

Engagement Plan for civil society coalitions and vulnerable communities in Pandemic Preparedness, Prevention and Response 2025-2026

October 2025



Content

Table des matières

1. Introduction	3
A. COPPER CE Project in Cameroon	3
B. Pandemic Prevention, Preparedness and Response (PPPR) activities carried out by CSO coalitions and vulnerable communities in Cameroon.....	4
C. Mapping of CSO coalitions and networks.....	4
D. Mapping of vulnerable communities.....	5
2. Strengths, Weaknesses, Opportunities and Threats (SWOT) on collaboration and communication between CSO coalitions and networks	5
3. Engagement Plan for civil society coalitions and vulnerable communities in Pandemic Preparedness, Prevention and Response 2025-2026:.....	7
Annexes.....	13
Table 1: Mapping of networks and coalitions of civil society organizations in Cameroon, October 2025	13
Table 2: Mapping of CSO communities targeting certain key vulnerable populations in Cameroon	18

1. Introduction

A. COPPER CE Project in Cameroon

Cameroon is implementing the COOPER CE (Community Engagement in Pandemic Preparedness and Response) project, which aims to ensure that communities and civil society actors effectively engage in national processes and mechanisms related to pandemic preparedness and response (PPPR), ensuring that national PPR policies, strategies, and programs integrate health equity, human rights, and gender equality. This project brought together several civil society actors and networks, including the Platform of CSOs Engaged in the Promotion of Immunization and Health System Strengthening in Cameroon (PROVARESSC), the CSO Coalition for Health Focused on Mental Health and Disease Management Activities (COSCA Santé), the Civil Society Coalition for Health Financing and Universal Health Coverage (COFIS CSU), the Civil Society for Malaria Elimination (CS4ME), and the National Network of Civil Society Organizations “One Health” (ROOHCAM). In addition, some key and vulnerable communities are targeted for inclusion in the PPPR collaborative project, including those targeting HIV/AIDS patients, tuberculosis patients and survivors, young girls and women, especially those exposed to violence, internally displaced persons, slum dwellers, and people with disabilities, drug users and refugees.

The COPPER CE project implemented at the national level has strengthened the capacities of communities and CSOs in terms of engagement, advocacy, learning, and knowledge sharing within the framework of the PPPR. However, there is a need to strengthen coordination, collaboration, engagement, and capacity building for PPPR activities carried out by existing platforms. These CSO networks have good national coverage and are members of renowned PPPRs. It is therefore important to come together to better coordinate PPPR activities carried out by CSOs.

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, in collaboration with its partners, the African Coalition Against Tuberculosis and the NGO For Impact in Social Health, seeks to enhance community and CSO learning and collaboration, with the aim of fostering sustainable commitment and action for PPR.

B. Pandemic Prevention, Preparedness and Response (PPPR) activities carried out by CSO coalitions and vulnerable communities in Cameroon

The COPPER project provided CSOs with a unique opportunity to review the national mechanism for integrating gender and human rights aspects into the PPR (National Action Plan for Health and Education) and JEE (Official Education Gazette) processes. Evidence from the CSO PPR profile and the Equity Scorecard pilot is currently being used for formal advocacy for the inclusion of communities and CSOs in national PPR processes, such as the Joint External Evaluation and the submission of pandemic fund proposals, among others. In addition, CSOs and community focal points were trained on key PPR processes, community monitoring, and advocacy strategies, contributing to the development of evidence to support PPR policymaking.

The main gaps identified during the COPPER CE project include weak collaboration between existing PPR networks and coalitions, insufficient documentation of PPR activities carried out by communities and CSOs, weak communication and social marketing skills, lack of knowledge of national PPR processes, lack of operational plans and limited operational research capacity. This justifies the need to create links between PPR CSO networks and provide learning opportunities for their members, hence the justification for this project.

C. Mapping of CSO coalitions and networks

A comprehensive mapping of all CSOs in Cameroon remains to be established. However, these actors have organized themselves into coalitions and networks according to their respective areas of interest, in line with global and national priorities. These organizations contribute to PPPR activities in the areas of immunization, sexual and reproductive health, health systems strengthening, health financing and universal health coverage, prevention and service delivery related to HIV/AIDS, tuberculosis and malaria, food security, antimicrobial resistance, the fight against zoonotic diseases and gender-based violence. CSOs are also involved in activities to combat COVID-19, cholera and smallpox, including community awareness-raising on preventive measures. The table below provides a summary of their activities.

D. Mapping of vulnerable communities

Many CSOs conduct activities targeting vulnerable people in Cameroon. However, this project identified CSOs working with communities such as those affected by HIV/AIDS, tuberculosis, and malaria, women and girls exposed to sexual violence, internally displaced persons, slum dwellers, people with disabilities, drug users, and refugees. Activities carried out by some CSOs include awareness campaigns, medical consultations, nutritional support, vaccination services, distribution of educational materials to students, training in income-generating activities, and the provision of basic hygiene products to orphans.

The table below provides a brief summary of activities carried out by selected CSO communities in the areas of disease prevention, health promotion, and case management. Some pandemic response activities carried out by these institutions are also presented.

2. Strengths, Weaknesses, Opportunities and Threats (SWOT) on collaboration and communication between CSO coalitions and networks

Highlights
<ul style="list-style-type: none">• CSOs are members of numerous national and international platforms and networks that provide unique opportunities for high-level advocacy.• There is strong political will for CSO coalitions• Some coalitions have developed a bank of projects to be implemented• Some of these networks have developed their operational plans which are currently being implemented.• The members selected to coordinate certain CSO platforms have good experience and training on global fund procedures• Leaders of some CSOs have good leadership skills• The representation of regions, countries and continents in the CS4ME network is good• Some CSO coalitions can foster good communication and collaboration among their members.• Communication is facilitated by the use of WhatsApp, which facilitates the coordination of coalition activities

- Existence of communication platforms such as websites, Twitter, LinkedIn and Facebook accounts
- Some CSOs have recruited communications experts who head their communications units
- Some CSOs have adopted work tools that improve group dynamics, including working in cloud files such as Google Docs.
- Some CSOs have acquired and distributed Android phones to collaborators in their communities
- The internal processes and bodies put in place by certain CSOs facilitate internal communication: some have adopted a decentralized operating mode – bottom-up management
- Most CSOs have been trained in their activities and therefore have a good command of them
- Some CSOs have reporting templates used to harmonize information sharing

Weaknesses

- CSOs coalitions communicate with others on adhoc purposes, since there is no formal guidance document and platform
- Their documentation activities are insufficient of PPR activities carried out by communities
- CSOs still have challenges in communication and social marketing
- Most activities are done online, resulting in low engagement.
- Some CSOs lack digital communication skills while others do not own Android phones
- Technical and financial resources are not sufficient for the planned projects
- Insufficient financial resources to coordinate the platform's activities
- CSOs do not have the funds to purchase zoo licenses.
- Some CSO community focal points, such as youth, do not have phones that could be used to improve communication about their activities.
- Website administration is not yet optimal for some CSOs, as they do not have trained staff in their institutions.
- Some CSOs do not have communications units or staff to fulfill this role due to financial constraints.
- Training needs identified by CSOs include training on social entrepreneurship, accountability, project design, and monitoring and evaluation

Threats

- Internet coverage is poor in some parts of the country and negatively affects participation in online meetings

Opportunities

Existence of tools usable in localities with poor network coverage like Kobo Collect

3: Engagement Plan for civil society coalitions and vulnerable communities in Pandemic Preparedness, Prevention and Response 2025-2026:

Vision: To enhance coordination of CSOs activities, with the aim of fostering sustainable engagement and actions in support of the COPPER CE project's PPPR activities in Cameroon until December 2026.

Mission: Strengthening the essential capacities of CSOs in PPPR processes by improving coordination to support decision-making in PPPR.

General objective: to contribute in pandemic prevention, preparation, response and resilience in Cameroon through the strengthening Inter-CSO actions

Specific objectives

1. To identify, formalize, and establish the functional structure of the CSO Coalition for joint preparedness and response activities;
2. To implement reliable, redundant, and transparent systems for internal communication and information exchange across the coalition during preparedness, response, and recover;
3. To ensure CSO capacity is built and integrated into national PPR plans, focusing on proactive measures to reduce community vulnerability;
4. To ensure transparent governance, hold all actors accountable for equitable outcomes, and integrate lessons learned into long-term resilience strategies.
5. To Ensure the availability of sufficient and easily deployable fund for implementation of CSO PPPR activities

Strategic Action 1: Establishment and formalisation of a functional structure of the CSO Coalition for joint preparedness and response activities.

Activity	Task	Deliverable
Finalise CSO coalitions and vulnerable groups	Identify all CSOs across key One health sectors, prioritising those serving high-vulnerable groups, also identifying their resources	CSO coalition mapping is available Inventory map of non-medical resources and emergency supply chain contacts available
Adoption of the project coordination mechanism	Organise a two- to three-day workshop to produce platform coordination documentation	CSO platform guidance documents are available
Establish a governance structure	Organise elections of a steering committee with representatives from diverse CSOs by the general assembly and also put in place key thematic group coordinators	A steering committee is established
	Organise two day capacity building of members on their roles and responsibilities	Steering committee has been trained
	Produce copies of platform coordination documents and share with member	Copies of SOP, Plan etc are available
Launch of the PPPR CSO platform	Organise a one-day meeting involving key stakeholders in community health and PPPR with the public and private sectors	Report of meeting launch

Strategic Action 2: implementation of reliable, redundant, and transparent systems for internal communication and information exchange across the coalition during preparedness, response, and recover:

Activity	Task	Deliverable
Establish communication procedures and channels	Implement communication procedure described in SOP (use of digital and non-digital methods such as WhatsApp group chats, shared cloud drive, google groups, mailing list, SMS, twitter, LinkedIn, website, press etc)	Platform SOP
Data Sharing and reporting Standards	Implement data sharing procedures as defined in the SOP of the platform (jointed quarterly thematic reports, policy briefs)	Platform SOP
Risk Communication, and infodemic management	Design a unified strategy to translate complex public health messages into accessible community language and actively counter misinformation	Identify communication leads and contextualise existing messaging to counter existing rumors and misinformation

Strategic Action 3: Capacity building and integration of CSO priorities into national PPR plans, focusing on proactive measures to reduce community vulnerability

Activity	Task	Deliverable
Joint Simulations	Conduct simulation exercises with public authorities, local governments, and platform members to test coordination and response plans and SOPs	Simex Reports PPR updated plans and SOPs
Joint Trainings	Organize of thematic capacity building activities targeting specific groups during quarterly meetings (advocacy, monitoring and evaluation, resource generation, social entrepreneurship etc.	PPPR Thematic Reports Reports of training meetings
Networking	Organize learning sessions to present CSO PPPR activities (organization of the CSO PPPR Forum every year, organization of bi-monthly webinars)	Reports of webinars Reports of yearly Forum
Policy Advocacy and Integration	Advocate for the formal inclusion of CSO representatives in National Pandemic Preparedness Committees and governance platforms (sensibilization, lobbying using developed tools and plans).	Official CSO representation in national/sub-national health governance bodies.
Community Capacity building	Train community focal points and CHWs on basic surveillance, infection prevention control and first aid	Training modules are developed Reports of trainings

Strategic Action 4: Ensuring transparent governance, hold all actors accountable for equitable outcomes, and integrating lessons learned into long-term resilience strategies.

Activity	Task	Deliverable
Joint Community Led Monitoring	Implement a CLM framework to track the accessibility, quality, and equity of both government and CSO services from the community perspective.	CLM reports
End of term review and Learning	Conduct a formal, independent review of the coalition's performance at the conclusion of the year	Comprehensive "Lessons Learned" document Policy Brief document

Strategic Action 5: Ensuring the availability of sufficient and easily deployable fund for implementation of CSO PPPR activities

Activity	Task	Deliverable
Advocacy for internal and external funding	Develop tools and protocols for fund raising activities	Advocacy tools Project protocol Reports of advocacy activities
Financial Transparency and Resource Mobilization	Create a joint fund-tracking and reporting mechanism to show how CSO resources are deployed in a transparent and non-competitive manner.	Publicly accessible financial accountability dashboard (tracking donations and expenditures)

Annexes

Annex 1

Table 1: Mapping of networks and coalitions of civil society organizations in Cameroon, October 2025

Name of the coalition	Missions	PPPR Area of Interest	Membership	Partners
PROVARESSC (Platform of Civil Society Organizations for the Strengthening of Vaccination and Health Systems in Cameroon)	Exists since June 3, 2014. Its main mission is to mobilize CSOs to promote vaccination and strengthen the health system in Cameroon.	Response activities include training community stakeholders on vaccination, social and behavior change communication; awareness raising; tracking lost cases; and training community organizations. Vulnerable populations include children who have not received a dose.	National network comprising 10 autonomous civil society organizations (each with an average of 10 years of experience), 200 registered or contracted CSOs/BOCs/ASLOs/SDPCs and more than 6,000 community actors. Member of the Inter-Agency Coordination Committee of the Expanded Programme on Immunization	<ul style="list-style-type: none"> Ministry of Public Health Cameroon Baptist Convention Ministry of Secondary Education Gavi
COFIS CSU:(Coalition of Civil Society Organizations for Health Financing and Universal Health Coverage in Cameroon)	Launched in 2023 in Cameroon It aims to promote equitable access to quality health services for all Cameroonian populations by pooling the efforts of civil society to address the challenges related to health financing		- Brings together more than 300 CSOs spread across the 10 regions of Cameroon Member of the Technical Group for the development of the National Strategic Financing Plan. Steering Committee of Roll-Back Malaria, Big PUSH, "Sixième".	It collaborates with the Ministry of Public Health (Department of Finance and Heritage, Central Technical Group - Universal Health Coverage), the World Bank, the Global Fund, GIZ,

	and universal health coverage (UHC).			
COSCA health (Civil Society Coalition on Health,	originally created in 2018 to support the fight against HTM and hepatitis Restructured in 2024 to support advocacy for equitable and universal healthcare delivery; support the One Health approach, decision-making through advocacy for better accountability, data coordination, promotion of UHC and building public/private partnerships.	Supported the development of COVID-19 community working group (communication tools, training of stakeholders, carrying out CAP studies)	Today it has around 250 CSO members working in the country's 10 regions.	Ministerial departments and local authorities
CS4ME (Civil Society for Malaria Elimination)	The platform was created in 2018 to mobilize civil society around malaria elimination, respect for human rights, equitable access to care, and gender equality. Cameroon hosts its technical secretariat (Impact Santé Afrique).	Equitable access to malaria services for CSOs (strengthening the CSO platform; mapping, development of a gender-sensitive system for community monitoring, sharing of experiences, coordination meetings of the CS4ME working group, development of communication tools by community actors, establishment of local	brings together around 918 civil society organizations (CSOs) and networks from 48 countries in Africa and Asia	

		committees to strengthen community engagement in malaria prevention and control, conducting a study on barriers to the distribution of antimalarial drugs and consumables, etc.)		
ROOHCAM , the National Network for Civil Society “One Health”	Contributes to the implementation of the One Health approach in Cameroon to understand the full range of priority health risks in the human, animal, and environmental sectors. The organization also works on issues such as antimicrobial resistance, food safety, and mental health. It provides risk communication and community engagement for the One Health approach, as well as training. Also involved in digital communication activities Support the development of PPR activities, such as submitting proposals for pandemic funding.	Investigation into active cases of Marburg in the southern region, investigation into the use of unapproved pesticides by farmers, awareness campaigns on antimicrobial resistance, Participation in national conferences and forums, development of communication spots on best community practices in unique health, Training of CSOs on zoonoses, antimicrobial resistance, risk communication and community engagement, food safety and the One Health approach, as well as on addressing health	Created in 2021, it houses more than 50 organizations in 08 regions of Cameroon. Includes representatives from faith-based associations. CSOs in human, animal, environmental and plant health are integrated; Member of the zoonosis platform	

	Pay particular attention to vulnerable populations, such as albinos, people with disabilities, and people with mental health conditions.	issues in three municipalities. Support for outbreak response activities during COVID-19, MPO virus disease, and the Marburg alert.		
Council of Imams (CIDIMUC)	Founded in 2008, it focuses on humanity and peace. It aims to improve the living conditions of imams and young people.	<ul style="list-style-type: none"> - Promotion of vaccination against the human papilloma virus in collaboration with traditional leaders and stakeholders from the Ministry of Education in the Central, Littoral and South regions -Awareness raising on reproductive and sexual health and prevention and treatment of obstetric fistulas in 10 regions -Awareness raising for the prevention of tuberculosis and malaria -Training and recruitment of imams and young people to carry out awareness-raising activities -Awareness raising and mobilization of internally displaced persons 	Activities carried out nationwide. Working in collaboration with Muslim leaders in all key cities, divisions, and districts.	Collaborators include the United Nations Population Fund (UNFPA), the Ministry of Health's Expanded Programme on Immunization (EPI), the Ministry of Forestry and Wildlife, the Ministry of Territorial Administration, the Ministry for the Advancement of Women and the Family, Clinton Health Access Initiative (CHAI), and Impact Santé Afrique.

<p>CNAL-2D</p>	<p>Functioning for years but restructured in 2023. Its main mission is to support community engagement in favor of governance and local development.</p>	<p>Activities are carried out in the areas of advocacy, community monitoring, digital communication and project monitoring and evaluation.</p>	<p>It has approximately 110 members and covers 9 out of 10 regions. It is not operational in the Northwest region. The most active regions are the North, Adamawa, Littoral, West, and East.</p>	<p>MINPAT, MINSANTE, World Bank, Regional Fund for Health Promotion, Cafis SU, Cosca Santé, FIS, SENAMUSCAM</p>
<p>RESIPAT</p>	<p>Observation of civil society action in health and social protection Reporting on civil society contributions to the achievement of key health and social protection indicators Monitoring of public policies and cooperation strategies Strengthening society's participation and social protection</p>	<p>These are the missions</p>	<p>Welcomes 1362 organizations spread across ten regions and coordinated by 8 focal points.</p>	<p>The government, parliament, cooperation, multilateral organizations (WHO, etc.)</p>

Annex 2

Table 2: Mapping of CSO communities targeting certain key vulnerable populations in Cameroon

Name of the coalition	Missions	PPPR Area of Interest	Membership	Partners
RECAJ+	A world where global health is guaranteed for all adolescents and young people living with HIV	She is involved in training members and organizing awareness campaigns on gender-based violence.	Welcomes three board members, with 11 managers and 11 deputies of the executive committee in the ten regions	UNAIDS, UNFPA, CARE, UNICEF, USID, UNESCO, PEPFAR, MINSANTE, MINJEC, CNLS, FCBI, RJC, RENATA, EXPRESS UNION, CRS, CNJC, Horizon Femmes
The Children and Youth House (MEJ)	Contribute to the good health and overall well-being of children and young people in Cameroon	Facilitation of disease prevention, gender and development, psychosocial support for children and young people with special needs, training of parents, direct assistance, documentation, resource center and education of children and young people	Currently focused in the Western region	GTR, Health District, Regional Delegation, 50 traditional chiefdoms, MINSEC, technical and financial partners
TB people	An organization created by the NGO FIS in 2020, to support tuberculosis patients	Raising awareness about tuberculosis (stigma, access to care and treatment), covering the costs of	Collaborates with approximately 35 health facilities in the city of Yaoundé.	

	and tuberculosis survivors.	medical examinations for tuberculosis patients, and developing a network for observing and managing pediatric cases, creating tuberculosis clubs for patients and survivors, managing complicated cases and cases lost to follow-up.		
SHEMKA Foundation	Established in 2001 to support the promotion, prevention and case management activities of the Ministry of Health	Preventive care provided in community health centers and social health centers to disadvantaged people; -Health campaigns to support the fight against neglected tropical diseases (central, eastern and coastal regions) - Community awareness activities targeting young girls, young mothers and HIV-positive women -Coaching of local associations -Training of auxiliary nurses	Covers the central, eastern, southern, coastal and northwest regions -A member of COFIS CSU, CS4ME, GISDIC (CSO working with the global fund) -Member of ENDA (Senegalese platform of CSOs working with the global fund)	Ministry of Youth

		<ul style="list-style-type: none"> -Support for COVID-19 prevention and social protection activities (water hygiene and sanitation (WASH) activities in communities, large gatherings, nutritional support, awareness raising, etc.) - Cholera control activities (awareness raising in schools, provision of hand hygiene kits in chiefs' palaces and schools) 		
OFIF	Established in 1995, with the aim of raising awareness and promoting the health of women and girls through capacity building, with a focus on women victims of sexual violence	<ul style="list-style-type: none"> -Training on income-generating activities -HIV/AIDS prevention and care, -Awareness raising on malaria, tuberculosis and gender-based violence -Orientation and referencing of files 	Functional in Yaoundé, Koutaba and Ivory Coast	MINSANTE, CS4ME, CIDIMUC, Family club, Global Fund
District Management Committees	Created in the 1980s in Cameroon following the ALMA ALTA	Key areas of activity include supporting community engagement	Coverage is national	Partnership with stakeholders from the Ministry of Public

	<p>declaration, its main mission is to support the co-financing and co-management of health activities in the districts</p>	<p>through outreach and community mobilization. Support epidemic and pandemic response activities, including community outreach on roadside medication, UHC registration, community surveillance, active case finding, patient referral and orientation, family support in adhering to safe burial practices, patient transportation to treatment centers, and training of community stakeholders. The team helps identify displaced persons and foreigners facing financial difficulties in accessing care. They support the active search for “zero dose” cases and help manage refusal cases during vaccination activities.</p>		<p>Health, with local council officials, the Ministry of Territorial Administration through the Divisional Administrator, the Ministry of Education; CSOs, CBOs, professional associations, local and national NGOs and donors and funders such as UNICEF, etc.</p>
<p>MALARIA AND NTD'S YOUTH CORPS CAMEROON</p>	<p>Equitable access to quality health care and services and human rights</p>	<p>Four priority areas: Health Human rights Advocacy Fight against poverty</p>	<p>More than 50 volunteers in the ten regions, work in the ten regions and are members of several networks including</p>	<p>MINSANTE, MINPAT BAD, ALMA, MINGEC, PROVARESSC, COFIS –CSU, CS4ME, RECGOFIP, YALI,</p>

			(PROVARESSC, COFIS –CSU, CS4ME, RECGOFIP, YALI, COSCA SANTE, ALMA, etc.) Targets: pregnant women, children aged 0 to 5, indigenous populations, refugees, internally displaced persons, adolescent victims of rape, etc.	COSCA SANTE, ALM etc...
Cameroon Baptist convention health service (CBCHS)	Offering quality health care to all	Health promotion, prevention, case management and governance	7000 permanent workers and 3000 part time and voluntary workers, physical presence in the 10 regions of Cameroon. We are members of several networks including African NCD Alliance etc.	PEPFAR, CDC, GAVI, Liliane Fond, Global Health etc
DEMTOU humanitarian	Emergency humanitarian aid, recovery of communities affected by crises, and strengthening their resilience to future challenges.	Health, nutrition, water, hygiene and sanitation, food security and livelihoods, protection, early recovery	30 staff, North West, Southwest, Far North, Center.	Ministry of Health UNICEF, OCHA, ALIMA, ARCS, DIAKONIE, DRC, WHO, MEDICINES SANS FRONTIERS ETC

<p>RENATA</p>	<p>contribute to the achievement of sustainable development objectives at the community level through effective and well-targeted actions in SSR and GBV</p>	<p>Early sexual health: Gender Based violence HEALTH</p>	<p>Welcomes 360 associations with 11,000 girls/mothers (aunties) trained in SRR/GBV, has 5 functional branches in 5 regions (center, coast, south, east, and north). As targets we have: adolescents, girls, mothers, PLHIV with an undetermined viral load, victims of GBV</p>	<p>MINSANTE, MINGEC, MINPROF, MINDUB, CNLS, CHP, CARE Cameroon, RECAJ</p>
----------------------	--	--	---	---