Policy Briefing:

Making the Case for Family Planning in Cameroon

Overview:

This policy briefing synthesizes key insights from the 57th edition of the Cameroon Town Hall for Healthcare Professionals, held on August 27, 2022, focusing on the theme 'Family Planning in Cameroon', presented by Dr. Samuel Akombeng Ojong, obstetrician gynaecologist and Family Planning National Focal Point at the Ministry of Public Health.

Context:

Family planning is a declared priority in Cameroon, with FP2020 commitments and new FP2030 commitments, and use of modern methods has grown to about 1.11 million women. Yet the state funds about 1 percent of family planning spending, partners fund the rest, and use varies widely between regions, education levels and marital status. Adolescents are poorly served, and the maternal mortality ratio, while down from 782 to 406 per 100,000 live births, remains high.

Key Issues:

1. **Weak coordination and governance:** Roles in financing, purchasing, logistics and supervision are poorly defined across the family planning ecosystem, and national plans expire without evaluation.
2. **Dependence on external funding:** Partner funding distorts priorities and leaves the programme exposed to delays; performance based financing disrupted commodity logistics.
3. **Limited method mix and skills:** Fewer than one in five facilities offer implants or IUDs, and providers lack skills and motivation.
4. **Supply chain and data:** Commodities reach the country but stock out in some regions and expire in others; DHIS2 data are not reliable enough for decisions.
5. **Inequity and barriers to demand:** Large gaps by region, education and marital status, no national communication strategy, stigma, religious and spousal barriers, and out of pocket costs.

Discussion Highlights:

- Family planning is one of the most cost effective maternal health interventions: every dollar spent saves 1.23 dollars in maternal and newborn care.

- Use every contact with health services to offer family planning, but build demand through mass and community communication and keep counselling voluntary.
- Integrate family planning into HIV, maternal and newborn services instead of separate programmes.
- Newborn deaths are not audited or recorded by cause, unlike maternal deaths.
- Fundong District Hospital's free services with community radio and support from chiefs raised uptake about tenfold.

Recommendations:

- **Clarify leadership and coordination:** MINSANTE's Department of Family Health should publish a clear map of roles for the family planning working group (financing, procurement, logistics, supervision, data) and adopt a total market approach that brings public, NGO and private actors together. First step: finalise the costed implementation plan under the FP2030 commitments.
- **Increase domestic financing:** Government should honour the commitment to raise the reproductive health budget line and contribute to commodity purchase under arrangements such as the UNFPA compact, so the programme is less exposed to partner delays.
- **Fix the supply chain:** MINSANTE, regional funds for health promotion and partners should improve forecasting and last mile distribution, align performance based financing with the national commodity chain, and speed port clearance and tax procedures for donated commodities.
- **Widen the method mix through on site training:** Regional delegations should train providers in implant and IUD insertion in their own facilities, combined with newborn resuscitation, infection prevention and safe abortion care, starting with districts with the lowest demand satisfied (Far North, Adamawa).
- **Launch a national family planning communication strategy:** MINSANTE should run mass media and community campaigns on prime time TV and radio, involving men, boys, religious and traditional leaders, and offer provider initiated, rights based counselling at every facility entry point.
- **Serve adolescents and audit newborn deaths:** Expand adolescent friendly services and age appropriate sexuality education prepared with parents and communities, and extend death audits and cause of death reporting to newborns.

Next Steps: Cameroon's FP2030 commitments were due to be launched, and the national community health strategic plan 2021 to 2025 had just been launched. Participants proposed future sessions with IPPF and UNFPA colleagues.

Conclusion: Cameroon has the policy commitments and enough commodities to make family planning work, but coordination, domestic financing, logistics, trained providers and communication lag behind. Fixing these would reduce unintended pregnancies, unsafe abortions and maternal deaths at a cost the country can recover.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of August 27, 2022. Recording: https://www.youtube.com/watch?v=mpdlilyUuks