Identification of priority areas for multi-sectoral interventions (PAMIs) for cholera control: Cameroon's experience leading the process independently



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Plan

- Background
- Methodology and levers of success
- Results
- Conclusion

Background

- Cholera is endemic in Cameroon, and over the past 5 years 23 641
 cholera cases were reported in 42% of health districts
- March 2022: Identification of hotspots targeted for cholera elimination using the 2022 GTFCC guidelines
- November 2023: Identification of priority areas for multisectoral interventions (PAMI) following the GTFCC's new guidelines

Methodology (1/5)

- Step 1: August 2023
- Set up of a multisectorial technical team under the leadership of the Ministry of health and the support of national technical partners (WHO, IFCR, CDC, UNICEF)
- Ownership of differents GTFCC ressources or guidelines



Identification des zones d'interventions multisectorielles prioritaires (PAMI) pour le contrôle du choléra

> Lignes directrices 2023

Methodology (2/5)

- Step 2: October 2023
- Briefing of stakeholders of

national and infra national on

GTFCC guidelines, especially

decision makers and data managers



Methodology (3/5)

- Step 3: November 2023
- Preparation of datasets
 - Data period: 8 years (January 2016-September 2023)
 - KoboCollect tool.
 - Automated analysis through GTFCC tool.
 - QGIS software was used to map PAMIs.

- Multiple data sources
 - Health Information Unit
 - Centre Pasteur of Cameroon
 - National Public Health Laboratory
 - DHIS-2
 - national cholera line list
 - country reports

Methodology (4/5)

- Step 4: December 2023
- Multi-sectoral workshop for stakeholders validation of PAMIs following a consultative and consensus approach taking into account both the impact and the feasibility of the future NCP



Methodology (5/5)

- First level of prioritization based on the priority index generated in the GTFCC tool, and considering four main indicators (Cholera incidence, mortality rate, persistence, positivity rate)
- Second level of prioritization based on vulnerability factors
 (geographical accessibility, hygiene and sanitation, migrations, access to drinking water, security,...)

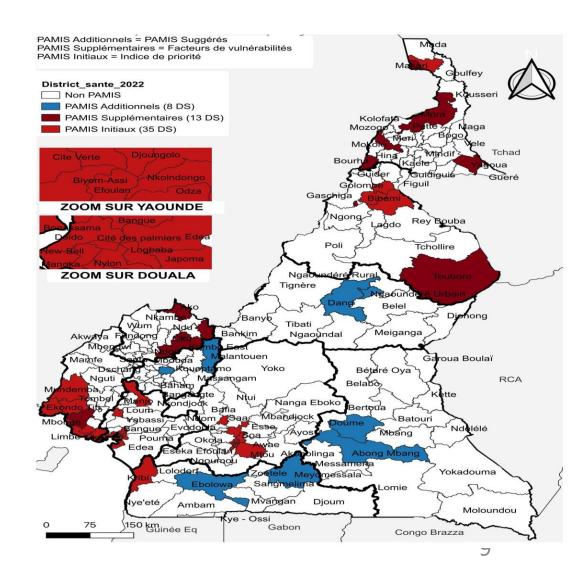
Step 5: January 2024 Submission to GTFCC

Results (1/2)

- Primary results
 - 35 initial PAMIs using priority index

 13 additional PAMIs based on vulnerability assessment

8 PAMIs recommended by the country



Results (2/3)

Step 6: Mars 2024

- GTFCC, PAMIs review report highlighted
 - Consistency and alignement with the 2023 GTFCC method to prioritize initials PAMIs (35).
 - However, 8 additional PAMIs was selected based on stakeholders consultation using criteria outside of the priority index and vulnerability assessment.
- Cameroon has been encouraged to give priority to initial PAMIs

	Number of units	% of units of the country	Population	% of population of the country	Cholera cases over the analysis period	% of cholera cases over the analysis period in the country	Cholera deaths over the analysis period	% of cholera deaths over the analysis period in the country
Initial PAMIs (index of priority >8)	35	18%	8 816 104	33%	22 668	91%	578	85%
Additional PAMIs (vulnerability factors)	13	7%	2 235 728	8%	576	2%	23	3%
Additional PAMIs (workshop participants)	8	4%	1 340 508	5%	227	1%	15	2%
All PAMIs	56	28%	12 392 340	46%	23 471	95%	616	91%

Conclusion

- Identification of PAMI's successfully conducted in Cameroon using a multisectoral approach
- Good comprehension and appropriation of the GTFCC guidelines at the by stakeholders are critical
- Data availability facilitated this exercise
- Availability of prioritization tools for WASH investments is critical for cholera elimination
- Exploitation of GTFCC review report helped to adjust PAMI identification



Thank you for your kind attention