



## Report of the Regional Coordination Meeting that occurred on the 23rd and 24th February 2023

Theme: “***The place of the southwest region in the implementation of Universal Health Coverage***”

The Meeting began at 10:30 am on Thursday 23rd with the distribution of meeting roles and the reading and confirmation of the agenda. At 11 am, there was the arrival of the Delegate of Public Health and the representative of the Governor of the Southwest region. Upon their arrival, there was the official beginning of the meeting with the singing of the National Anthem and a word of Prayer. The first matter on the agenda was the reading of the minutes of the last coordination meeting that was held in 2022. The point and recommendations raised during the last meeting were analyzed to see how far the recommendations have been executed. At the end of these presentations, we were then guided for a family photo and then breakfast by 12:10 am. After Breakfast the delegate of public health chaired several presentations on two main topics;

### **a. Health status of the Southwest region**

The delegate did an elaborate presentation of the health status of the southwest region as was done during the national coordination meeting. From the reports given at the national level, the south west region was behind on many key indicators of optimal health delivery such as maternal, neonatal and infant mortality rates; the SWR was with the last but one. Following these comments, representatives of districts and areas that were mentioned in the presentation also raise concerns to contest the results saying that it is possible that the same tools used to address and analyze the response from Buea may deviate from what Buea uses. This is due to the fact that some practices in the SWR have been updated to fit the WHO standards and they fear that the national level could still be relying on old tools to do their assessment. Added to that, many center raised the concern that much work has actually been done on that area but the problem lies in the fact that partners who carry out numerous activities in the region hardly share their data with the district office for them to be inputted as such their efforts and the progress done cannot be fully represented in the district and region final data. This particular comment sparked a discussion as to the role of NGOs in carrying out health activities. Following a heated discussion, it was adopted that NO NGO/CSO should carry out any health oriented activity;

- Without having a collaboration letter with the Delegation of public health
- Without a technical authorisation for each of the activities/project they are to carry out
- NGOs have to liaise with the district medical officer so as to be able to best relate their activities to priority areas
- All data collected in the field must be share with the delegation. The raw data as well as the final report

## **b. Updates on the Universal Health Coverage**

The delegate went ahead to present on the aspect of Universal Health Coverage (UHC); a concept that was initiated by the President in 2017. This project is aimed at providing quality health care to the population and ensuring that all services rendered to the population are standardized, with patients receiving the same standard of care in all health facilities that offer them. Since 2017, work has been going on underground, and in mid-February a decisive meeting was held to compile all the legislation and guidelines that will drive the UHC. Finally, the delegate revealed that great strides had been made and that there's a high chance that the UHC will be launched officially by the end of March. Considering the huge amount of income required to run this activity, the government cannot however run the UHC in its full capacity and will rather commence with Phase I.

The core strategies that will drive the UHC include:

- Planning and constructing quality healthcare facilities that are well equipped to meet the standards of UHC
- Proper care is given to patients at lower cost to patients
- Improvement patient / carer relationship to improve compliance in consultation, diagnosis and treatment
- Improvement on the technical knowhow of the hospital staffs and personnel so as to improve the quality of services rendered
- Accreditation of institution who meet up with the UHC staff, infrastructure and equipment

The phase I strategies will include:

- Similar package for health care in all health care setting: community level, district level and regional level
- Making provision for essential medications in all health facilities
- Accreditation of Health care facilities that meet up with the standard
- Package for community interventions
- How to recover money from the private sector
- Provision of a platform to work with vulnerable persons
- Methodology for the enrollment of persons into the UHC to ensure that each history of patients are taken and shared amongst all health facilities and can be accessed whether they are in Buea or Yaounde
- Develop a guideline for the community to contribute in sustaining of the system



The objective of this phase one is to remove the barriers/increase accessibility to funding of services that are present. Several packages are slated to be provided under Phase 1, such as:

- Curative package; free consultation for children <5 years in all district health services, CMAs and integrated health centers
- Vaccination package: increase accessibility to vaccination especially to pregnant women and children
- Malaria treatment: increase accessibility to medications that treat severe malaria to children <5 years
- **Dialysis package: Removal of fee paid by dialysis patients for dialysis. Patients will only be required to register with 6.000 francs and then have sessions for free. There will also be subsidization for other dialysis charges.**

However, all of these still need to be signed by the minister in order to make them official. However, there were several challenges that were anticipated that may affect the effectiveness of the program if they are not remedied.

These challenges include:

- Limited staff in rural areas and large amounts in urban areas
- Misinformation and cultural barriers
- Too much capital is needed to run the program and with challenges in collecting tax, the gov't may have difficulty to meet-up
- Balance profit and give back

A presentation was made by the chief of partnership on the status of partnership in the SWR. She reiterated that work needs to be done in order to bring all NGOs/CSOs together. Her presentation hit hard on the fact that no organization that isn't working with the delegation of public health is allowed to carry out activities on the premises and that all activities that are to guide the work will need to pass through her office.

The first day ended with presentations on the different sectors, such as the expanded program for immunization and the malaria regional report. The meeting ended at 6 p.m. with lunch.

**Day 2** began at 10:00 am with the presence of the Delegate of Public Health, Governor's representative, The President of the Southwest Regional Assembly and the commissioner of Health in the Regional Assembly. The meeting went on with several presentations done by different district medical officers who explained the challenges that they face in their various districts and areas where help can be given. This was followed by presentations done by ReachOut and The IYA Foundation representative in the person of Mr Nkempi Leke Joshua. Reachout elaborated on the various activities they were doing all over the southwest region and



following that, they received some questions about their modus operandi's. Next, was the IYA foundation representative. Mr Nkembi who highlighted the lack of presentation or focus on Non Communicable diseases throughout the 2 day coordination meeting. He later on went on to elaborate on the situation analysis of NCDs globally, regionally and in Cameroon, pointing out its relevance as a major public health issue. This was followed by some question and answer session which later led to the recommendation that there should be a creation of a focal point in charge of NCDs at the Delegation of Public health, locally, in the district and region in order to coordinate activities on NCDs. This was to be done in order to observe the trend in NCDs in the community so as to guide public health interventions.

The meeting entered the deliberation phase where all the deliberation and recommendations were been discussed and adopted. The meeting ended at 6 pm.

**Success:**

- Recommendation to create NCDs department in the Delegation of PH
- Possibly free dialysis sessions for dialysis patients

**Others;**

- NGO activities in the community especially in the form of screening activities need to be supervise by the district medical officer who will ensure that all the norms are followed
- NGOs are supposed to involve health center in their screening activities and submit all data collected to the district level for filling in into the DHIS tool
- CSO/NGO in the space of NCDs can concert together to pool their resources in other to improve the health of the community

**Written by**

Nkembi - Leke Joshua Ageboh

Representative of the IYA Foundation at this meeting.

## Pictures



**Day 1: Situational analysis on the Health Status of the Southwest region.**



**Day 2: Presentation on rising trend of Non communicable diseases and Picture with Delegate of Public Health and other partners**