ONEIMPACT **Cameroon**

From Data to Action: How Oneimpact CLM Evidence drove Patient-centered DR TB Care Improvement in Cameroon

Background

Tuberculosis (TB) remains a major public health challenge in Cameroon, particularly in the detection and management of drug-resistant tuberculosis (DR-TB). Of an estimated 650 DR-TB cases annually, only 188 were diagnosed and 133 initiated on treatment, representing a notification gap of approximately 71%. Significant barriers continue to limit access to timely diagnosis, treatment initiation, and retention in care.

Evidence generated through the Cameroon DR-TB Landscape Analysis highlighted persistent challenges affecting the quality and accessibility of DR-TB services. These included limited consideration of psychosocial and mental health needs, inadequate attention to gender-related determinants of health, and insufficient mechanisms for systematically capturing and responding to patient experiences. As a result, many barriers affecting treatment access and adherence remained invisible within routine program monitoring systems.

Financial hardship also emerged as a major obstacle to care. According to a National Tuberculosis Program assessment of catastrophic costs, households affected by TB incurred an average cost of 140,071 FCFA (approximately USD 225) for diagnosis and treatment in 2020. These costs place a substantial burden on affected families and contribute to delays in seeking care, treatment interruption, and poor treatment outcomes.

Community-Led Monitoring (CLM) further revealed the scale of these challenges. Financial barriers accounted for 64% of reported social barriers, stigma and discrimination represented 25%, and poor accessibility to care was reported in 39% of cases. These findings highlighted critical gaps between policy commitments and the realities experienced by people affected by TB and DR-TB.
In response, DRAF TB, in collaboration with the National Tuberculosis Program, deployed a network of TB Champions across the country to systematically collect, analyze, and elevate community-generated data on barriers to care.

At a Glance

Location: Cameroon
Timeframe: 1 August 2025 – 01 June 2026
Implemented by: DRAF TB in collaboration with TBpeople Cameroon, and Kenko, with leadership and strategic guidance from the National TB Programme.

Key Interventions

- 50 TB Champions identification , training and deployment in Diagnostic and treatment Centres.
- Monthly One Group meetings at facility level to analyze and react to patient reported barriers to care.
- Development of facility-level and district-level improvement plans

- 12459 people educated on DR TB
- 100 People trained on CLM
- 855 registered on ONEIMPACT
- 1410 barriers reported
- 23 % of barriers resolved

Results

- CLM data integrated into national, district, and facility decision-making
- CLM formally embedded in the National Strategic Plan (NSP)TB prioritized within UHC discussions, including financial protection focus
- Faster response to patient-reported barriers in diagnosis and treatment access.

Interventions

Deployment of Community TB Champions to strengthen community-led monitoring
TB Champions were identified, trained, and deployed across Diagnostic and Treatment Centres (DTCs) to systematically collect and document patient experiences, monitor barriers to care, and support community-led accountability efforts. Through regular engagement with TB-affected individuals, TB Champions generated real-time evidence on challenges related to treatment access, adherence, stigma, and social protection.

Establishment of monthly OneImpact review meetings at facility level
Monthly OneImpact review meetings were institutionalized at participating health facilities to analyze community-generated data, identify service delivery bottlenecks, and facilitate dialogue between patients, community representatives, and healthcare providers. These meetings created a structured platform for addressing barriers to care and strengthening responsiveness within TB services.

Development and implementation of facility- and district-level quality improvement plans
Data collected through the OneImpact platform and monthly review meetings were used to develop targeted improvement plans at both facility and district levels. These plans outlined corrective actions to address identified gaps in service delivery, patient support, and treatment outcomes, strengthening accountability and promoting continuous quality improvement within the TB program.

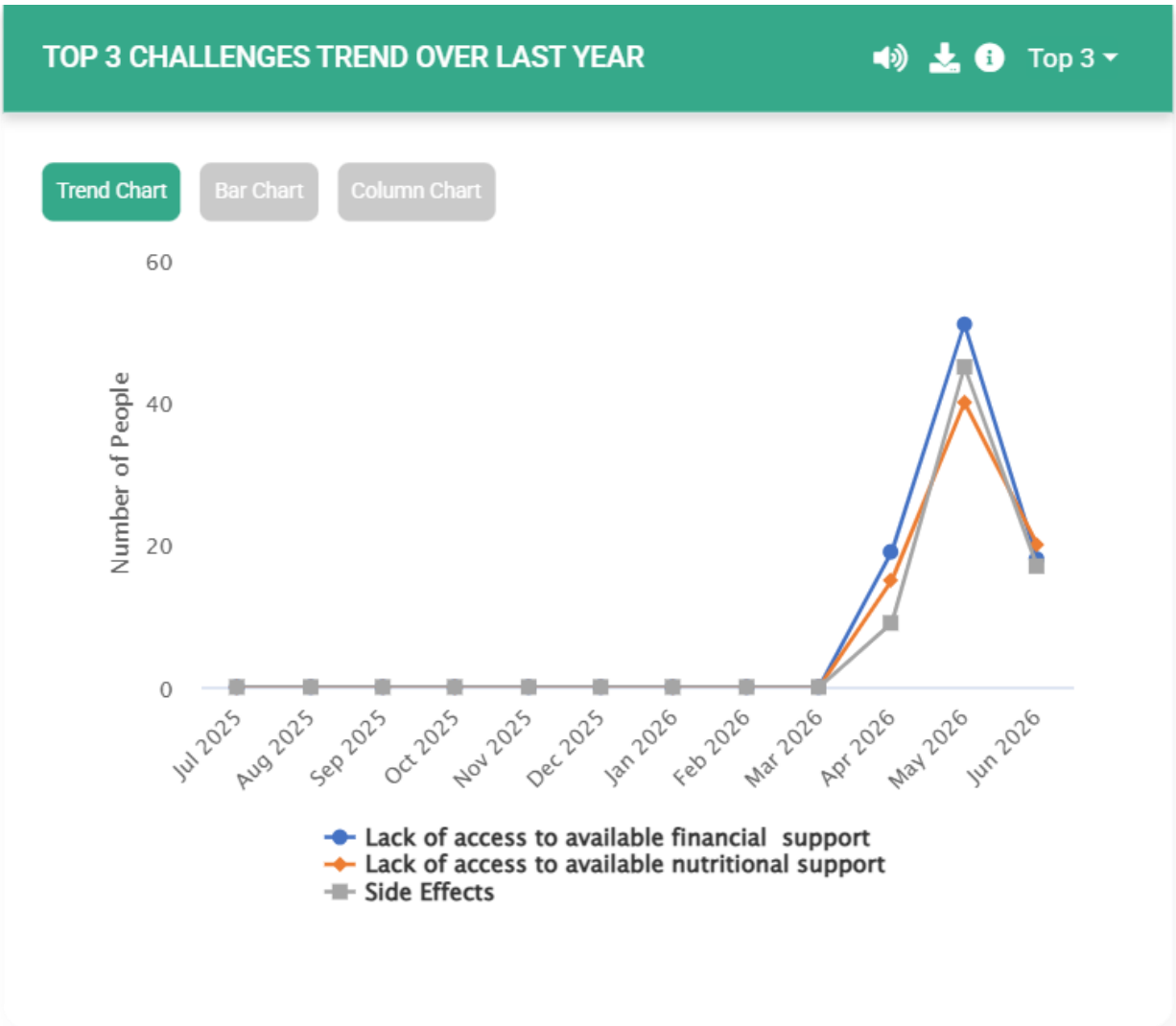
Partnerships

The success of the Community-Led Monitoring initiative was underpinned by a strong partnership model that brought together the **National Tuberculosis Program** (NTP), **health facilities**, **community organizations**, and **TB-affected individuals**. The collaboration between the NTP and health facilities ensured that the OneImpact platform was adapted to the local context, that community-generated data were validated and used constructively, and that facility- and district-level improvement plans were jointly developed to address identified gaps in DR-TB services. **TBpeople Cameroon** played a critical role in supporting community-led efforts to reduce stigma and discrimination while strengthening psychosocial support for people affected by TB and DR-TB. At the community level, **TB Champions** served as the backbone of the initiative, conducting routine data collection, documenting patient experiences, and leading awareness and sensitization activities.

Together, these partnerships created a continuous feedback loop between communities and the health system, enabling community concerns to be translated into concrete service improvements and strengthening accountability, trust, and responsiveness within the national TB response.

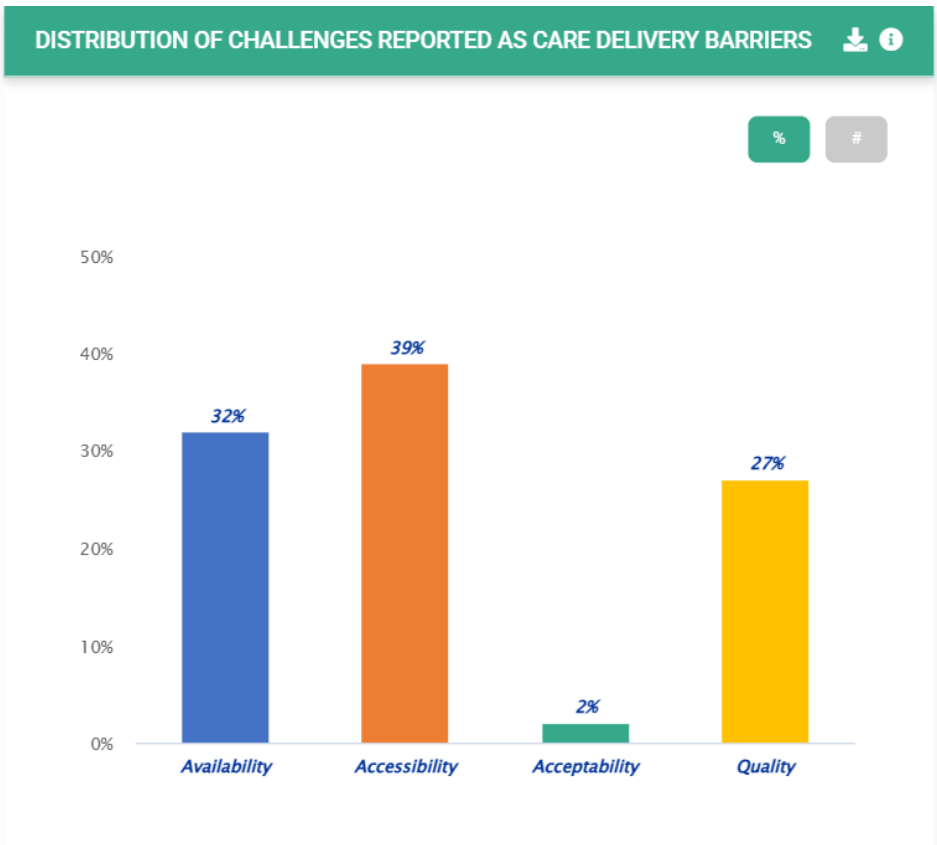
Community-led Monitoring data – ONEIMPACT DR TB Dashboard

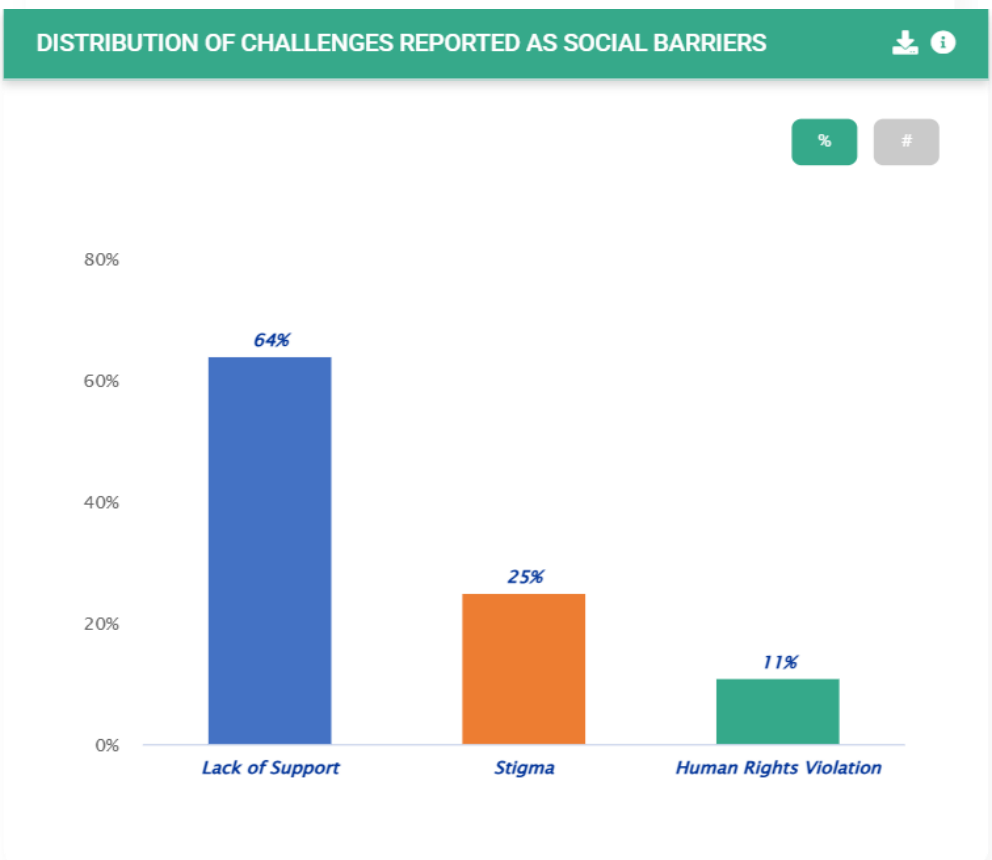
- Number of people registered during project period: **677**
- Total number of people who reported challenges: **365**
- Total reported challenges: **1410**
- Challenges resolved: **327 (8%)**



Community-led Monitoring data, highlighting need for stronger social protection

The top 3 barriers reported during this period were (1) lack of access to available financial support (2) lack of access to available nutritional support and (3) DR TB drug side effects., demonstrating that improving DR-TB outcomes requires not only effective clinical care but also stronger social protection systems, as financial hardship, inadequate nutritional support, and treatment side effects remain major barriers to treatment access, adherence, and successful outcomes.



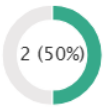


During the period August 2025–January 2026, accessibility to TB care services was the most reported care delivery barrier (39%), with lack of access to financial support being the single most reported individual challenge across all districts. In Djoungolo — the highest-reporting district (126 reports) — drug side effects (17%), self-stigma (9%) and lack of financial support (6%) were the top three barriers. Drug stock-outs were a critical issue in Odza (17%), alongside absent treatment counseling (10%).

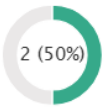
TOP FACILITIES REPORTING CHALLENGES

Top 5

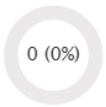
HOP JAMOT YAOUNDE (DS DJOUNGOLO) - 100% — 4



TB Status Revealed

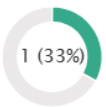


Community Level Stigma

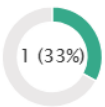


Contact investigation gaps

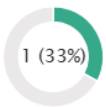
REGIONAL HOSPITAL LIMBE - 99% — 3



Self Stigma

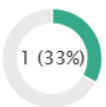


Community Level Stigma

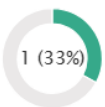


Workplace stigma

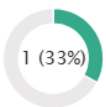
HD ODZA - 99% — 3



TB Status Revealed

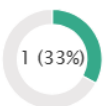


Treatment Facility is far

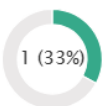


Testing Denied(HRV)

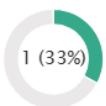
BUEA CENTRAL PRISON - 99% — 3



Community Level Stigma

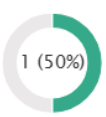


Family stigma

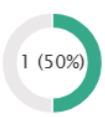


Workplace stigma

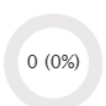
REGIONAL HOSPITAL BUEA - 100% — 2



Community Level Stigma



Involuntary prolonged hospitalization

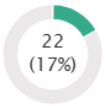


Contact investigation gaps

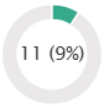
TOP DISTRICTS REPORTING CHALLENGES

Top 5

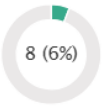
DJOUNGOLO - 32% — 126



Side Effects

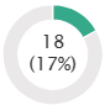


Self Stigma



Lack of access to available financial support

ODZA - 36% — 109

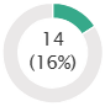


TB drug stock-out

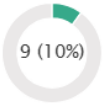
Treatment counseling not provided

Lack of access to available financial support

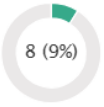
MFOUNDI - 35% — 89



Lack of access to available financial support

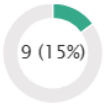


Lack of access to available nutritional support



Side Effects

BIYEM ASSI - 35% — 62

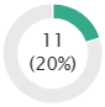


Treatment counseling not provided

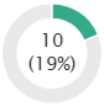
Lack of access to available financial support

Lack of access to available nutritional support

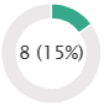
CITE VERTE - 54% — 54



Lack of access to available nutritional support

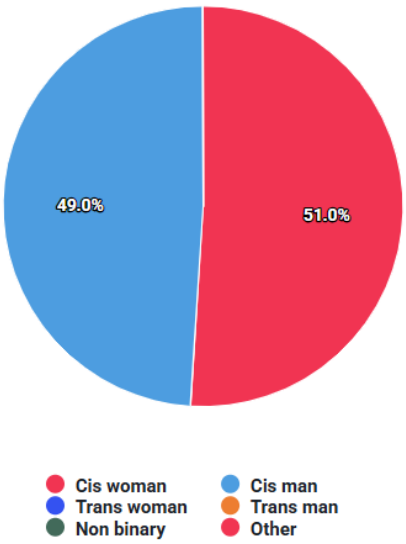


Lack of access to available financial support

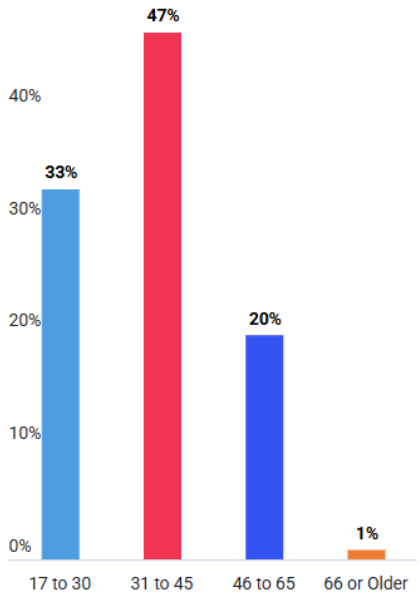


Lack of information on social protection

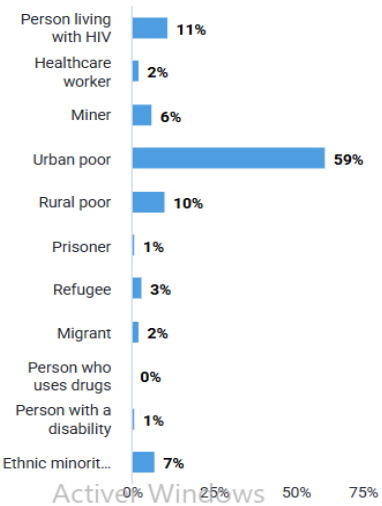
BY GENDER # %



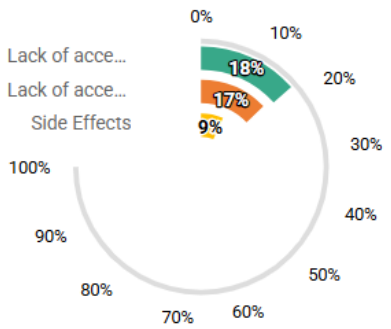
BY AGE # %



BY KEY POPULATION # %



URBAN POOR 44%



Of those who reported challenges, 51% were cis women and 49% cis men. The majority (47%) were within the 31–45 age bracket, followed by 17–30 year-olds (33%) and 46–65 year-olds (20%). By key population, urban poor represented the largest group (59%), followed by PLHIV (11%), ethnic minorities (7%), miners (6%) and rural poor (10%). The data specificity allowed DRAF TB and NTP to prioritize interventions addressing financial and nutritional support gaps and stigma, particularly among urban poor adults aged 31–45 years in Djoungolo, Odza, and Mfoundi districts, and at facilities including Jamot hospital Yaoundé and the Health District of Odza.

Outcomes

The OneImpact Community-Led Monitoring (CLM) initiative contributed to significant improvements across the DR-TB response in Cameroon .

1. DR-TB Policy and Health System Strengthening

- CLM was formally recognized within the National Strategic Plan (NSP), institutionalizing the use of community-generated evidence in TB program monitoring, planning, and decision-making.
- TB was elevated within Universal Health Coverage (UHC) discussions, increasing national recognition of the need for financial and social protection measures for people affected by (DR) TB.
- Community-generated data were integrated into district and facility management processes, strengthening evidence-based decision-making and creating more responsive mechanisms to meet patient needs.

2. DR-TB Diagnostic and Treatment Access

- Community-generated evidence enabled the identification and escalation of barriers affecting access to diagnosis, treatment initiation, and continuity of care, resulting in more timely responses from health facilities and district health teams.
- Regular review of OneImpact data strengthened the ability of health managers and providers to address bottlenecks contributing to treatment interruption, loss to follow-up, and poor patient outcomes.
- Increased visibility of patient-reported barriers informed advocacy efforts aimed at improving access to financial, nutritional, and psychosocial support services.

3. Community-Based Service Delivery

- Stronger collaboration between community actors and health facilities improved the responsiveness of TB services to patient needs and experiences.
- Facility-level improvement plans informed by Community-Led Monitoring data contributed to a more patient-centred approach to service delivery and strengthened quality improvement efforts.
- Greater attention was given to addressing non-clinical barriers to treatment, including stigma, financial hardship, and social support needs.

4. Community Awareness and Demand Generation

- Increased community engagement and sensitization activities improved awareness of TB services, patient rights, and available support mechanisms.
- Communities became more empowered to identify, report, and seek solutions to barriers affecting access to care, strengthening demand for quality and equitable TB services.
- Enhanced dialogue between TB-affected communities and healthcare providers contributed to increased trust in health services and greater willingness to engage with the TB program.

5. Community-Led Accountability

- CLM established a structured mechanism for capturing and elevating patient experiences, ensuring that community perspectives informed service improvements and policy discussions.
- The routine use of OneImpact data strengthened accountability at facility, district, and national levels.
- TB Champions, community representatives, and civil society organizations played an increasingly influential role in monitoring service quality, advocating for corrective action, and promoting a more accountable and people-centred TB response.

Conclusion

What changed and why it matters:
The most significant change is the systematic integration of Community-Led Monitoring (CLM) data into decision-making processes at national, district, and facility levels. This shift has strengthened accountability within the TB response, improved responsiveness of services, and enhanced equity by ensuring that the needs and lived experiences of key and vulnerable populations (KVPs) directly inform planning, service delivery, and program oversight.

What worked well:
The routine use of OneImpact data proved highly effective in generating timely evidence on barriers to care, while structured engagement with the National Tuberculosis Program (NTP) enabled these findings to be translated into action. The establishment of functional feedback loops between communities, health facilities, and district health authorities strengthened collaboration and trust, leading to the development and implementation of concrete, data-driven improvement plans.

What challenges remain:
Despite these gains, several challenges persist. Limited connectivity among affected populations continues to constrain real-time reporting and engagement. In addition, reliance on assisted reporting by health workers in some settings has reduced the level of autonomy and empowerment intended by the CLM approach. Furthermore, CLM is not yet fully institutionalized within routine national monitoring systems, limiting its long-term sustainability and scale.

What will happen next:
Future efforts will focus on strengthening the institutional integration of CLM within national TB monitoring and governance systems, including the standardization of CLM indicators and reporting mechanisms. Capacity building for health workers and district teams will be prioritized to ensure effective use of community-generated data for decision-making and quality improvement. Continued advocacy will support the formal recognition and scale-up of OneImpact within the next Global Fund Grant Cycle 8 (GC8), ensuring sustainability and broader national coverage of CLM approaches.

One Group Meeting at the NTP reviewing OneImpact findings and community-identified barriers to TB services.

Capacity Builiding of TB Champions in the North Region of Cameroon