



World Health  
Organization



# Polio transition in a snapshot: Cameroon

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## Background

### DEMOGRAPHICS<sup>1</sup>



Total population, 2022:  
**27.9 million**



Birth rate (per 1000 people),  
2021: **35**



Infant mortality rate (per 1000 live  
births), 2021: **47**



Under-5 mortality rate (per 1000  
live births), 2021: **70**

### FINANCIALS<sup>2</sup>



Gross Domestic Product (GDP), 2022:  
**US\$ 44.3 billion**



GDP per capita, 2022:  
**US\$ 1588.5**



Health expenditure per capita, 2020:  
**US\$ 58**



Health expenditure (% of GDP), 2020:  
**3.77%**



External health expenditure (% of current  
health expenditure), 2020: **11.92%**

### KEY RESOURCES

- Transition Plan of the Polio Eradication Programme in Cameroon, 2017-2021
- Revised Transition Plan of the Polio Eradication Programme in Cameroon, 2022-2023
- [Polio Eradication Strategy 2022–2026: Delivering on a Promise](#)
- Africa Regional Strategic Plan on Polio Transition

<sup>1</sup> World Bank Data [website] (<https://data.worldbank.org/>, accessed 8 November 2023)

<sup>2</sup> World Bank Data [website] (<https://data.worldbank.org/>, accessed 8 November 2023)



# Overview of polio eradication and transition planning in Cameroon

Cameroon's last reported wild poliovirus case was on July 9, 2014, and the country was certified as wild polio-free in August 2020, along with the rest of the African region. The national polio eradication programme has established a strong legacy, adopting lessons learned in advocacy, social and political mobilization, policy development and strategic planning, partner management and donor relations, and programme delivery and monitoring. Until eradication, external funding accounted for 95% of the polio eradication programme budget.

Despite years of stability, the country has seen a stark decline in security since 2014, hindering access to health services, including essential immunization. Thousands of people are internally displaced, alongside refugees and asylum seekers. The health system is fragile, leaving many without basic healthcare access. Despite great efforts by the Government to commit increased domestic financing for healthcare, achieving sustained high immunization coverage to retain Cameroon's polio-free status is challenging. As of 2022, only 1.63% of the Ministry of Public Health's budget was allocated for vaccination. A decentralization process is currently ongoing, representing an important area of opportunity for the health sector through the possibility of funding directly by decentralized territorial communities.

Polio transition planning was initiated in Cameroon together with the implementation of the Global Polio Eradication Initiative (GPEI) Polio Eradication and Endgame Strategic Plan 2013–2018, of which transition was a core pillar. The country endorsed the 2017–2021 Transition Plan of the Polio Eradication Programme in Cameroon with the overall objective of maintaining the country's polio-free status and ensuring that investments in polio eradication contribute to future public health goals.

While polio essential functions have been well integrated at all levels of the health system, Cameroon's progress in polio transition has been impeded by circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks, compounded by regional insecurity and the COVID-19 pandemic, which shifted focus to pandemic response and health security. Responding to these challenges, the Government revised the Polio Transition Plan for 2022–2023, aiming to stop cVDPV2 transmission and prevent outbreaks by 2023, in line with the 2022–2026 GPEI strategy. However, the plan has not been endorsed as of November 2023 and financial sources for the implementation of the plan have not been identified.

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# Journey to transition

## Polio Transition Plan (2017 – 2021) and its revision (2022 – 2023)

Cameroon's polio transition plan is aligned with country's key public health priorities. Its overarching objective is to maintain polio-free status of Cameroon and ensure that investments in polio eradication contribute to broader public health goals. The revised plan's immediate focus is to stop the transmission of cVDPV2 and prevent polio outbreaks in the country.

### Strategic pillars of polio transition in Cameroon

1. Political advocacy;
2. Epidemiological surveillance and the laboratory capacity;
3. Outbreak responses and vaccination campaigns;
4. Routine immunization;
5. Community engagement;
6. Integration.

### Prerequisites for success

1. Maintaining essential immunization as a priority
2. Increasing funding for vaccination
3. Strengthening the community approach
4. Strengthening the integration of services and decentralization of responsibilities and resources

### Specific objectives and corresponding activities

1. *Create a sense of urgency and accountability through high-level advocacy*
  - Focus on political advocacy to link polio outbreak preparedness and response with other national health priorities;
  - Identify innovative funding mechanisms for strengthening essential immunization (including funding of the revised polio transition plan);
  - Advocate for the integration of vaccination activities in sub-national budgets.
2. *Strengthen polio detection and outbreak response through surveillance*
  - Strengthen the epidemiological surveillance of acute flaccid paralysis (AFP) cases;
  - Apply technical innovations in surveillance for faster detection of cVDPV2 outbreaks;
  - Combine environmental and community-based monitoring methods with AFP monitoring;
  - Provide technical and financial support to polio laboratories.

### 3. *Improve frontline success by changing outbreak response operations*

- Procure and deploy novel oral polio type 2 (nOPV2) vaccines;
- Improve vaccination campaign planning and execution;
- Explore opportunities for new local partnerships and social networks;
- Deploy digital platforms to collect qualitative data for communications efforts;
- Develop a rigorous communications strategy for cVDPV2 outbreaks and nOPV2 use to address misinformation.

### 4. *Increase vaccination coverage with oral polio vaccine (OPV) and inactivated polio vaccine (IPV) by at least 5% with a focus on health districts with the highest number of unvaccinated children*

- Health districts to develop integrated plans for health and immunization activities;
- Ensure procurement of IPV and OPV vaccines.

### 5. *Foster vaccine acceptance through context-appropriate community engagement strategies to reduce refusals and increase local commitment to vaccinate children*

- Involve nomadic and settled communities before and during response campaigns;
- Raise public awareness and understanding of the need for vaccination and the urgency of action.

### 6. *Accelerate progress by expanding integration efforts and unifying partnerships*

- Intensify joint actions between the Government and relevant partners to ensure the fulfillment of the commitments of each stakeholder;
- Integrate cVDPV2 outbreak response with routine immunization programmes and vaccine-preventable disease surveillance;
- Ensure the success of Gavi's zero-dose strategy by delivering the polio vaccine together with others antigens, through multi-antigen vaccination campaigns;
- Support the response to global health emergencies (with a focus on COVID-19 in the short term).

The plan has had implementation challenges due to unavailability of financial resources, and further revisions might be required to adjust polio transition planning to the changing polio epidemiology, political and economic context in the country.

## Financial Sustainability And Resource Mobilization

The Polio Transition Plan has a total budget of US\$ 66.4-66.6 million. It was anticipated that the plan would be funded by the Government (14.2%) and partners – WHO (43.11%) and UNICEF (28.48%) - with a remaining gap of over US\$ 7 million.

The revised version includes an advocacy and resource mobilization plan aimed at securing additional domestic and international funds. Activities specific to this plan include identifying potential funding sources, conducting cost-effectiveness analyses of the plan, repurposing resources previously mobilized by the GPEI, and

organizing advocacy meetings with partner ministries, economic stakeholders, civil society, and other collaborators, as well as cultivating new local partnerships.

## Monitoring and evaluation

Monitoring and evaluation of the revised Polio Transition Plan 2022-2023 is designed to review progress, document the implementation of activities and analyze gaps. The purpose of monitoring is also to evaluate the results and impact of interventions and to pinpoint opportunities to enhance the plan's effectiveness and efficiency. This M&E process is to be conducted by a specially appointed Monitoring Group.

At the global level, the Polio Transition Monitoring & Evaluation framework consists of two sets of indicators to measure health system performance in relation to the polio essential functions, and the polio transition process. The framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions.

The datasets related to Cameroon can be accessed at <https://www.who.int/teams/polio-transition-programme>.

## Risks/challenges

### 1. **Capacity-related risks**

Insufficient funding, inadequate quality and quantity of human resources required, and inadequate supply of vaccines.

### 2. **Contextual risks**

Insecurity, the need to increase political and/or public will and the institutional capacity of the structures responsible for the implementation of the plan.

### 3. **Health and epidemiological situation in Cameroon and neighbouring countries**

Outbreaks of WPV, cVDPV2 and other vaccine-preventable and epidemic-prone diseases could divert priorities from the transition process.

## Next Steps

- Resource mobilization and implementation of transition plan objectives with the involvement of Government and relevant partners;
- Revision of the polio transition planning in the country to adjust to the changing polio epidemiology, political and economic context in the country.