

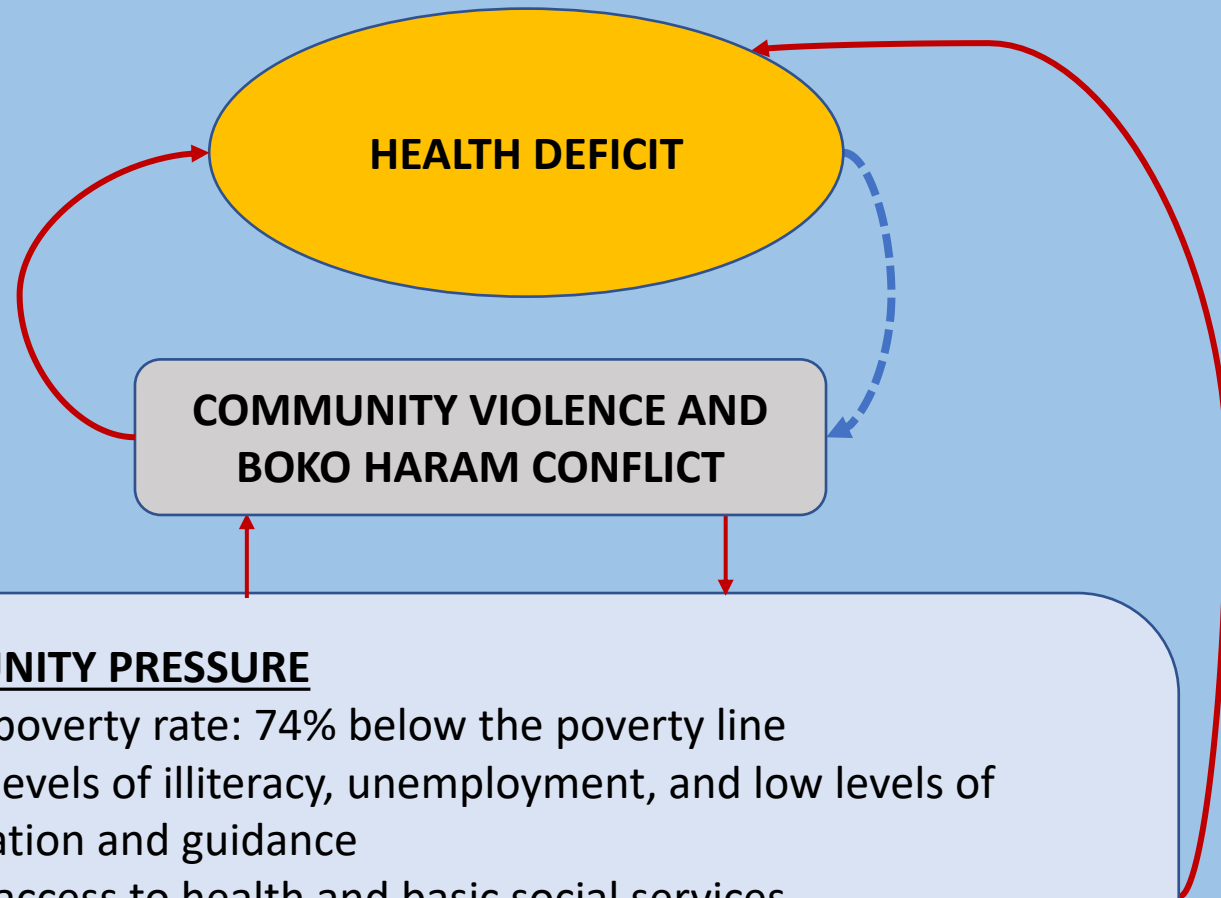
Global Health and Peace Initiative

OVERVIEW AND PRACTICAL ILLUSTRATION FROM CAMEROON

Presented by: Dr. Claver LOTSA MOMO

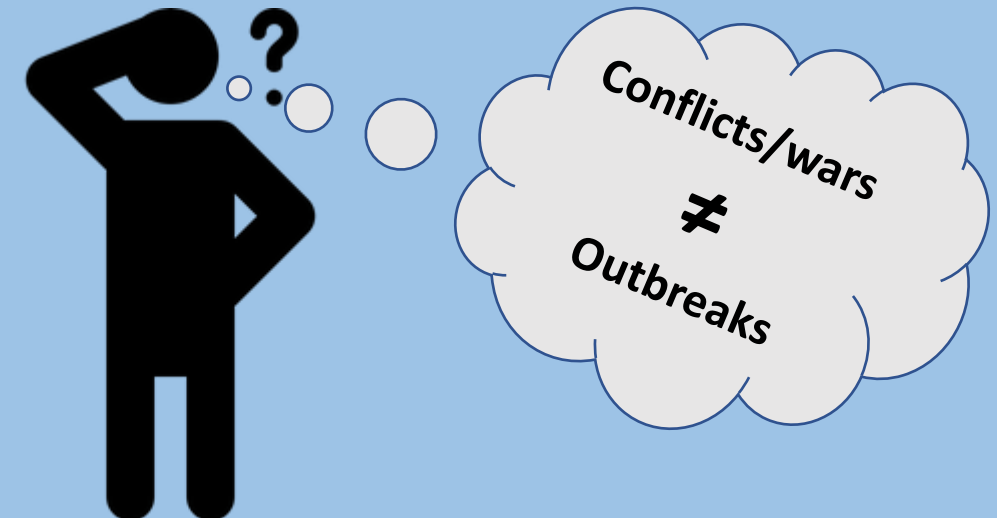
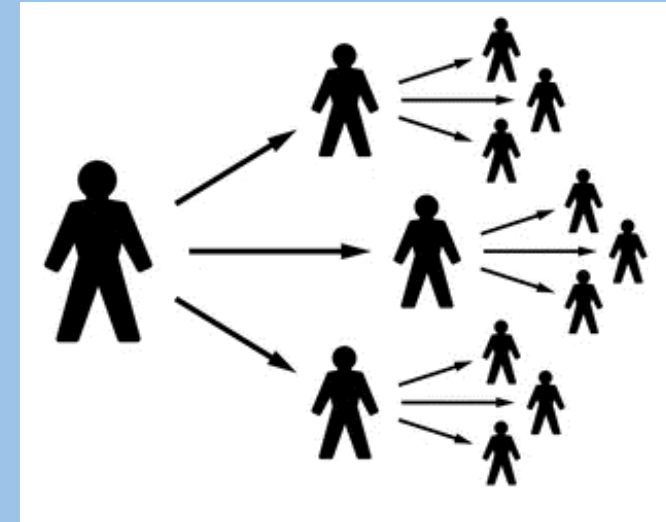


CONTEXT OVERVIEW



COMMUNITY PRESSURE

- ☐ High poverty rate: 74% below the poverty line
- ☐ High levels of illiteracy, unemployment, and low levels of education and guidance
- ☐ Poor access to health and basic social services
- ☐ Damage of infrastructure; Climate change, cholera epidemics, floods
- ☐ Mistrust and tensions between local populations and government authorities



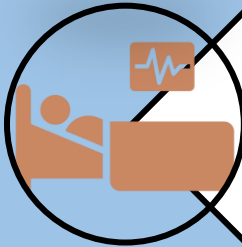


World Health
Organization

THE REASONS THAT LED WHO CAMEROON TO LINK ITS HEALTH WORK WITH PEACE OBJECTIVES



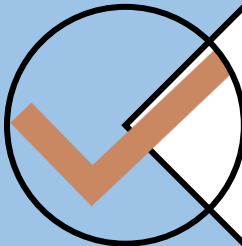
The situation in the Far North overlapped with the global picture underlying the WHO's Global Health and Peace initiative;



We were aware that in such a context, the undesirable effects of conflict would induce indirect morbidity and mortality



The President of the Republic of Cameroon has positioned himself as a beggar for world peace, and has committed the institutions that support his country to this cause;



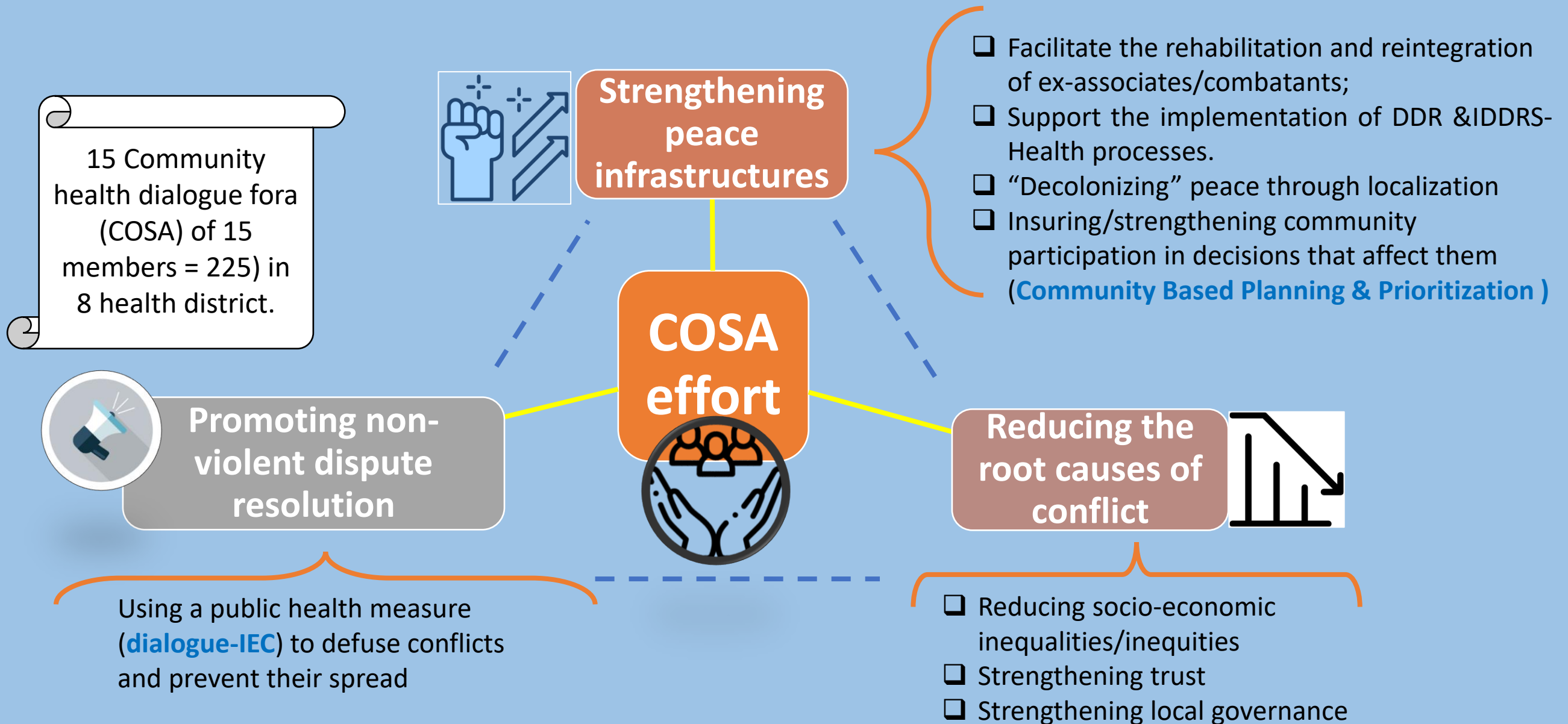
Cameroon's eligibility for the UN Peacebuilding Fund.



“The project aims to **contribute** to strengthening the socio-political and institutional conditions for effective and sustainable peace in Cameroon, by using health interventions as an entry point to supporting national entities and local communities towards promoting social cohesion, dialogue on security issues, and trust between communities, and towards national authorities in the Far-North region, specifically addressing the negative impacts of armed groups in the Far North.”



APPROACH



TARGETED HaP OUTCOMES

Outcomes 1



Increase trust between communities as well as trust in the authorities, by **providing more equitable and improved access** to health and other social services.

- [Community health dialogue fora \(COSA\)](#): for an inclusive and participatory identification of equitable health (and other social) needs through community dialogue (CD)
- [Provision of more equitable health services](#) (e.g. MHPSS, physical trauma care, essential health equipment) based on the needs identified by COSA through CD.

Outcomes 2



Improve the ability of the National Disarmament, Demobilisation, and Reintegration Committee (NDDRC) and other relevant State institutions to design and implement more sustainable and effective DDR interventions.

- [Technical and health related support for local health facilities and the NDDRC infirmary](#) for improved health and psychosocial assistance.
- [Capacity-building and implementation-support for NDDRC](#) to develop interventions that are in line with national and international standards.

Outcomes 3



Better prevent youth enrolment and recidivism in armed groups designated as terrorist organisations (AGDTOs) through:

- [Short-tem labour intensive projects](#) to build, reconstruct or rehabilitate essential local health facilities and infrastructures.
- [Capacity building and socio-economic opportunities](#) for **ex-associates and youth at risk of recruitment** in both health and non-health related areas.



ACHIEVED H&P OUTCOMES

ALIGNMENT OF ACHIEVED OUTCOMES



Strategic Axis 1:

Community health regulatory framework



Strategic Axis 2:

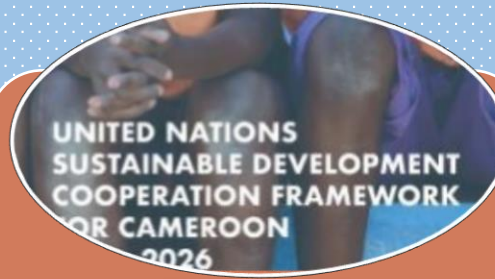
Improving the supply of quality community health services



Strategic Axis 5:

Access to gender- and human rights-sensitive community health care

National strategic plan for community health 2021-2025



Outcome 2.1:

Human and social development:
Quality basic social services



Outcome 2.2:

Human and social development:
Gender equality and youth empowerment, women and girls

UNSDCF 2022-2026



3 GOOD HEALTH AND WELL-BEING



10 REDUCED INEQUALITIES



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



SDGs



13th General Work Program 2019 -2025



Output 1.1: COSA are reinforced for the inclusive and participatory identification of equitable health (and other social) needs and grievances with a view to reducing violence.



86% | **70%**  **Target**

Proportion of participants who felt that through the project activities, the local authorities effectively addressed their specific needs and priorities.



90% | **70%**  **Target**

Improved perception during interventions among community members participating in dialogue that COSA and other local health structures are a good entry point for dialogue .



127 | **45**  **Target**

Number of priority health problems resulting from community diagnoses that are brought to the attention of local authorities.



Output 1.2: The provision of health and other social services by Public services is enhanced in an equitable manner across communities, based on the needs identified by the different COSA.



2 680 | **1000**  **Target**

Number of community members from the 15 health areas who received a direct mental health service.



84 025 | **26 600**  **Target**

Number of community members from the 15 health areas who received improved primary health care health facilities.



US\$ 400K | **150K**  **Target**

Acquisition of equipment, medical supplies and medicines for emergency and primary health care



293 | **75**  **Target**

Number of health personnel who received training or capacity strengthening with geographic coverage of 15 COSA



Output 2.1: Technical and health-related support is provided to the NDDRC to improve its health and psychosocial assistance to ex-associates and their families and communities in the Far-North.



98% | 70%  **Target**

Proportion of ex-associates, members of their families and communities who have benefited from health and psychosocial assistance who express increased satisfaction.



602 | 400  **Target**

Number of approved ex-associates and family members received free medical care.



Output 2.2: Capacity-building and implementation-support to the NDDRC to develop interventions that are in line with national and international standards, including the Integrated DDR Standards (IDDRS) and international humanitarian law.



3 | 1  **Target**

Number of strategic documents (new legislation, government strategies, workplans or frameworks) aiming to facilitate DDR processes.



10 | 8  **Target**

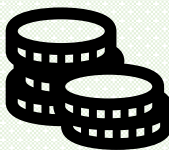
Number of workshops and consultations with selected mid-level and senior level government officials on specific issues of DDR and program activities, including on IDDRS implementation.



Output 3.1: Youth at risk of enrolment within AGDTOs, are engaged in short-term labour-intensive projects to rehabilitate and/or construct local health facilities or other infrastructure essential for improving community cohesion, as identified through community dialogues.

- 4** Water infrastructure points rehabilitated.
- 3** Health facilities rehabilitated. .
- 1** Building constructed in a health facility.
- 1** Borehole built and a solar system installed for its operation.

**580 Youth
labourers
engaged**



Output 3.2: Provide capacity-building and socio-economic opportunities for ex-associates and youth at risk of recruitment in both health and non-health related areas, to support the humanitarian response at community level, in order to positively reinsert youth in community life.

97% | 70%  **Target**

Percentage of local authority representatives who believe that socio-economic and training opportunities for youth have decreased the risk of recruitment in the Far-North by the provision of alternatives.

91% | 90%  **Target**

Percentage of youth benefiting from socio-economic and training opportunities that say they feel that their economic position has been improved (disaggregated by gender and age).

97 & 57 Number of youth at risk of recruitment trained in epidemiological surveillance, first aid and mental health referral. respectively.

91% | 60%  **Target**

Proportion of youth benefiting from economic insertion and reinsertion assistance in non-health related sectors through training and socio-economic opportunities that are continuing their chosen activity independently 6 months after initial support.





KEY MESSAGES AND LESSONS LEARNT



THE CHOICE OF THE GEOGRAPHICAL & ADMINISTRATIVE LEVEL/HEALTH PYRAMID OF INTERVENTION AND THE HEALTH ACTOR (HEALTH ANCHOR) TO IMPLEMENT THE HEALTH AND PEACE APPROACH ARE DECISIVE.



Geographical level/health pyramid:
Local (community) wherever possible

Reason:
Concentration of needs; higher vital risks;

Health actor (anchor):

Health system dialogue structures or Community Health Workers platform at the community level.

Reason: Good community base; trust of the population; structures that are inclusive and representative; the diversity of Committee members considerably reduces any risk of instrumentalization; they are accountable/responsible; good channel for “decolonizing” HaP interventions, they are sustainable ...

They have mastered an invaluable peace-building tool: **dialogue**.

The Committees' knowledge and application of humanitarian principles are major assets that strengthen accountability/responsibility, build trust, and better use WHO resources.

PARTNERSHIP IS CRITICAL: THE PROMOTION OF PEACE AND CONFLICT REDUCTION MUST INVOLVE PEOPLE, ORGANIZATIONS/INSTITUTIONS, AND ADMINISTRATION AT THE LOCAL LEVEL PARTNERSHIP.



organizations increases complementarity and potential for success

The project's sustainability is significantly bolstered by its strong integration into local institutions and cultural structures. As noted, the project was designed with active involvement from government agencies, ensuring alignment with local needs and priorities. Furthermore, inclusion of other agencies or

ADVANCING HEALTH OUTCOMES (VACCINE EQUITY) WHILE CONTRIBUTING TO SOCIAL COHESION AND REDUCING MARGINALIZATION.



World Health Organization



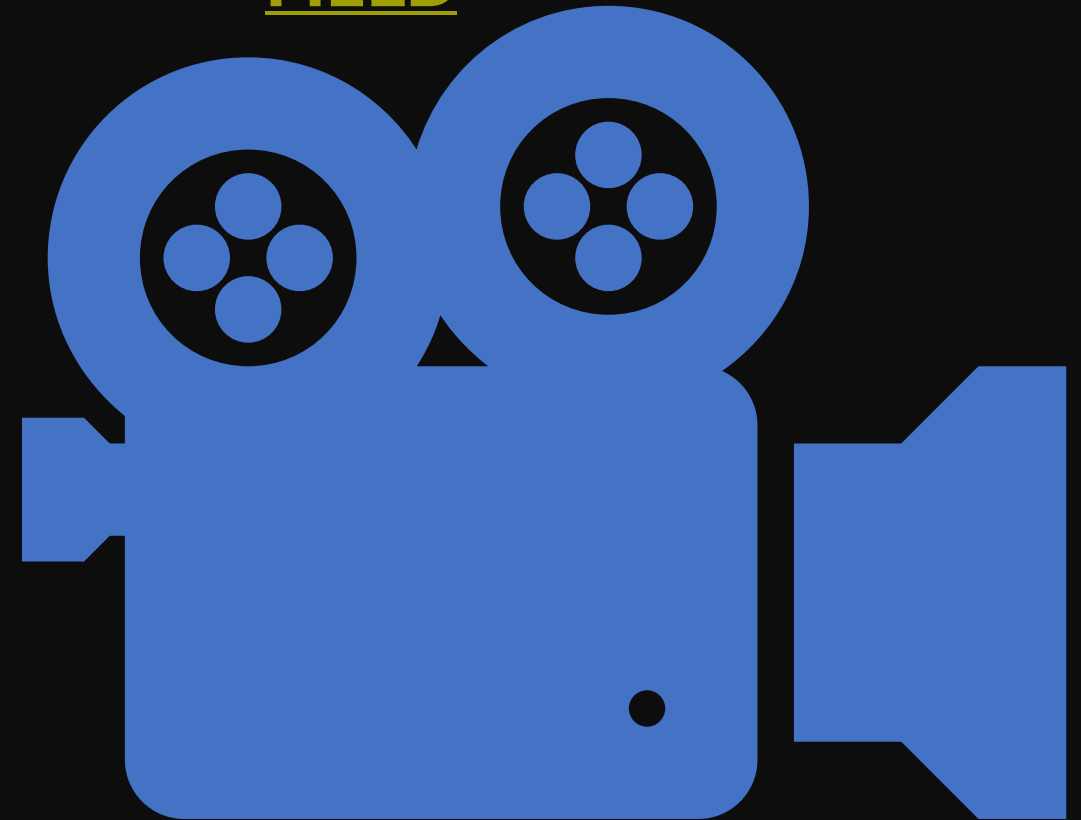
PEACE THROUGH HEALTH IN THE FIELD

In this video, you'll learn 4 things about this project:

1. The perception of COSA before the start of the project regarding WHO's involvement in peace issues.
 2. The involvement of administrative authorities in the project
 3. Vaccination campaigns in outreach strategy as an opportunity to reduce marginalization and strengthen social cohesion.
 4. Socio-economic activities through cooperatives as a means of reducing marginalization.
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THE LINK TO THE VIDEO:

**PEACE THROUGH HEALTH IN THE
FIELD**





PBF Focal Point at the Governor's Office



Conclusion

‘The project was well received, especially considering the vulnerable situation of the Far North Region, which has been affected by ongoing insecurity and conflict. The project utilized a health platform not only to improve health outcomes but also to foster peace and social cohesion among diverse community groups.’

PBF Focal Point at the Governor's Office