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## Media Advocacy for Health in Cameroon: Challenges and Recommendations

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### **Abstract:**

*The role the media plays in health improvement remains indisputable(Niles,2011). It is not only the mirror and the window but also the watchdog of society(Ndang,2014) Yet, it has not been sufficiently used to solve health problems in Cameroon. Thus, this study set out to examine the problems faced by media advocates and thus propose recommendations for improvement. In-depth interviews revealed that non-media actors face challenges like high cost of media advocacy, disharmonized communication messages, shallowness of the media, lack of coordination and no monitoring or evaluation. To this, interviewees recommended enhanced collaboration, greater appeal to public, better media relations, auto-financing, harmonization of communication messages and a better monitoring or evaluation of results. Media actors on the other hand complained of lack of trained and qualified personnel, lack of resources, lack of access to information, censorship and ethical dilemmas to which interviewees proposed that the media should better assume its agenda setting, gate-keeping and social responsibility and employ health journalist to do health reporting and advocacy.*

**Keywords:** Media advocacy, health, challenges, recommendations

### **1. Introduction**

Advocacy is the act of promoting an issue in order to influence policy-makers and encourage social change(Wiki,2010). Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research or conducting exit poll. Advocacy in public health plays a role in educating the public, swaying public opinion or influencing policy-makers (Louis & al,2003) The strategic use of newspapers, press releases, radio, television, internet and telephone as an advocacy tool is known as media advocacy (Chapman & Lupton,1994).

Media advocacy began in the 1980s as a product of increasing collaboration between public health groups and public interest and consumer advocates working on health and social issues (Center for Disease Control,2013). Compared with public relations, media advocacy is more focused on a particular policy goal, resulting in social change. It's also more decentralized, community based, and community owned (Free dictionary,2013). Unlike reporting during which the media is used by journalism practitioners to provide individuals with information on a topic, in media advocacy, mass media is "...used as a political tool to target and pressure policymakers for social change and to mobilize widespread support to apply the pressure."(Wallack&Dorfmann,1996)Moreover, advocacy can be done either by non-media actors(*External media advocacy*)or journalism practitioners(*Internal Media advocacy or advocacy journalism*)(Sulem et al,2016).

Either ways, media advocacy is *significant force for influencing public debate and putting pressure on policy makers by increasing the volume of the public health voice and in turn by increasing the visibility of values, issues and people behind the voice Media advocacy is about making sure that the story gets told from a Public Health perspective* (Wallack and Dorfman ,1996)." MakaniT.N(1999) rightly noted that media advocacy is the main way through which health actors can make a difference in health improvement.

In South Africa for instance, it required the muscle of multi-sector media advocacy campaigns through the Soul City project to convince many an incredulous one that HIV causes AIDS. Similarly, it required the '*SIDA dans la Cité*' program to boost the use of condoms in Ivory Coast(UNAIDS,2004)and the KO Palu media advocacy campaign to improve the use of mosquito nets for the prevention of malaria in Cameroon (Bowen HL,2013).

Curiously, although research has shown and practical experiences have demonstrated the power of media advocacy in the evolution of human perceptions and behaviors, a study carried out in Cameroon revealed that very little media information on health is advocacy-oriented. Going by this study,50% of items are tilted towards reporting,25% towards Public Relations/advertising,5% towards opinion sampling like vox pops and just 20% is oriented towards advocacy(Ndang,2014).

The non-achievement of Millennium Development Goal 6(UNMDG,2000))coupled with the growing need to meet Sustainable Development Goal 3(UNSDG,2016)necessitates the improvement of disease control mechanisms. The role that the media can play if properly used for advocacy cannot be overemphasized. This paper therefore analyses the challenges faced by health advocates through the media and proposes recommendations to this effect.

### 1.1. The Role Played by Media Advocacy in Health Promotion in Cameroon

Media advocacy has played a significant role in health promotion and disease control in Cameroon in some of the following ways;

**Raising awareness:** While health reporters have contributed significantly in raising awareness by constantly dishing out information on a particular disease, media advocates for health have helped to shape the quality of information disseminated. For instance, when news of HIV/AIDS broke out in Cameroon in the mid 1980's, it became a song that was sung in every nook and cranny of the country. Messages like *HIV/AIDS kills: protect yourself*, *HIV/AIDS: deadly disease with no cure*, *HIV/AIDS killing billions* were rife in the media, streets, churches, billboards, songs, poems...everywhere(Abah,2013).In fact, someone following the Cameroon media at the time would think HIV/AIDS was not only the only ill but also the worst curse that could ever befall a human being on planet earth! This only frightened the population and increased stigmatization on the said ill. Thanks to pressure mounted on government by victims and organizations of persons living with HIV/AIDS through the media, the Ministry of health revised its communication strategy on HIV/AIDS. More workshops were organized to train Journalists on how to better communicate information on HIV/AIDS. Media stopped associating HIV/AIDS to death and more emphasis was laid on prevention(Akamba,2013).

**Agenda Setting:** Lippman as cited in Wallack, 1994) identified agenda setting as the main function of media advocacy. The media may not be successful much of the time in telling people what to think, but it is stunningly successful in telling people what to think about (McCombs and Shaw,1972).Media advocacy uses the media to place attention on an issue by bringing it to light. In Cameroon, it has pressured and virtually compelled stakeholders to focus on the main health issues of the time(Djao,2014). For instance, while malaria was mercilessly snatching a child's life every 30 seconds, HIV/AIDS was getting the media hype. Malaria was orphaned due to media neglect and therefore the disease was considered banal by the population(Mbatcham,2014). It took an aggressive media advocacy campaign to push malaria on top of public health and media agenda before it was given due attention. By2011, media advocacy on malaria became so rife that it outstripped media advocacy on HIV/AIDS(Kumfa,2013). When the cholera epidemic broke out in 2011, the media continued to focus on malaria. It required another rigorous advocacy scheme led by victims of cholera to shift government's and media's attention from the momentum on malaria and focus on the ill at hand(Mashoda,2013).

**Mobilization of widespread support for disease control:** Media advocacy has mobilized stakeholders at the local, national, sub-regional, regional and international level to gather resources and fight against diseases. This has led to increased funding for prevention and cure of major diseases like HIV/AIDS, malaria and hepatitis B(Babara,2013).

The merits of media advocacy on health abound. Despite the aforementioned merits of media advocacy amongst many others unlisted, less of media advocacy and more of plain reporting and public relations is being done on health through the Cameroonian media. This study would diagnose the problems faced by advocates and propose recommendations. The end result would serve as a guide for better media advocacy for health promotion.

## 2. Methodology

In-depth interviews were used to collect data. The purposive sampling technique was used to select the interviewees based on their relevance in providing adequate information on the topic. A semi-directive approach was employed to collect data. By this approach, the researcher has a list of questions or fairly specific topics to be covered, often referred to as an interview guide, but the interviewee has a great deal of leeway in how to reply. Questions may not follow on exactly in the way outlined on the schedule and some questions may arise in the course of the interview (Huntington1998). Given that media advocacy could be either external or internal, we interviewed 30 non-media actors(health program managers, health communicators, researchers, public health workers, medical practitioners and statisticians) and 16 journalism practitioners (editors and health journalists). All actors interviewed had been involved in media advocacy for health for at least 5 years.

Professions	Number of Professionals Interviewed
Public Health Officials	7
Communicators	10
Researchers	5
Program Managers	5
Medical Doctors	1
Statisticians	2
Editors	8
Journalists	8

Table 1: Number of professionals interviewed

### 2.1. Challenges Faced by Advocates

Non-media actors revealed the following challenges,

#### 2.1.1. Challenges Faced by non-media Advocates

**-High costs of Media advocacy:** The media charges exorbitant sums of money for advocacy(Akom,2013)). Even during crisis when general welfare is at stake, both government and state-owned media insists on being paid huge sums of money before they can conduct an interview or publish an article advocating for health. When the Ebola epidemic broke out, a Public Health worker from Hope International felt compelled to abandon his plan to disseminate a micro program on prevention of the ill on the National radio station because he was asked to pay 500,000FCFA for a 15 minutes program(Ayuk,2014).Moreover, Journalists often harass

Communication's Officers to pay per diem, popularly known as *gombo* before they cover events. This greatly affects the work of Civil Society Organizations because they do not have sufficient funds to allocate some to the media (Bisakoumou,2013). This explains why, certain administrators consider the use of the media a luxury. To them, in the face of several challenges and costs in the fight against diseases, the use of the media should not be prioritized. They feel more money should be directed towards treatment, prevention and care and not the media (Etang,2013).

*Shallowness of the media:* The high cost of media advocacy through programs and sluts in which the non media actor can have a greater freedom of expression has pushed many institutions to resort to public relations as a means to media advocacy (Fondjo,2014). Thus, rather than just host a program, make a speech or book an interview to advocate for health directly, stakeholders often invite the media to cover their events (a press conference, anniversary celebration, a workshop, etc.) through which they advocate indirectly (Gbaguidi,2013). This gives the media the freedom to twist and turn information as they please (Grimladine,2013). The media do not often translate the messages correctly. Media are very shallow about the information they give (Keche,2014). (Kwake,2013) notes that the media organs are more interested with the personalities involved in an event than the issues discussed or the advocacy done. "During the press conferences organized for World Malaria day, journalists just come during the opening and closing ceremony to get what the Minister says. They do not bother to go deep into what we are advocating for and how it would help the population" (Messeh,2014). Most health officials therefore feel reluctant and defensive in their relations with the media, perhaps fearing that the media may obscure the strategic information given them (Ndongo,2014).

*Lack of coordination:* Stakeholders of the health sector face the challenge of coordinating their advocacy activities because some have superiority complex and ego problems and are not willing to share resources, data and information with local level organizations (Mokwe,2012). Also, civil organizations have been known to be at loggerheads with each other because of discrepancies over grants and aid and are therefore not willing to form partnerships with each other (Ojong,2013). This affects advocacy negatively as it stalls cooperation and resource management and slims the chances of an effective, all inclusive advocacy for health (Olinga,2013).

*Disharmonized communication messages:* Lack of cooperation amongst stakeholders has caused a situation where different messages on the same disease are sent to the same audience. Non-targeted information remains a key concern (Ongone,2013). For instance, while tradi-practicians and churches claim that AIDS can be cured and advocate for the use of natural medicines and faith in the Almighty for treatment respectively, researchers claim that AIDS has no cure till date. While government encourages the use of condoms on one hand, the church discourages it on the other hand (Sayang,2013). Contradictory information served to the public through the same media causes confusion and misinformation on health (Yaflo,2013)

*No monitoring and evaluation:* Even when the funds are made available for the media, the result is often insignificant because of the lack of monitoring and evaluation. No one is assigned to follow up to the outreach of such messages or their impact. Most institutions involved in the fight do not bother to investigate or assess how media advocacy influences the alleviation of any of the diseases. There is hardly any monitoring as to whether the money allocated for the media was used accordingly. Added to this is the fact that most of these institutions do not have communications officers. Health workers do the media advocacy (Nzeunzeu,2013).

### 2.1.2. Challenges Faced by Media Advocates

Journalism practitioners advanced the following challenges;

*Lack of trained and qualified personnel:* Lack of specialized health journalists is a major challenge plaguing health advocacy in Cameroon (Tah,2014). Although the Advanced School of Mass Communication (ASMAC) under the University of Yaoundé II, has put in place a master's program to train health communicators, graduates from this field do not end up reporting on their domain of specialization. Once recruited by media organs these health journalists are sent to other desks such as sports, culture or general news. (Suelong,2014.). The health journalists interviewed for this study revealed that they never specialized in Health reporting during their studies but felt compelled to research on health reporting and advocacy when they were sent to the health desk by their editors.

*Lack of resources:* The lack of resources, including money, time and equipment, to travel and investigate on deadly pandemics like HIV/AIDS and malaria represents a serious hurdle to media advocacy efforts (Kini,2013). News organs suffer from insufficient means to reach out to people in enclaves. Journalists of the private media complain of lack of service cars, tape recorders, cameras and computers. Government subventions are too small and the salaries of journalists meagre (averagely 100,000XAF / \$174a month) (Azore,2013). As such, the few journalists who bother to report on health are restricted to the urban areas, relegating the rural zones to the backyard (Kumfa,2013). This has also resulted in the *gombo* syndrome by which journalists cover events only when money is given them (Nformi,2013).

*Lack of access to information:* Lack of access to accurate information on health has discouraged many journalists in Cameroon. Most journalists do not have statistics such as the number of registered cases of diseases, amount spent on disease, causes and consequences for policy making (Bongbeng,2013). Victims of diseases like HIV/AIDS shy away from the media and would prefer to hide their identities even when they show up (Kendehmeh,2014°). Journalists equally complain that the few statistics made available are not exact and change all the time.

*Ethical dilemmas:* Some journalism practitioners, especially those of the state-owned media feel trapped in between their desire to advocate and their duty to just inform as the editorial policy demands. Yves Atangana (2013) remains categorical that journalists should just inform and not advocate because advocacy deforms facts (Abah,2013). Other journalists of the state-owned media admitted that they would rather conform to government rule and keep their jobs than advocate to the detriment of their jobs (Kumeta,2014).

*Censorship:* In addition to the ethical dilemma mentioned above, journalists of the state-owned, *Cameroon Tribune* are faced with a less liberal environment which hampers advocacy (Abah,2013) states: "Everything is done by order from Government. There is a mechanism put in place to verify and analyze content before it is published. Any content which does not go in line with Government's

wishes is sidelined. A journalist can go ahead and give an aspect of advocacy to his story but only as an extension. The role of Cameroon Tribune is to give as much fact and as little opinion as possible.”

### 3. Recommendations

Interviewees recommended the following points to improve media advocacy for health promotion..

#### 3.1. Recommendations to non-media Advocates

*Enhanced Collaboration:* Health programs are not implemented in isolation and therefore should not be planned in isolation (Bisakounou, 2013). Stakeholders at all levels (global, regional, sub-regional, national and local) should blend efforts and mobilize resources for improved health (Ingamhoudou, 2014). Partnerships should be forged with influential groups, which would help put pressure on government to pursue policies and allocate resources that are supportive of health (Gbaguidi, 2013). Collaboration has several advantages: recognition and support for each agencies work, elimination of duplication and ensuring complementary services, exchange of experience, sharing of methodology and materials and facilitation of joint action for health. It is important to sustain momentum and maintain health as a key item in the global and local policy agendas (Maimo, 2013).

*Media Relations:* Stakeholders should create and nurture effective media relations to ensure a constant and accurate coverage of health issues. Rather than nurse skepticism over the media's shallowness and desire for simplicity, stakeholders should take time to share scientific information with the media (Mesumben, 2013). Public health workers and journalists should organize training sessions with each other during which they synergize information and their skills in public health and communication (Djao, 2013).

*The Public:* All actors plan and implement an all-inclusive strategy for advocacy that will meet the needs of the population whose attitude and behavior greatly affects their health (Grimladine, 2013). This strategy should be contextual and should consider the culture and environment of a given community. For instance, a behavior change communication strategy for the population of the Littoral region of Cameroon should hammer more on the need for improved sanitation besides the use of mosquito nets to curb malaria as this would better solve the problem from the grassroots (Mesumben, 2013.). Given that advocacy is the only way through which social, political and economic forces can be mobilized to promote action for health development, this all-inclusive strategy should equally employ other forms of advocacy to include other important stakeholders in domains such as medicine, law, politics, business, etc (Mbatcham, 2014.....).

*Harmonize messages:* Collaboration between actors should lead to the harmonization of messages as this would avoid the confusion of audiences (Ojong, 2013). Stakeholders should not only care about the messages sent but how these messages are presented as this has an effect on the process of decoding (). The messages should be simple and clear. Humanized messages rather than mere statistics, for example will improve their effectiveness (Olga, 2013).

*Financing:* It is important for government to finance its own projects. This would prevent over-reliance on foreign donors and enable a situation where advocacy is done based on the needs of the population and not on the perceptions of interest-oriented helpers (Tchimi, 2013). Other institutions should understand that advocacy is a key part of the fight and therefore allocate money for the media to do its job appropriately (Tchokomakwa, 2013).

*Implementation and Evaluation:* Advocacy should be carried out to change ideas into action, to translate popular statements into reality and to mobilize resources for health (Yaflo, 2014). Stakeholders should monitor to see that the issues they advocate for reach their targets, and are implemented.

#### 3.2. Recommendations to the Media

*Assume its agenda-setting role:* Agenda setting is done by ensuring a greater quantity and frequency of coverage, giving prominence to reports on an issue and arousing controversy over the reports (Oyero 2010). A key area for media involvement in health advocacy is ensuring that the issue is kept at the top of the news agenda (Ngam, 2013). By making sure that deadly ills like HIV/AIDS, malaria, hepatitis and cancer remain headline news, the media plays a vital role in encouraging world leaders and policy-makers to take the epidemic seriously and provide the resources necessary to fund adequate prevention, education and treatment programs. The more leaders see about a particular disease, the greater the resources they invest in it, which in turn leads to increased media advocacy of the issue and helps to sustain public awareness which again has an impact on leaders' priorities (Morikang, 2013). The media can play a key role in 'mainstreaming' health issues by ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue. A coordinated, multifaceted campaign has greater impact than a single program (Kini, 2013).

Journalist of the state-owned media who wish to advocate but feel challenged by government rules should use their medium to pressure for their right to more freedom of expression. Media agenda often affects public agenda and if these journalists use the power they have to fight for their right to advocate for health or any other good thing, they would contribute largely to creating a better society for us all (Mbonwoh, 2013).

*Assume its role as Gate-keeper:* The media should assume its role as gate-keepers of information and give priority to the most threatening ill. They should not just cover more of one disease than another based on the availability of events. The media should not publish messages which may be deceitful and should endeavor to investigate when messages seem to contradict (Kendehmeh, 2014). For instance, publishing messages of AIDS having no cure and at the same time messages of churches and tradi-practiciansthat cure AIDS could cause confusion and undermine the credibility of the media organ (Boudhi, 2014).

*Assume its Social Responsibility:* Cognizant of the fact that the public often relies on it for information, the media should assume its social responsibility and join in the crusade against deadly diseases like HIV/AIDS and malaria without requesting fees for

coverage(Bih,2014). Journalism practitioners should not wait to be fed with information for the media is not only the mirror and window but also the watchdog of society. Journalists can only lay the solid foundation for advocacy if they investigate to dig out credible information that documents the severity of the disease burden and the effectiveness of proposed solutions(Bongbeng,2014). Without such credible information, it becomes difficult to start and sustain an advocacy campaign. Journalism practitioners should not advocate just for money but for positive and sustainable change(Morikang,2014).

*Hire specialized journalists:* Health reporting remains crucial in saving the lives of people. It is therefore important for this domain to be handled by people who are specialized in it. Health journalists should in turn present their messages in an accessible, memorable, exciting and eye-catching way, both in terms of the languages and the messages they use(Ngam,2014). News organs should have health pages or programs in which health advocacy would be consistently done(Nformi,2014).

#### 4. Discussion

Media advocacy remains one of the most effective ways through which stakeholders in the health sector can pressure for policy, yet it has been underused. It is therefore imperative that more advocacy be done if we hope to achieve global health and well being. Whether the advocacy is done by non-media actors or external media advocates (like Ministries, UN agencies, NGOs, victims, etc) or internal media advocates (journalists and editors), it would highlight the most important issues to decision makers and donors and call forth the necessary support. Thus, in the face of the challenges faced by non media actors as revealed in this study such as high cost of media advocacy, disharmonized communication messages, shallowness of the media, lack of coordination and no monitoring or evaluation, interviewees recommended enhanced collaboration, greater appeal to public, better media relations, auto-financing, harmonization of communication messages and a better monitoring or evaluation of results.

For media actors on the other hand, who presented challenges like lack of trained and qualified personnel, lack of resources, lack of access to information, censorship and ethical dilemmas, interviewees proposed that the media should better assume its agenda setting, gate-keeping and social responsibility and employ health journalist to do health reporting and advocacy.

Further discussions lead us to suggest more careful preparation before the stakeholders launch an advocacy campaign. Fundamental to media advocacy is knowing what policy goals one wishes to accomplish. Thus, the first step is to establish what the policy goal and expectations are. The second step is to decide the target of the advocacy. Consider whether the target in question has the power to make the change advocated for or heed to the advice of the advocacy. The third step is to frame the issue and construct messages. The fourth step is to construct an overall media advocacy plan for delivering the message and creating pressure for change (Wallack,1994). After determining the goals, targets, messages and channel, stakeholders should choose the most appropriate media .Some media are general while others are specialized in health. Others have a wider audience while some have a narrow audience.

Finally, it is important for advocates to evaluate if their expectations were met.

#### 5. Conclusion

This paper highlighted the role media advocacy plays in health promotion, presented the challenges faced by media and non media actors and proposed recommendations for improvement of advocacy. Makani T.N((1999) rightly notes:“*Once you “get” media advocacy, you have to do it. Or live with the fact that you’re not doing everything you can to make a difference*”. Niles (2011) further states: “*When objective journalism decays into cowardly neutrality between truth and lies, we need advocacy journalism to lift our profession... back to credibility*. Going by these two quotes which promote the idea of external media advocacy (by non-media actors) and internal media advocacy (by journalism professionals) respectively, it is imperative for both non-media and media actors to up their media advocacy scheme if they hope to achieve general health and wellbeing. Adhering to the aforementioned recommendations and overcoming their challenges therefore becomes essential.

#### 6. References

- i. Arpita, S.(2011). Role of the Media in Health Communication, <http://www.apc.org/en/blog/role-media-health-communication>, retrieved, 09/03/2011-08:17,
- ii. Bowen, L.(2013).Impact of a mass media campaign on bed net use in Cameroon, *Malaria Journal*, **DOI:** 10.1186/1475-2875-12-36, 2013 Jan 25;12:36
- iii. Chapman S.; Lupton, D.(1994). *The Fight for Public Health: Principles and Practice of Media Advocacy*. London: BMJ Publishing Group, P10
- iv. Lobbying Versus Advocacy: Legal Definitions". NP Action. Archived from the original on 2 April 2010. Retrieved 2010-03-02. [.wikipedia.org/wiki/Advocacy](http://wikipedia.org/wiki/Advocacy)
- v. Loue, S.; Lloyd, L.S.; O'Shea, D.J.(2003). *Community health advocacy*. New York: Kluwer Academic/Plenum Publishers, P6
- vi. Makani,T.N.(1999). News for a change: An advocate’s guide to working with the media ,[www.google.com](http://www.google.com),retrieved, 05/11/2013
- vii. McCombs, M. &Shaw, D. (1972).The agenda-setting Role of mass media, *Public Opinion Quarterly*, 36 (2), [www.infoamerica.org/documentos\\_pdf/mccombs](http://www.infoamerica.org/documentos_pdf/mccombs)
- viii. Mokwe, W.(2012). Information and Communication Technologies and the Realization of MDG6: Case of HIV/AIDS In Cameroon, masters disertation defended at the International Relations Institute of Cameroon,20<sup>th</sup> of 2012,unpublished.
- ix. Ndong, L.(2013). Media coverage of MDGs related to health in Cameroon, master’s thesis defended at the International Relations Institute of Cameroon,5<sup>th</sup> of July,2014,unpublished.

- x. Niles, R. (2011). Why We Need Advocacy Journalism, Te On-line Journalism Review, Knight Digital Media Center, 15 April 2012, Available at: <http://www.ojr.org/ojr/people/rob-ert/201112/2042>
- xi. Oyero, O. (2010). Children: as 'invisible' and voiceless as ever in the Nigerian news media, Estudos em Comunicação, July, 7(2).
- xii. Sulem, Y.F.; Tapang, I.; Tembeng, H. & Tietse, S. (2016). Media Advocacy for control of HIV/AIDS versus Malaria in Cameroon: Content Analysis and Perspectives, International Journal of Communication and Health, Dec; 10(16).
- xiii. Wallack, L.; Dorfman, L. (1996). Media advocacy: A strategy for advancing policy and promoting health. Health Education Quarterly, Aug; 23(3): P, 293.
- xiv. [www.cdc.gov/tobacco/stateandcommunity/counter.../chapter9](http://www.cdc.gov/tobacco/stateandcommunity/counter.../chapter9), Assesed, 05-05-2013
- xv. <http://www.thefreedictionary.com/alleviation>, Assesed 06-05-2013
- xvi. UNAIDS, The Media and HIV/AIDS: Making a difference, WHO Library Cataloguing-in-Publication Data, Geneva 27 – Switzerland, January 2004, p 11
- xvii. [http://www.cdc.gov/tobacco/stateandcommunity/counter\\_marketing/manual/pdfs/chapter9.pdf](http://www.cdc.gov/tobacco/stateandcommunity/counter_marketing/manual/pdfs/chapter9.pdf), Assesed, 04-03-2013

## ANNEX

## Interviews

- Abah Laurent, Editor, *Cameroon Tribune*, Yaounde, interviewed, 02/02/2013
- Akamba Jean Jacques, Public Health Official, PPSAC , OCEAC, Yaounde, interviewed ,05/06/2013
- Akom Catherine, PEPFAR Country Coordinator, US Embassy, Yaounde, interviewed, 08/07/2013
- Atangana Yves, Editor, *Cameroon Tribune*, Yaounde , interviewed 03/04/2014
- Ayuk Standley, Medical Doctor, Hope International, Yaounde, interviewed ,08/06/2014
- Bih Victorine, Journalist, *Cameroon Tribune*, Yaounde, interviewed 08/09/2014
- Bisakounou, Communications Officer, African Development Bank, Yaounde, interviewed 07/06/2013
- Bongben Leocadia, Journalist, *The POST Newspaper*, Yaounde interviewed , 08/07/2013
- Boudhi Adams, Editor, *The POST Newspaper* ,Buea, interviewed 07/06/2014, Buea
- Djao Djao, Communications Officer, NACC, Yaounde, interviewed 08/06/2014
- Etang, Program Manager,PLP, OCEAC, Yaounde, interviewed ,10/09/2013
- Etoa Babara, Communications Officer, WHO, Yaounde, interviewed 03/10/2012
- Fondjo Etienne, Permanent Secretary, PNLN, Yaounde, interviewed 07/06/2013
- Gbaguidi Emmanuel ,Program Manager, PPSAC,OCEAC, Yaounde, interviewed , 05/06/2013
- Grimladine Cecile, Malaria Specialist - Health management, UNICEF, Yaounde interviewed , 08/06/2013
- Ingamhoudou Edmund, Communications Officer, World Bank, Yaounde, interviewed ,04/03/2014
- Keche Magloire, Statistician, PNLN, Yaounde, interviewed ,06/06/2014
- Kendemeh Emmanuel, Journalist ,*Cameroon Tribune*, Yaounde, interviewed ,01/10/2014
- Kini Nsom Yerima, Editor, *The POST Newspaper*, Yaounde, interviewed ,13/04/2013
- Kometa Richard, Editor,*Cameroon Tribune*, Yaounde, interviewed , 06/05/2013
- Kumfa Mirabel, Programme Officer, *Malaria No More*, Yaounde, interviewed 09/03/2013
- Kwake Simon, Program Manager, Global Round 9 Malaria Project, Yaounde, interviewed ,05/05/2013
- Maimo Akere, Communications Officer, CCAM, Yaounde, interviewed , 08/10/2013
- Manyong Peterkins,*The POST Newspaper*, Buea, interviewed,15/02/2013
- Mashoda Simon, Researcher, PNLN, Yaounde, interviewed , 15/05/2013
- Mbatcham Wilfred, President of the Multilateral Initiative on Malaria, Yaounde, interviewed , 11/05/2014
- Mbonwoh Nkeze, Editor, *Cameroon Tribune*, interviewed , 08/12/2014
- Messeh Arlette ,Statistician, NACC, Yaounde, interviewed 05/07/2014
- Mesumben Palmer, Researcher, Biotechnological Center, Yaounde, interviewed , 04/05/2013
- Morikang Irene, former Journalist, *Cameroon Tribune*, Yaounde,interviewed,05/06/2014
- Ndongo Serge, Public Health Official, Synergies Africaines, Yaounde, interviewed , 06/07/2014
- Nformi Sonde, Journalist, *The POST Newspaper*, Yaounde, interviewed , 08/09/2014
- Ngam Wain Paul, President of CAMAM, Yaounde, interviewed, 05/05/2013
- Nzeuzeu Flavien,Technical Councillor on Health, GIZ, Yaounde, interviewed ,06/05/2013
- Ojong, Cletus Communications Officer, UNESCO, Yaounde, interviewed , 07/06/2013
- Olga Mafotsing Amelie, Public Health Worker, CIRB, Yaounde, interviewed, 04/05/,2013
- Olinga Blandine, Communications Officer, PNLN, Yaounde, interviewed , 05/05/2013
- Ongono Julianne, Communications Officer,Synergies Africaines, Yaounde, interviewed , 06/06/2013
- Opio,Azore Editor, *The POST Newspaper*, Buea, interviewed , 03/05/2014
- Sayang Collins, Country Health Advisor, Plan International, Yaounde, interviewed , 05/04/2014
- Sumelong Ernest, Editor, *The POST Newspaper*, Buea, interviewed ,06/09/2014
- Tah Elvis, Journalist, *The POST Newspaper*, Buea, interviewed ,07/06/2014
- Tchimi Narcisse, Program Officer, HIV/AIDS, UNDP, Yaounde, interviewed , 03/06/2013
- Tchokomakwa Gabrielle, Program Analyst, Reproductive Health, UNFPA, Yaounde, interviewed , 03/04/2014
- Tchoua Hugues Marcel, Journalists, *Cameroon Tribune*, Yaounde, interviewed , 05/05/2013
- Yaflo Ouatarra ,Human Rights, Gender, Country Community Mobilisation ,Advisor, UNAIDS, Yaounde, interviewed ,08/04/2014