

# COVID-19 **Infos**

World Health Organization newsletter (WHO-Cameroon)

## Early detection of the **Omicron BA.4** and **BA.5** sub-variants of concern in Cameroon

Cameroon is now one of the African countries with the capacity to locally perform the sequencing of the complete genome of the COVID-19 virus (SARS-CoV-2)



## LESSONS LEARNED AND BEST PRACTICES IDENTIFIED

INTRA-ACTION review of the COVID-19 response and AFTER ACTION Review of the health coverage of the 2021 AFCON in Cameroon

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## EDITORIAL



Genomic surveillance has proven to be critical in tracking variants throughout the SARS-CoV-2 pandemic and is becoming an increasingly fundamental global public health tool to detect, monitor, and respond to infectious disease outbreaks. It is in light of that the 6th IHR (2005) Emergency Committee for COVID-19 recommended on January 15, 2021, increasing global genomic sequencing capacities and encouraging rapid sharing of sequence data and meta-data; and for WHO to actively support countries to strengthen systematic genomic surveillance by leveraging GISRS and other networks. Systematic genomic surveillance by leveraging GISRS and other networks. The reinforcement of bioinformatics capacity is also required to improve the quality and timeliness of molecular epidemiological output for COVID-19 pandemic control. For the

### THE WHO REGIONAL OFFICE FOR AFRICA (AFRO) SUPPORTS SARS-COV-2 SURVEILLANCE IN CAMEROON AND THE COUNTRY LOCALLY PERFORMS ITS FIRST WHOLE GENOME SEQUENCING AND BIOINFORMATICS.

different variants to be found across the continent, bioinformatics is needed to track how they are spread within and between countries.

Nonetheless, the capacity for genomic sequencing has been observed to be inadequate, with only 50% of its 47 Member States in the Africa region having an existing capacity to conduct in-country sequencing. Whole genome sequencing is integral in investigating disease outbreak transmission dynamics and guiding decision-making in public health. Cameroon has limited SARS-CoV-2 genome sequencing capacity. Samples were sent to South Africa, DR Congo, Senegal, France, Italy, and Nigeria to identify and monitor Cameroon variants. Cameroon bought three Illumina NextSeq 550 Sequencing Platforms that can analyze 96 samples at once. Two of these platforms were bought by the African Development Bank and given to Cameroon by WHO. With steady funding of reagents purchased with US government funding, these two platforms are operational at the National Public Health Laboratory (LNSP) and the Centre Pasteur of Cameroon (CPC).

As part of a regional program to strengthen genomic surveillance and respond to the COVID-19 pandemic,

AFRO conducted on-site visits in Cameroon from June 26 to July 7, 2022, to increase local capacities for SARS-CoV-2 surveillance and whole-genome sequencing. Key specific objectives were : (i) Conduct a situation analysis of the capacities of the SARS-CoV-2 genomic surveillance, with a focus on the baseline of the SARS-CoV-2 variant situation using field site visits, working sessions, key informant interviews, and a review of reports, protocols, guidelines, and norms; (ii) Conduct a two-week hands-on training of trainers on SARS-CoV-2 Whole Genome Sequencing of 384 samples using the Illumina NextSeq 550; and (iii) Offer to the participants a practical training programme of two weeks in bioinformatics on SARS-CoV-2 sequencing.

The WHO AFRO mission succeeded in reinforcing Cameroon's capacities on SARS-CoV-2 genomic surveillance and conducted the first local whole genome sequencing and bioinformatics in Cameroon. Furthermore, WHO effectively supports the Cameroon's COVID-19 response by strengthening the health system and its resilience. Cameroon is now one of the African countries that can sequence the complete genome of the COVID-19 virus (SARS-CoV-2) locally. Therefore, July 7, 2022, will remain a memorable date.

Simultaneously, Cameroon identified the variant of concern—Omicron BA.4 and BA.5 sublineages early on. Three weeks before this finding, there was an alert about a rise in COVID-19 cases since epidemiological 30 of 2022, which led to a fifth wave.

Beyond all these efforts, WHO serenely continues to assist the government in strengthening the health system and achieving mass adherence to immunisation, with the support of other technical and financial partners (TFPs). For the above reasons, the WHO Representative Office in Cameroon would like to express its sincere thanks to all partners and donors for their financial support in the dissemination of genomic surveillance in Cameroon and especially for ensuring that the results obtained after the deployment of the response are sustained.

***Dr Phanael Habimana,***  
*WHO Country Representative for Cameroon*

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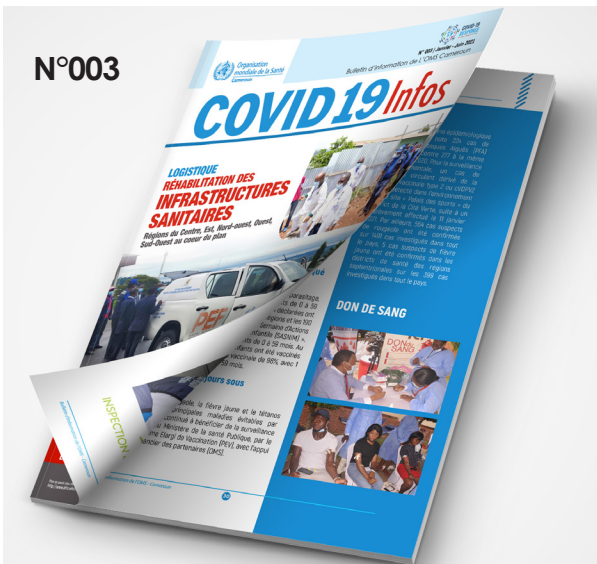
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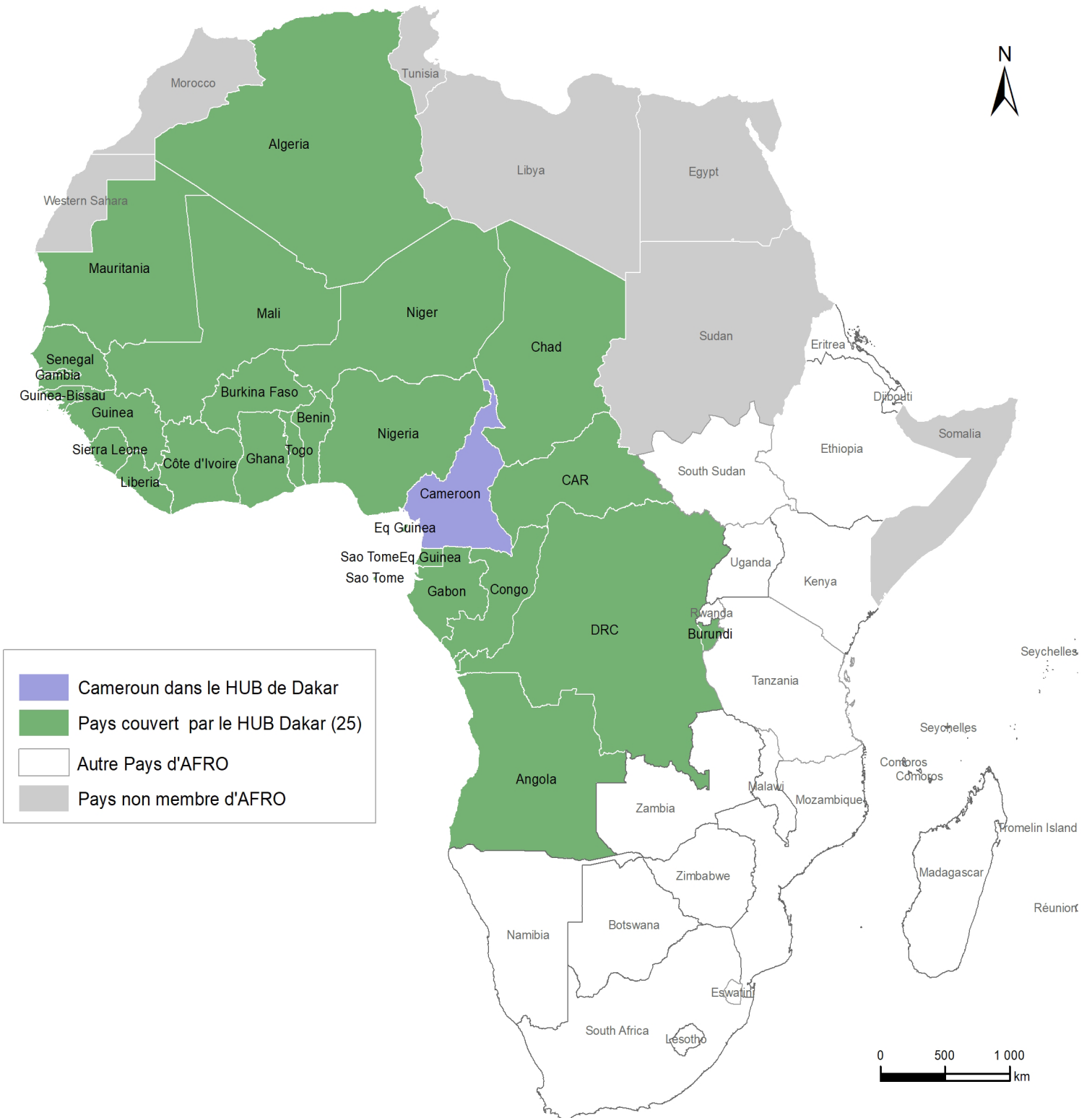
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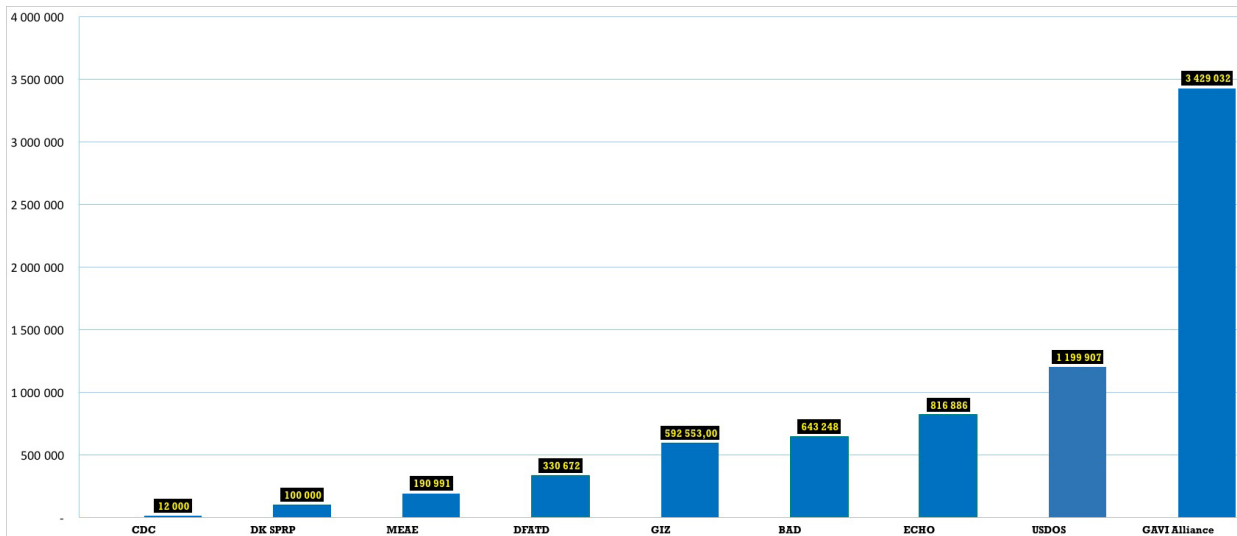
## DOCUMENTS SUMMARISING THE EXPERIENCE OF CAMEROON IN THE MANAGEMENT OF COVID-19 THROUGH THE REGULAR PUBLICATION OF NEWSLETTERS



## CAMEROON AND THE OTHER COUNTRIES OF THE DAKAR HUB



# RESOURCE MOBILISATION AND ACKNOWLEDGEMENT OF PARTNERS







# COORDINATION, PLANNING AND MONITORING- EVALUATION

EARLY DETECTION AND HEALTH  
SYSTEM SUSTAINABILITY : THE  
FOURTH STRATEGY OF THE  
NATIONAL RESPONSE PLAN  
AGAINST COVID-19

## KEY INDICATORS OF THE COVID-19 RESPONSE IN CAMEROON IN THE FIRST HALF OF 2022, EXPECTATIONS TO BE MET

Coordination	Response (n or %)	Comments for completion
Percentage of the IMS-WHO functions filled by experts at national level and at subnational level	72% (8/11)	There are no experts dedicated to the following functions: Laboratory and diagnosis, Point of entry, and Research and innovation within the WHO IMT COVID-19 in Cameroon
Number of joint review meetings conducted and documented with clear recommendations on COVID 19 response	2	AFCON 2021 Cameroon after action review in COVID-19 response successfully conducted under the leadership of the minister of Health and the WHO Representative with the support of the AFRO and HQ experts
Percentage of allocated funds utilized /encumbered and documented for the critical review period	55%	Distributed 6,240,936 USD; utilized 3,454,811 USD within three months
<b>Risk Communication and Community Engagement</b>		
Percentage of implementation of key planned RCCE activities such as development, adaption and rolling out of new messages to the population, engagement of most vulnerable groups	100%	Three major RCCE activities planned in United States Government (USG) project are ongoing (production of COVID-19 risk communication capsule, involvement of influencers, production of audio) content
<b>Surveillance</b>		
Percentage of districts sharing timely and complete epidemiologic surveillance data on COVID-19	100%	Weekly regional presentations on COVID-19 episurveillance data are shared timely every Wednesday during the national coordination meetings under the leadership of the Minister of Public Health
Percentages of alerts investigated timely	80%	

Points of Entry		
Percentage of designated points of entry with screening for COVID 19	<b>67% (33/49)</b>	33/49 Border Health Posts (BHPs) are designated for COVID-19 screening
Laboratory		
Percentage of specimen of confirmed cases sequenced (through WHO monitoring genomic surveillance centers and country labs supported by these centers)		
COVID 19 test per 10.000 population per week	<b>7.3</b>	245104 tests COVID-19 (PCR : 62026, RDT : 183078) carried out in 12 weeks from January to March 2022 in Cameroon with 27,795,843 populations
Infection Prevention and Control		
Percentage of health facilities with an IPC score of 75% or higher [Using IPC scorecard]	<b>100%</b>	
Number of HCW infected in targeted settings like specialized COVID 19 treatment centers	<b>7.3% (4,422/60080)</b>	4422 health personals infected among the 60080 in Cameroon since COVID-19 pandemic
Case Management		
Number of newly trained staff in the management of severe /critical patients in COVID 19 treatment centers	<b>74</b>	
Percentage of COVID 19 treatment facilities with standard ICU care required for the management of severe and critical COVID 19 cases	<b>36% (15/42)</b>	Out of 142 COVID-19 treatment facilities 15 have a standard intensive care unit (ICU) required for the management of severe and critical COVID-19 cases
Operation, Logistics and Supply		
The WHO has sufficient stocks of critical medical supply (PPE , testing kits)	<b>Yes</b>	
Vaccination		
Percentage of Vaccines doses administered out of the doses received	<b>47% (1,558,668/3,344,550)</b>	Since April 2021 Cameroon has received 3,344,550 doses of COVID-19 vaccines among which 1,558,668 have been administered
Percentage of population fully vaccinated	<b>4.2% (1,163,960)</b>	Out of 27,795,843 Cameroonians 1,163,960 have been fully vaccinated
Research and Innovation		
Percentage of progress in the implementation of activities related to research and innovation such as ongoing documents of operational activities, publication in peer review	<b>20%</b>	Identification by WHO consultants of research questions during the revision of COVID-19 response plan. The next step is identification of consultant to carry out research to be published on COVID-19

## THE NEW STRATEGY FOR THE NATIONAL RESPONSE PLAN TO THE COVID-19 PANDEMIC IN CAMEROON IN 2022: BETWEEN THE EARLY DETECTION OF NEW VARIANTS AND THE SUSTAINABLE RECOVERY OF THE HEALTH SYSTEM

### a) A national response plan against COVID-19, four consecutive strategies from 2020 to 2022

The national response plan, which started effectively on March 06, 2020, date of the official notification of the first confirmed COVID-19 case in Cameroon, combines four main strategies tailored to the evolution of the general situation in Cameroon. The first strategy for the year is the all-out mobilisation of human and material resources. It was the response to the outbreak and spread of the pandemic in all parts of the country by combining

community transmission. The second strategy, subsequent to the first until June 2021, will see the resumption of socio-economic activities throughout the country. The third strategy, spanning the rest of 2021, promotes popular mobilisation for COVID-19 vaccination and management of severe cases. The current strategy is to ensure the circulation of new and sustainable recovery of the health system.



*From March 2020 to December 2022, four strategies of the national response plan against COVID-19 in Cameroon*

From March 2020 to December 2022, four strategies of the national response plan against COV-ID-19 in Cameroon were deployed.

## **b) Detecting new variants and building a sustainable health system resilience in Cameroon. The new strategy of the national response plan in 2022**



The new strategy of the response plan comes against the backdrop of several challenges including :

- *detecting new SARS-CoV-2 variants in circulation;*
- *fostering the acceptance of COVID 19 vaccine to reduce morbidity;*
- *expanding the laboratory network for PCR diagnosis;*
- *ensuring the continuity of essential health care and services;*
- *ensuring the adequate management of infected persons to limit mortality;*
- *strengthening the public health emergency preparedness and response system in a sustainable manner.*

Against this background, the COVID-19 national incident management system (IMS) in Cameroon organised a workshop in Ebolowa from 14th to 18th March 2022 to define a new vision for the response plan. This workshop was attended by WHO (represented by the COVID 19 Incident Manager) and some thirty experts from several sectors involved in

the response to COVID-19 in Cameroon.

It was an opportunity to i) conduct a situational analysis of each of the 12 defined key pillars, ii) identify best practices and weaknesses and iii) define new strategic axes for the year 2022. This analysis will be included in the next intra-action review of the COVID-19 response in Cameroon.

The strategic orientations defined during this meeting focused in particular on strengthening the health system in general and the public health incident management system in particular with a focus on investments (construction, rehabilitation and equipment of regional emergency operation centres for three hubs and health facilities). Operational research to produce evidence, strengthening genomic surveillance, integrating COVID-19 response activities multidisciplinary rapid response teams with digitised data management as well as the use of antigenic rapid diagnostic tests in active case finding and community response were also identified as priorities to be considered.

The next steps consist in performing the intra-action review of the COVID-19 response, conducting advocacy with technical and financial partners in the mobilisation of resources and ensuring the alignment of all partners in the new 2022 plan.

## LESSONS LEARNED AND BEST PRACTICES IDENTIFIED SINCE THE LAUNCHING OF THE RESPONSE TO CORONAVIRUS

### a) Intra-Action Review of the COVID-19 response ( IAR) and After Action Review of the AFCON 2021 Health Coverage in Cameroon (AAR)

What went wrong? What was successfully achieved? What are the best practices that can be shared with others and preserved for future actions? What can be done better to ensure the management of similar events in the future? These questions were the focus of the evaluations of the TotalEnergies AFCON 2021 After Action Review (AAR) and the Intra-Action Review of the COVID-19 response strategy (IAR) since March 2021

### b) Hindsight on the response to COVID-19 2020- 2022, the Intra-Action Review (IAR)

During a week, health professionals, other sectors, civil society representatives as

well as technical and financial partners, in a simple manner and more importantly with complete objectivity, assessed the implementation of the response activities as a way of moving forward. This exercise ,concluded with the presence of the Ministry of Public Health, was performed with a retrospective view, acknowledging



best practices and reorienting next actions. Now that the situation in the country has calmed down, the Minister of Health did not fail to mention that Cameroon, since the beginning of the epidemic, spent its first week without any COVID-19 patient in hospitals. However, a number of challenges for the further implementation of the response were presented notably the irregular data reporting, the difficult management of COVID-19 corpses, the low acceptance of the vaccination by targeted beneficiaries and the insufficient communication and resource mobilisation.

In addition, there are a number of best practices that can be attributed to:

the commissioning of the PHEOCC, the strengthening of the laboratory network and the health system, systematic and the free screening of travellers at

the points of entry of the country. At the end of the intra-action review, it was recommended that the national response plan for COVID-19 be updated and that advocacy meetings be organised with technical and financial partners and all other related sectors for the mobilisation of the available resources to support this next phase of the COVID- 19 health response.

As part of the fight against the disease, WHO once again pledged to support the Cameroon government in the implementation of its priority axes in the response. The organisation offered to collaborate in documenting and publishing the rich experience of Cameroon in terms of best practices and also concerning the challenges faced in organising mass events in the COVID-19 context.

While congratulating all those who are on the frontline of the fight to defeat the COVID-19 pandemic in our country every day, the Minister of Public Health called on all actors to be more vigilant as for him, it is not yet time to rest !

### **c) The AFCON TOTALENERGIES CAMEROON 2021: The After Action Review is positive**

From March 30 to April 1, 2022, at the Hotel La Falaise in Douala, the After Action Review of the health coverage of the AFCON TotalEnergies Cameroon

2021 was organised with the presence of all actors involved in the health coverage AFCON TotalEnergies Cameroon 2021 at all levels of the health pyramid



including: technical and financial partners of the Ministry of Public Health and representatives of the governors of the 10 regions of the country.

Thanks to this analysis, it was possible to identify best practices and shortcomings in the health response to COVID-19 in Cameroon, and then to draw up recommendations and develop an operational action plan to correct the shortcomings and consolidate the achievements in the short and medium term.



Dr Georges Léon Etoundi, COVID-19 Incident Manager from Cameroon during the group discussions of the Intra-Action Review (IAR)



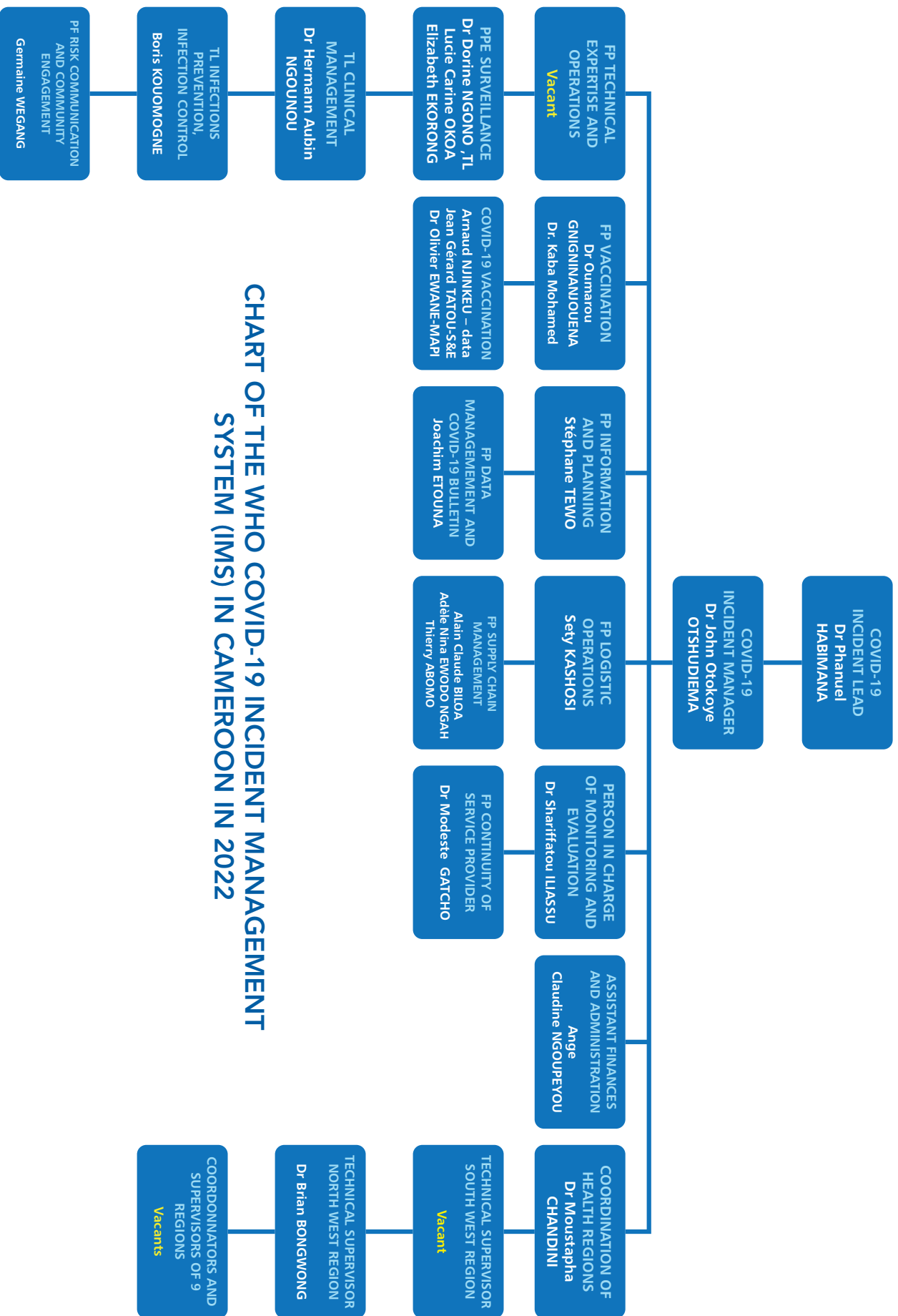
Dr Aurelien Pekezou et Dr Freddy Banza de l'OMS Afrique ont fourni une assistance technique pendant la Revue Intra-Action et la Revue Après Action



Dr Linda Esso, Incident Manager COVID-19 No.2, during the presentation of the After Action Review (AAR) of the CAN 2021 in Douala



Dr John Otshudiema, Incident Manager COVID-19 and Representative of the WHO Representative, speaking at the opening of the Intra-Action Review



**CHART OF THE WHO COVID-19 INCIDENT MANAGEMENT SYSTEM (IMS) IN CAMEROON IN 2022**

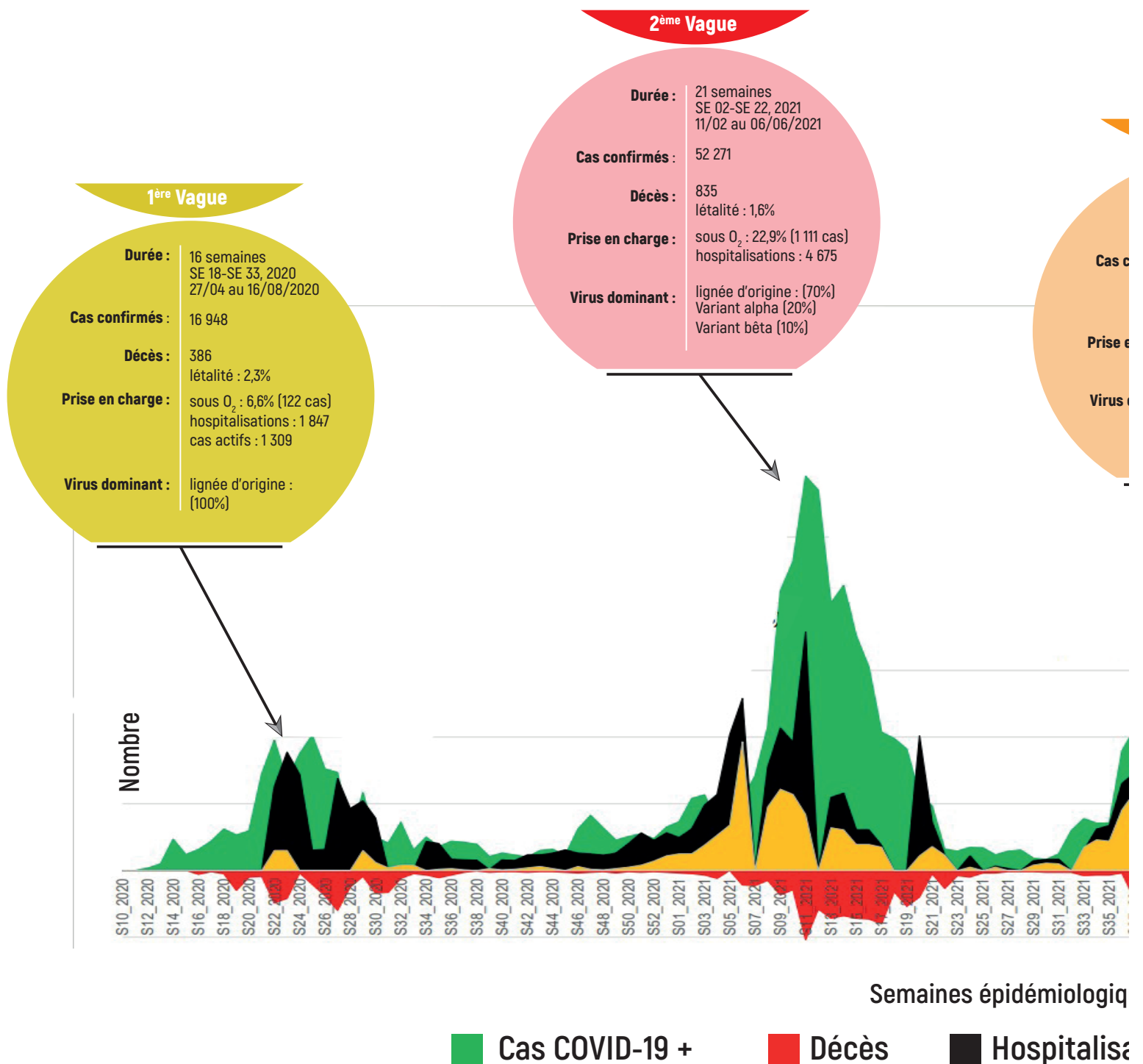




An attitude of the Minister of Public Health during his opening speech at the Intra Action Review (IAR) and After Action Review (AAR) ceremony in Douala on March 30, 2022

# MANAGEMENT OF COVID-19 DATA AND INFORMATION

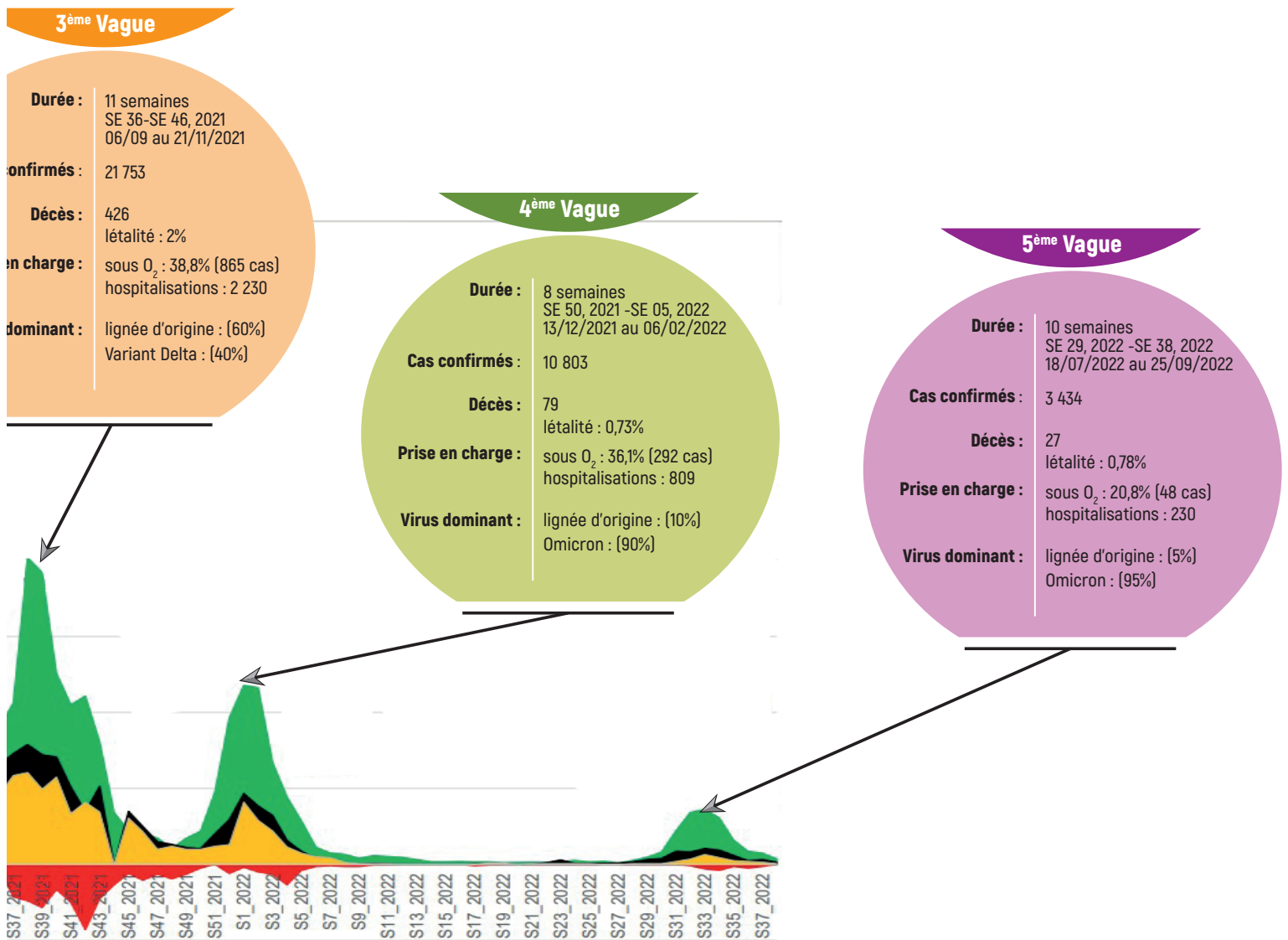
## THE NATIONAL HEALTH DATA WAREHOUSE, DHIS 2 KICKS IN



Four waves of COVID-19 have affected the country from March 06, 2020, date of the appearance of the first two cases till June 30, 2022. These episodes were variably marked by contaminations , deaths, and the SARS-CoV-2 dynamics of

variants. Since February 2022, Cameroon reached the pandemic control phase , with an emphasis on the genomic surveillance.

## EPIDEMIOLOGICAL SITUATION FROM JULY 03, 2022



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■ Cas sous O<sub>2</sub>

## EPIDEMIOLOGICAL SITUATION OF COVID-19 IN CAMEROON AS OF 03 JULY 2022



**120 197**

Confirmed cases



**118 210**

Cured (98.4 %)



**1 931**

Death (Letality: 1.6%)



**56 active cases**  
**3 cases hospitalised**  
**0 case under O<sub>2</sub>**  
Management



**4 476 cases**  
**61 deaths**

Health personnel



**785 cases**  
**07 deaths**

Pregnant women

## DHIS 2, TOWARDS THE SOLE NATIONAL WHAREHOUSE OF COVID-19 IN CAMEROON

The Health Information National System gives an overall view of the health policy. In fact, it aims at providing the factual basis to guide decision-making. An analysis on the situation of the SNIS, revealed that there are some difficulties in collecting, analysing, transmitting, consolidating and sharing health data through the official channels at different levels of the health pyramid. Thus, these observations are the rationale for carrying out interventions related on one hand to the development of the national integrated health information system and on the other hand, to the improvement of the use of health data.

Since the advent of the COVID-19 pandemic, the national DHIS2 platform made it possible to monitor the scaling up of the Monthly Activity Report (MAR) and weekly Epidemic Potential Disease (EPD) data from the health facilities in all sectors. Similarly, the digitisation of records for the management of various diseases opens up a new perspective for the transmission of complete, prompt and high-quality data.

To achieve this, it is necessary to implement quality control measures for the data entered, and significantly reduce analysis errors, via the configuration of indicators. The Tracker is an application used for patients and institutions, which allows patients

to be enrolled in a programme and be followed up during the lifetime of the programme. In addition, with this application, it is possible to send reminders for appointments, to identify and track down those who have been lost to follow-up, etc. The case-by-case follow-up also significantly reduces the reporting work in health facilities, because once the electronic register is filled in the Tracker, the health personnel do not more need to count the variables in the various registers to fill in the RMA, hence reducing the workload and the scopes of error occurring during the counting, reporting in the RMA and entry in the DHIS2.

The configuration of indicators automatically fills in the COVID-19 variables from the individual data of the registers entered in the "DHIS2 Tracker" application but also provide programme users with quick and real-time access to monitor the indicators of the programme. A workshop was then organised so that the configuration activities of the longitudinal monitoring indicators of individual data related to Covid-19 collected via the "DHIS2 Tracker" module could be carried out with the financial and technical support of WHO.

# COMMUNITY EPIDEMIOLOGICAL SURVEILLANCE

COMMUNITY-BASED MONITORING AND RESPONSE, A BOTTOM-UP INITIATIVE WITH HIGH ADDED VALUE

## a- The bottom-up approach applied to the health field : An initiative aiming at strengthening community-based surveillance and response against COVID-19 and cholera in Cameroon

The WHO Regional Office for Africa (AFRO) developed a project to strengthen community-based surveillance and response (CBS) in order to enhance the efforts of selected member states in the African region to detect and respond to the COVID-19 pandemic in at-risk areas

The project implemented a range of activities including active case finding, screening of case contacts using rapid diagnostic antigen tests (RDT-Ag), isolation and home care of those ranked

as mild or asymptomatic patients after clinical assessment, sampling of cases for genomic surveillance, provision of community-based infection prevention and control (IPC) kits, implementation of risk communication and community engagement (RCE) activities, and vaccination to reduce severe forms of the disease. Cameroon is one of the countries selected for the implementation of this project.



*This initiative was launched in Cameroon between 23 and 28 May 2022 in the Centre and Littoral regions.*



### Kick-off of SRC project activities in the Littoral region

From Epidemiological Week 22 (EW22), running from May 30 to June 5, until mid-July, Epidemiological Week 28 (EW28), which concludes the period covered by this edition 005 of the COVID-19 News bulletin, the SRC project recorded encouraging performances that are reflected in the eight indicators defined at the beginning of this bulletin.

[Community-based Surveillance and Response \(CBRS\) project indicators from epidemiological week 22 \(EW 22\) to epidemiological week 26 \(EW 26\)](#)

N°	INDICATORS	EW 22	EW 23	EW 24	EW 25	EW 26
1	Total number of cases detected/Total number of cases expected (%)	3/960 (0.3%)	9/960 (0.9%)	17/960 (1.7%)	24/960 (2.5%)	36/960 (3.5)
2	New suspect cases of the week who accepted the test/New suspect cases identified during the week (% of new cases who received Ag-RDT or PCR test in health facilities)	674/674 (100%)	804/893 (90%)	2085/2166 (96%)	2385/2385 (100%)	2221/5658 (39%)
3	Average number of new contacts per new case	50	83	8	14	6

4	New contacts tested during the week/New contacts listed [% of new contacts tested during the week]	50	67	44	27	20
5	Average number of new contacts per cumulative case	26/150 (17.3%)	226/498 (90.4%)	28/67 (41.9%)	85/97 (87.6%)	50/58 (86.20%)
6	Total number of all tests performed in the week in the Project District/ Number of RDTs done in the week [% of tests done by the CBSR to total Ag-RDT tests during the week]	674/674 (100%)	804/804 (100%)	2085/2085 (100%)	2385/2385 (100%)	2221/2221 (100%)
7	Number of samples for genomic sequencing of SARS-CoV-2 during the week of the CBSR	3	3	8	8	4
8	Number of people vaccinated during the week within the CBSR	23	45	332	406	125



*A team of Community Health Workers (CHWs) conducting a community awareness campaign in Yaoundé using a megaphone*



## COVID-19 pandemic; Far from being over: A cluster detected in the CAMSAW and HONG-YA sawmill companies Wood Sarl Industry in the health district of Mfou, Centre Region

Early Monday morning, May 30, 2022, three COVID-19 cases were reported at the Yaounde Central Hospital. It concerned three employees of the sawmill companies CAMSAW and HONG-YA Wood Sarl Industry located in the Health District of Mfou.

The risk of an outbreak of a COVID-19 cluster in the middle of the pandemic control phase led to the visit of a joint Ministry of Public Health and WHO delegation to carry out response activities through contact listing, Ag testing, awareness raising, vaccination, medical and psychological care and WASH.

At the end of the site investigation, 63 contacts who were Cameroon nationals were recorded, tested, sensitised and received psychological care. Also 27 Chinese were tested and 01 case was positive. 23 employees were vaccinated and all residential rooms in these companies were decontaminated. These industries were placed under continuous monitoring.

To date, a total of 252 people, including 44 Chinese, were tested from which one case was positive. Following this, the case was managed and sampled for complete genomic sequencing. Another total of 33 people were vaccinated, including 5 Chinese, and the buildings of these two companies were completely decontaminated. The threat of a new COVID-19 surge was quickly averted and the situation is now totally under control.



*WHO surveillance team supervising the collection of samples for the COVID-19 test at CAMSAW and HONG-YA*



*Sampling for the COVID-19 test conducted among the personnel of the sawmill companies CAMSAW and HONG-YA WOOD SARL*



*Photo of participants attending the capacity building workshop on incident management in Belabo*

### **c- Improving the incident management system at the decentralised level. The newly created health districts of Belabo and Dang respectively in the East and Adamawa regions reinforce their managerial and technical capacities**

The incident management system accounts for the extensive decentralisation of the response to COVID-19 observed in Cameroon. It is within this context that capacity building workshops were organised for the newly created health districts that took on the management of the COVID-19 incident. A first workshop was held in Belabo from 25 to 29 April 2022, attended by about 30 people representing almost all the other health districts and the Regional Delegation for Public Health of the East. WHO took an active part in this activity with financial support of \$10482.5 for the workshop organised in Dang.

districts. All pillars of the incident management system were discussed, namely epidemiological surveillance, data management, laboratory, infection prevention and control (IPC), risk communication and community engagement (RCCE), vaccination and logistics. Drill exercises were also carried out during the workshops and all participants played the game. The next steps included the establishment of an organisational chart, the development of the action plan and the mobilisation of funds for the training of community actors.

These workshops resulted in the setting-up of IMSs in these health

# BORDER HEALTH POSTS(BHPS)

## STRENGTHENING SURVEILLANCE AT POINTS OF ENTRY:

Mapping of the points of entry, an important exercise to strengthen COVID-19 surveillance at points of entry



Points of entry are a geographical device at the top of the surveillance of the territory in relation to the rest of the world. From a health perspective, Border Health Posts (BHPs) were set up to ensure the screening of people and goods in order to minimise the risks of importation and the spread of public health emergencies. It is within this framework that a Point of Entry (PoE) audit mission was carried out to contribute to institutional and human capacity building at land, sea and air entry points across the country to meet the requirements of the International Health Regulations 2005 (IHR 2005).

Prior to the audit mission, an exploratory mapping was realised based on existing data. 48 entry points were reported, 14 of which are being covered by response interventions of the Organisation for Coordination and Cooperation in the Fight against Great Endemic Diseases in Central Africa (OCEAC).

At the end of the audit, a total of 58 health districts out of 197 to date were found to host 66 entry points. A total of 56 health facilities were evaluated and agreed to be set up as border health posts following their logistical capacity and proximity to the border line.

So far, 13 of these 56 health facilities already have a status of BHPs.



## Recommendations following the evaluation of points of entry and Border Health Posts (BHPs)

N°	Recommandations
1.	Define a strategy for BHPs to harmonize their operating methods, constructions and training activities
2.	Improve coordination between BHPs and the NPHO and data feedback
3.	Post online training and capacity building modules on IHRs, tools, epidemiological surveillance on the NPHO website
4.	Contact the Health Information Unit (HUI) to provide the geolocation of all the health facilities in the border districts
5	Move the BHPs as close as possible to the points of entry and, if necessary, turn the health facilities located near the PoE into FSPs
6	Harmonize BHPs per area of access (air, land and sea)
7	Appoint officials in some BHPs
8	Capacity building of the staff at PoEs on epidemiological and cross-border surveillance
9	Make available infrastructure to house the BHP in selected PoEs
10	Provide the health facilities where the BHPs will be located with operating funds



# CARTOGRAPHIE DES POSTES DE SANTÉ AUX FRONTIÈRES DU CAMEROUN (PSF)



**RAPPORT**  
DÉCEMBRE 2022

# LABORATORY AND DIAGNOSIS

CAMEROON IS NOW ONE OF THE AFRICAN COUNTRIES WITH THE CAPACITY TO LOCALLY SEQUENCE THE COMPLETE GENOME OF THE COVID-19 VIRUS (SARS-COV-2)

## Cameroon: Two complete genomic sequencing centres established in Yaoundé and Garoua

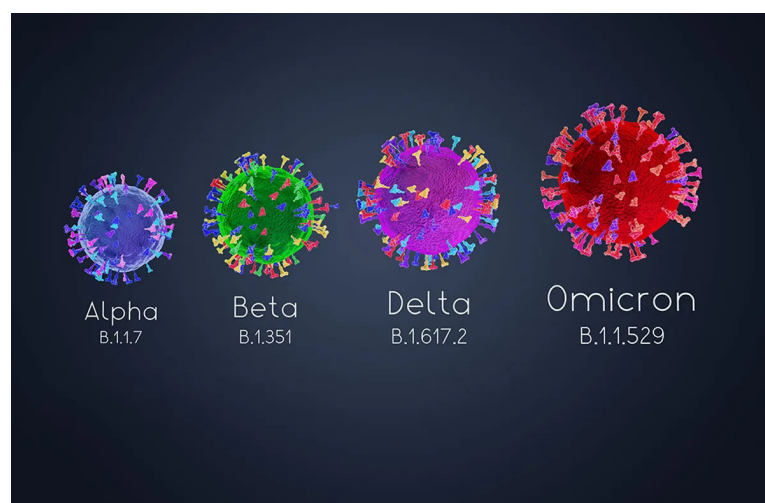
### a- Before June 2022, Cameroon had a limited capacity to sequence the SARS-CoV-2 genome despite the ongoing dynamics of variants of concern

SARS-CoV-2 is a virus that accumulates nucleotide mutations rapidly over time resulting in the formation of distinct viral lineages. In Cameroon, there was firstly the cell line followed successively by the Alpha, Beta, Delta and now Omicron variants.

These variants associated with the lineage of origin expose populations to at least five major risks, namely: i) greater transmissibility, ii) atypical clinical course with increased severity of signs and symptoms of the disease, iii) lack of detection or diagnostic failure by diagnostic tests, molecular nucleic acid amplification tests such as PCR as well as antigenic rapid diagnostic tests, iv) decreased effectiveness of natural and vaccine immunity with increased probability of re-infection or post-vaccination infection and v) lower

sensitivity to current treatments. In most countries, these situations increase the mortality rate.

As a response to this increasingly critical situation, Cameroon implemented the genomic surveillance of SARS-CoV-2 through samples that were mainly sent to foreign countries such as South Africa, Nigeria, the Democratic Republic of Congo (DRC), Senegal, France and Italy for sequencing and detection of circulating variants.





Sequence No.	Country	Laboratory	Number of samples	%
1	South Africa	CER/Stellenbosch University and KRISP / UKZN	380	50
2	DRC	Pathogen Genomics Lab, National Institute for Biomedical research (INRB)	125	16.4
3	Senegal	Institut Pasteur of Dakar	117	15.4
4	France	HIV/AIDS and Infectious Disease Research Institute. (TransVIHMI)	45	5.9
5	Nigeria	African Centre of Excellence for Genomics of Infectious Diseases (ACEGID)		
6	Cameroon	LNSP, CPC, CREMER	41	5.4
7	Italy	ICGEB and ARGO open Lab for Genome Sequencing	14	1.8
<b>Total</b>			<b>760</b>	<b>100</b>

In an effort to reduce the dependence of the country on external surveillance of circulating variants, WHO has strengthened local laboratories with sequencing and bioinformatics materials and equipment to increase their diagnosis capacity.

As a result, the genomic surveillance platform (PLASUG) can now effectively monitor the genetic evolution of viruses in order to identify the emergence and spatio-temporal distribution of viruses with mutations that may have consequences for infectivity, contagiousness and virulence

#### **b- Handover of two more genomic sequencing platforms and launching of the full genomic sequencing process in Cameroon**

Cameroon acquired three Illumina NextSeq 550 sequencing platforms with the capacity to analyse 96 samples at a time thanks to financial support from the African Development Bank made

available to WHO. Thus, two sequencing centres were set up in the country, one in Yaoundé for the South with two sites, namely the National Public Health Laboratory (LNSP) and the Cameroon Pasteur Centre (CPC), and another in Garoua for the North, located at the Regional Hospital Centre (CHR) of Garoua.

After handing over two other NextSeq 500/550 sequencing platforms to the Regional Hospital Centre (CHR) of Garoua, the Centre Pasteur du Cameroun (CPC) and the first one to the National Public Health Laboratory (LNSP), WHO supported the evaluation activities of both the genomic surveillance system and the capacity building of the personnel in the use of the said complete genomic sequencing equipment purchased in 2021.



*Handover of the Illumina NextSeq 550 Public Health Laboratory of the Centre Pasteur of Cameroon*

### c- WHO-CDC consultation to reinforce the laboratory network public health in Cameroon prior to genomic sequencing

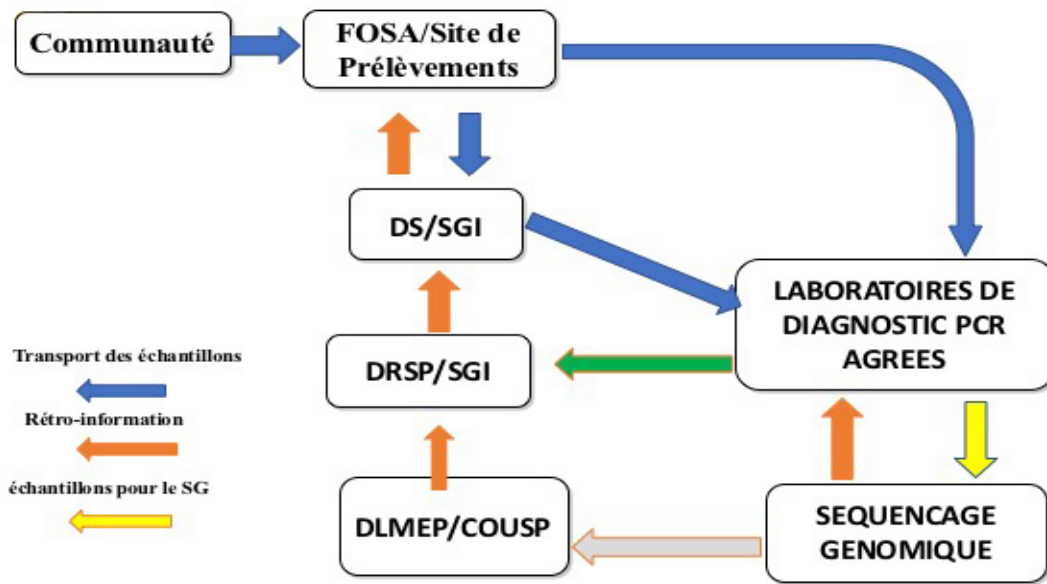
In the process of implementing this evaluation of genomic surveillance and capacity building of health workers in the use of whole genome sequencing equipment, on 30 June 2022, an important meeting was held between WHO and CDC to improve coordination for strengthening the Cameroonian public health laboratory system beyond genomic surveillance for SARS-CoV-2. The main observations from this meeting included (i) the fragmentation of laboratory strengthening systems in Cameroon despite the capacity building of several laboratory actors, (ii) the strong human resource capacity of the country (iii) the necessary alignment with the 2008 Maputo Declaration which was followed by the Yaoundé Declaration.

### d- WHO Regional Office for Africa (AFRO) to rescue Cameroon

SARS-CoV-2 samples collected from January to June 2022 from individuals tested positive to COVID-19 with cycle value thresholds below 25 were selected for genome sequencing using two Illumina NextSeq 550 platforms found at the National Public Health Laboratory (NPHL) and the Centre Pasteur du Cameroun (CPC).

To this end, a transmission circuit for COVID-19 positive samples and genomic sequencing results from designated laboratories was developed by the National Public Health Laboratory (NPHL) with WHO support.





*Sample and results flow for COVID-19 genomic surveillance in Cameroon*



The WHO Regional Office for Africa (AFRO) sent a team to Cameroon to achieve the targeted results. This team was composed of six experts, including two in the field of genomic sequencing, Moussa Diagne and Selassie Kumordjie, one in bioinformatics Mr. Amadou Diallo, and three in genomic monitoring, Drs. Jean De Dieu Iragena, Chavely Monamele and Embolo Elisée. Local coordination of this activity was carried out by Dr John Otshudiema (COVID-19 IM) and Dr Ngon Dorine.

Thanks to this support from WHO, Cameroon is now able to perform whole genome sequencing of SARS-CoV-2 in four of our laboratories since 7 July 2022



*A laboratory technician performing the first national whole genome sequencing of SARS-CoV-2 at the National Public Health Laboratory of Cameroon with the support of WHO AFRO experts*



Joint supervision of Dr Etoundi Georges Alain - Director of the Ministry of Health and COVID-19 (IM) Incident Manager and Dr John Otshudiema - WHO Cameroon COVID-19 IM at the National Public Health Laboratory - Pathogen Genomics Unit

#### **d- Promising results**

A total of 18 personnel, including 12 for the wet laboratory and 6 for the dry laboratory or bioinformatics three Cameroon public health reference laboratories were trained in SARS-

CoV-2 whole genome sequencing and bioinformatics. A draft roadmap for urgent actions to be undertaken was developed. Priority activities to be implemented were classified according to the period of time: short, medium and long term. Four analyses of 96 samples each were performed using the Illumina NextSeq 550 showing the presence of BA.1, BA.2, BA.3, BA.4, BA.5, BE.1, B.1.1.529.

# COVID-19 VACCINATION

DESPITE RELUCTANCE,  
CAMEROON REMAINS  
COMMITTED TO REACHING ITS  
TARGETS

Cameroon remains committed to reaching its vaccination targets

The fourth round of the national campaign to intensify vaccination against COVID-19 from 16 to 20 March 2022 is in full swing

## a) Retrospection of the COVID-19 vaccination in Cameroon:

As part of the response to the COVID-19 pandemic, Cameroon subscribed to the COVAX facility launched in April 2020 by the international community. The COVAX Facility is the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator, which aims at providing innovative and equitable access to diagnosis, treatment and vaccines. It is a global mechanism for pooling resources and demand for COVID-19 vaccines and is designed to ensure that low-income countries have access to COVID-19 vaccines at the same time as wealthier countries once it has been developed. To this end, after developing the National Plan for Deployment and Vaccination, Cameroon launched vaccination on April 12, 2021 as an emergency with a very minimal level of preparation. It was initially targeted at health workers, people with co-morbidities and those aged 50 and over, but was later extended to all eligible people aged 18 and over, with priority given to the first group and finally to adolescents aged 12 to 18 years with

co-morbidities as well as pregnant and breastfeeding women who were only administered the Pfizer vaccine. At the end of third round, a total of 448,745 doses of vaccine were administered, representing a performance twice that of the second round of the campaign, although the target of 500,000 doses administered was not reached.

Lessons learned since the beginning of vaccination indicates that:

- The periodic organization of intensification vaccination campaigns preceded by information and community engagement sessions is the most appropriate approach in Cameroon
- The hesitancy of the health personnel, which is both the priority target group and the main actor in the deployment, constitutes one of the main reasons behind the slow pace of vaccination
- The lack of continuous COVID-19 vaccination training programme further worsens the vulnerability of health workers towards misinformation messages.

The failure to conduct micro-planning represented a handicap in allocating resources efficiently and in tailoring strategies to suit local contexts.

The fourth round of the National COVID-19 Vaccination Campaign was held from 16 to 20 March 2022 in all the 197 health districts with the following vaccines were available: Pfizer, Sinopharm and Johnson & Johnson. This 4th round was special due to the implementation of the recommendations of the National Technical Advisory Group for Immunisation in Cameroon (GTCNV) of the Scientific Council for Public Health Emergencies (Csusp) on the heterologous scheme and booster dose as well as on the vaccination of pregnant and breastfeeding women with the Pfizer vaccine.

## b) Advocacy and social awareness-raising campaign well plebiscited

Prior to the campaign, community engagement meetings in health areas were conducted ahead of the social mobilisation in households. Results of the community engagement meetings show a participation of 188/197 representing 95.3% of health districts, 1433/1955 representing 73.3% of health areas in Cameroon enrolling 13908 community leaders among whom 2355 out of 3997 in the category of "not vaccinated" were vaccinated on the spot that is an acceptance and commitment of 59%. About 2200 social mobilisation teams reached out to about 3,549,170 people and counted 2,951,996 target persons

### *Summary of community engagement meetings in health areas*

Régions	Districts de santé	Réunions déclarées	Participants non vaccinés	Participants vaccinés de la réunion	Total participants	%DS	%AS
Adamaoua	10	102	312	197	1032	100%	98%
Centre	32	261	779	338	2247	100%	83%
Est	15	109	258	133	998	100%	76%
Extrême-Nord	31	173	405	410	1889	97%	54%
Littoral	23	153	534	149	1484	96%	77%
Nord	15	138	450	199	1325	100%	85%
North-West	18	168	376	471	1727	90%	71%
Ouest	20	166	332	175	1632	100%	69%
South-West	14	63	273	149	628	74%	54%
Sud	10	100	278	134	946	100%	97%
<b>Cameroun</b>	<b>188</b>	<b>1433</b>	<b>3997</b>	<b>2355</b>	<b>13908</b>	<b>95%</b>	<b>74%</b>

### Summary of the results obtained from social mobilisation during the vaccination campaign against COVID-19

N°	Regions	Number of households visited	Number of people reached		Total	Target persons identified (18 years and older)		Total	Rate of completeness of reports submitted by MobSoc
			Men	Women		Men	Female		
1	Adamawa	95 099	125 127	129 447	254 574	96 461	101 146	197 607	93,90%
2	Centre	275 870	334 222	366 767	700 989	237 679	268 759	506 438	100,00%
3	East	118 850	148 934	147 578	296 512	103 953	102 084	206 037	99,10%
4	Far-North	276 276	318 776	359 944	678 720	281 194	320 584	601 778	99,60%
5	Littoral	118 828	131 574	142 129	273 703	107 675	116 277	223 952	100,50%
6	North	108 195	117 897	129 902	247 799	111 369	121 573	232 942	80,10%
7	North-West	105 189	105 632	134 954	240 586	126 241	151 996	278 237	80,80%
8	West	130 130	175 433	209 347	384 780	153 272	189 997	343 269	99,40%
9	South	96 651	153 690	183 225	336 915	105 323	135 531	240 854	100,00%
10	South-West	48 082	61 006	73 586	134 592	55 740	65 142	120 882	94,30%
CMR		1 373 170	1 672 291	1 876 879	3 549 170	1 378 907	1 573 089	2 951 996	95,30%

With a rate of completeness ranging from 83 to 90%, the 4th round of vaccination intensification resulted in a total of 349,090 doses of vaccine being administered with 30,975 booster doses administered

REGIONS	Personnes éligibles (18ans+)	1 <sup>ère</sup> dose tous vaccins confondus	Vaccins multiples doses			Vaccin mono dose JANSSEN		Doses administrées
			[Astra Zeneca, Sinopharm et Pfizer]			Dose 1	Rappel	
			(1 <sup>ère</sup> dose)	(2 <sup>ème</sup> dose)	Rappel			
ADAMAWA	781 867	27215	10 256	754	1 559	16 959	3 031	32 559
CENTRE	2 557 419	36072	15 140	4028	1 637	20 932	1 823	43 560
EAST	700 632	31910	10 815	1434	1 042	21 095	2 574	36 960
FAR-NORTH	2 558 411	79490	13 635	2249	1 080	65 855	4 790	87 609
LITTORAL	2 202 894	8748	1 490	523	197	7 258	416	9 884
NORTH	1 543 080	54278	10 387	1326	600	43 891	1 370	57 574
NORTH-WEST	962 036	22184	1 783	1077	701	20 401	3 910	27 872
WEST	1 198 821	20601	2 789	543	518	17 812	2 879	24 541
SOUTH	460 862	15411	1 993	238	139	13 418	1 079	16 867
SOUTH-WEST	978 469	9443	1 747	591	485	7 696	1 145	11 664
CAMEROUN	13 944 491	305352	70 035	12763	7 958	235 317	23 017	349 090

This intensification of the vaccination campaign at the national level resulted in the administration of 1,618,785 doses since 12 April 2021. At the national level, the vaccination coverage of fully vaccinated persons is 7.55%, with the Adamwa, East and North regions recording the best performances with 13.3%, 10.4% and 10.15% respectively. The South West and Littoral regions still face many challenges in achieving the objectives.

**Performance of the COVID-19 vaccination intensification, Q4 March 2022.**

REGIONS	Personnes éligibles (18ans+)	1 <sup>ère</sup> dose tous vaccins confondus	Vaccins multiples doses			Vaccin mono dose JANSSEN		CV (1 <sup>ère</sup> Dose)	CV(Personnes Complètement vaccinées)	Doses administrées
			[Astra Zeneca, Sinopharm et Pfizer]			Dose 1	Rappel			
			(1 <sup>ère</sup> dose)	(2 <sup>ème</sup> dose)	Rappel					
ADAMAWA	781 867	124741	39 923	19426	1 681	84 818	3 344	15,95%	13,33%	149 192
CENTRE	2 557 419	242619	133 122	79870	5 063	109 497	15 791	9,49%	7,40%	343 343
EAST	700 632	101926	45 895	17098	1 414	56 031	2 649	14,55%	10,44%	123 087
FAR-NORTH	2 558 411	294960	119 292	54086	1 110	175 668	5 175	11,53%	8,98%	355 331
LITTORAL	2 202 894	84929	29 365	18009	267	55 564	468	3,86%	3,34%	103 673
NORTH	1 543 080	193196	56 820	20242	772	136 376	1 469	12,52%	10,15%	215 679
NORTH-WEST	962 036	97877	27 028	15591	831	70 849	4 164	10,17%	8,99%	118 463
WEST	1 198 821	84183	32 473	16994	705	51 710	3 043	7,02%	5,73%	104 925
SOUTH	460 862	51111	17 401	8827	139	33 710	1 302	11,09%	9,23%	61 379
SOUTH-WEST	978 469	35224	13 794	6767	496	21 430	1 226	3,60%	2,88%	43 713
<b>CAMEROUN</b>	<b>13 944 491</b>	<b>1310766</b>	<b>515 113</b>	<b>256910</b>	<b>12 478</b>	<b>795 653</b>	<b>38 631</b>	<b>9,40%</b>	<b>7,55%</b>	<b>1 618 785</b>

**c) Scheduling the next steps**

**Summary of vaccination against COVID-19 per Region after the 4<sup>th</sup> round of the intensification campaign**

Project	Interventions	Timing
ECHO	1. IAR 2. Micro-planification 3. Mobile vaccination teams for special populations	
USG	1. Support for the implementation of mobile vaccination teams 2. Awareness/vaccination sessions for vaccination against COVID-19 in health facilities with motivation through gadgets, lab coats 3. Awareness/vaccination sessions in companies, groups organised for vaccination against COVID-19 4. Awareness-raising caravan in main cities, Douala /Yaoundé 5. Production of videos promoting vaccination against COVID-19 6. Production of awareness-raising materials	immediate



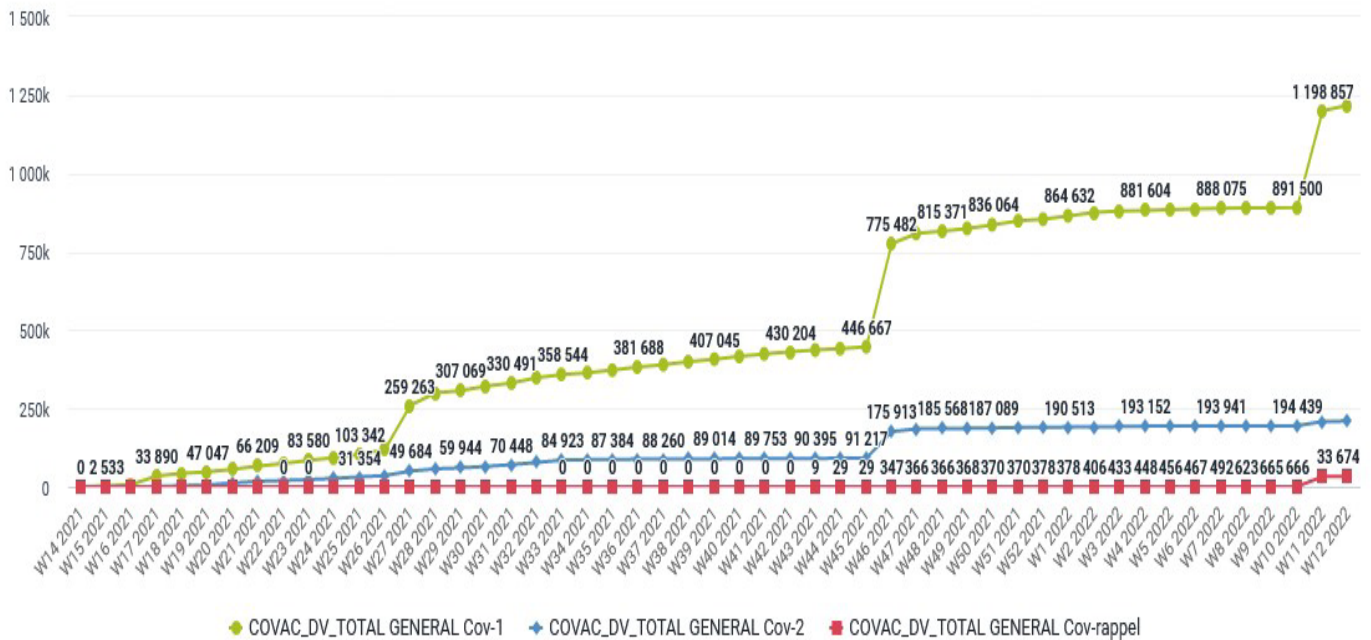
## d) Vaccination figures crossed the symbolic threshold of one and a half million persons vaccinated

12 April 2021 to 12 April 2022, already one year that the COVID-19 vaccination process is ongoing in Cameroon. The country remains committed to reaching its vaccination target, as the weekly evolution of demand shows a slow but progressive curve. The number of persons vaccinated with at least one dose crossed the one million five hundred thousand threshold. The Johnson and Johnson vaccine is the most popular since to be fully vaccinated, only a single dose is needed and accounts for 83% of fully vaccinated people. Coverage of the target group of health personnel is already increasing and has exceeded 50%. As this group is an inspiration to people, there is reason to believe that this tendency could improve in the coming days. The fourth round of the national vaccination intensification campaign aimed to vaccinate 500,000 people in all 10 regions and barely reached 70% of the target. However, this performance varies from one region to another and clearly shows that the Littoral, Centre and South West regions are the hardest hit, and to a lesser extent the West and North-West regions. It is now common knowledge that densely populated urban areas are particularly resilient and appropriate communication strategies will be developed to engage the population in the coming days. Slowly but surely, COVID-19 Vaccine became part of the hospital service package and the number of

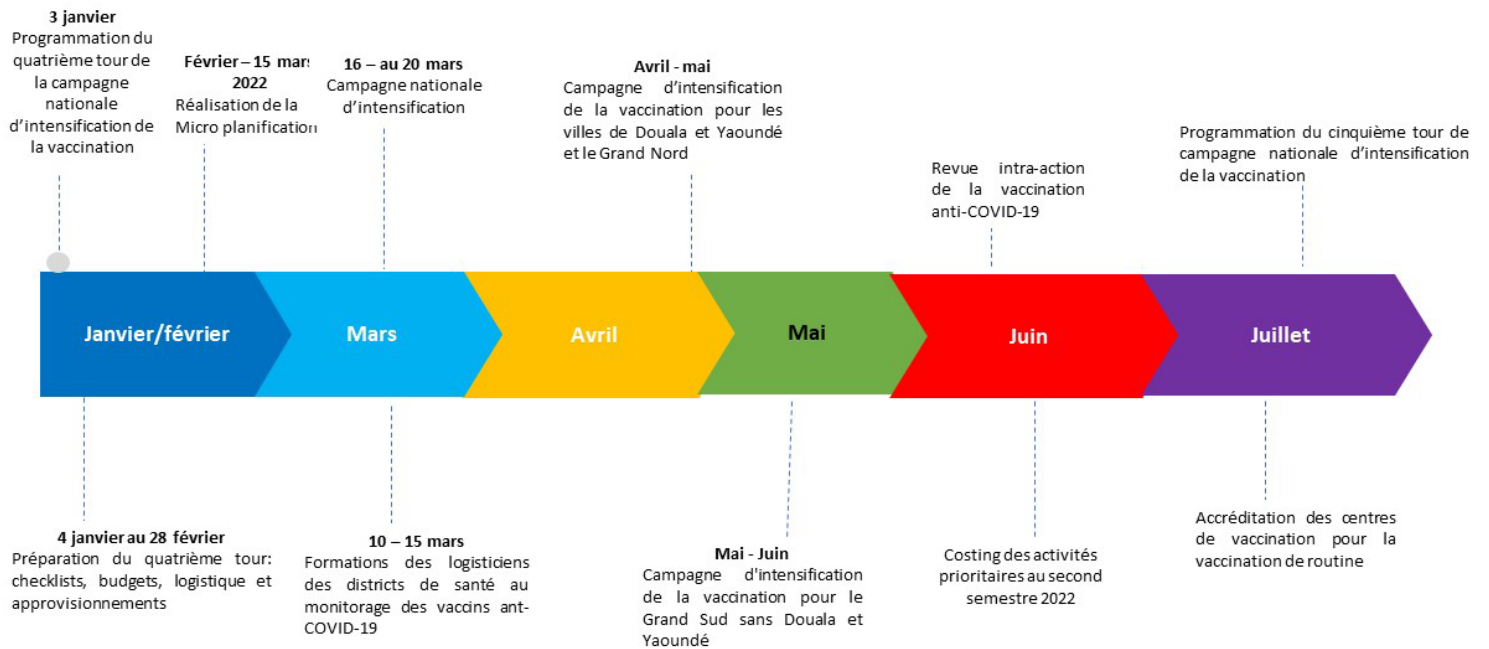
sites accredited to offer vaccination has increased from 243 to 840 today and continues to grow to cover the entire country. Considering the future increase in the number of accredited sites, the implementation of the national vaccination intensification campaigns according to the new National Vaccination Deployment Plan against COVID-19 updated in January 2022, and the new strategies tailored to the main cities of Yaoundé and Douala, there is reason to hope for a brighter future as far as the vaccination coverage of the population in general and the priority groups against COVID-19 are concerned.



### Evolution du nombre de vaccinés



## Overview of the continuum of activities for COVID-19 vaccination Half-year 1 2022



# CLINICAL MANAGEMENT

## REINFORCING HUMAN RESOURCE CAPACITIES REMAINS A TOP PRIORITY

### a- Support for comprehensive case management of COVID-19 and Infection Prevention and Control

More than 24 health personnel from the Littoral region were provided with capacity building in comprehensive case management of COVID-19 and ICP during a workshop held in Ebolowa in the South Region from 30 May to 3 June 2022. This workshop was financed by GIZ funds at US\$ 19,615.



*Management COVID-19 tested by the COVID-19 data catch-up*

### b- Management tested by COVID-19 data catch-up

46 Unit Managers COVID-19 (COVID-19 MUs) participated in a workshop held from 27 April to 6 May 2022 to update COVID-19 management data in Cameroon. With a financial support of US\$ 29,149 from the US Government funds, this workshop has allowed all the data to be entered into the central

database of MOH. Simultaneously, data collection tools were installed for each participant to ensure the completeness and timeliness of clinical management data.



*Data entry at Laquintinie Hospital in Douala*



*Data entry at the Centre for Respiratory Diseases (CMR) in Douala*



## The new edition of the COVID-19 and EPDs death review guide, an instrument for strengthening the Cameroon Health System

To develop a new edition of the COVID-19 death review guide that takes into account other EPDs such as yellow fever, cholera, measles etc, 35 actors from the IMS, from the central level and the Ministry of Public Health took part in a workshop to revise and adapt the COVID-19 death review guide and other Epidemic Potential Diseases (EPDs) held in Ebolowa in the South Region between 10 and 14 May 2022.

The following results were obtained from the workshop:

elements of the legal framework and the guiding principles were inserted in the new version, the set of tools used was adapted to all other priority EPDs and ; a new version of the review guide ready for validation was produced.

WHO provided technical and financial support for the revision and adaptation of the COVID-19 death review guide to other EPDs.

This main objective of this guide is to provide the different actors at all levels of the health pyramid with a pedagogical and operational tool to collect, process and analyse data related to COVID-19 and other MAPE deaths in both hospital and community settings. This will involve identifying the causes of deaths related to EPDs including COVID-19, strengthening the health system through specific surveillance of deaths according to the main proven causes in order to improve the overall management of diseases and thus reduce preventable deaths due to COVID-19 and EPDs. It should be noted that a template for reporting registered deaths (age range, medical history, vaccination status, etc.) was attached to this guide and will be used by the deaths committee.

# CONTINUITY OF ESSENTIAL HEALTHCARE SERVICES

HEALTH SERVICES  
AND CARE ARE  
INCREASINGLY  
IMPROVING

## a- Evaluation of the capacity of essential healthcare services in the context of the COVID-19 pandemic in Cameroon 2nd evaluation from February to April 2022: the disruption of reproductive health services is steadily fading

Compared to the situation in the first evaluation, which took place from April to July 2021, there has been a very significant improvement in maternal, newborn, child and adolescent reproductive health services (MNCH), with the disruption of family planning services and contraceptive measures falling from 46% to under 15%, disruption of ANC, which fell from 38% to less than 10%; disruption of immunisation services, including vitamin A supplementation, which fell from 38% to less than 10%; and disruption of prevention, diagnosis and treatment of sexually transmitted infections, which fell from 45% to 10%.

## b- Economic and International Days of Communes and Territories (JEICOM21)

From 03 to 05 December 2021, WHO

Cameroon and Health Impact Africa participated in the Economic and International Days of Communes and Territories (JEICOM21) with the aim of raising awareness among local elected officials on the fight against malaria, COVID-19 and on community health in Cameroon. In this regard, WHO received the following final documents:

- The JEICOM21 report and newsletter (enclosed).
- The WHO stand video - ISA Videos JEICOM21 - Google Drive
- The awareness-raising seminar for local elected representatives
- JEICOM21 videos - Google Drive



# INFECTION PREVENTION AND CONTROL (IPC) / WASH

## THE 2021 AFCON TOTALENERGIES HARNESS BENEFITS

### a- IPC handles the AFCON TotalEnergies 2021

The ICP's activities were launched at the beginning of this year 2022 for the organisation of the AFCON TotalEnergies 2021. The first action carried out on January 6, 2022 with the support of WHO was the drill exercise concerning the health pass system at the Olembé stadium scheduled for the opening of the AFCON TotalEnergies 2021 and evaluation of the implementation of cluster risk reduction measures, notably physical distancing, circuit of positive spectators, WASH, mask wearing, health pass verification, vaccination of non-vaccinated spectators.



The second action carried on January 21, 2022 was the supervision of the monitoring and ICP at the level of

the official Fans Zones of the AFCON TotalEnergies 2021 with the Operational Research Office of the PHEOCC, which revealed a low level of compliance with monitoring measures and the ICP in these areas dedicated to the AFCON.

### b- Development of Guidelines and ICP training modules for COVID-19 vaccination



From 12 to 14 April 2022, a workshop to draft the IPC guidelines dedicated to vaccination was held in Mbalmayo with the technical and financial support of WHO. This workshop aimed to develop effective norms and standards to improve safety during vaccination sessions. The said vaccination guidelines were endorsed by MOH and 3600 copies in French and 600 in English were produced

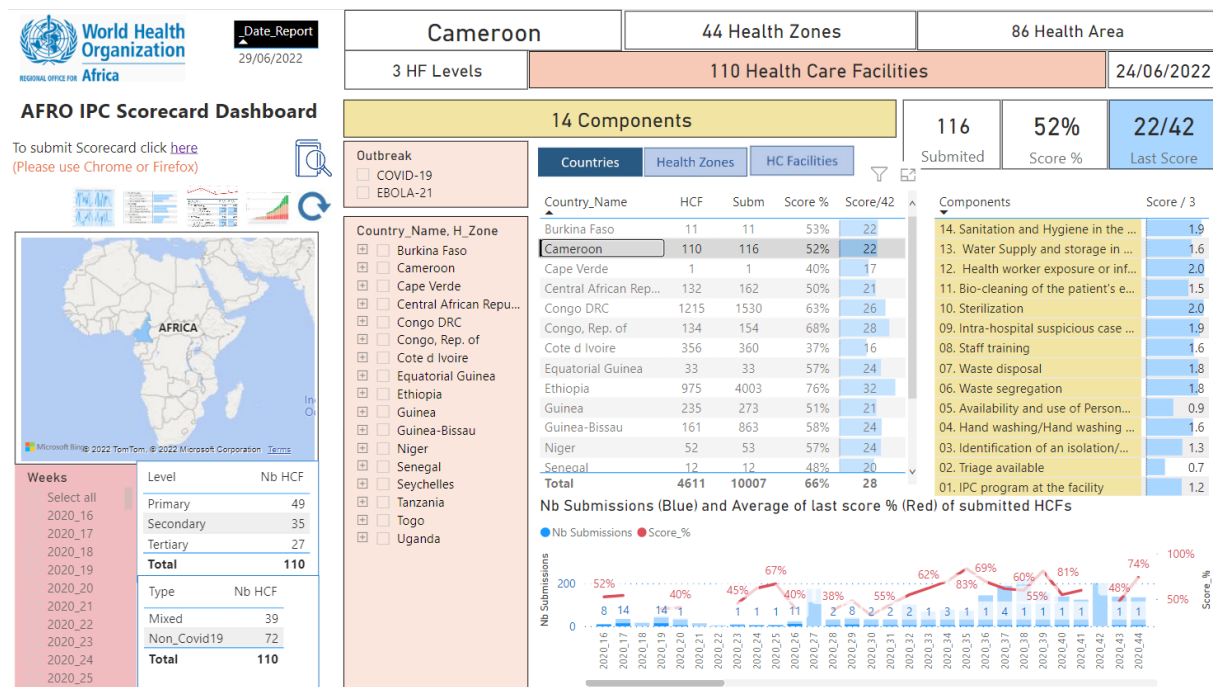
and will be sent to EPI for distribution. This IPC guideline for Vaccination is intended to describe the series of IPC measures to be implemented at the vaccination site before, during and after vaccination. These measures involve hand hygiene, the use of personal protective equipment (mask, eye protection, gloves, gowns, overshoes, gowns), the injection safety device, cleaning and disinfection of the environment and waste management.

### c- A platform for IPC opened in Cameroon

An online data warehouse was developed by WHO Africa (AFRO) on infection prevention and control to widely share information on the level of performance of each member state. Cameroon showed acceptable scores in the first half of 2022

### d- Exposure of the health personnel to the COVID-19 pandemic in Cameroon, towards the use of IPC data reporting tools

A capacity building workshop for IPC focal points in the ten regions of Cameroon on the use of IPC data reporting tools was organised in Ebolowa from 4 -5 March to develop a protection plan for the health personnel. More than twenty participants were trained to collect data using the KoboCollect mobile data collection application. This training should result in the development of a functional and accessible IPC data platform in real time and on a large scale.



# RISK COMMUNICATION AND COMMUNITY ENGAGEMENT(RCCE)



## WORLD HEALTH ORGANIZATION (WHO) MEETS NEW LEADERS IN COVID-19 VACCINATION, AT THE 8TH EDITION OF THE INTERNATIONAL TRADE FAIR FOR ENTERPRISES, SMES AND PARTNERSHIPS CALLED PROMOTE.

This edition took place from 19 to 27 February 2022 at the Conference Hall in Yaoundé.

Discussions, debates, interviews and many other activities were the main ingredients found in the WHO stand at the Conference Hall. The personnel had to:

- Engage in discussions promoting health and well-being in Cameroon;

- Highlight the various forms of support provided to the Government, in particular the response to COVID-19 and vaccination.

- Dispelling false news, misinformation and misunderstandings through discussions with visitors and partners at the event, among other topics, vaccination against COVID-19 (over 300 people).

- implicating new champions of



the response, including those of vaccination.

## COMMEMORATION OF THE WORLD HEALTH DAY (CWH)

The celebration was conducted under the overall theme of “Our Planet, Our Health” and included a panel discussion on the response to COVID-19 and cholera in Cameroon. This activity helped the community to manage both COVID-19 and Cholera outbreaks with the support from the Ministry of Public Health and the World Customs Organization.



## OPERATIONS, LOGISTICS AND SUPPLY CHAIN

SEVERAL REGIONS OF THE COUNTRY ARE  
PROGRESSIVELY REHABILITATED



### OFFICIAL HANDOVER OF REHABILITATED INFRASTRUCTURES IN THE NORTH-WEST REGION

From 24 to 26 February 2022, the official handover of the Public Health Operations Coordination Centre of

the North West Region and the Intensive Care Unit (ICU) in the Bamenda Regional Hospital, both of which were renovated and equipped by WHO. This is a core activity to support the Regional Public Health Delegation in the North West Region of Cameroon to improve the coordination of public health emergency operations and to improve healthcare quality at the Bamenda Regional Hospital ( besides the management of severe cases of COVID-19). It significantly contributes to the reduction of morbidity and mortality through improved patient management.



*An attitude of the officials during the playing of the National Anthem on the occasion of the handover ceremony of health infrastructures in the North West region*



*Speech of the Minister of Public health to the staff using the new health infrastructures in he North-West Region*



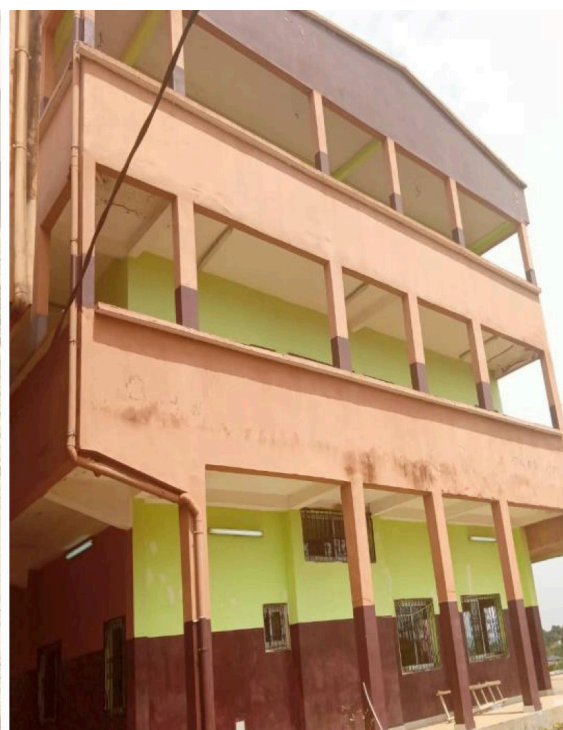
*Speech of the WHO Representative in Cameroon at the official handover ceremony of the new health infrastructures in the North West region*

## HEALTH INFRASTRUCTURES UNDER REHABILITATION, TIME TO EVALUATION

Following the first rehabilitations of health infrastructures in the North-West and South-West regions, a second round was initiated for almost all the other regions of the country. As a result, about ten districts benefited from the project, either to renovate boreholes, waste management centres, intensive care units, border health posts (BHPs) or regional delegations.



*The Buea Regional Public Health Emergency Operations Coordination Centre before construction*



*The water point at Soa District Hospital before the construction of the new castle*



*Waste disposal point at Bafoussam Regional Hospital and Foumban Health District*



*Old and new incinerator under construction in Batouri Health District, Eastern Region*



**NEW HEADQUARTERS BUILDING FOR THE  
WHO REPRESENTATION OFFICE IN YAOUNDÉ,  
CAMEROON, BEING COMPLETED**