DRAFT BUDGET FOR 2022

PRESENTATION BY THE MINISTER OF PUBLIC HEALTH

YAOUNDE, DECEMBER 2021
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INTRODUCTION

Honourable Chairperson of the Finance and Budget Committee,

Distinguished Members of the Finance and Budget Committee,

Ladies and Gentlemen,

It is a pleasant duty and a great honour to address your august Committee, to present the Performance Project of the Ministry of Public Health for the year 2022.

Allow me, Madam Chair, to thank you for the kind words you addressed to me and the delegation accompanying me.

In the same vein, permit me, Honourable Chairperson, to extend my gratitude to the entire House for it priceless contribution in building up a robust and effective health system in our Nation, as intended by His Excellency Paul Biya, President of the Republic, Head of State, to which he attaches great importance, given the strong link between health and development.

Honourable Chairperson,

Honourable Members of the Finance and Budget Committee,

The performance project of the Ministry of Public Health that is tabled to you for adoption was drafted as usual in line with the requirements of the Programme-Budget.

My presentation is divided into two sections:

- First, a summary presentation of the balance sheet of activities carried out during the year 2021;
- Then perspectives offered by the budgetary demand for the year 2022 we are subjecting for your adoption.
1. BALANCE SHEET OF THE YEAR 2021

Honourable Chairperson,
Distinguished Members of the Finance and Budget Committee,

In carrying out its sovereign missions aimed at implementing the Government’s health policy, in 2021, the Ministry of Public Health received a budgetary allocation of FCFA197 121 billion. The activities were implemented throughout the year through 04 programmes namely: (i) programme 527: Disease Prevention, (ii) programme 528: Health Promotion, (iii) programme 530: Governance and institutional support in the health sector and (iv) programme 531: Case Management, enabled to obtain the results below.

1.1. PROGRAMME 527: DISEASE PREVENTION

Its objective was to reduce premature mortality due to preventable diseases by 2030, with a budget of FCFA40 701 billion. The interventions carried out to achieve this objective made it possible to achieve the following results.

- Concerning Malaria control,
  - 1 003 399 Long Lasting Insecticide-Treated Nets (LLINs) were purchased and are being distributed in the South West region. To date, the total number of LLINs that have been distributed is 10 459 245 out of 14 893 708 expected, representing a population coverage rate of 77.3%. Moreover, 42.6% pregnant women and children below 5 years of age received an LLIN free of charge, bringing it to a total of 335 023 LLIN distributed;
  - About 1 700 000 children between the ages of 3-59 months were treated at cycle 1 and 2 in July and August 2021 as part of the campaign on the chemoprevention of seasonal malaria in the North and Far North Regions;
  - 56.6% of pregnant women received at least 3 doses of Sulfadoxine Pyrimethamine (SP) as part of the Intermittent Preventive Treatment (IPT), representing 207 849 out of 367 449 women received in antenatal consultation (ANC);

- With regard to HIV/AIDS control and the prevention of mother-to-child transmission,
Exemption of fees (User fees) for the management of HIV patients in order to facilitate access to treatment is effective. A total of 70% of health facilities in the 10 regions of Cameroon have implemented this measure;

Out of 7,045 exposed children and 3,627 who did the PCR test in the first quarter of 2021, 4.9%, that is, 176 children are HIV positive;

Numerous actions were been carried out in the area of HIV;

- strengthening HIV counseling and testing in order to increase the acceptance rate for the said test through new HIV testing strategies (self-test, community testing, etc.). 10,482 HIV tests were performed, that is, 93%, with 2,226 positive cases;
- strengthening adherence to treatment for pregnant women, children and adolescents (therapeutic education, home visits);
- In addition, efforts have been made to strengthen the availability of management inputs (ARVs, and other inputs), in all approved treatment centers (CTA), care units (UPEC) and community-based organizations (CBO).

With regard to the prevention of epidemics,

- overall routine immunization coverage rate remains below the target of 85%. The results obtained are 64.9% for the first rubella-measles dose (RR1), 69.2% with Penta (vaccines against diphtheria, tetanus, pertussis, polio, haemophillus) and 62% for BCG vaccination coverage (prevention of tuberculosis) in the first half of 2021;

The introduction of the 2nd dose of measles/rubella vaccine continued, with vaccination coverage increasing from 17% in 2020 to 31% in 2021;

- The COVID-19 vaccination was introduced on 12 April 2021 as a key prevention and response strategy to the COVID-19 epidemic. As at 25 November 2021, Cameroon purchased 2,191,850 doses of SINOPHARM, ASTRAZENECA and JOHNSON & JOHNSON vaccines. The supply of the PFIZER vaccine is imminent. 930,476 doses have been administered and 4.1% of the target population is fully vaccinated against COVID-19 on the expected 10%;
o In accordance with the International Health Regulations (IHR 2005), the surveillance system for epidemic-prone diseases has made it possible to detect several epidemics, particularly poliomyelitis, yellow fever, cholera, monkey-pox, and measles which alone has affected 16 health districts out of 197, that is, 8.12%. Similarly, for each of these epidemics a response plan was validated and implemented;

o In addition, through cross-border surveillance, there has been capacity building of health personnel at entry points, the construction/rehabilitation and equipment of some Border Health Posts (BHP). This made it possible to control the importation of epidemics as well as the export of some diseases which are rife in neighboring countries, notably Lassa fever, Poliomyelitis, Ebola virus disease, etc ... and to prevent some public health emergencies of international scope such as hemorrhagic fevers (Ebola, Lassa fever).

- Concerning the prevention of chronic non-communicable diseases (NCDs),

  o 51 women tested positive out of 15,308 screened for cervical cancer (0.33%) during the 2021 Pink October campaigns;

  o Vaccination against the Human Papilloma Virus enabled to cover 22% of girls aged between 9 and 14 years out of the 25% targeted. *This vaccination helps fight against cervical cancer in young girls;*

  o Several actions have been carried out within the framework of the fight against chronic non-communicable diseases, notably:

    - the drafting of NCD management guidelines;
    - the revision of the text organizing the national cancer control program;
    - the setting up of a surveillance system and routine feedback of quality data, through the DHIS2 and CANREG software in the cancer registers;
    - the search for funding to put in place a cancer institute and the negotiation of partnerships for the availability and downward revision of management inputs.
As for the prevention of Neglected Tropical Diseases (NTDs),

- integrated screening enabled to detect and treat free of charge 103 cases of cutaneous NTDs and 1,404 cases of other skin diseases, 101 cases of Buruli ulcer, 241 cases of leprosy and 05 cases of leishmaniasis;
- 2,799,084 people received prophylactic treatment against Onchocerciasis in the North, North-West and South-West regions;
- 992,285 school-age children received prophylactic treatment against Schistosomiasis and 694,521 against Intestinal Helminthiasis during a national campaign;
- Sickle cell disease surveillance resulted in the detection of 17% prevalence of the SS antigen, among the 2,187 newborns tested.

1.2. PROGRAMME 528: HEALTH PROMOTION

With a budget allocation of FCFA 12.445 billion with objective to act on health determinants in order to give the population the reflexes and knowledge to protect and promote their health, the program’s actions enabled:

- **For the fight against malnutrition,**
  - To maintain the rate of chronic malnutrition in the under-fives at 29%. The fight against malnutrition focused on four regions (Far-North, North, Adamawa and East) and, as part of the response to the security crisis, in the North-west and South-west regions;
  - Ensure Vitamin A supplementation to 729,863 children aged between 06 and 59 months;
  - Ensure the deworming of 695,900 children aged between 12 and 59 months.

- **For mental health,**
  - Ensure:
    - The psychological management for people affected within the context of the response to COVID-19;
    - The management of victims in insecure areas;
    - The management of mental patients wandering in 07 districts of Yaounde with 5,960 families sensitized and 344 wandering mental patients hospitalized.
- Concerning the fight against the abuse of drugs and psychotropic substances,
  o The rehabilitation of 5 out of 19 addiction treatment centres and the provision of personnel capable of managing the said addictions.

- Within the framework of family planning and the sexual health of adolescents,
  o Offer of contraceptive products to 24% of women of childbearing age (15-49 years) who are married or in a relationship, for better family planning in the COVID-19 context.

- Concerning hygiene and sanitation,
  o Implement Community-Led Total Sanitation (CLTS) in 43% of health districts;
  o Put in place the infection prevention and control system in more than 200 health facilities.

- In the area of community participation, a strategic plan for the development of community health was prepared in order to guide the activities of about 7,000 community health workers in community surveillance, health promotion, disease prevention and referral of cases to health facilities.

- As far as the Universal Health Coverage (UHC) is concerned, the bill and 07 draft implementing texts on the UHC were finalized and transmitted for adoption. The launch of the pilot phase is planned for January 2022 to test the system.

1.3. PROGRAMME 530: GOVERNANCE AND INSTITUTIONAL SUPPORT IN THE HEALTH SECTOR

Its objective is to improve the coordination of services and ensure the proper implementation of the operational programmes of the Ministry of Public Health. With a budgetary allocation of FCFA 53,176 billion, the key actions here concerned:

- Strengthening coordination at all levels and monitoring the performance of structures,
  o National essential drugs supply system:
    ▪ Constraints related to the performance of the national essential drug supply system which is organized around CENAME, had an effect on the average number of days of drug stock-outs, evaluated at 15.80 days. However, special attention was paid to the availability at all levels of inputs for the response to
COVID-19 (vaccines, screening tests, medications) and drugs for the management of priority pathologies (ARVs, anti-tuberculosis drugs, anti-malarial drugs, anti-cancer drugs, etc.);

- The approval of 05 improved traditional medicines (ITMs) as adjuvants for the management of COVID-19;
- The strengthening of laboratory capacities with the setting up of 02 genome sequencing platforms (CPC and NPHL);
- The ratification of the African Medicines Agency treaty;
- Strengthening the inspection of health facilities, laboratory programs and pharmaceutical establishments, and the fight against corruption, with more than a hundred structures visited and the gaps identified;
- The fight against counterfeit drugs and illicit sale continued with several stocks seized and destroyed.

- **Provision of health care and services:**
  - The formalization of health care and service provision according to level of care (MHP and CHP) and its densification with the opening of 07 new health districts and public and private health facilities;
  - The construction/rehabilitation of about 250 health facilities (upgrading of emergency services, medical imaging, operating theater), 03 central hospitals, 10 regional and annex hospitals, over 90 district hospitals, and 150 health facilities in the 5th and 6th categories;
  - The installation of photovoltaic energy in more than 20 health facilities;
  - The construction of 20 emergency housing for health facilities in difficult to access areas;
  - Reception of 50 type B and C ambulances;
  - The acquisition of equipment (oxygen concentrators, ventilators/respirators, etc.) for the management of respiratory insufficiencies within the COVID 19 context.

- Approaches such as the **PBF or the health voucher** enabled an increase in the quality of the health care offer and facilitated the access of the population to this care;

- **Health and municipal mappings:** the health map was updated. Also proposals for concordance between health map and municipal map were made as part of the implementation of the decentralization of interventions in the health sector;
- **National Blood Transfusion Center**: 2021 saw its creation and the establishment of the management team, as well as the acquisition of equipment for the rehabilitation of blood banks in 07 regional hospitals;

- **Health coverage for major events and non-epidemic emergencies**: The organization and coordination of health coverage for major events and non-epidemic emergencies, particularly the CHAN in January and February 2021, which was successfully carried out, and the preparation of health coverage for the 2021 TOTALENERGIES African Cup of Nations, which is ongoing.

- **With regard to human resources**, 
  - The census of the personnel was conducted with a result of 39,720 health personnel registered on the platform on 21 September 2021, comprising 11,346 civil servants, 4,846 contract staff, 3,412 decision workers and 20,116 temporary staff;
  - The total deficit of health personnel is estimated at 55,000 personnel, hence, the plea we are making for massive recruitment of personnel in the health sector;
  - Implementing the project aimed at retaining health personnel in their posts in 48 health districts in isolated and insecure areas in the Northern and East Regions;

- **Concerning the strengthening of health financing**: the 2021 overall execution rate of the MOH is estimated at 83.74%, representing 77% in operation and 93% in investment.

- **The performance of the health data collection system** using the District Health Information System (DHIS 2) improved with the reporting of monthly activity reports from 6,000 public and private health facilities enrolled, representing 88.7% completeness and 81.8% timeliness;

- **Concerning operational research**, 
  - 52.63% of authorized research projects returned the results of their work;
  - As part of the response to COVID-19, specific platforms set up for reporting screening results, production of electronic vaccination certificate and health pass for AFCON.
1.4. PROGRAMME 531: CASE MANAGEMENT

The strategic objective of this program is to substantially reduce the hospital and community lethality of priority communicable and non-communicable diseases, as well as maternal and infant/child mortality, with a budget of FCFA 90.798 billion provided in the 2021 budget. The following results were recorded:

- **As part of the fight against maternal, newborn and child mortality**
  - 33.4% of newborns received postnatal care within 48 hours within the framework of the fight against neonatal mortality;
  - 210,896 deliveries registered in health facilities in June 2021, that is, 42.7%, with 266 maternal deaths registered.
  - A management system for monitoring and responding to maternal deaths has been set up, aiming at reducing the recurrence to fewer than 140 deaths per 100,000 live births;
  - 48% and 36% of children under 5 years of age suffering from uncomplicated and severe malaria respectively, received free treatment, according to the national protocol;

- **The health voucher** currently implemented in the northern regions resulted in 33,628 assisted deliveries as at 30 June 2021, representing 75% of its target. 70% of vouchers were sold, notably 42,080 out of the 59,809 expected.

- **Management of epidemics and pandemics:**
  - The MOH has been working hard, despite the multiple constraints in mobilizing funds and inputs in emergency health situations, to respond to all the epidemics registered in 2021, notably COVID-19, cholera, measles, monkey pox, polio, yellow fever, etc. Management of these cases is free of charge.

- **Management of disasters and public health emergencies:**
  - Health services carried out several interventions particularly in public road accidents and reflections are underway for the establishment of a mechanism for the management of road accidents along the accident-prone roads;
  - A multi-hazard preparedness and response plan for public health emergencies was developed;
  - Negotiations for the financing of the establishment of the ambulance service (SAMU) are ongoing. However, medical regulation and out-of-hospital case management have been implemented in Yaounde, Douala.
and Bafoussam through the short and toll-free number 1510, and are being extended to the other regions.

- **Management of HIV/STI/Tuberculosis and Viral hepatitis:**
  o **Tuberculosis:** 87% of patients in the 2020 group with positive microscopy tuberculosis were successfully treated. Furthermore, although the prevalence of new infections has considerably increased since 2004 with 47,958 cases reported, 11,219 cases of all forms of tuberculosis were screened in the first half of 2021;

- **HIV/AIDS:** 328,324 patients were put on ARV treatment as of 30 June 2020. 10,482 HIV tests were carried out (93%), including 2,226 positive cases;

- **Management of chronic non-communicable diseases:** The capacities of 1st, 2nd and 3rd category health facilities were strengthened in the management of non-communicable diseases.

- **Management of neglected tropical diseases (NTDs):**
  o The cure rate for Buruli ulcer without complications is 83%;
  o 220 cases of Buruli ulcer, 20 cases of leprosy were detected and treated free of charge;
  o The first round of the Azithromycin mass treatment campaign against yaws in the endemic health districts reached 549,194 people treated, for a therapeutic coverage of 92.39%;
  o 25,000 eye surgeries were performed, 600,000 corrective lenses prescribed and the report on the elimination of trachoma is being written.

- **As part of the response to COVID-19,**
  o A special emphasis was placed on strengthening the health system, particularly in terms of emergency care and resuscitation, in terms of the acquisition of ambulances, medical imaging equipment (digital X-rays and scanners) and resuscitation equipment (respirators and oxygen concentrators), PCR and genomic sequencing platforms for laboratories, the installation of oxygen plants, including the ORCA plant, which is already operational, and the acquisition of a large stock of cylinders.
  o In addition, infrastructures were built (isolation centres in regional hospitals) or renovated (hospital wards, resuscitation services) and equipped accordingly.
With regard to the implementation of the Three-year Emergency Plan (PLANUT):

- The construction and equipment sites of the Regional Hospital Centres (RHC) of Ebolowa and Bafoussam are completed and only need to be officially inaugurated. The delivery of the regional hospital centres of Maroua, Garoua, Bertoua, Ngaoundere is planned for 2022. In addition, the Ebolowa and Bafoussam HRCs are already functional and a team has been assigned to the Garoua CHR for its management;

- The rehabilitation works of the General Hospitals of Yaounde and Douala have been completed and officially handed over. Those of the Yaounde University Teaching Hospital have been achieved at 80%.

AFCON:

- The capacities of health facilities in the 10 regions and more specifically of AFCON sites have been strengthened, particularly with regard to the management of massive influx of cases and emergency management and resuscitation;

- In addition, this preparation made it possible to upgrade some services (Emergencies, Medical Imaging, Operating Room, Hospitalizations) of the hospitals of the AFCON sites (HGOPED, Yaounde Emergency Centre, Laquintinie Hospital in Douala, the Yaounde Central Hospital, the Regional Hospitals of Limbe, Buea, Garoua and Bafoussam;

- Particular attention was paid to upgrading the technical platform of the health facilities of the sites selected to host 2022 AFCON, with a view to providing health coverage for the said event and complying with the related CAF requirements;

- 60 emergency bags and 10 debrifillators were acquired.
### 2. ACTION PLAN FOR THE YEAR 2022

**Honourable Chairperson**

**Honourable members of the Finance and Budget Commission**

The various items of the 2022 performance project of the Ministry of Public Health are as follows:

#### 2.1. 2022 FINANCING PLAN

The 2022 estimated budget is 207,506 billion, representing 117.723 billion for operating budget and 89.783 billion for investment. This budget has increased compared to the 2021 budget allocation to the tune of FCFA 10.785 billion in absolute value, or 5% in relative value and is broken down as follows:

#### Table No.1: Distribution of the 2022 budget per HEADING (in million of FCFA)

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2022</th>
<th>Variation</th>
<th>% variation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OIR except RT and AFCON</td>
<td>5 800</td>
<td>8 716</td>
<td>2 916</td>
<td>50,28%</td>
</tr>
<tr>
<td>FCP</td>
<td>12 405</td>
<td>14 900</td>
<td>2 495</td>
<td>20,11%</td>
</tr>
<tr>
<td>EXFIN</td>
<td>55 508</td>
<td>57 000</td>
<td>1 492</td>
<td>2,69%</td>
</tr>
<tr>
<td>Transferred Resources</td>
<td>8 000</td>
<td>8 450</td>
<td>450</td>
<td>5,63%</td>
</tr>
<tr>
<td>C2D Resources</td>
<td>1 484</td>
<td>717</td>
<td>-767</td>
<td>-51,68%</td>
</tr>
<tr>
<td>PLANUT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AFCON</td>
<td>1 000</td>
<td>0</td>
<td>-1 000</td>
<td>-100,00%</td>
</tr>
<tr>
<td><strong>Operating Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel expenditures (wages)</td>
<td>45 066</td>
<td>47 238</td>
<td>2 172</td>
<td>4,82%</td>
</tr>
<tr>
<td>AFD Budget support</td>
<td>5 936</td>
<td>8 763</td>
<td>2 827</td>
<td>47,62%</td>
</tr>
<tr>
<td>Other personnel expenditures</td>
<td>6704</td>
<td>6 704</td>
<td>0</td>
<td>0,00%</td>
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<tr>
<td>Scholarships and internships</td>
<td>603</td>
<td>603</td>
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<tr>
<td>Other goods and services</td>
<td>54 615</td>
<td>54 415</td>
<td>-200</td>
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<tr>
<td>Water</td>
<td>1 058</td>
<td>1 058</td>
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<td>0,00%</td>
</tr>
<tr>
<td>Electricity</td>
<td>919</td>
<td>919</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Telephone</td>
<td>1 267</td>
<td>1 267</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Dedicated revenues</td>
<td>8 000</td>
<td>8 000</td>
<td>0</td>
<td>0,00%</td>
</tr>
<tr>
<td>Goods and services except water, electricity, telephone, and dedicated revenues</td>
<td>43 371</td>
<td>43 171</td>
<td>-200</td>
<td>-0,46%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>197 121</td>
<td>207 506</td>
<td>10 385</td>
<td>5,27%</td>
</tr>
</tbody>
</table>
2.2.1. PROGRAM 045: DISEASE PREVENTION

The objective of this programme is to **reduce premature mortality due to preventable diseases**, with a budget allocation of **FCFA 50.746 billion**.

In 2022, the following actions will be taken:

- Reduce the incidence of communicable diseases including AIDS, tuberculosis, malaria, viral hepatitis;
- Reduce the incidence of neglected tropical diseases and other conditions, especially in the most vulnerable target groups;
- Strengthen surveillance and response to epidemic-prone diseases (COVID-19, cholera, polio, meningitis, yellow fever, etc.), zoonoses (monkey pox, etc.) and public health events and, in particular, the health coverage of the 2021 TOTALENERGIES AFCON;
- Keep HIV mother-to-child transmission rate below 5% and roll out the full package of prevention activities in maternal, neonatal, child and adolescent health;
- Strengthen the prevention of non-communicable diseases (NCDs), in particular:
  - Diabetes, high blood pressure (HBP), other cardiovascular, respiratory and kidney diseases;
  - Oral diseases, visual and hearing disorders;
  - Sickle cell disease and other genetic and degenerative diseases;
  - Mental illnesses, epilepsies and other neurological conditions;
  - Cancers and rare diseases.
- Maintain the eradication status of the wild poliovirus circulation in Cameroon;
- Finalize the national LLINs free distribution campaign, particularly in the two remaining regions, Centre and the South-West regions;
- Conduct the seasonal malaria chemo-prevention campaign in the Northern regions;
- Strengthen surveillance and chemoprevention against neglected tropical diseases, including onchocerciasis, schistosomiasis and intestinal helminthiasis, leprosy, yaws, buruli ulcer.
2.2.2. PROGRAM 046: HEALTH PROMOTION AND NUTRITION

With a budget of FCFA 3.384 billion allocated to this programme, the following will be conducted:

- Intensify communication and social marketing, in favor of the appropriation of essential health practices by the populations and the acceptance of conventional health care and services;
- Strengthen activities aimed at promoting food and drink safety and good dietary practices and reducing the prevalence of malnutrition and stunting in children under 5 years of age;
- Improve hygiene and the prevention of infections in community and clinical settings, particularly through the appropriation and the gradual scaling-up in the 10 Regions of the Community-Led Total Sanitation (CLTS), the infection prevention and control system in health facilities and the improvement of hospital waste management with the continued commissioning of incinerators;
- Intensify community mobilization for voluntary blood donation;
- Strengthen the fight against early and unwanted pregnancies by consolidation the availability of user-friendly services and family planning inputs;
- Revitalize dialogue structures and strengthen community involvement, while capitalizing on the action of community health workers.

2.2.3. PROGRAM 047: STRENGTHENING OF THE HEALTH SYSTEM

With a budget allocation of FCFA 32.252 billion, this new programme proposes to increase the institutional capacities of health structures, to ensure sustainable and equitable access of the populations to quality health care and services:

- Improve the supply of health care and services by developing infrastructure and acquiring quality equipment for the upgrading of technical platforms, with the involvement of RLAs;
- Start the pilot phase of the UHC through awareness-raising, mobilization and enrolment of populations and major actors in the process;
- Participate in the development of the local pharmaceutical industry and traditional medicine;
Set up a quality assurance mechanism for health care and services;
Ensure transfusion safety by increasing the availability of quality blood products and derivatives;
Revitalize the national essential drug supply system at all levels, in order to reduce the number of stock-out days;
Develop the descriptive and programmatic health maps and the structuring of the health care and services supply, with a view to making the Health District viable.

2.2.4. PROGRAM 048: CASE MANAGEMENT

In 2022, with a budget of FCFA 59,470 billion, the programme will lay emphasis on reducing hospital and community lethality of diseases and public health emergencies, as well as maternal, infant and child mortality. To do this, the following actions are required:

• Within the framework of maternal and child health, continue with the commissioning of RHCs with a mother/child health component; continue with the rehabilitation/construction of mother/child wards and maternity services, notably in areas with high maternal and infant mortality rates; improve technical platforms for better quality and availability of newborn care and promotion of Kangaroo Mother Care for the management of preterm or low birth weight babies; strengthening the audit of maternal and infant deaths, as well as community autopsies;
• Ensure the health coverage of 2021 TOTALENERGIES AFCON;
• Strengthen patient management within the framework of epidemics response (COVID-19, Polio, measles, meningitis, etc), notably through the provision of inputs and the instant deployment of intervention teams at all levels;
• Organize pre-hospital and emergency management of cases of road accidents in health districts found in accident prone areas;
• Improve the therapeutic coverage and initiation of treatment in patients suffering from communicable, non-communicable and neglected tropical diseases;
2.2.5. PROGRAM 049: GOVERNANCE AND INSTITUTIONAL SUPPORT TO THE HEALTH SECTOR

The expected budget for this programme is 61.385 billion FCFA. Its objective is to improve the coordination of services and ensure the proper implementation of operational programmes of the MOH.

The programme intends to:

- Strengthening the management of supplies and stocks for the provision of drugs and other inputs in the Regional Funds for Health Promotion, in health facilities in order to improve access to quality drugs within the framework of the UHC;

- Strengthen supervision, dialogue, management and coordination at all levels of the health pyramid;

- Fight against fake drugs and illicit trafficking of pharmaceutical products and strengthen watch over the market;

- Strengthen the availability of quality human resources in health facilities, through advocacy for the special recruitment of 5,000 health personnel with emphasis on local recruitment in order to resolve the issue of staff turnover and staff retention at their duty post;

- Continue the actions on the rationalization of the distribution of personnel in the Regions, the development of a new human resources development plan, the dematerialization of procedures for monitoring career files, as well as advocacy and social dialogue in favor of improving the working conditions of health personnel;

- The promotion of research, ethics, bioethics and deontology focused primarily on guidelines and the law on bioethics taking into account the aspect of organ transplantation, etc. Improve the availability and quality of health information through DHIS 2 strengthening;

- Improve the availability and quality of health information through the strengthening of DHIS 2, computerization of the medical file in pilot health facilities of phase 1 of the UHC;

- Continue the rationalization of the implementation of the PBF, User’s Fees, health Voucher, in order to boost the performance of health structures and staff motivation;

- Improve the quality of financial management, expenditure and internal control at all levels of the health pyramid;
• Reinforce and intensify control, inspections and internal audits within the Ministry, codification of procedures and documentation as well as popularization of best practices.

• The start of the pilot phase 1 of the UHC mainly focused on the free and subsidized policy in 2022, for the benefit of pregnant women, nursing mothers and children under five years of age.
Honourable Chairperson,
Honourable members of the Finance and Budget Commission,

The proper implementation of the five (5) programmes of the MOH will enable in achieving the following performances:

Table No.5: Projected evolution of health indicators per programme

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Objectives</th>
<th>Indicators</th>
<th>Evolution of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2017</td>
<td>2020 (mi-term)</td>
</tr>
<tr>
<td>Disease prevention</td>
<td>Improve the coverage of disease prevention interventions</td>
<td>Percentage of households with at least one LLIN for two persons</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vaccination coverage with DTC Hep HibB 3 (CV Penta 3)</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of HIV infected pregnant women on ART (to reduce MTCT during pregnancy and child birth during the last twelve months)</td>
<td>85.8 %</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Act on health determinants and provide individuals means to master and improve their health</td>
<td>Percentage of health districts whose households have improved toilets</td>
<td>22.2 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate of global acute malnutrition in the under fives</td>
<td>5.2% MICS5</td>
</tr>
<tr>
<td>Case management</td>
<td>Reduce hospital and community lethality of priority communicable, non-communicable diseases as well as maternal and under-five mortality</td>
<td>Percentage of patients who initiated ART</td>
<td>27.16% (Annual Report 2015 –NACC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate of assisted deliveries in the HF</td>
<td>64.7% (MICS 5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate of peri-operative mortality in Category 1, 2 3 and 4 hospitals</td>
<td>ND</td>
</tr>
<tr>
<td>Governance and institutional support in the health sector</td>
<td>Improve the coordination of services and ensure the proper implementation of operational programmes of the MOH</td>
<td>Achievement rate of budgeted programmes of the MOH</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage public health structures with at least 50% of staff according to standards</td>
<td>30% (2015)</td>
</tr>
</tbody>
</table>
CONCLUSION

Honourable Chairperson,

Honourable members of the Finance and Budget Commission,

Under the impetus of the President of the Republic, Head of State, the dynamic coordination of the Prime Minister, Head of Government and the participation of the various institutional actors as well as the civil society, the health sector continues to significantly reduce the morbidity burden and disease mortality as well as public health emergency in our country (HIV, Tuberculosis, Malaria, COVID-19, maternal, newborn and child mortality, epidemics, etc.). It is necessary to have the required means to preserve these achievements and do better to achieve the SDGs (SDG 3).

Our priorities remain the health of the mother and child, the fight against epidemics notably COVID-19, malaria, HIV, Tuberculosis, and vaccine preventable diseases, the search for innovating mechanisms for health financing and accessibility to care and services through the effective establishment of phase 1 of the UHC, so that no one will be left behind.

To achieve these priorities, upgrading the technical platforms of these existing health facilities as well as the special recruitment of 5,000 health personnel are essential in order to meet the Minimum Health Package and Complementary Health Package in view of their accreditation for the UHC.

Similarly, it will be necessary, with the contribution of all the actors, to find urgent solutions to address the cases of refusal of the vaccination, which weighs down the performances of the Expanded Program on Immunization globally, and specifically the COVID-19 vaccination.

Therefore, the MOH requests from the honourable members of the Finance Commission, a favourable appraisal of its 2022 plan of action and the adoption of the budget related thereto which stands at FCFA 207 506 billion.

Thank you for kind attention.