



**REPORT OF THE CONSULTATION WORKSHOP ON THE
PROGRESS OF CIVIL SOCIETY ENGAGEMENT FOR UHC 2030 IN
CAMEROON**

**ON JUNE 17, 2022, AT HOTEL FELYDAC,
YAOUNDE, CAMEROON**

SUMMARY REPORT OF FOCUS GROUP DISCUSSION RESULTS IN CAMEROON

Prepared

by

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- CAMEROON -

1. TABLE OF NATURE OF QUALITY OF GUIDING QUESTIONS BY CATEGORY RECOMMENDED IN THE GUIDE:

	Question Category	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Category 7	Category 8	Category 9	Total
1	Group work/TDR	Group 1 9 attendees		Group 2 6 attendees			Group 3 5 attendees			All groups 1, 2, 3	
2	Mandatory questions	1	2	2	2	1		2	1	1	12
3	Optional Questions	3	3	1	1	2		0	2	2	14
	Total	4	5	3	3	3		2	3	3	

A total of nine categories of questions divided into 12 mandatory questions and 14 optional orientation questions were distributed between three focus groups in accordance with the question orientation guide previously established by the organizers.

2. SUMMARY TABLE OF QUESTIONS OF A MANDATORY NATURE (OB) BY QUESTION CATEGORY

Question order number	CATEGORY 1: ENSURING POLITICAL LEADERSHIP BEYOND HEALTH			
		DISCUSSION SUMMARY	SIGNIFICANT INCENTIVE	COMMENTS / COMMENTS / RECOMMENDATION
1	Does your government have a coordinating agency/mechanism/department that engages across sectors with the specific aim of improving health or advancing UHC? If so, how	The Cameroonian government has a multi-sectoral national technical group for UHC; with a well-defined mechanism and circuit and available tools	We can't exclude ourselves from UHC, that's what it's about.	<u>Action to take</u> An advocacy for the acceleration of the process of adopting the law for UHC in Cameroon

	well does this mechanism or service work?			
CATEGORY 2: LEAVE NO ONE BEHIND				
	QUESTIONS	DISCUSSION SUMMARY	KEY MESSAGE	COMMENTS/ RECOMMENDATION
2	a) Which groups of people in your country have difficulty accessing health services?	<p>The groups of vulnerable people who do not have sufficient access to care are:</p> <p>Sexual and gender minorities (key populations, young girls, pregnant women, children, people living with HIV, people in prison);</p> <p>-poor people</p> <p>-Ethnic minorities (pygmies, mbororo)</p> <p>-People living with disabilities;</p> <p>-Internally displaced persons and refugees;</p> <p>-</p>		
3	What are their main barriers to accessing health services?	<p>The main obstacles related to access to care are:</p> <ul style="list-style-type: none"> ➤ Geographic inaccessibility- ➤ Language barrier ; ➤ Socio-cultural burdens; ➤ Some articles of the penal code; ➤ Stigma and discrimination; ➤ Economic factors; 	Nothing to report (NTR)	

		Corruption ;		
4	b) Are there specific health areas or diseases that are often under-prioritized?	Health areas often under-prioritized in Cameroon are: ➤ Proctology, ➤ hormone therapy, ➤ Addictology, ➤ Mental Health ; ➤ Diabetes	NTR	

CATEGORY 3: REGULATE AND LEGISLATE

	QUESTION	DISCUSSION SUMMARY	NOTABLE QUOTE	COMMENT
5	Do you think UHC laws/policies/strategies that exist in your country are properly implemented? (Category 3 Mandatory)	There is a bill on UHC accompanied by seven implementing texts, the drafts of which have also been submitted to the attention of the Prime Minister by the MINSANTE (These implementing texts relate to: social contribution premiums, the pricing of acts, the course of care, the nomenclature of acts, the care protocol, the basket of health care and services and on the list of reimbursable drugs) (Ref. Presentations);	The law in favor of UHC in Cameroon is in the process of being adopted	
6	Do you know of any UHC accountability or monitoring mechanisms in your country? If yes, please explain your	Monitoring and evaluation mechanism are defined, a "Monitoring committee exists"	This accountability mechanism is not	Advocate for public awareness about UHC monitoring mechanism (seat all stakeholders (Parliament, Partners, etc.).)

	answer. (category 3 Mandatory)	But is not functional due to the absence of a legal framework.	sufficiently known	There is a representation of civil society in the monitoring committee but - lack of sharing of information
CATEGORY 4. MAINTAIN QUALITY OF CARE				
	QUESTIONS	SUMMARY	INCENTIVE NOTABLE	COMMENTS/RECOMMENDATION
7	a. Do you think the health services in your country are of good quality? Can you elaborate and give examples? (category 4 Mandatory)	A study carried out in 2020 on the quality of service showed that the quality of service to end users is at 85%. This is probably a quality study based on the supply rather than the demand for care on which UHC is centered. It will be important to suggest research on the quality of services request	UHC targets requests while other strategic purchasing targets the supply of care (PBF)	Promote research on the quality of care on the demand for services
8	b. Which health services and communities/population groups experience quality gaps? (category 4 Mandatory)	<p>Health services experiencing gaps are:</p> <ul style="list-style-type: none"> ➤ gynecological health ➤ The emergencies ➤ TB, HIV, hepatitis, COVID 19 services <p>Population experiencing gaps are:</p> <ul style="list-style-type: none"> ➤ Vulnerable populations experience quality gaps in care (women, children, refugees, and displaced persons); ➤ Key populations (MSM, TS, TG and PLHIV). 		

		➤ The enclave populations		
CATEGORY 5 INVEST MORE INVEST BETTER				
OB	QUESTION	DISCUSSION OUTCOME	KEY MESSAGE	COMMENT ON/ RECOMMENDATION
9	Where do you think your government should spend more to achieve UHC? (mandatory category 5)	<p>The Cameroonian government should spend more:</p> <ul style="list-style-type: none"> ➤ In the promotion and prevention of diseases and management ➤ In health facilities (recruitment, staff training; improvement of operation rooms; decentralization of PEC for TB, HIV, and other pandemics, etc.); ➤ Accelerate the process of decentralization. 		
CATEGORY 6 MOVE TOGETHER				
<i>OB</i>	QUESTION	DISCUSSION OUTCOME	INCENTIVE	COMMENTS/ RECOMMENDATIONS
9	<p>a. At the national level there are opportunities for people; civil society organizations, and the private sector in our country to get involved in the planning, digitization, monitoring and evaluation of the health sector (category 6 mandatory)</p> <p>If so, what are these opportunities and are</p>	<p>There are opportunities at the national level for individuals, civil society organizations and the private sector to get involved in planning, budgeting, monitoring and evaluation of the health sector, in particular:</p>	<p>We lack a real unifying framework for all the actors</p>	<p>However, we note that civil society organizations are more involved operationally than strategically. There is also a limit at the level of communication between the national health authority and civil society . Civil society forums/groups exist (Civil Society Coalition) but</p>

	<p>they effective and efficient for the engagement of civil society, in particular the most vulnerable and marginalized populations and communities?</p>	<ul style="list-style-type: none"> - The presence of civil society actors within the national authority for the fight against HIV - Participation of CSOs in strategic meetings in the implementation and management of UHC - Taking key populations into account in national strategic plans - The involvement of civil society organizations in priority health programs in particular (fight against malaria. HIV; TB, Global Fund, Covid-19 etc. - Collaboration between the Ministry of Health and civil society on the operationalization of programs (fight against tuberculosis, - Involvement of society in the development of strategic and normative documents 		<p>they are not sufficiently supported by the health authority, which would make it possible to contribute more to the care of key populations</p> <p>3. The mechanism for coordinating civil society activities exists in Cameroon but is not very well federated.</p> <p style="text-align: center;"><u>Recommendations for Category 6</u></p> <ol style="list-style-type: none"> 1. Minsante to strengthen the involvement of CSOs in strategic health coordination bodies 2. Strengthen the collaboration between the CSO coalition and the Ministry of Health and finally optimize the care of key populations 3. Strengthen the federation of civil society actions in order to reduce competition and fragmentation for a stronger health system.
10	<p>a. At the Community level : Are communities engaged in local health planning, budgeting, and accountability processes?</p>	<p>Yes, local governments/comm unity are engaged in local planning, budgeting, and</p>		

	<p>i. If es how are they engaged</p> <p>ii. Is there a feedback mechanism allowing communities to assess the quality of services provided by the local authority?</p>	<p>accountability processes through:</p> <ul style="list-style-type: none"> -Existence of a strategic plan for community health interventions <p>Community engagement is done through:</p> <ul style="list-style-type: none"> -Involvement of community health workers in prevention and curative initiatives: <p>Examples:</p> <ul style="list-style-type: none"> - distribution of mosquito nets, diagnosis with rapid diagnostic tests (RDT) and treatment of simple malaria by community workers; -Search for lost sight in priority programs (HIV, TB, Malaria, Vaccination etc.) -Opinion on customer satisfaction through the performance-based financing approach (PBF) through local associations and community relays - involvement of community agents in vaccination campaigns, and the administration of seasonal malaria prophylaxis treatments to children aged 3 months to 5 years in 3 regions in the north of the country. 		
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		<p>-Search for lost sight in priority programs (HIV, TB, Malaria, Vaccination. Support in malnutrition, educational talks etc.)</p> <p>-Opinion on customer satisfaction through performance-based financing (PBF) (local associations and community relays)</p> <p>- there are mechanisms for funding health projects and programs by CSOs</p> <p>- Budgeted advocacy plans exist in the CSO</p> <p>B</p> <p>(ii) yes, there are feedback mechanisms allowing communities to assess the quality of service provided by the local actors. This is achieved through coalition platforms, but this communication is not optimal.</p>		
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CATEGORY 7 THE SEX EQUALITY

OB	QUESTION	SUMMARY DISCUSSION	NOTABLE QUOTE	COMMENT / RECOMMENDATION
11	a. Can you identify some of the main challenges faced by women, girls	Main challenges in accessing services: <u>On the level of non-binary people</u>	UHC IS A HUMAN RIGHT	

	<p>and/or non-binary people in accessing services? (category 7 mandatory)</p>	<ul style="list-style-type: none"> ➤ Stigmatization of anal pathologies and discrimination in health facilities; ➤ The non-inclusive penal and cultural environment; ➤ Insufficient confidentiality in the hospital environment ➤ Insufficient knowledge of staff relating to the management of key population <p><u>At the level of Women and Girls:</u></p> <ul style="list-style-type: none"> ➤ Women and youth should obtain parental/husband consent before accessing family planning services ➤ Insufficient subsidy for deliveries in some hospitals and regions due to non-availability of funds <p>a. Discrimination These discriminations exist in public services, in particular, and are based on gender, age, sex, sexual orientation, religion:</p> <ul style="list-style-type: none"> - implementation of PrEP (pre-exposure prophylaxis), - the exclusion of WSW (woman 		
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		having sex with woman) among key populations, - the disabled and the mbororo do not always have access to health care and services, etc.		
12	Are you aware of any stigma and discrimination based on gender; gender, age, ethnicity, religion, disability, immigration or status or incarceration of clients by migrant health service providers	b. Discrimination These discriminations exist in public services, in particular, and are based on gender, age, sex, sexual orientation, religion: - implementation of PrEP (pre-exposure prophylaxis), - the exclusion of WSW (woman having sex with woman) among key populations, - the disabled and the mbororo do not always have access to health care and services, etc.		

CATEGORIES 8. EMERGENCY PREPAREDNESS

OB	QUESTION	SUMMARY OF DISCUSSION	KEY MESSAGE	COMMENTS as/RECOMMENDATION
13	As the country moves away from the response to covid 19 what challenge do you see in access to health services (category 8 mandatory)	<ul style="list-style-type: none"> ➤ An increase in the number of covid 19 cases ➤ Overwork of health personnel ➤ Increase in the prevalence of other priority pathologies 		This will require an increase in the capacity of drop-in centers (DIC) (special centers for key populations) to offer some health services in order to relieve congestion in health facilities (value community expertise); this allows key populations to benefit from quality health care.

14	How do you think primary health care can be improved/evolved to better prepare for future pandemics and other health emergencies?	<ul style="list-style-type: none"> - Strengthen investment in promotional and preventive care - Strengthen the communication strategy around prevention and health promotion; - Strengthen the development of a specific management framework for the needs of key populations; - Strengthen research on community empowerment - Strengthen collaboration and coordination across sectors to support equitable and resilient health systems - Allocate a special budget for pandemics and other health emergencies - Have an emergency plan and disaster budget 	-	-
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4. SUMMARY TABLE OF ANSWERS SUMMARY / RESULTS OF ANSWERS TO OPTIONAL QUESTIONS (OP)

CATEGORY 1: ENSURING POLITICAL LEADERSHIP IN HEALTH				
PO	QUESTIONS	DISCUSSION SUMMARY	SIGNIFICANT INCENTIVE	COMMENTS / RECOMMENDATION

<p>1</p>	<p>If you primarily conduct health advocacy, have you collaborated with other ministries or government departments beyond health in your advocacy efforts? How? (category 1 optional)</p>	<p>Apart from the Ministry of Health, other ministries are targeted during advocacy interventions, in particular:</p> <ul style="list-style-type: none"> ➤ Department of Justice and Custody and Seal; Ministry of youth and civil education; Ministry of Social Affairs ➤ Ministry of Territorial Administration ➤ Ministry for the Promotion of Women and the Family ➤ Ministry of Secondary Education ➤ Ministry of Basic Education ➤ General Delegation of National Security ➤ Civil societies collaborate with other ministries through their participation in information meetings; representation as a member of technical or steering committees; participation in training, national or international conferences. (Optional) 	<p>For UHC to succeed, civil society must be united and active at all stages of the design; policy implementation and monitoring</p>	<p>-Elaborate a CSO advocacy document in favor of UHC</p>
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<p>2</p>	<p>2. During the COVID-19 pandemic, has your government made UHC a high priority? (category 1 optional)</p>	<p>During the pandemic the Cameroonian government did not make UHC a priority. Its main action was the mobilization of resources to respond to covid 19. Additional resources have been mobilized for the health sector to meet emergency response needs in the following areas:</p> <ul style="list-style-type: none"> ➤ Creation/equipment of screening centers and management of covid-19 cases; redeployment and recruitment of staff for monitoring and treatment of cases, development of care protocols; ➤ Set up a daily monitoring system for health indicators (mortality and morbidity linked to covid -19) ➤ Development of the communication strategy and communication tool and implementation of the communication strategy ➤ Organization of stakeholder capacity building sessions. ➤ Reinforcement of hygiene and sanitation measures at all levels with the involvement of all stakeholders; ➤ Mobilization of vaccines and protective equipment consumables; Free 	<p>THE RESPONSE TO COVID 19 WAS A PRIORITY</p>	
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		covid 119 diagnostic tests.		
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CATEGORY 2: LEAVE NO ONE BEHIND

PO	QUESTIONS	SUMMARY	KEY MESSAGE/ NOTABLE QUOTE	COMMENTS/ RECOMMENDATION
3	Are there laws and frameworks in place to help vulnerable groups access the essential health services they need? How well do they work in practice?	There are laws to help vulnerable groups access the essential care they need.		
4	7. Are free at the point of use health care policies and plans in your country that enable people to access health services without experiencing financial hardship?	Free healthcare for certain pathologies and for certain vulnerable populations in Cameroon exists in particular: <ul style="list-style-type: none"> ➤ Free for the treatment of malaria in children under five; ➤ Health check (pregnant women in the three northern regions of the country (not all health facilities are involved) 	NTR	

	(category 2 Optional)	<ul style="list-style-type: none"> ➤ Elimination of User fairies for the active file (HIV) in the whole country ➤ Intermittent treatment of malaria in pregnant women throughout the country; ➤ Active case management of tuberculosis in all countries; ➤ Pilot UHC in 5 out of 10 regions (three northern regions, eastern and southern region) 		
5	8. Who is the population most affected or which health services are most negatively affected by direct payments? (category 2 optional)	<p>The most affected vulnerable populations are (women, children, refugees, and displaced persons); key populations (MSM, TS, TG and PLHIV). The health services most negatively affected are</p> <ul style="list-style-type: none"> ➤ Emergency services ➤ Gynecological care 		
o	CATEGORY 3: REGULATE AND LEGISLATE			
OP	QUESTION	<u>SUMMARY OF DISCUSSION</u>	SIGNIFICANT INCENTIVE	COMMENTS/ RECOMMENDATIONS
6	Are there laws and policies in place to ensure that people can engage in planning, budgeting, and monitoring of health plans and budgets?	Yes, there is		

	(category 3 Optional)			
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CATEGORY 4. MAINTAIN QUALITY OF CARE

PO	QUESTIONS	DISCUSSION SUMMARY	SIGNIFICANT INCENTIVE	COMMENTS/RECOMMENDATIONS
7	Does your country have adequate health workers, especially at primary health care level? Are community health workers included in the list of health personnel and are they properly remunerated?(category 4 optional)	<ul style="list-style-type: none"> ➤ We have adequate health workers (sufficient number and training) in some regions supported by donors ➤ Quantity standards are fixed for rural and urban areas; ➤ Existence of a strategic document for community intervention, ➤ The distribution of community health workers is not equitable in all regions; ➤ Remuneration rates for community health workers vary according to donor policies. This disparity sometimes creates frustration, hence the need to harmonize the cost of remuneration. 		Action: Conduct advocacy activities to harmonize the remuneration of community health workers

CATEGORY 5: INVEST MORE INVEST BETTER

PO	QUESTION	DISCUSSION SUMMARY	SIGNIFICANT INCENTIVE	COMMENT ON/RECOMMENDATION
8	a. Is the government spending enough on	<ul style="list-style-type: none"> ➤ a. the government does not invest sufficiently in the health sector'. According 		

	<p>health services and is it increasing?</p> <p>b. If the government does not increase its spending on health services, what is preventing your government from investing more in health services?</p>	<p>to data from the Ministry of Public Health in Cameroon, the share of the State budget allocated to health has fluctuated between 5.5 and 7% since 2011 in Cameroon. A proportion which is far from reaching the objectives of the Abuja declaration which recommends 15%.</p> <ul style="list-style-type: none"> ➤ The coverage rate of the Cameroonian population covered by social health protection is 6.46% ➤ Until 2018, 70% of the country's total health expenditure was on households. ➤ Studies showed that about 64% of households in Cameroon do not seek medical care because they fear that the cost of care is too high. <p>c. No answer</p>		
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CATEGORIES 8. EMERGENCY PREPAREDNESS

PO	QUESTION	SUMMARY OF DISCUSSION	SIGNIFICANT INCENTIVE	COMMENTS/RECOMMENDATION
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9	How has the primary health care system been affected by the covid - 19 pandemic	<p>-The primary health system has been negatively affected by the pandemic due to the non-existence of a response plan and budget,</p> <p>- the lack of control over the management of the pandemic which has generated fear among the population, causing lack of confidence in the</p>		-
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		government, and other mental illnesses - Mobilization and prioritization of additional resources to respond to covid 19 implementation of other programs are slowed down due to it		
10	How do you think primary health care can be improved/ evolved to better prepare for future pandemics and other health emergencies?	<ul style="list-style-type: none"> ➤ Reinforce the issue of hygiene and sanitation to prevent and avoid any other pandemics ➤ Strengthen the communication strategy for prevention and health promotion and UHC ➤ Strengthen the development of a framework for taking care of the specific needs of key populations; ➤ Create a legal framework dedicated to UHC ➤ Engage in Community Empowerment ➤ Strengthen collaboration and coordination across sectors to support equitable and resilient health systems; ➤ Have a budget emergency plan 	-	-

CATEGORY 9: 2023 OUTLOOK

PO	QUESTION	DISCUSSION SUMMARY	SIGNIFICANT INCENTIVE	COMMENTS/RECOM MENDATIONS
11	What is the main request	➤ Strengthen the subsidy of health care	-	-

	that you address to your Head of State concerning the state of health care (access, quality, and cost) in your country?	<p>costs for the poor and vulnerable;</p> <ul style="list-style-type: none"> ➤ Review the law on discrimination and stigmatization to the right to health for all; ➤ Increase public funds allocated to the health sector; ➤ Create UHC enrollment centers at the community level. 		
12	What message would you share with world leaders at the United Nations if you were the head of state presenting the state of health care in your country?	<p>The Country Commitment for UHC has been a reality since 2018:</p> <ul style="list-style-type: none"> ➤ Efforts are being made in our country with the involvement of all stakeholders; but much remains to be done; ➤ The law and the texts of application are available; the mechanism and the operational instruments are defined; ➤ There is a UHC strategic plan; ➤ The principle of UHC used to respond to the scourge of COVID 19 in Cameroon remains to be replicated. 	-	-

<p>4. Additional questions to the mandatory questions</p> <p>Category 1</p> <ul style="list-style-type: none"> ➤ What are the contents of 146 baskets of care to be provided within the framework of UHC? ➤ What role did CSOs play according to the UHC strategy document in Cameroon
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5. Supplementary question asks optional questions

Question category 1

Why the low participation of CSOs in international conferences on UHC?

6. OTHER COMMENTS

Universal Health coverage is a priority of the Cameroonian State. Its implementation is carried out through a phased approach. While the law and the implementing texts follow their adoption process, any other prerequisites/operational instrument for its implementation are available with a well-defined mechanism.

Despite the efforts made by the country, access to care remains a problem because of many factors including: geographical inaccessibility - language barrier; socio-cultural constraints; some articles of the penal code, Stigmatization, and discrimination; Economic factors; Corruption.

The groups of vulnerable people most affected by these barriers to essential health care are sexual and gender minorities (key populations, young girls, pregnant women, children, people living with HIV, people in prison); Poor people and ethnic minorities (pygmies, mbororo); people living with disabilities; and internally displaced and refugee

To deal with these problems, the Cameroonian government has adopted a free policy for some vulnerable populations in Cameroon, in particular: free treatment for malaria in children under five; Health check (pregnant women in the three northern regions of the country); Elimination of User fairies for the active file (HIV) throughout the country. Intermittent treatment of malaria in pregnant women throughout the country; Renal failure, active file tuberculosis

Despite the efforts made to combat all forms of discrimination, this scourge persists especially in public services where discriminations on gender, age, sex, sexual orientation, religion in the context of access to care remain a challenge . For example, care and PrEP (pre-exposure prophylaxis), the exclusion of WSW (woman having sex with woman) among key populations; the disabled and the mbororo do not always have access to health services, etc.

Other challenges/issues that deserve special attention to address in order to advance the implementation of UHC are:

- Low ratio of budget allocated to the health sector in the GDP;
- Non-federation of the actions of all actors for UHC 2030;
- Inadequate dissemination of communication strategies to stakeholders;
- Absence of exchange platforms for information, experiences, and knowledge sharing;
- Insufficient collaboration between CSOs and the Ministry of Health, especially in strategic instances;
- Stigma and discrimination linked to the care of key populations within the health facility
- Low community empowerment.
- Lack of research on UHC

Finally, the participants felt that the Cameroonian government should spend more on disease promotion and prevention; management of priority diseases and non-communicable endemic pathologies; the recruitment and training of health personnel, the atomization of the community, improvement of operation rooms and strengthening the subsidization of the costs of care, especially for vulnerable groups, the involvement of civil societies to together guarantee the success of the country's commitment to UHC 2030,

7. RECOMMENDATIONS:

At the end of this civil society consultation for the review of the country commitment for UHC 2030; the following recommendations were made:

To the HLM manager:

Set up a solidarity system between developed and developing countries to allow optimal progress in terms of country commitment to UHC 2030.

To the organizers of the consultation

- Integrate the questions into the areas of Mental Health ; rehabilitation; palliative care ; hormone therapy; addictology and the promotion of specialized health centers within the drop-in Center (DIC) and hygiene and sanitation to the next consultations in favor of UHC 2030 .

To the Ministry of Public Health:

- Disseminate the UHC 2030 strategic plan document to the various stakeholders
- Provide a specific legal framework for key population in order to further improve their access to specific care;

- Strengthen the management of endemic diseases and neglected non-communicable and tropical diseases;
- Strengthen collaboration / coordination with civil society on the communication strategy for UHC 2030;
- Strengthen the involvement of CSOs in the strategic body for UHC 2030;
- Strengthen the empowerment of communities (formalize their statutes; their forms, harmonize their remuneration to enable them to play their role effectively in the dispensation of essential care and defend their interests).

To CSOs:

- *Advocate for public awareness about UHC monitoring mechanism (seat all stakeholders (Parliament, Partners, Areas etc.);*
- Organize the dissemination of the advocacy plan for UHC 2030 developed during the training session in which 20 members of civil society would have participated;
- Conduct advocacy to increase the proportion of budget allocated to health sector in Cameroon
- Advocate to reduce competition and fragmentation in civil society health initiatives
- Strengthen the monitoring and evaluation of the annual plan
- Conduct advocacy to speed up the process of adopting the UHC law,
- Strengthen efforts to promote hygiene and sanitation and specialized health centers within drop-in centers (DIC)

TO MEMBERS OF THE COMMUNITY:

- Advocate for community empowerment