and national conferences, VAHA reached over 2,700 community members and engaged more than 150 key stakeholders. Key achievements included training community health workers, health screenings, and contributing to critical policy efforts such as the draft GBV bill and SSB tax advocacy. Despite challenges, VAHA showed resilience and innovation, positioning itself to expand its impact through continued collaboration, policy engagement, and inclusive, evidence-based strategies.