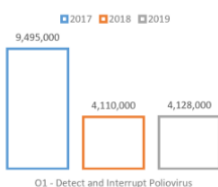


Cameroon Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on Cameroon intends to provide an overview of the status of planning for this transition of assets and infrastructure by Cameroon. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2019 (USD)



Q1 - Detect and Interrupt Poliovirus

Background:

Although the last indigenous case of WPV was in 1999, Cameroon like other countries in Central Africa, remains at risk of poliovirus following the detection of wild poliovirus type 1 (WPV1) in 2016 in north-eastern Nigeria. The last imported case of WPV was reported in a child refugee on 9 July 2014 in the eastern region in the district of Kette. Although Cameroon is classified by the International Health Regulations (IHR) as no longer infected by WPV1 or circulating vaccine derived poliovirus (cVDPV), the country remains vulnerable to re-infection by WPV or cVDPV. GPEI's funding to Cameroon's Polio Eradication Initiative will progressively decrease.

The projected budget for 2019 communicated to Cameroon by GPEI is US 4,128,000. Though this figure is subject to change, it is 57% less funding than the 2017 GPEI funding. Polio funded staff in Cameroon have been working to benefit broader immunization and health and development contributing up to 71% of their time on activities such as routine immunization, surveillance, new vaccine introductions, sanitation and hygiene, maternal and child health and nutrition. Cameroon is a country that is also transitioning from Gavi support. Starting in 2021, Cameroon will be considered a fully self-financing country in terms of its immunization programme.

General Information

Demographics

Total Population: **24,513,616**
 Birth Cohort: **864,666**
 Surviving Infant: **807,542**
 Infant Mortality Rate (per 1000 live births): **57**
 Child Mortality Rate (per 1000 live births): **88**

Financials

GDP, 2017 (USD): **\$28,416,000**
 GDP per capita, 2015: **\$1,217.3**
 Total Health Expenditures (THE) as % of GDP, 2014: **4.1**
 External Resources on Health as % of THE, 2014: **11.1**
 Government Expenditure on Health per capita, 2012: **n/a**

Human Resources

MOH:
 WHO: **25**
 UNICEF: **7**
 Core Group:
 Rotary:

Polio funders to-date:

GPEI Donors

	2017	2018	2019
GPEI Funding: Detect and Interrupt Poliovirus			
Campaigns- SIAs	\$6,130,000	\$2,955,000	\$2,955,000
Core functions & infrastructure (mainly Technical Assistance)	\$2,798,000	\$572,000	\$572,000
Surveillance & running costs (excluding Lab)	\$567,000	\$583,000	\$601,000
Grand Total	\$9,495,000	\$4,110,000	\$4,128,000

Health Priorities

In line with national health priorities, the country's draft polio transition plan lists two polio essential functions for transfer and integration into the government health programming: 1) strengthening routine immunization services, and 2) strengthening surveillance for all vaccine preventable diseases.

Transition Planning

Country Planning Dashboard: Cameroon

Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Transition strategy agreed
Complete	Complete	Complete	Complete	Complete	In process	Complete

Milestones_CM

Milestone	Update
Awareness raising	Implemented through joint WHO/UNICEF letters to the Ministry of Public Health (MoPH), discussions between WHO and MoPH teams, and a presentation to the country ICC.
Coordination	The Cameroon government focal point for polio transition and chair of the national transition planning group is the former Director for International Cooperation, MoPH, now Inspector General for the health ministry.
Evidence	The mapping of Polio resources was completed in September 2016. The WHO and UNICEF technical assistance ramp down plan has been reviewed with MoPH.
Strategic Options	Progressively transfer full management and funding of the polio essential functions (immunization and surveillance) to MoPH by 2021.
Vision for the future	Since Cameroon is in the midst of transitioning out of both GPEI and Gavi, alternative sources of financial support for the successful transfer of polio functions will be identified.
Transition Plan	Cameroon's draft plan was shared with the GPEI Surveillance Task Team for review of the surveillance portion of the plan. Comments were provided to the MoPH transition focal point in November. The country anticipates the current draft of the polio transition plan will be reviewed and endorsed by the Inter-agency Coordinating Committee on Immunization (ICC) in January 2018 and the donor's meeting to consider investments into the plan will be held during Q1 2018.

Transition Strategy

Cameroon's overall strategy for the transition of polio-essential functions is to transfer responsibilities to agencies within the government of Cameroon. As such, government capacity and funding for polio essential functions will need to be increased over time with substantial support (both financial and technical) from current GPEI partners. The following is a snapshot of how the country plans to address polio essential function programming:

- Containment – plan refers to ensuring all lab samples are contained properly
- Immunization – sustain polio free status, increase vaccination coverage by 10% with a focus on high-risk populations by 2018, increase amount of domestic funding going towards immunization, increase community participation in and commitment to vaccination
- Surveillance – improve surveillance metrics to certification levels by 2018, establish framework for community surveillance, develop a lab network for better disease monitoring

Cameroon's five-year (2017-2021) polio transition plan outlines a detailed costed strategy totalling US \$61M, US \$11M of which is designated government funding for the transition period, representing a progressive increase from 3% to 10% in government funding support to immunization.

Risks

- Respecting time frames: the original date for the donor's meeting in early December has been moved to Q1 2018
- Cameroon's government focal point for transition has been appointed MoPH, Inspector General but has indicated he will retain the transition lead

Challenges

- The country must continue full engagement in the Lake Chad Basin outbreak response
- Absorb or manage talented staff as GPEI funding ramp down eliminates positions that impact immunization and other programming
- Transfer polio achievements to the EPI, other large programmes and MPH departments
- Maintain political involvement, in the form of gradually increasing national funding for health and especially the EPI

Next steps

- Review the strategy for communication and resource mobilization
- Incorporate relevant feedback in the plan provided by Global Surveillance Task Team
- Ensure plan reflects relevant guidance provided in PCS draft version 3
- National ICC to review the current version of the plan in January 2018
- Donors meeting to be held in Q1 2018

References

- ☑ For references, please click here