

## VALUE HEALTH AFRICA ACTIVITY/MISSION REPORT

### VAHA MONTHLY REPORT

#### **WORKSHOP ON THE JOINED OPERATIONAL REVIEW BY THE WHO**

**SUBMITTED BY:** DJOMATCHOUA Synthia,

**DATE:** Sunday 7<sup>th</sup> May 2023

**MONTH:** May

**MISSION TEAM:** DJOMATCHOUA Synthia, ADE Sebastian

**ACTIVITY TITLE:** Monthly report for May, Center

**Report Control by:** Mme ONGLA Diane

#### **OBJECTIVES OF ACTIVITY:**

**General Objective:** Contribute to the amelioration and establishment of a sustainable strategic response plan to emergency situations in Cameroon.

#### **Specific objectives**

- Jointly analyze the actions undertaken during the WHO humanitarian response;
- Identify the activities planned for 2022 that have been carried out and highlight good practices;
- Identify the activities planned for 2022 that have not been carried out and investigate the causes;
- Develop perspectives/lines to follow for the 2023 plan

#### **METHODOLOGY**

- Masterful presentations by national and international facilitators
- Exchanges and discussions.
- Work groups and plenary feedback.

#### **BACKGROUND:**

Cameroon faces multiple crises such as sub-national violence, COVID-19 pandemic, cholera, Marburg outbreak, acute food insecurity and circulating vaccine-derived poliovirus type 2 (cVDPV2). The country continues to face challenges in its capacity to respond to emergencies. The compounding effect of multiple emergencies continues to undermine the health system's capacity to respond to health needs adequately.

Cameroon continues to suffer and manage the humanitarian and health consequences of the security crises that have lasted for more than 8 years and which affects 7 of the 10 regions of the country. According to statistics published by UNHCR in April 2023, the country has 1,013,568 internally displaced persons, 479,805 refugees and 557,886 returnees. The country is experiencing three major humanitarian crises, namely:

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- The Lake Chad Basin crisis marked by attacks by Boko Haram and Islamic State groups causing injuries and population displacements.
- The North-West and South-West crisis marked by attacks by non-State armed groups which are in confrontation with the regular army which tracks down the assailants.

The humanitarian crisis linked to the influx of Central African refugees in the Eastern Regions, Adamaoua and North.

- Cameroon is also facing many epidemics such as COVID-19, Cholera, Yellow Fever, Meningitis, Measles and Monkey Pox.



## **KEY ACTIVITIES CONDUCTED**

- **Activity 1:** Opening ceremony
- **Activity 2:** workshop presentation
- **Activity 3:** Presentation of various data collected from the operations of different organisations/partners
- **Activity4:** Group works, restitutions and recommendations

## **BRIEF DESCRIPTION OF EACH ACTIVITY**

### **Activity 1: Opening ceremony**

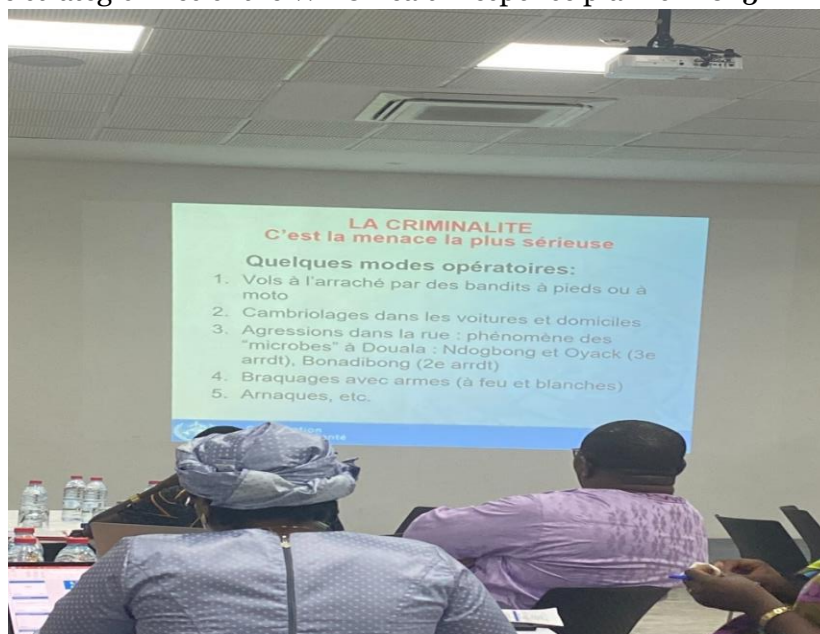
The workshop took off with welcoming words and greetings from the WHO, which was followed by the presentation of the various participants that is their names, post and institution. We followed by a briefing on the security measures in which it was precised that criminality is the major risk in the town of Douala. Some security recommendations were given at the end.

### **Activity 2: Workshop presentation.**

After the opening session, the presentation of the 3-day workshop guidelines was given in which they presented to us a review of what has been done, the objectives of the workshop and the awaited results.

In sum, Cameroon is among the countries in the World which faces a lot of humanitarian risk and emergency situations demonstrated by the raising refugee volume, natural hazards, transport accidents, security instability and more as demonstrated by the latter STAR tool analysis. At the end of this workshop the expected results are as follows

- Understanding and appreciation of actions taken during the WHO humanitarian response;
- Identification of best practices and documentation of lessons learned during the response;
- Identification of new flights to follow by area for the 2023 plan;
- Development of the strategic lines of the WHO health response plan for 2023



## **Activity 3: : Presentation of various data collected from the operations of different organisations/partners**

### **I. Presentation of OCHA: Humanitarian Programming Cycle (HPC) and Joint Intersectoral Analysis Framework (JIAF)**

In this presentation, it appeared that 4.7 million people are in need of assistance in Cameroon (data classified by sex, age and types of crises). However, only 2.7 million have been identified to benefit from humanitarian aid. We also remember that humanitarian programming is done by assessing the needs of populations, then preparation, followed by implementation, after which comes an evaluation and an operational review and the cycle begins again. Tools to support HPC are mainly 5W; in addition, the relief web/Humanitarian Action site provides access to humanitarian information.

### **II. Presentation of OCHA: Presentation of Momentum activities within the framework of the Nexus**

We note in this section that Nexus is an approach that aims to establish synergies in the planning and implementation of humanitarian programs in order to ensure sustainability and ownership by the populations. In general, humanitarian crises are protection crises and in Cameroon, Nexus is essentially focused on humanitarian, development and peace. Nexus Cameroon implementation areas.

### **III. Presentation of the COUSP: management of health emergencies in Cameroon 2021-2022, interventions, challenges and prospects**

6 points were the subject of the presentation on the management of health emergencies in Cameroon. These included points on COVID-19, Cholera, Marburg Virus Disease. Meningitis, Monkey pox, USP Forum. For each point, the presenter brought out the chronology of the highlights of the year 2022 to 2023, the overall situation in Cameroon, the evolution of the epidemic curve, the key interventions carried out, the challenges and the perspectives

#### **Interventions**

- Holding of 03 press briefings (May, July, October) extended to other ongoing epidemics in Cameroon
- Training of 39 staff in genomic sequencing and 12 staff in
- bioinformatics
- Extension of genomic surveillance to PSFs
- Revision of the PEC protocol with addition of new molecules
- (TOCILIZUMAB, MOLNUPIRAVIR/RITONAVIR) awaiting validation
- Rehabilitation of 27 intensive care units in 3 regions (CE, NW, SW)
- Implementation of an interoperability tool for laboratory data platforms with DHIS2 (Middleware)
- 02 national campaigns to intensify vaccination against COVID-19

#### **Challenges**

- Coordination of interventions and resources of technical and financial partners, and other sectors

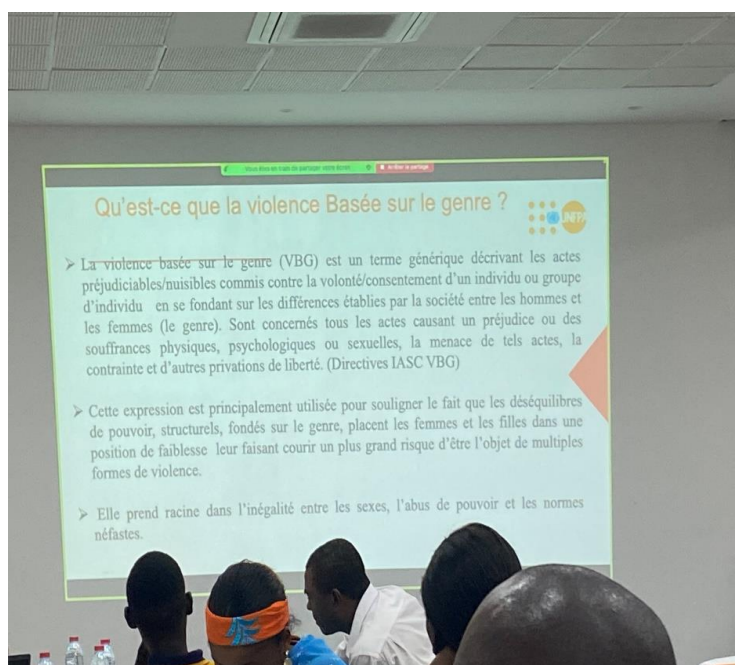
- Insufficient structures with an intensive care unit (35/69)
- Maintenance of acquired equipment
- Secure transport of PSF samples for genomic monitoring
- Systematic screening in health facilities

## Outlook/Perspectives

- Extension of genomic monitoring to other MAPEs (cholera, meningitis, malaria, dengue fever, AMR, etc.)
- Implementation of an efficient sample transport system for genomic monitoring
- Dissemination of the new PEC protocol for COVID-19
- Integrate Covid-19 vaccination into the routine program with a concentration of operations on people at risk
- Finalize the interoperability process of laboratory platforms and DHIS2.

## IV. Presentation of UNFPA on Genda Base Violence (GBV)

GBV is an umbrella term describing harmful acts committed against the will/consent of an individual or group of individuals based on the socially established differences between men and women (gender). This includes all acts causing physical, psychological or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty.



## Activity4: Group works, restitutions and recommendations



The participants were placed in different groups irrespective of their background and formed 4 different groups representing Human health, animal health

- The first session consists of identifying the most probable risks on the list, ranking them and prioritize using the Template.

CANVAS GROUPES DE TRAVAIL					
N	Type de risque	Risque spécifique	Regions/ Districts à risques	Echelle de survenue (Probabilité 1-5): 1- Très peu probable, 2- Peu probable, 3- Moyennement probable, 4- Probable, 5- Très probable	Population à risque/ Vulnérabilité (e.g PDIs, population hôte, femmes enceinte, enfants moins de 5 ans )
1	Climate hazards (Lists)	Inondation	Bamako		4 (DPIs in Intl School Camp

- The second session, for each risk identified, the group gave the necessary public health services, the constraints possible (challenges), the immediate humanitarian response needed and proposes activities or strategies for transition to development (Nexus).

## Résultat du travail de groupe 2e partie - Feuille de route pour le changement

Lieu:					
Populations les plus vulnérables:					
Principaux groupes de risque:					
Risque spécifique (sous-groupe de risque) de santé publique (identifier le lieu cible)	Exigences en matière de services	Contraintes éventuelles, défis à relever	Réponse humanitaire (pour sauver les vies immédiatement)	Approche Nexus (Nécessitant des contributions des partenaires humanitaires et de développement)	Activités de développement et de résilience

After the group work, we went to the restitutions and of the different assignments where every group presented on 2 risks and the various interventions associated to those since there was no much time left to present the whole work and at the end, we proposed recommendations.



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**G1- Human health** (COVID-19, Measles, Cholera, Yellow fever, Meningitis, Food poisoning)

**G2- Animal health** (Avian Flu, Rage, Monkey Pox, Lassa fever, Ebola, Marburg)

**G3- Environmental health 1** (Volcanic eruptions, Gas emissions, floods, Landslides, Anthrax)

**G4- Environmental health 2** (Drought, Radiological and nuclear accidents, Chemical accidents, Fires)

**G5- Security / defense** (Industrial accidents (explosion, fire, pollution, bites); Influx of refugees and/or returnees; Inter-ethnic/community conflicts; Terrorist attacks; Internal movement of people; Traffic accident)

**Activity 5: Exchange with WHO Cameroon Representative and Closing ceremony**

After the restitutions, we held a video call with the WHO Cameroon Representative and presented to him all the work that had been done and he showed his appreciation on the quality of the results and appreciated the engagement of the participants to the workshop. He expressed his concern about the health emergencies in the country and encouraged partner organisations for their work and the importance of their joined work together in response to emergencies. He ended by thanking all participants and promised to continue working to promote good health for all people in Cameroon.





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## **EXPECTED RESULTS DELIVERABLE/OUTPUT OF ACTIVITY**

Come out with a plan to help ameliorate and strengthen the interventions of the WHO.

- Overall, the JOR activity is WHO's core internal strategy to review its health emergency programs, identify areas for improvement, and develop a roadmap for future interventions. The activity will help ensure that agreed-on actions with clearly assigned responsibilities for follow-up actions are communicated to improve current standards and ultimately better the lives of those affected by emergencies in Cameroon

### **KEY PERSONS MET:**

Organisation	Name	Contact/ Email
UNFPA	Mrs BOUMSO Kathel	699483133
WHO	Dr DONTOP Marlise	699674864

## **CONCLUSIONS/RECOMMENDATIONS:**

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Each group formulated their recommendations which were to be later corrected by the leading group.

## BUDGET / Expenses LINE

ITEM	UNIT COST	FREQUENCY	TOTAL
Transportation (go and back) in town	3000 x 2	3	18,000
Transport Douala Yaoundé-Douala	8000 x 1	2	16,000
Transport house-agency	2500 x 2	2	10,000
Feeding	5000 x 1	4	20,000
Accommodation 6 nights	12000 x 1	6	48,000

## Pictures

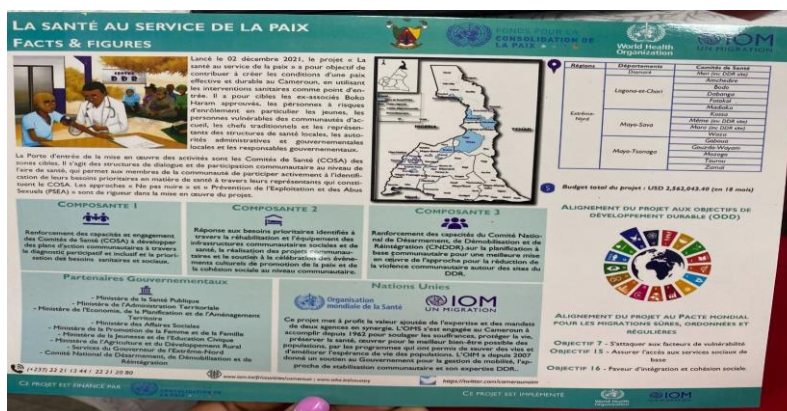




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## APENDIX



Groups	Dangers
<b>Groupe 1</b> Human Health	COVID-19 Measles Cholera Yellow fever Meningitis Food poisoning
<b>Groupe 2</b> Animal Health	Avian Flu Rage Monkey Pox Lassa fever Ebola Marburg
<b>Groupe3</b> Environmental Health 1	Volcanic eruptions Gas emissions floods Landslides Anthrax
<b>Groupe 4</b> Environmental Health 2	Drought Radiological and nuclear accidents Chemical accidents Fires
<b>Groupe 5</b> Security/defense	Industrial accidents (explosion, fire, pollution, bites); Influx of refugees and/or returnees; Inter-ethnic/community conflicts; Terrorist attacks Internal movement of people; Traffic accident