

# **COOPERATION STRATEGY BETWEEN WHO AND THE REPUBLIC OF CAMEROON**

**2017 – 2020**



**WHO office in Cameroon**



**OFFICE OF THE WORLD HEALTH ORGANISATION IN CAMEROON**

## Cooperation strategy between WHO and Cameroon, 2017 – 2020

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## Preface

The third generation of the Strategy of Cooperation with Countries (SCC) concretises the major reform programme adopted by the World Health Assembly to build the capacity of WHO and make sure its interventions better address the needs of countries. It reflects the twelfth general programme of work of WHO at the level of the country and the regional transformation agenda. The transformation programme aims at transforming the Regional organisation into a clear-sighted, proactive, result-based, transparent and responsible institution that is capable of meeting expectations. This generation of SCC takes into account the role of different partners, including non-state actors, in the support of governments and communities.

The third generation of SCC is rooted in the lessons learned from the implementation of first and second generation SCCs, the strategy in favour of countries (policies, plans, strategies and priorities) and the United Nations Development Assistance Framework (UNDAF). SCCs also fall in line with the world health context and its orientation towards Universal Health-care Coverage, because they integrate the principles of alignment, harmonisation and efficiency formulated in the declarations of Rome, (2003), Paris (2005), Accra (2008) and Busan (2011) on the efficiency of aid. The third generation of SCCs also takes into account the principles that underlie the “Harmonisation for Health in Africa” (HHA) mechanism and international partnerships for health and similar initiatives (IHP+), thereby reflecting the decentralisation policy and building the decision making capacity of governments in order to improve the quality of public health programmes and interventions.

Devised in the framework of consultation with the main stakeholders in the health domain at the level of the country, the SCC document highlights the results expected from WHO secretariat. In line with the strategy which lays a renewed emphasis on countries, SCC must serve as a platform to communicate the action of WHO in the country, formulate WHO’s work plan in favour of the country, undertake advocacy, mobilise resources and ensure the coordination of the action of partners, and shape the health aspect of UNDAF and other health partnership platforms in the country.

I express my gratitude for the key and efficient role played by the government in the conduct of this important exercise of designing SCC. I also call on all WHO members of staff, especially its representative, to increase their efforts to ensure efficient implementation of the programmatic orientations given in the present document, in order to obtain better health results that are likely to contribute to health and development in Africa.

Dr Matshidiso MOETI

Regional Director of WHO for Africa

## Foreword

The move from MDGs to SDGs and the almost permanent threat of public health emergencies, especially deadly epidemics like that of the Ebola virus, as well as terrorist attacks and catastrophes impose on us the necessity to build functional, resilient and highly reactive health systems using the “One Health” approach to enhance sustainable development, anticipate and minimise risks and ensure a much better contribution to the protection of populations. The WHO programme for the transformation of health in Africa will be our compass.

The challenge of Universal Health-care Coverage calls to our ability to better organise the offer of services that are equitably accessible to all in the framework of constructive and inclusive dialogue. The issue will be enhancing better understanding of the stakes of public health at the service of development, strengthening the trust of the population of this symbol of health which is the health unit or the hospital, and free the energy of all stakeholders for effective and multiform participation in the improvement of the health system.

It is also obvious that achieving significant progress towards Universal Health-care Coverage (UHC) ideal goal combines with our ability to imagine, elaborate and implement an efficient strategy for the funding of health which is adapted to our continuously changing environment.

If we can make progress in terms of funding health, but also in terms of reorganisation and efficient functioning of the health system, given that human resources are fundamental, as well as the use of Information and Communication Technologies (ICT) to better master information in real time for decision making, and if we can revamp the health district so that it fully plays its role of operational level animation, then we will be in a better position to meet some specific priority challenges like mother and neonatal mortality, systematic vaccination as spearhead of constant reduction of child mortality, fight against HIV/Aids and hepatitis, malaria, tuberculosis and neglected tropical diseases, etc.

But we will have to pay more attention to, and act more against, the growth of non-communicable diseases, and the fight against some of them can be efficient at low cost. Therefore, awareness raising in this domain is essential and will have to be carefully and relentlessly organised and orchestrated in a multi-sectoral framework. The threat of resistance to antibacterial drugs is very serious today and calls for our vigilance and efforts in research and innovation.

The growing danger of counterfeit drugs concerns us and invites us to take preventive measures to make good medicines available and accessible wherever they are needed. Moreover, conservation, rational prescription and correct use of drugs are also preventive measures. The fight in order to stop this criminal phenomenon cannot be efficient if not with strong political support in a multi-sectoral and multidisciplinary framework.

Partnership is, and remains an efficient and winning strategy that we should develop and maintain in the framework of our legitimate quest for a better performance of the health system and priority programmes. Working together means that we should mutually respect the rules of the game and commitments taken, including deadlines mutually agreed on. In so doing, the trust that will ensue will lead us to new horizons and more ambitious perspectives.

Finally, we must lay emphasis on the health of adolescents who represent a priority target in the fight against HIV/Aids, in blood transfusion which plays a cross-cutting role in the response to the main causes of mother and child deaths, and in emergencies, including violence and traumas.

It is possible to work differently and better when necessary. In this light, setting stages in the implementation and doing strategic targeting will help us obtain tangible results and build our self-confidence to scale up our activities. We will therefore be able to meet some specific priority challenges like maternal and neonatal mortality and systematic vaccination as spearhead of the constant reduction of child mortality, and maintain a polio-free Cameroon.

Special attention will therefore be paid to monitoring-evaluation and the measurement of the impact of interventions.

In all, this is a strong, conscientious, individual and collective commitment that will make us go forward and that turn our health system into an efficient and unavoidable factor for the emergence of Cameroon by 2035.

Dr Roungou Jean Baptiste

Representative of WHO in Cameroon

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## LIST OF ABBREVIATIONS

1.	<b>ACT</b>	Artemisinin-based combination therapy
2.	<b>AFRO</b>	Regional office of WHO for Africa
3.	<b>ARV</b>	Anti-rétroviral drugs
4.	<b>IACC</b>	Inter-organisation coordination committee (for vaccination)
5.	<b>CDC</b>	Centers for disease control
6.	<b>ECCAS</b>	Economic community of central African States
7.	<b>EMCCA</b>	Economic and monetary community of central Africa
8.	<b>CENAME</b>	National board for supply in essential drugs
9.	<b>CPCC</b>	Council of protestant churches in Cameroon
10.	<b>RCPFE</b>	Regional centre for the preparation and fight against epidemics
11.	<b>SMC</b>	Subdivisional medical centre
12.	<b>LCFM</b>	Local committee for the fight against malaria
13.	<b>NCFA</b>	National committee for the fight against Aids
14.	<b>NCFT</b>	National committee for the fight against tuberculosis
15.	<b>CBIRC</b>	Chantal Biya international research centre
16.	<b>FC</b>	French cooperation
17.	<b>MC</b>	Management committee
18.	<b>DMC</b>	District management committee
19.	<b>HC</b>	Health committee
20.	<b>DHC</b>	District health committee
21.	<b>CPC</b>	Centre Pasteur du Cameroun
22.	<b>CHACERH</b>	Centre hospitalier de recherche et d'application en chirurgie endoscopique et reproduction humaine
23.	<b>IHC</b>	Integrated health centre
24.	<b>UHC</b>	Universal health-care coverage
25.	<b>DaO</b>	Delivering as one
26.	<b>HD</b>	Health district
27.	<b>GESP</b>	Growth and employment strategy paper
28.	<b>CEH</b>	Cameroonian enquiry on households
29.	<b>CDHE</b>	Cameroon demographic and health enquiry
30.	<b>EOC</b>	Emergency operation centre
31.	<b>ERT</b>	Emergency response team
32.	<b>EF</b>	External funding

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