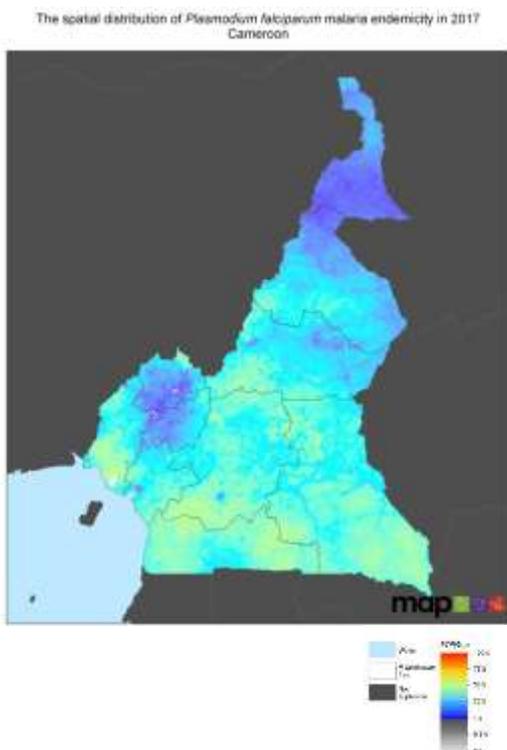


Cameroon ALMA Quarterly Report Quarter Three, 2020



Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control		
LLIN financing 2020 projection (% of need)	▲	100
Public sector RDT financing 2020 projection (% of need)		100
Public sector ACT financing 2020 projection (% of need)		100
World Bank rating on public sector management and institutions 2019 (CPIA Cluster D)		3.0
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
RDTs in stock (>9 months stock)		
ACTs in stock (>9 months stock)		
LLINIRS campaign on track		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
Operational LLINIRS coverage (% of at risk population)		100
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD Index, %)(2018)		50
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)		62
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)		21
% deliveries assisted by skilled birth attendant		65
Postnatal care (within 48 hrs)		65
Exclusive breastfeeding (% children < 6 months)		28
Vitamin A Coverage 2018 (2 doses)		47
DPT3 coverage 2019 (vaccination among 0-11 month olds)		67

Malaria transmission occurs year-round in Cameroon and is most intense in the south of the country. The annual reported number of malaria cases in 2018 was 2,471,514 with 3,256 deaths.

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Cameroon, it was of vital importance that the delivery of seasonal malaria chemoprevention planned for 2020 as well as the completion of the long-lasting insecticidal net (LLIN) universal coverage campaign in the remaining three regions went ahead as planned in 2020, including with the fast tracking of procurement and contracting of implementation partners, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. The country is congratulated for successfully implementing three rounds of SMC in Q3 2020. Without this SMC campaign, coupled with the need to sustain essential health services including malaria case management, there would have been an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 13.4% increase in malaria cases, and a 74.6% increase in malaria deaths in Cameroon. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress

Cameroon secured the resources to cover the costs of the ACTs and RDTs needed in 2020. Cameroon has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Cameroon has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach.

Impact

The annual reported number of malaria cases in 2018 was 2,471,514 with 3,256 deaths.

Key Challenges

- Insecticide resistance.
- Delays in the completion of the universal coverage campaign.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Work to ensure the LLIN universal coverage campaign is completed	Q2 2020		The country completed the distribution of almost 1 million LLINs in Littoral in June. The Northwest distribution implementation is underway with microplanning completed, and training ongoing. Door to door registration and distribution is planned for October
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		Cameroun reports that it has faced stockouts and delays in the delivery of anti-malarial commodities including ACTs and SP. There has been a reluctance in the population to seek care through health facilities or CHWs leading to delays in treatment, and resulting in a slight decrease in cases and deaths. However, most malaria cases are being taken care of by CHWs. The country is currently strengthening the supplies for Health Centres and CHWs to continue to offer all the malaria control services packages. In addition, the country is continuing to implement LLIN and SMC campaigns with adaptation of strategies taking into account COVID 19 prevention measures. During the SMC campaigns, suspected cases of COVID are referred to health facilities for testing. PPE and hand sanitiser have been provided to everyone involved in the campaigns. Local town criers are working at community level to ensure that the second and third doses are taken

RMNCAH and NTDs

Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Cameroon is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Cameroon is high for trachoma (100%); and below WHO targets for onchocerciasis (64%), lymphatic filariasis (58%), soil transmitted helminths (34%) and schistosomiasis (25%). Overall, the NTD preventive chemotherapy coverage index for Cameroon in 2018 is 50 and this shows a substantial decrease compared with the 2017 index value (83).

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		The country (with support from GFF) is currently undertaking an analysis of the impact of the COVID-19 pandemic on RMNCAH services

The country has responded positively to previous recommended action on accelerating coverage of ARTs in the total population and in children under 14 years of age, with a 2% increase reported in the last year.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO