INTRA-ACTION REVIEW (IAR) OF THE MPOX OUTBREAK IN THE SOUTH-WEST REGION

REPORT

[CAMEROUN]
[DOUALA, APRIL 2025]

1. JUSTIFICATION AND METHODOLOGY OF THE RIA

On August 14, 2024, WHO declared Mpox to be a Public Health Emergency of International Concern (PHEIC). This is following notification on August 13, 2024 by Africa CDC of it as a Public Health Emergency of Continental Concern in view of the unprecedented spread of this disease on the continent. Although endemic in Cameroon, the current Mpox as PHEIC represents a high risk of importation of the new sub-clade, whose virulence has been proven. On September 12, 2024, a national multi-sector Incident Management System (IMS) based on the One Health approach was activated to respond to PHEIC Mpox in Cameroon, while the South-West region activated an IMS on November 27, 2024. As part of this response, an Incident Action Plan (IAP) was drawn up, and numerous measures were implemented in line with the defined pillars of the response, notably the strengthening of surveillance and investigations, the reinforcement of detection and management capacities, ICP and increased awareness of Mpox. These measures have led to an increase in the number of notified cases and their follow-up. At the end of this operational period, it is therefore necessary to carry out an Intra Action Review (IAR) in the South-West region to evaluate the health responses, in order to be able to highlight the good practices as well as the challenges that need to be addressed for current responses, and to draw up a plan for improvement.

2. OBJECTIVES

2.1. General objective

To analyze the current Mpox response system in the South-West region according to the One Health approach.

2.2 Specific objectives

- Assess the level of implementation of the IAP developed during the response to Mpox in the South-West region.
- Identify interventions or best practices carried out as part of the response to Mpox that can leverage significant change in the epidemiological curve.
- Identify the challenges of the response to Mpox using causal analysis.
- Formulate recommendations to improve future responses and contribute to Mpox control.

Participants had the following profiles:

MINSANTE	MINSANTE
	DLMEP

	DPS
	SDPAC
	SDLEP
	SDV
	CCOUSP
	CAFETP
	DOSTS
	LNSP
	PEV
	South-West RDPH (05)
	CERPLE (01)
	Health districts (09)
	Health area (08)
	Drivers (05)
SECTORIALS	MINEPDED
	MINEPIA DREPIA (01)
	MINFOF DREFOF (01)
	MINDEF (03)
	MINDDEVEL (01)
	PNLPZER
	CPC
	LANAVET
PARTNERS	OMS, UNICEF, CDC, FAO, OIM, AFRICA CDC, IFCR.

The IAR took place face-to-face at regional level, with the participation of multisector stakeholders of national, intermediate and peripheral levels. The methodology adopted was interactive and structured, using standardised tools recommended by the WHO. Participants actively contributed to the assessment of the various pillars, with opportunities for cross-learning facilitated by the sharing of experience throughout the process.

- Preparatory phase

During this phase, the coordination team was responsible for:

- Draw up the concept note;

- Collect documentation on the response
- Set up working groups by pillar;
- Draw up the groups' ToRs;
- Set up the team of facilitators and rapporteurs and send them their ToRs and monitor the progress of the preparatory work.

- Implementation phase

This phase took place as follows:

- A briefing session for the region was held one week before the start of the workshop. This session focused on conducting an IAR, mastering the methodology and using standardised tools;
- Group work began with brainstorming, followed by plenary sessions on the challenges encountered and good practice in managing the Mpox epidemic. Corrective measures and proposals to ensure the sustainability of actions were formulated. Five working groups were set up, each corresponding to a pillar of the response to the epidemic. At the end of the groups' work, plenary sessions were held:
- The discussions enabled a consensus to be reached, recommendations to be formulated and the next steps to be defined.

3. RESULTS

3.1. Coordination

Observations

Best practices	- Activation of a regional Mpox IMS - Training and implication of other stakeholders (multisectorial) on Mpox - Good leadership headed by the governor - Regular meetings on Mpox response - District and community engagement
Challenges	- Security challenges - Insufficient resources (financial, human and logistics) - Poor accessibility to the affected communities and High cost of maritime transportation - Frequent redeployment of trained personnel - Lack of multisectoral engagement at the operational level

Recommended activities

a. For immediate implementation:
   - Strengthen weekly intersectoral meetings at the operational level headed by the DO and SDO
   - Establish a feedback mechanism between regional and district (local) actors
   - Involvement of administrative authorities and trustworthy community leaders or local resource persons

b. For implementation in the medium and long term to improve the response to the current Mpox epidemic (including future waves):
   - SDOs and DOs should oversee activities at operational level
   - Training of sectoral actors on PHEM
   - Establish and implement Intersectoral data sharing mechanism at operational level
   - Quarterly intersectoral meeting on public health emergencies

2.2. Risk Communication and Community Engagement	
Observations	
Best practices	- Intergrating traditionnal practionners,illegal drugs vendors and pastors in the sensitization process - Identification and On the spot briefing of bush meat handlers,Community Health Workers (CHWs),community leaders and school auhorities on Mpox outbreak - Identification, training and participation of community notables (Nigerians)in creating awareness on Mpox in some communities of Bamousso and Mbonge Health districts - Adopt the door-to-door strategy for sensitization - Pasting of posters on the walls of households
Challenges	- Non availability of normative documents(CREC communiction plan and SOPs) - Lack of feedback - Limited resources and logistics (financial and human) - Inability to pay community actors (CHWs, community leaders, tradipractitioners and religious leaders) - Extreme Mobile communities and porous borders - Insecurity
Recommended activities	
a. For immediate implementation: - Contextualization of Mpox Normative documents (Communication plans/SOPs) - Semester Coordination meeting on CREC with other sectors on communication on Mpox to have a common - Strengthening Kongossa surveillance - Harmonize materials (posters, radio scripts) in local languages and reporting tools with supporting partners - Regional training of District FP communication on CREC and Feedback mechanism - Reporting of signals and alerts in the communities - Reactivation of functional 1510 - Organize a regional coordination meeting with the different sectors and Creation of a communication platform (whatsapp) for proper coordination - Regular formative Evaluation Meeting with the different sectors b. For implementation in the medium and long term to improve the response to the current Mpox epidemic (including future waves): - Harmonize materials (posters, radio scripts) in local languages and reporting tools with supporting partners	

- Regional training of District FP communication on CREC and Feedback mechanism
- Reporting of signals and alerts in the communities
- Reactivation of functional 1510
- Organize a regional coordination meeting with the different sectors and Creation of a communication platform (whatsapp) for proper coordination
- Regular formative Evaluation Meeting with the different sectors

2.3. Surveillance including points of entry	
Observations	
Best practices	- Engagement and motivation of additional CHWs in Mbonge and neighboring Districts (Kumba North and South) for 05 months through support of partners - Reinforced Supervision / weekly coaching meeting on zoom - Regular weekly calls by the district to ensure Systematic review of registers by the Chief of Centers and Disease surveillance Focal points to get timely updates - Simplified case definitions and information leaflets produced and shared to CHWs in local languages - Creation of a treatment center and designation of a specific focal point for Mpox surveillance at the level of the Region and District. - Integration of Mpox sample transportation through PREP. - The integration/Engagement of Nigerian notables and some key recognized community elites in cross border surveillance - The creation of a Kongossa surveillance system
Challenges	- Weak intersectoral collaboration - High cost of transportation from the health areas - No laboratory at the regional level to test for Mpox - A huge burden on the hospital for case management - Unavailability of sufficient sample collection material - Awareness on Mpox in the region not strong enough - Limited functionality of the call center in the region (1510) - Low level of participation of districts in weekly coaching meetings on surveillance - Case definitions not pasted in some HFs
Recommended activities	
a. For immediate implementation: - Reshare case definitions at least the soft copy to all districts to be pasted up - Request for Mpox sample collection materials from the central level to be shared - Advocate with District teams to communicate more on the use of the call center (1510) to report Mpox cases - Prepare a service note to galvanize the districts towards participation in weekly surveillance / coaching meetings…. b. For implementation in the medium and long term to improve the response to the current Mpox epidemic (including future waves): - Put in place a more flexible system for Mpox sample transportation from the health area level - Capacitate/accredit at least one laboratory in the region to carryout testing	

for Mpox

- Train more surveillance Focal persons at the Health Facility level
- Advocate for the training of more CAFETP front-line to support surveillance

2.4. Case management and logistics	
Observations	
Best practices	- free treatment by health facilities - The putting-in-place of temporal treatment units for Mpox - feeding of severe cases by HF - continuous capacity building of staff - implementation of a protocol for case management - supply of PPEs and essential medicine for case management
Challenges	- Out of pocket payment by patients - Low staff strength in treatment centre - Poor mastery of reinbursement procedures by HFs - High cost of maritime transportation for referral for the severe cases - No prior established protocol for first response - Absence of a vaccination plan
Recommended activities	

- For immediate implementation:
  - The training of frontline personnel on the management of Mpox
  - Provision of medication and materials (PPEs) to HFs
  - Redeployment of staff to the treatment centers
- For implementation in the medium and long term to improve the response to the current Mpox epidemic (including future waves):
  - Building and equipment of adequate treatment centres for Mpox
  - Provision of a service boat to maritime districts
  - The institution of a special motivation to health personnel in treatment centers for Mpox
  - Conduct a study on the acceptability of the vaccine
  - The provision of vaccine for Mpox	

2.5. IPC	
Observations	
Best practices	- Rapid disinfection of households of cases by CHWs - Establishment of physical distancing by traditional authority in the community - Disinfection of boats and bikes - Supervision of bush meat handlers by community hygiene committee - Integration of local collaborative management to detect and report dead animals
Challenges	- Availability of IPC inputs to CHWs - Availability of IPC inputs available to treatment centers - Community Acceptance of Decontamination - Training healthcare personnel in IPC
Recommended activities	

- For immediate implementation:
  - Ensure the dissemination of IPC commodities to the community, Health facilities and treatment centers
  - Continuous sensitization on importance of disinfection in communities
- For implementation in the medium and long term to improve the response to the current Mpox epidemic (including future waves):
  - Advocacy to the council for the recruitment of non-state employed health personnel
  - Provide health district with adaptive means of transportation	

4. WAY FORWARD

- Set up an IAR follow-up team to coordinate and oversee the implementation of the IAR recommendations.

Action Steps :

- Nominate key representatives from relevant sectors (public health, amimal and environmental, epidemiology, clinical care, risk communication, and community engagement).
- Define clear roles and responsibilities for team members.
- Schedule regular coordination meetings to assess progress and identify challenges.

- Ensure representation from both regional and district levels for effective follow-up.

- Define the process for documenting and monitoring progress in implementing the IAR recommendations to track the impact of the recommendations.

Action Steps:

- Develop a standardized monitoring and evaluation (M&E) framework with indicators aligned to each recommendation.
- Involve regional and central IMS coordination in monitoring.
- Create reporting templates and timelines for updates.
- Use digital tools or shared platforms to collect and manage data.
- Conduct periodic reviews and share findings with stakeholders to ensure transparency and accountability.

- Involve the management team throughout the process to secure leadership support, mobilize resources, and maintain institutional commitment.

Action Steps:

- Provide regular briefings and progress reports to regional health authorities and senior decision-makers.
- Leverage their authority to address bottlenecks, allocate funding, and facilitate inter-sectoral collaboration.
- Encourage management to champion the process and visibly support implementation efforts.

5. APPENDIX

- Appendix 1 : List of participants and the Intra-Action Review (IAR) team

REPUBLIQUE DU CAMEROUN
PAIX-TRAVAIL-PATRIE

MINISTERE DE LA SANTE PUBLIQUE

CABINET DU MINISTRE

UNITE DE COORDINATION DES SUBVENTIONS DU FONDS MONDIAL ET DES PARTENAIRES DE LA LUTTE CONTRE LE SIDA, LA TUBERCULOSE ET LE PALUDISME

REPUBLIC OF CAMEROON
PEACE-WORK-FATHERLAND

MINISTRY OF PUBLIC HEALTH

MINISTER'S OFFICE

COORDINATION UNIT OF THE GLOBAL FUNDS AND PARTNERS GRANTS FOR FIGHT AGAINTS
AIDS, TUBERCULOSIS AND MALARIA

ATELIER DE REVUE INTRA ACTION DE LA RIPOSTE DE MPOX DANS LA RÉGION DU SUD-OUEST.

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DOUALA, DU 01 AU 04 AVRIL 2025

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- Appendix 2: Intra Action Review agenda

DAY 1: 1st April 2025		
Moderator: Dr EKO EKO Filbert Reporters: FP surveillance/M.MANDENG		
TIME	SESSION	RESPONSIBLE(S)
08: 30- 09 :00	Welcome and registration of participants	Secretariat

09: 00 - 09 :30	Opening of the meeting - Opening remarks by the DLMEP - Family photo	Facilitators
09 :30 - 10 :00	- Introducing the participants - Practical details	Facilitators
10: 00 -10 :30	Coffee break	
10: 30 - 11: 30	Summary of the health response to the Mpox epidemic in South-west Region - Discussions	CERPLE SW
11: 30 - 12: 30	- Objectives of an Intra Action Revue - Presentation of the working groups and terms of reference - Discussion	Dr TANDI/Dr BELINGA
12: 30 - 13: 30	Session 1: Group work on identifying good practice, impact, contributing factors and challenges	Participants
13: 30 - 14: 30	Lunch break	
14: 30 - 16: 00	Session 1: Group work on identifying good practice, impact, contributing factors and challenges	Participants

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DAY 2: 2nd April 2025		
Moderator: Governor SW Region Reporters: HD NJIKWA / HD NDIKINIMEKI/ M. LEKEUFACK		
TIME	SESSION	RESPONSIBLE(S)
8: 00 – 8 : 30	Reading and amendment of the D1 report	Reporters D1
8: 30 – 10: 00	Feedback from session 1	All groups
10: 00 – 10: 30	Coffee break	
10: 30 - 13: 30	Session 2: Group work on identifying challenges, impact, limiting factors and corrective measures to perpetuate good practice.	Participants
13: 30 - 14: 30	Lunch break	
14: 30 -16:00	Feedback from session 2	Participants

DAY 3: 3rd April 2025		
Moderator: Dr NDALLE Hervé Reporters: HD BAMUSSO/ CBIS DRSP SW/ Mme NOULA		
TIME	SESSION	RESPONSIBLE(S)

08: 00 - 08: 30	Reading and amendment of report D2	Reporters D2
08 :30 - 10: 00	Session 3: Group work on identifying the recommended activities to be implemented in the short and medium term and drawing up the Improvement Plan.	Participants
10: 00 – 10: 30	Coffee break	
10: 30 – 13: 30	Report on group work from session 3	Participants
1 3: 30 – 14: 30	Lunch break	
14: 30 – 16: 00	Report on group work from session 3	Participants

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DAY 4: 4th April 2025		
Moderator: Dr ESSO Linda Reporters: data CERPLE SW/ Mme KOUOTOU		
TIME	SESSION	RESPONSIBLE(S)
08: 00 - 08: 30	Reading and amendment of report R3	Reporter D3
08: 30 - 10: 00	Consolidation of work	Secretariat
10: 00- 10: 30	Coffee break	
10: 30 – 11: 30	Presentation of IAR results	Dr TANDI/Dr KENKO
11: 30 - 12: 30	- Next steps - Evaluation of the workshop by the participants	Dr MANDENG
12: 30 - 13: 00	Closing ceremony - Message from the TFP representatives - Closing remarks	PTF DLMEP
13: 00 - 14: 00	Lunch and end of the IAR	

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