



World Health
Organization
Cameroon



COVID-19
RESPONSE

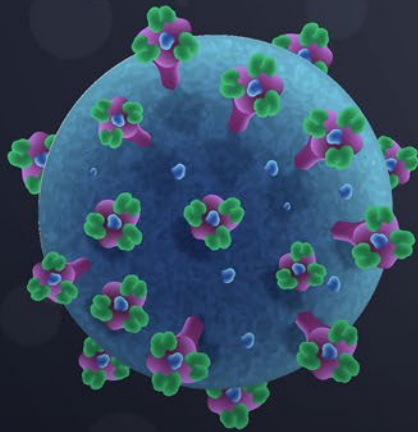
No. 004 / July - December -2021

COVID-19 **Infos**

World Health Organization newsletter (WHO-Cameroon)

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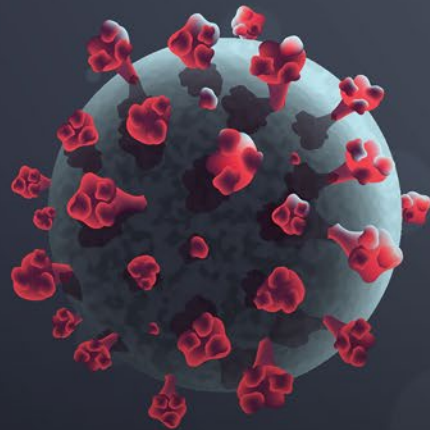
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• **Resurgence**
of a third wave of contamination
under control

• **Management of**
severe forms :
towards a brighter future



Editorial

WHO and Cameroon, hand in glove

A Sustainable Partnership

Actions and future

COVID-19 vaccination, a step forward

Analyses

Death audit

Infrastructures

Rehabilitation of health infrastructures

In their best conditions



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Editorial

WHO AND CAMEROON, 700 DAYS HAND IN GLOVE AGAINST COVID-19

The World Health Organization (WHO) has made the management of health emergencies the backbone of its humanitarian action in the 194 Member States (MS). As proof, in its objective to reach the triple billion targets in 2023, WHO plans that an additional billion people will be better protected against health emergencies. Before the reporting of the first COVID-19 case on 6 March 2020 in Cameroon, WHO was already mobilized and motivated to assist the government against the spread of the Coronavirus in the country. On the one hand, the government has been able to put in place an incident management system (IMS) through the Public Health Emergency Operations Center (PHEOC), which adopted a COVID-19 preparedness and response plan around 19 February 2020. The plan was developed around 10 pillars including coordination and planning, data and information management, epidemiological surveillance, laboratory, clinical and psychological case management, continuity of essential healthcare services, infection prevention and control (IPC), risk communication and community engagement (RCCE), and Operations, Logistics and Supply chain (OLS). Later on, vaccination was added on this list. WHO supported the government in the preparation of this response plan and through a mirror response mechanism, the IMS-WHO, whose teams were deployed in the aftermath of the first confirmed cases of COVID-19 in all ten regions of the country, including areas with a high insecurity.

As a result of this day by day synergy, WHO is pleased with the performance of its support to the government, both in terms of the various resources allocated to the response and the results obtained. The last six months of the response speak volumes. As a partner, WHO has once again adapted its activities to address the

four main concerns of the government notably the COVID-19 pandemic resurgence or third wave response plan, the management of severe cases, the mobilization for COVID-19 vaccination for everyone, and the review of deaths.

In August 2021, there was a progressive increase in the number of cases registered. This called for an urgent need to elaborate a resurgence plan in September 2021. WHO mobilized most of its epidemiological technicians from the national or regional coordination to bring out substantive information to confirm the resurgence, recommend interventions in the context of resurgence, specificities of the monitoring-evaluation of the resurgence plan and present the required budgetary framework. For the management of severe cases, WHO was responsible for building the capacity of health care providers in the taxonomy and mastering of the current management protocol for severe forms of COVID-19. As for the review of deaths, the major milestone was the death review guide, a necessary tool for self-assessment whenever there is a COVID-19 death by asking "What went wrong?". WHO and CDC have greatly contributed to its development, dissemination and appropriation by national actors. The mobilization for vaccination at scale is the remainder of the activities undertaken since the first shipment of COVID-19 vaccines in Cameroon on 17 April 2021. Given the persistent vaccine hesitancy, WHO has maintained its technical and financial support to accelerate the immunization process. It is in this context that the risk communication and community engagement team (RCCE) has developed activities on community-based dialogue to destroy fake news and rumors that have fed the resistance and reluctance of the population regarding the COVID-19 vaccination. Many hundreds of community mediators from

the Ministry of Public Health, the Ministry of Youth and Civic Education, and the civil society have been enrolled in large numbers, particularly in the Centre, Littoral, West and East Regions. Advocacy discussions conducted during more than 20 mobilization days to promote COVID-19 vaccination by these actors have already contributed in raising its acceptance by the population.

However, the battle relentlessly continues as the Coronavirus pandemic also persists. In mid-December 2021, most countries witnessed the fourth wave due to a surge in the number registered. This was triggered by the Omicron variant discovered in South Africa. WHO teams are now organizing themselves to remain operational during the end of year celebrations which are often followed by a procession of community events such as financial and family meetings, weddings or other religious sacraments. Furthermore, WHO is dedicated to remain in a state of epidemiological watch during the period of the TotalEnergies AFCON Cameroon 2021 that will be held in Cameroon from January 9th to February 6th, 2022. As this event will gather several foreign sports delegations, the surveillance load will ineluctably increase at the air and land points of entry.

To conclude this editorial, WHO reiterates its gratitude and deference to all the financial and technical partners who have enabled the organisation to maintain its support to the Cameroonian government against COVID-19. WHO is thus seizing the opportunity of this fourth edition of COVID-19 Infos to solemnly thank the government for this historic hand in glove journey between the United Nations (UN) agencies and Cameroon. Long live this partnership ! Long live the international cooperation!

*Dr Phanuel Habimana,
WHO Representative in Cameroon*



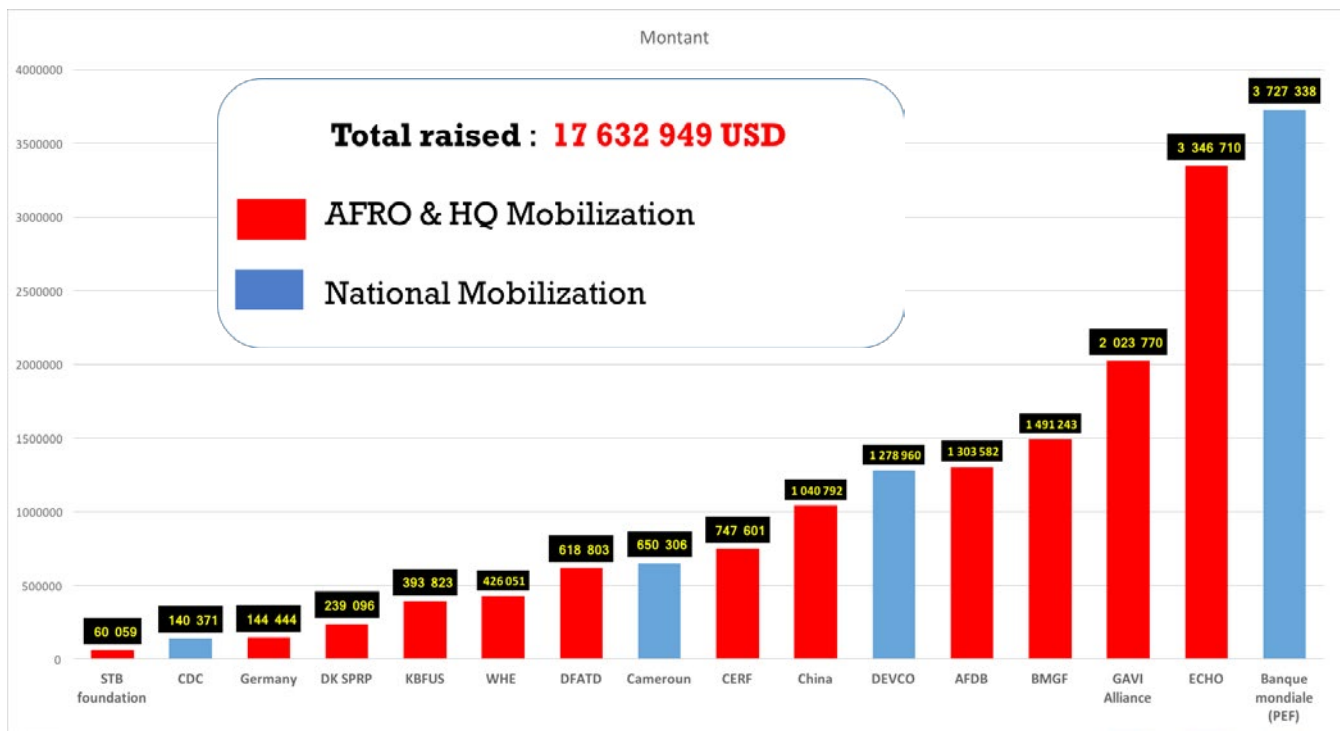




RESOURCES MOBILIZATION AND ACKNOWLEDGEMENT OF PARTNERS

16 COVID-19
donors

17 632 949
USD mobilized



AFDB : Board of the African Development Funds
 Banque Mondiale PEF : Banque Mondiale Pandemic Emergency Financing
 BMGF : Bill and Melinda Gates Foundation
 CDC : Centers for Disease Control and Prevention
 CERF : United Nations Central Emergency Response Fund
 DEATD : Department of Foreign Affairs, Trade and Development
 DEVCO : DG for International Cooperation and Development
 ECHO : Directorate - General for European Civil Protection and Humanitarian Aid Operations
 GAVI Alliance : Global Alliance for Vaccines and Immunization
 KBFUS : King Baudouin Foundation United States
 STB Foundation : The Susan Thompson Buffett Foundation
 WHE : Woodland Hills Elementary

Resources mobilization was jointly carried out by AFRO, WHO Headquarters (HQ) and the WHO-Cameroon Country Office. A significant increase in the amount of resources mobilized can be noted.



BILL & MELINDA
GATES foundation





Next Generation
Illumina Platform
NextSeq 550 COVID-19
sequencing unit
acquired with support
from the African
Development Bank

NextSeq 550

Thank you

Congratulations on the purchase of your new Illumina instrument. We hope you enjoy your experience and thank you for being part of the Illumina community.



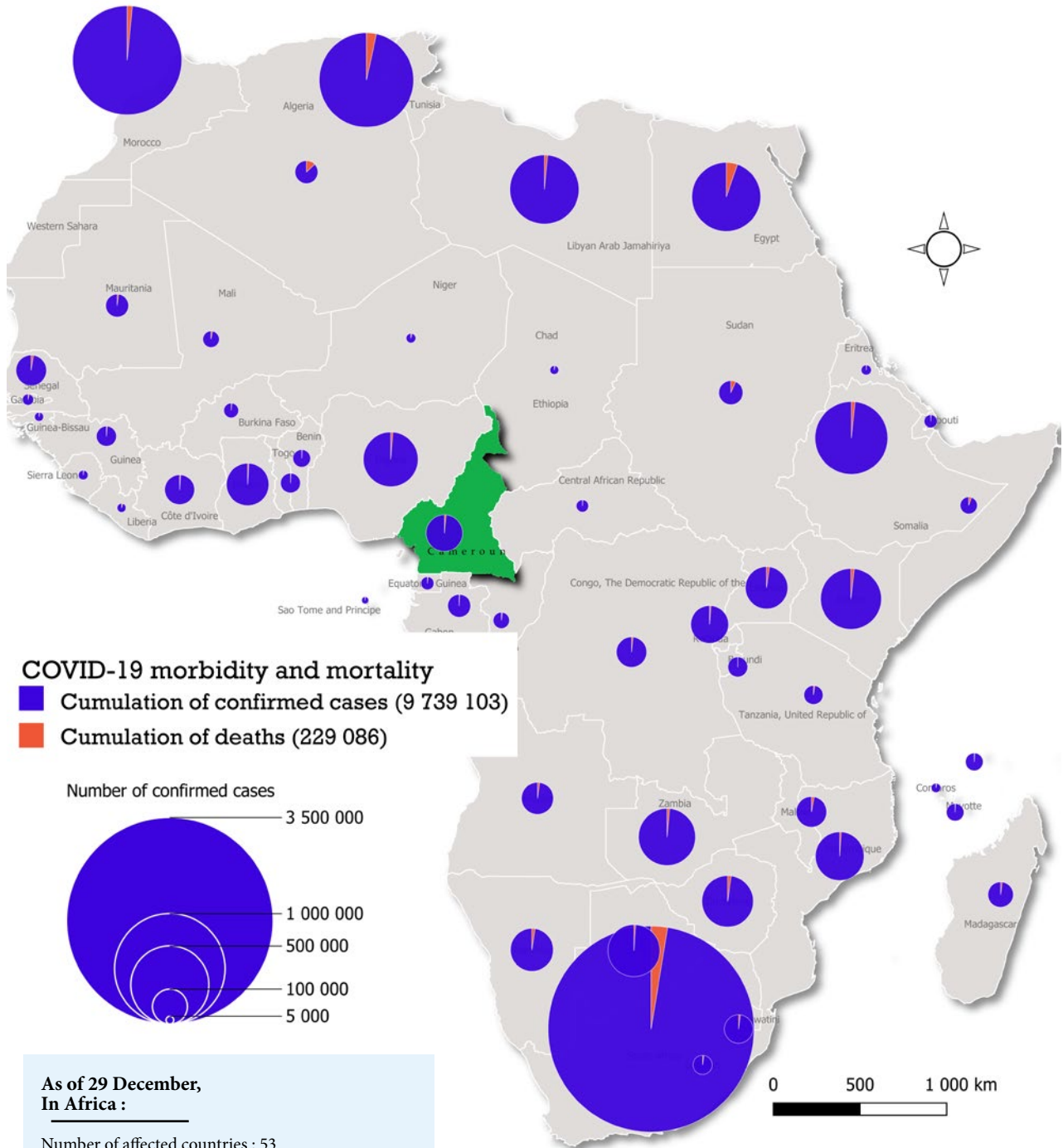
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Official handover ceremonies of equipment and materials purchased with AFDB funds - October 2021

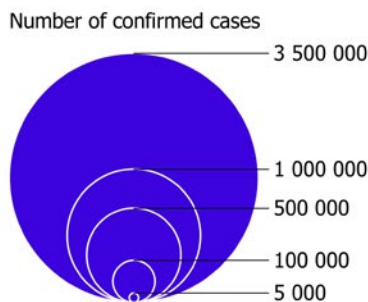


Epidemiological situation of COVID-19 in Africa and in Cameroon as of 30 December 2021



COVID-19 morbidity and mortality

- Cumulation of confirmed cases (9 739 103)
- Cumulation of deaths (229 086)



As of 29 December, In Africa :

Number of affected countries : 53
 Cumulated number of confirmed cases : 9 951 909
 Cumulated number of recovered cases : 8 579 580
 Cumulated number of deaths : 227 872
 Case fatality rate : 2.4%
 Doses of vaccine administered : 284 175 220

In Cameroon :

Cumulated number of confirmed cases : 109 666
 Cumulated number of recovered cases : 106 108 (97%)
 Cumulated number of deaths : 1 853
 Fully vaccinated people : 660 451

Proportion of the target population fully vaccinated : 4.73%
 Proportion of the total population fully vaccinated : 2.43%
 Target population aged 18 and above : 13 944 491
 Total population in 2021 : 27 076 681
 Total population in 2022 : 28 558 561

**100%
PROTECT
ION**



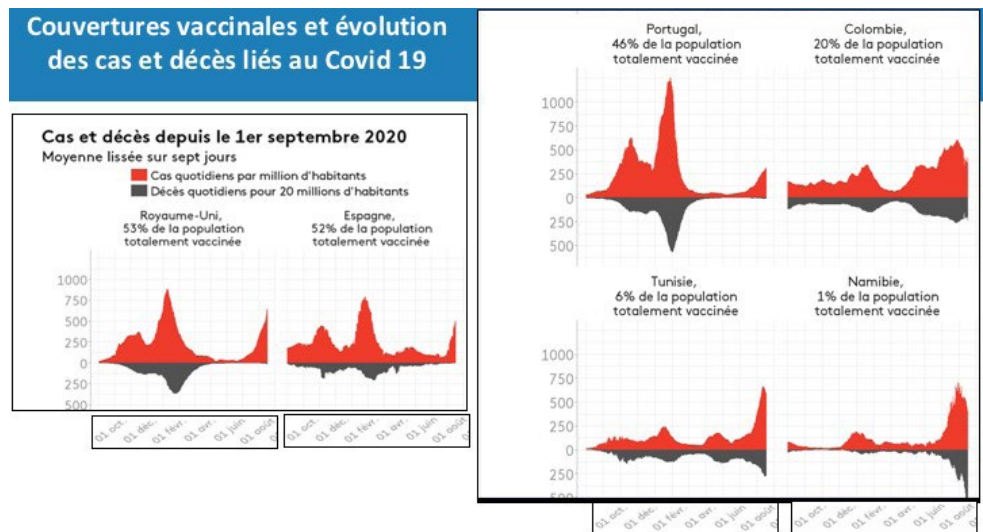
COORDINATION, PLANNING AND MONITORING/EVALUATION

An ongoing support

a) WHO, a strong supporter of the advocacy efforts of the government to promote vaccination

Since the arrival of the first COVID-19 vaccines in Cameroon, WHO has been advocating daily to promote vaccination. Some major actions illustrate this social activism towards several targets because many people are endangered in Cameroon.

- The WHO Resident Representative, Dr. Phanuel HABIMANA, presented the relevance of vaccination to the National Telephone Company CAMTEL through its General Manager, Mrs. Judith ACHIDI. Camtel is a company with nearly 4.000 employees. It is an important and even privileged target to receive the COVID-19 vaccines.
- WHO took part in the workshop on the impact of the COVID-19 pandemic on vulnerable groups of women, held from 25 to 26 August 2021 at the Hotel du Groupement des Femmes d’Affaire du Cameroun (GFAC) in Yaoundé.
- The WHO Representative assisted by the vaccination team organized a dialogue with the UNFPA staff on vaccination against Covid-19. This dialogue took place on 26 August 2021 at UNFPA. Several key topics were covered in the presentations including: COVID-19 epidemiology, symptomatology, people at risk, prevention, vaccines and vaccination. At the level of vaccination, the speakers demonstrated with facts the saving role of the COVID-19 vaccination against deaths. In this sense, the charts showing



Source: Our world in data

the comparative evolution of cases and deaths before and after the COVID-19 vaccination. During this meeting, several challenging questions were asked and clear and confident answers were given by the speakers of the day. Below are some of those questions:

PUIS-JE ME FAIRE VACCINER CONTRE LE COVID-19 ALORS QUE JE SUIS ACTUELLEMENT MALADE DU COVID-19 ?

NON

Il est recommandé d'attendre 3 à 6 mois avant de se faire vacciner



DOIS-JE PORTER UN MASQUE ET ÉVITER LES CONTACTS ÉTROITS AVEC LES AUTRES SI JE SUIS ENTIÈREMENT VACCINÉ ?



b) A harmonized evaluation of the capacities of health services to respond in the context of the COVID-19 pandemic

WHO is actively involved with the Ministry of Public Health, through its Resident Representative and its technicians, in the general evaluation of the PROVISION of health infrastructure and equipment ON the national territory. The first round of this evaluation was conducted in July 2021. It focused on the following three key indicators of the response:

- Firstly, the current and advanced capacities of health facilities (HFs) for the management of COVID-19 (clinical tools and essential supplies) ;
- Secondly, the capacity of health facilities and health personnel to maintain safe delivery of essential healthcare services throughout the pandemic.
- Lastly, the community healthcare needs, the changes in care-seeking behavior, the impediments to the access of healthcare thus impacting the demand for services, and the disruptions experienced in community-based care. At the end of this evaluation, the following observations were made:



Photo : Information exchange and advocacy on COVID-19 vaccination in the UNFPA conference room



Photo : Demonstration of the morphology of the Corona virus under the careful gaze of the UNFPA representative, Madma Siti Batoul Oussein

i) Hospital Incident Management Support Teams have been activated closely to 97%

ii) A national capacity of approximately 1100 beds has been evaluated for the management of COVID-19 cases.

iii) 87% of health facilities have a good capacity in tracer drugs and selected supplies.

iv) 85% of health facilities have a good availability of Infection Prevention and Control (IPC) items.

v) The 72-hour delay in the delivery of COVID-19 PCR test slows down the control of the spread.

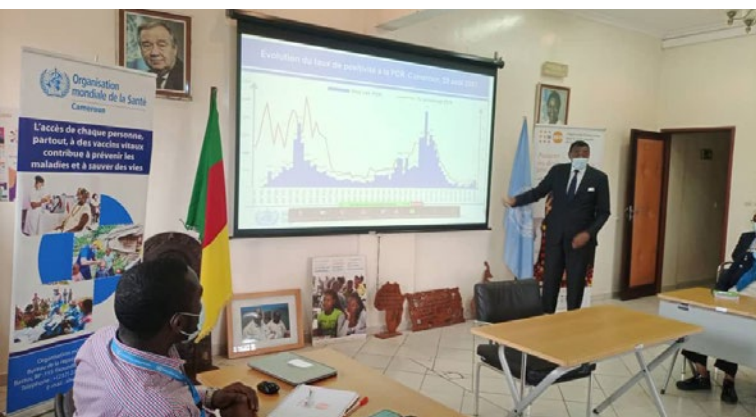
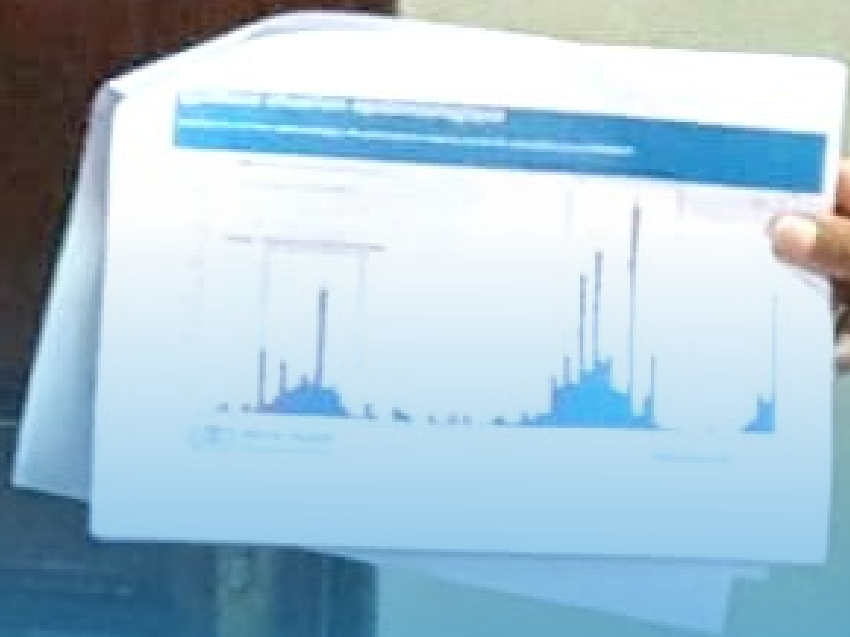


Photo : The Representative as in an Amphi context explains the epidemic curve and the evolution of the positivity rate of COVID-19



Organisation
Mondiale de la Santé
Africaine

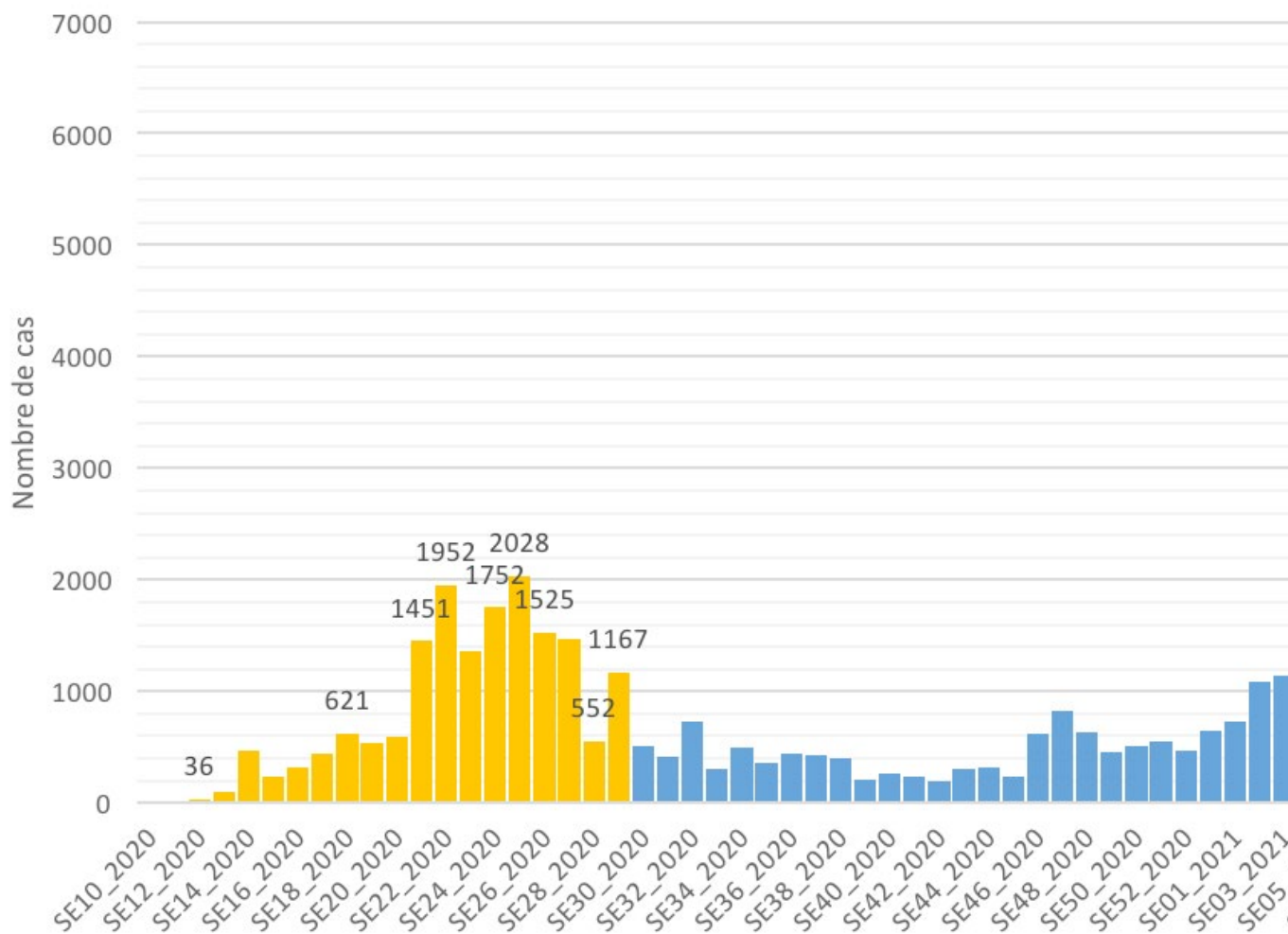
du Cameroun

The WHO Representative describing the **epidemic curve of COVID-19** in Cameroon during the meeting with Technical and Financial Partners (TFP) indicating the two waves of resurgence

COVID-19 DATA AND INFORMATION MANAGEMENT

On standby against COVID-19 resurgence

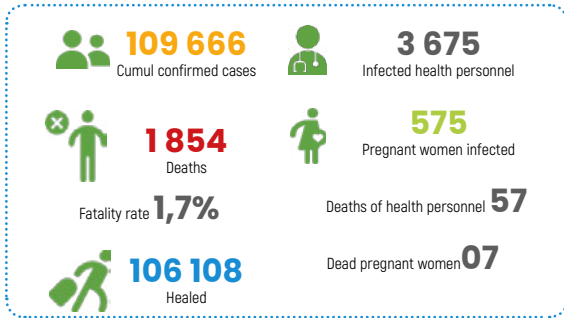
a) From the first to the third COVID-19 wave, Cameroon stands firm



From 06th March 2020, date of the first confirmed COVID-19 case in Cameroon, to 31 December 2021, Cameroon, like most African countries, faced three distinct waves of the Coronavirus contamination. The third wave which is the focus of this COVID-19 Infos No.004

bulletin started on the thirty sixth epidemiological week (WE36) of the year 2021. It has resulted in a substitutional spread of Delta and Omicron variants. It caused at least 529 deaths for 28199 new confirmed cases.

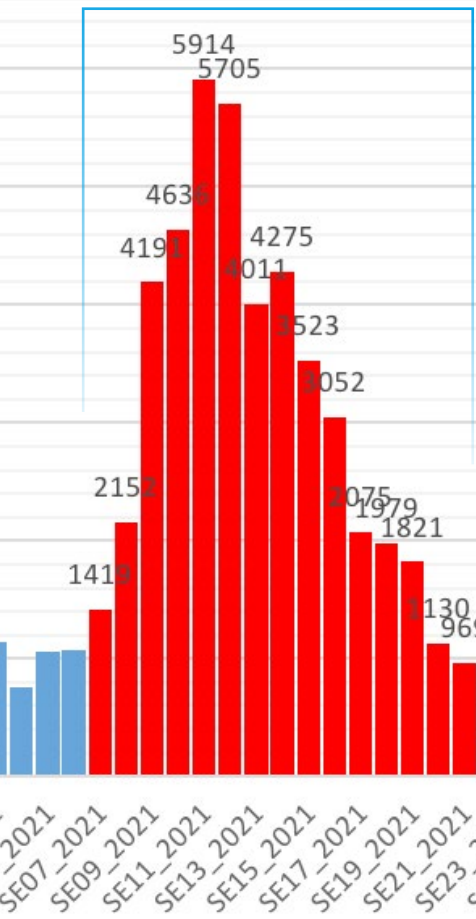
The scorecard on the COVID-19 situation in Cameroon offers grounds for optimism at the end of the last six months of the response



against this pandemic. Cameroon has stood firm during this new challenge of this pandemic by drawing on the experience gleaned during the response against the first two waves including the support of its partners. WHO has spared no effort to respond to this third wave like the first two, both at the central and regional levels as well as at the technical and financial levels. Therefore, support to the following actions will be maintained: monitoring of resurgence indicators, strengthening the health system to manage severe cases as well as enhancing the commitment of the community towards COVID-19 vaccination.

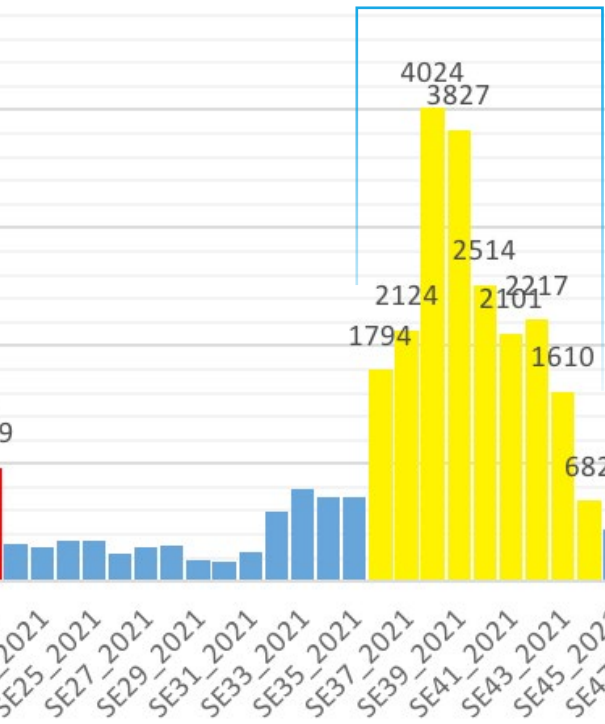
Second wave

Cumulated confirmed cases: **81 467**
Cumulated deaths : **1324**



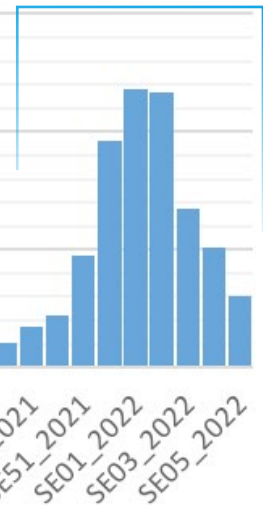
Third wave

Cumulated confirmed cases : **109 666**
Cumulated deaths : **1853**
New deaths: **529**



Fourth wave

At the early stage

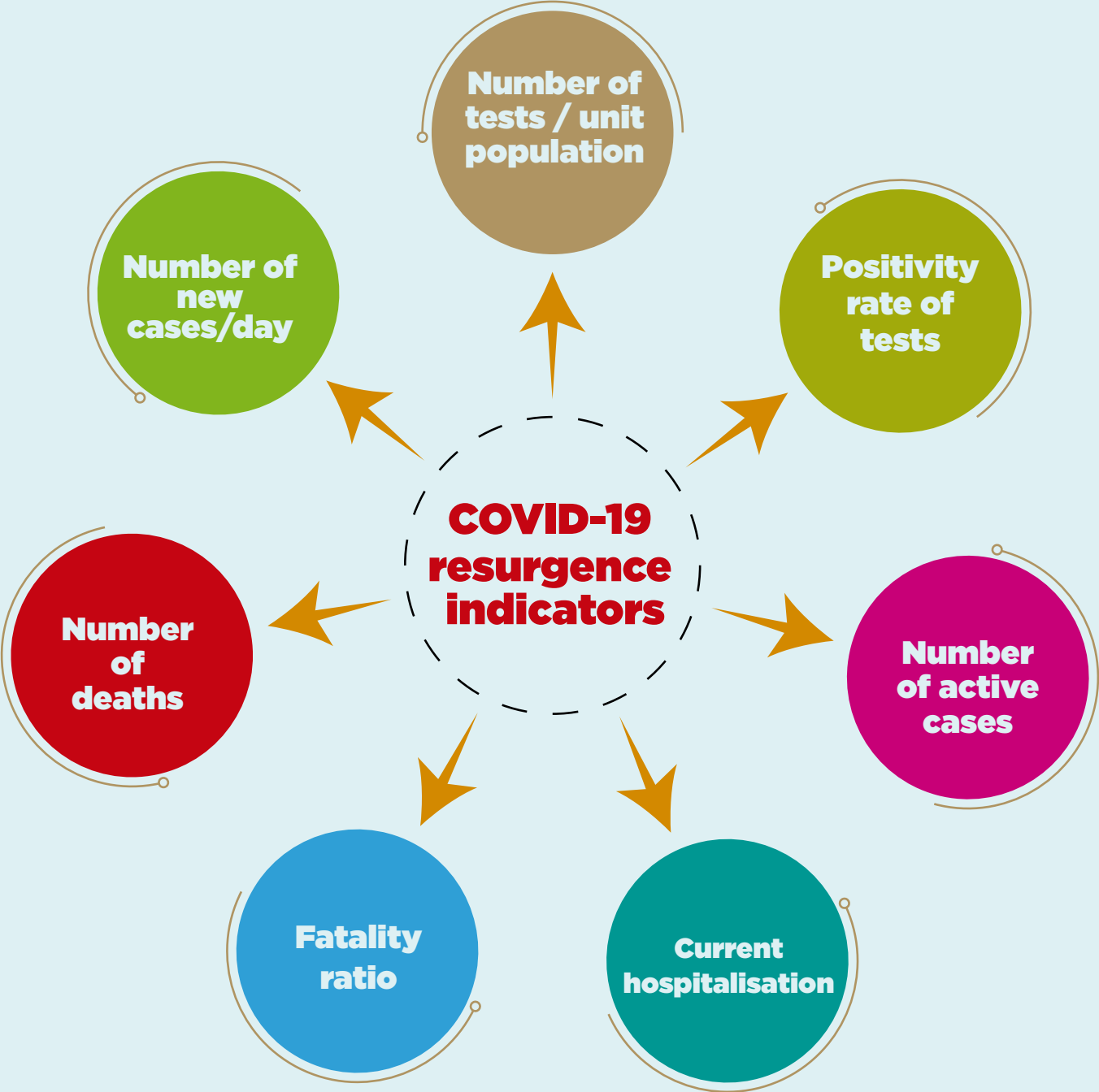


line épidémiologique

WHO ready for the surveillance of the upcoming fourth wave

b) WHO recommends 07 key indicators for early detection and tracking of COVID-19 resurgence in Africa

A document proposed by WHO entitled "*Interim Guidance for COVID-19 Resurgence in the WHO African Region*" published in May 2021 has provided seven key indicators for early detection and tracking of resurgence.

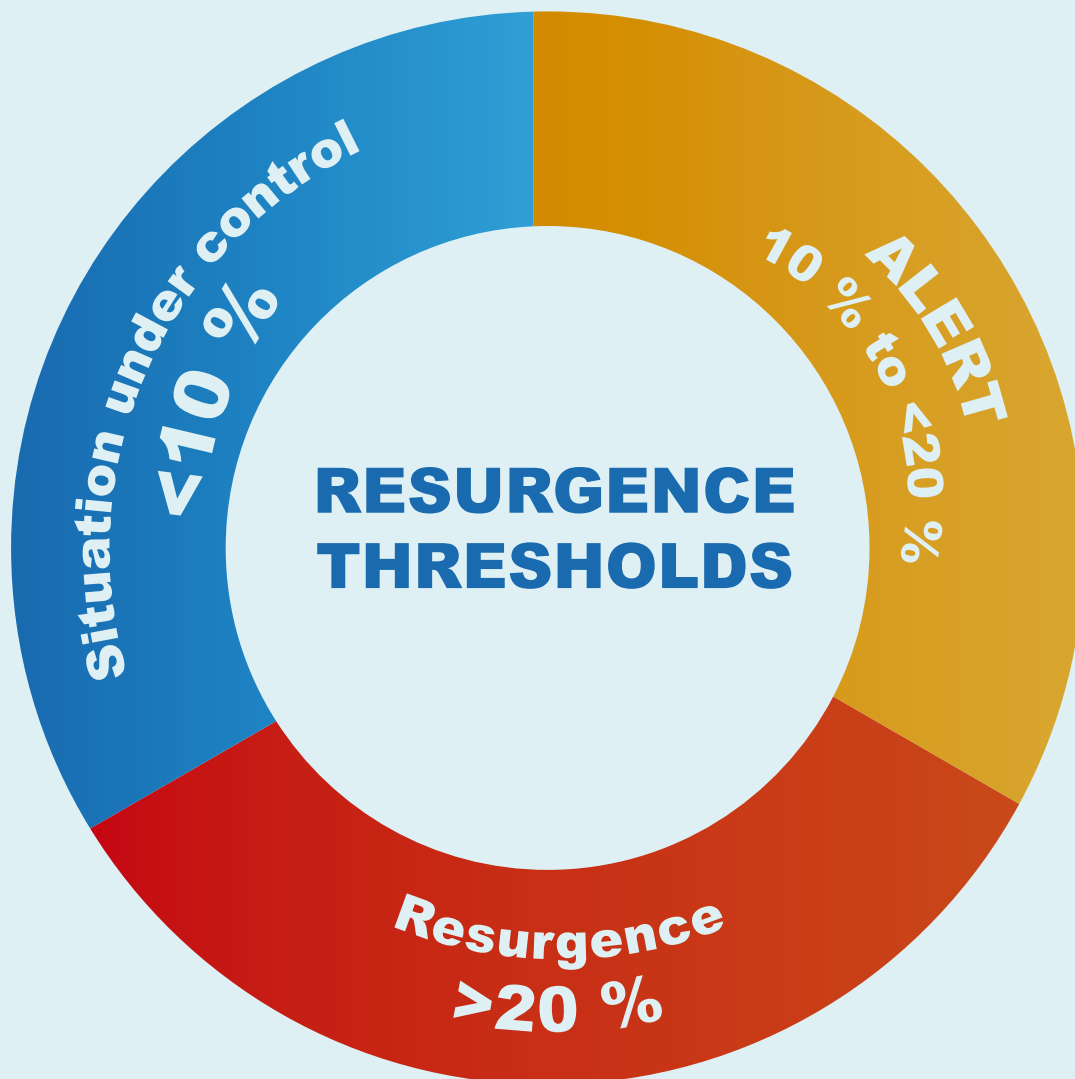


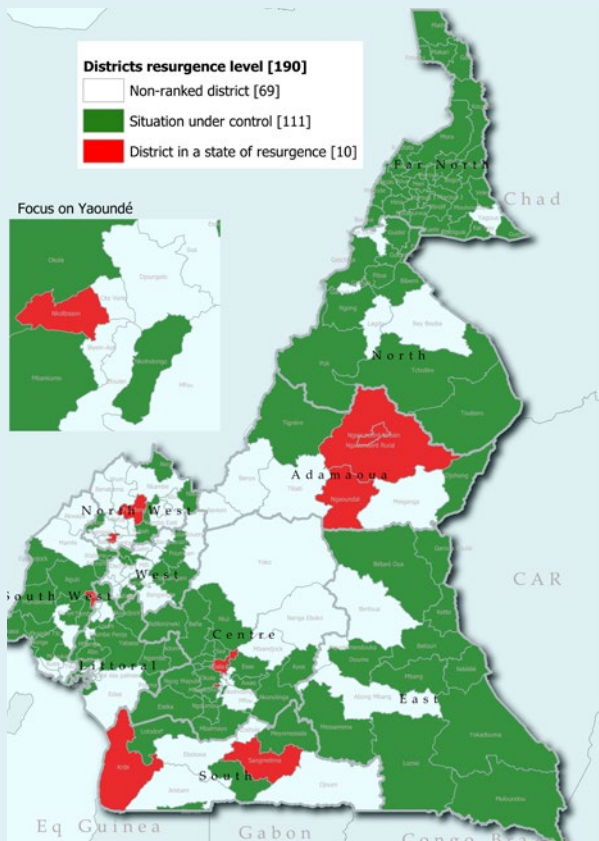
Resurgence indicators are calculated on a period of two consecutive weeks. Three thresholds of resurgence have been defined in association with the graphic chart based on the increase of new confirmed cases. These are:

- 1) *Situation under control: increase of less than 10% in new confirmed cases during the two consecutive weeks (blue color)*
- 2) *Alert: increase of 10% to less than 20% in new confirmed cases during the two consecutive weeks (orange color)*
- 3) *Resurgence: increase of more than 20% in new confirmed cases during the two consecutive weeks (red color)*

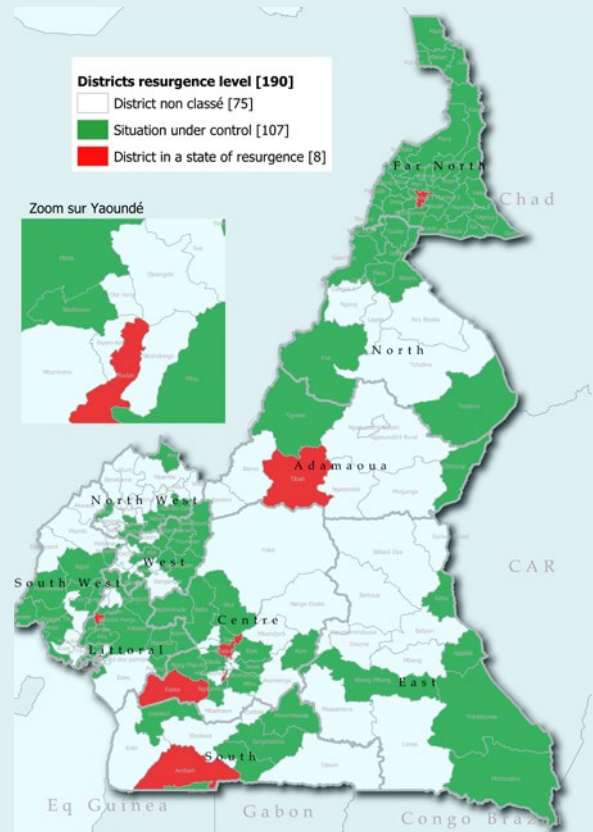
c) LISTENING TO RESURGENCE: THE CALM BEFORE THE STORM

The level of the resurgence was evaluated in the health districts at different dates. A total of 6 dates were chosen: October 6, 13, 20, 27 and November 3, 17, 2021. Overall, these dates show that the resurgence of the third wave of COVID-19 infections remained under control even though some districts showed concern, particularly in Adamaoua, the Center and the Northwest.

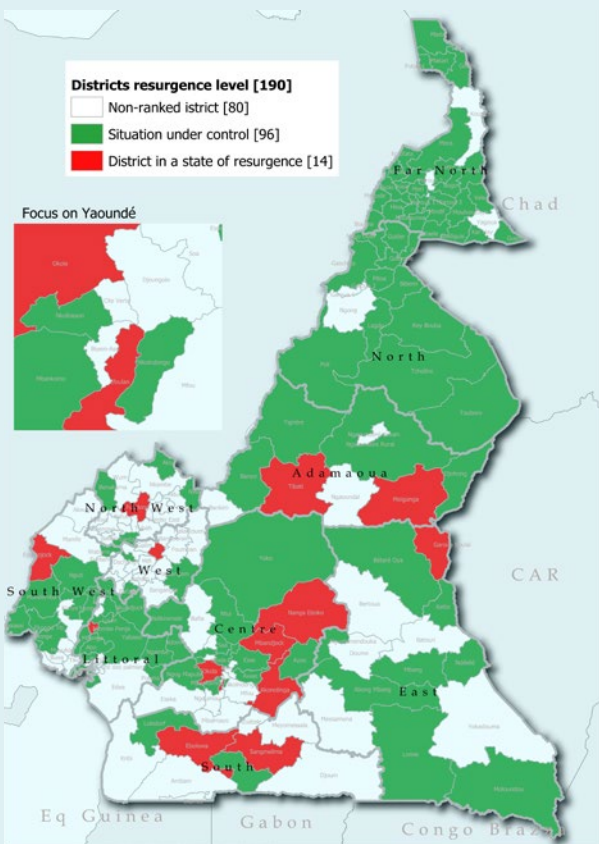




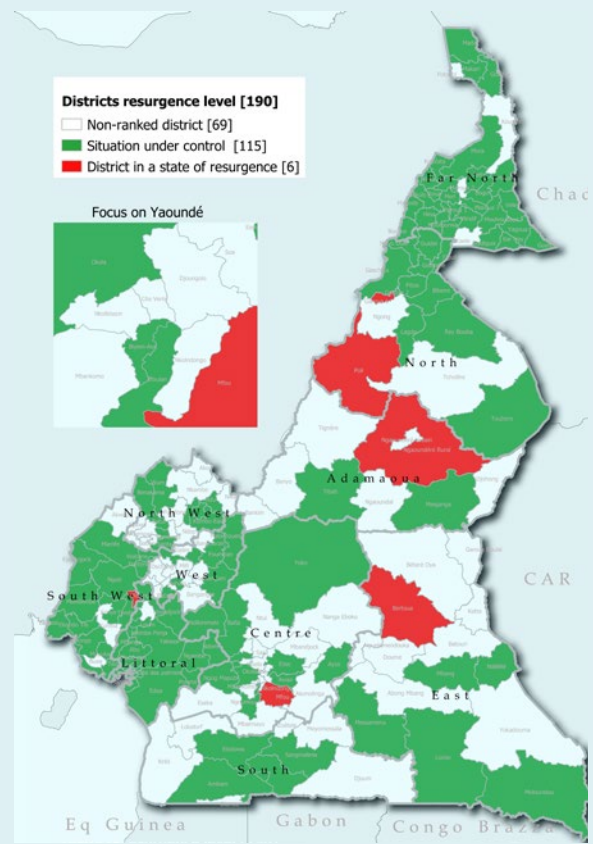
Resurgence level in the health districts as of 06 octobre 2021



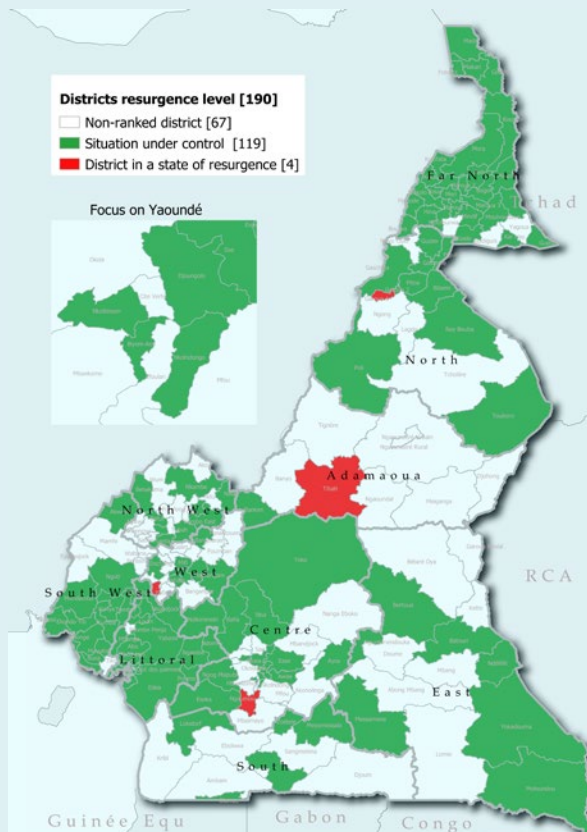
Resurgence level as of 20 October 2021



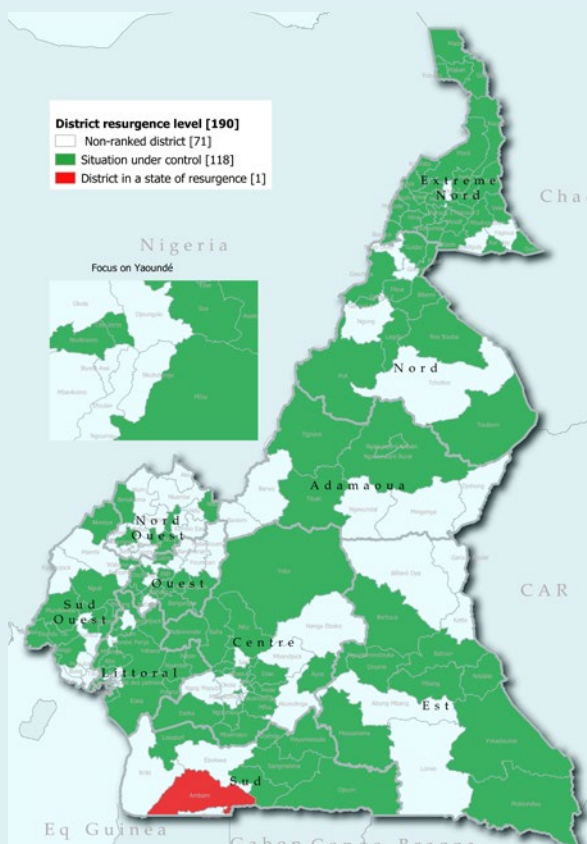
Resurgence level as of 13 October 2021



Resurgence level as of 27 October 2021



Resurgence level as of 03 November 2021

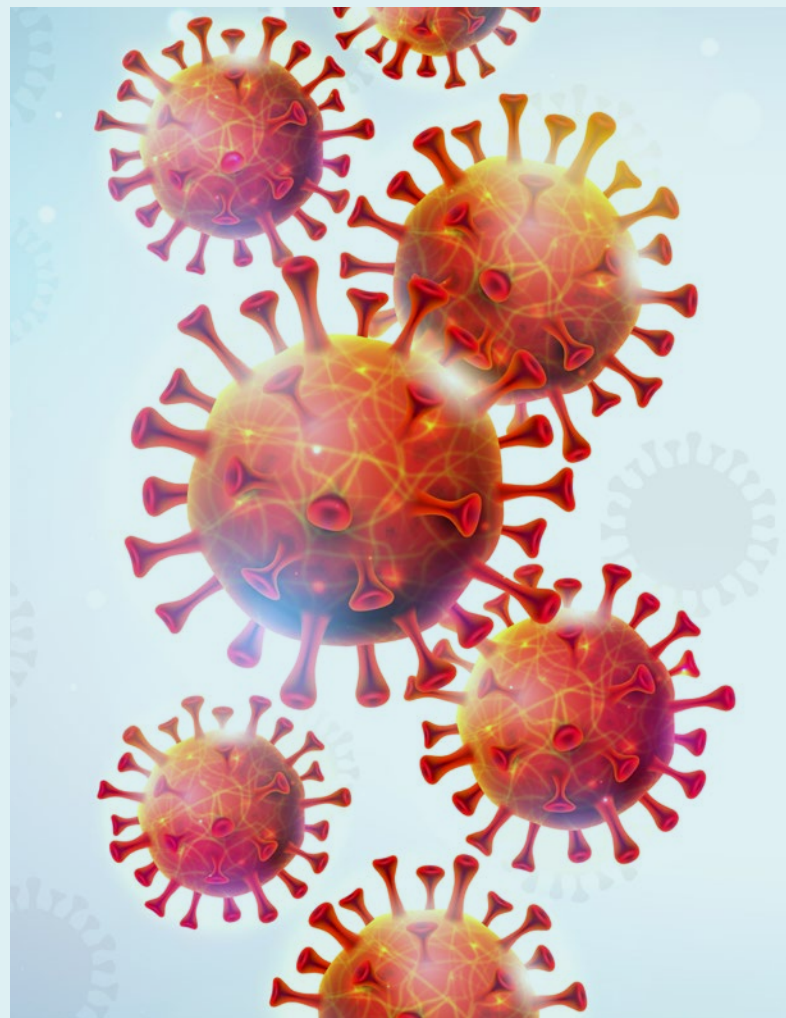


resurgence level in the health districts as of 17 November 2021

d) Data Review and Validation Stay on track

Data quality assessment is a routine exercise in data and information management that provides an understanding of the strengths and weaknesses of data sources at any given time, as well as the level at which data should be trusted.

For this purpose, a data review and validation session was held from 09 to 11 July 2021 within the framework of the Integrated Disease and Response System including COVID-19 (IDSR-COVID-19) for a total cost of FCFA 9 394 400 (nine million three hundred and ninety-four thousand four hundred francs CFA). The funds for these activities were provided by WHO.





Workshop to review and validate Integrated Disease Surveillance and Response (IDSR) data including COVID-19 held in Douala from July 9 to 11, 2021





COMMUNITY-BASED EPIDEMIOLOGICAL SURVEILLANCE

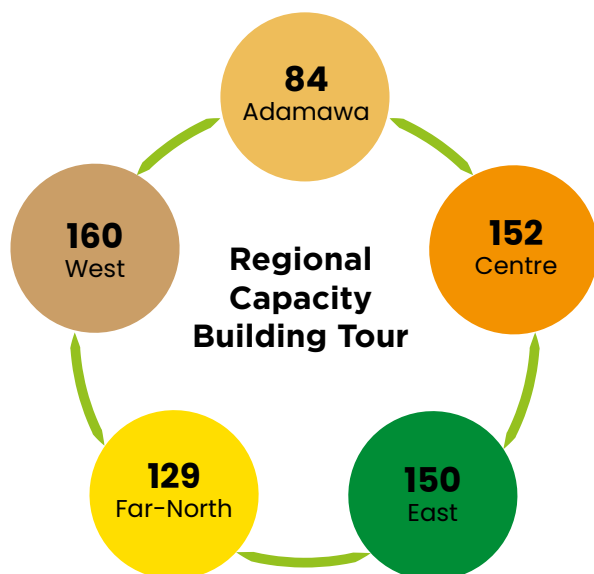
Time for Sustainable Practices



SESSION TO TRAIN REGIONS ON ELECTRONIC TOOLS : EARLY WARNING, ALERT AND RESPONSE SYSTEM (EWARS), AND EVENT BASED SURVEILLANCE (EBS)

a) WHO keeps on supporting the capacity building of actors on electronic tools for community surveillance

A series of capacity building sessions for regional, priority health districts and community actors on the use of community surveillance tools was conducted throughout the country. As far as the EBS/EWARS tool is concerned, 675 health personnel have been trained thanks to the WHO financial and technical support.

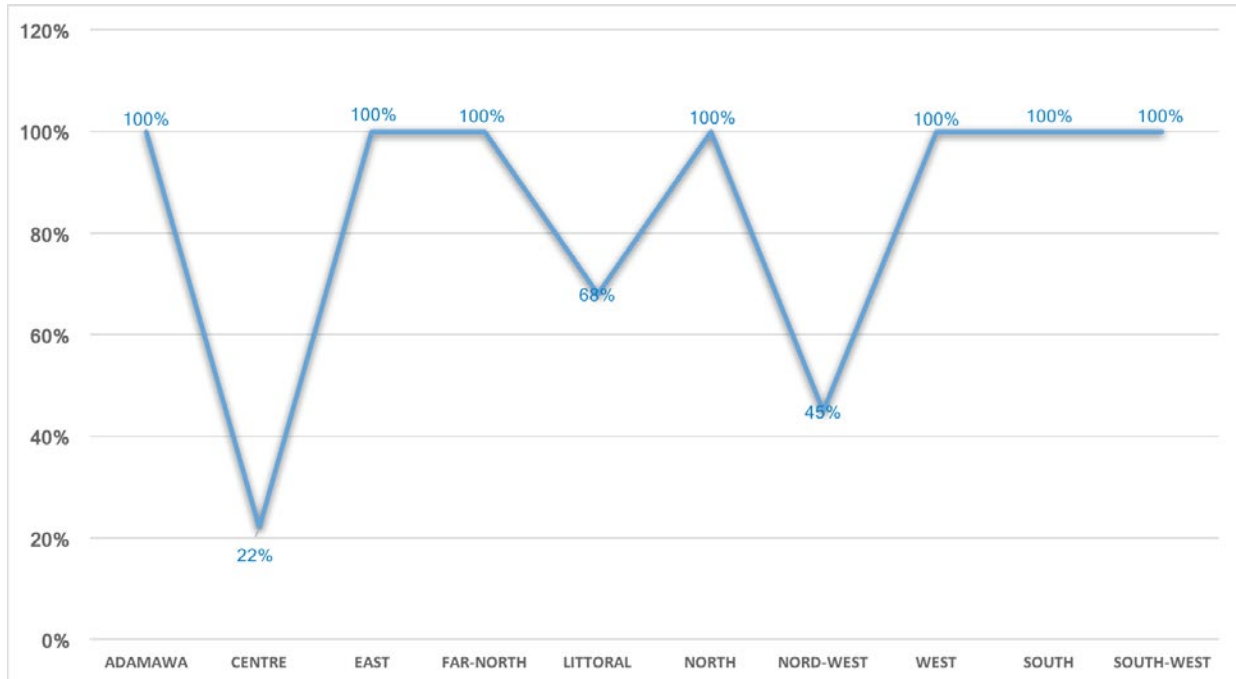


b) COVID-19 active case finding, good points for contact tracking

It should be recalled that contact tracking is part of indicator-based surveillance that aims for early detection of all symptomatic live and non-living cases in the community that have had a contact with a confirmed COVID-19 case. The listing of contacts, which takes into account the



Evaluation of the health system carried out by the Ministers of Public Health, Transport and Public Works at the Douala International Airport



registration date in the database, the name of the index case, the date of confirmation of the case, the name of the contacts, its relationship with the index case, and his socio-demographic information, continued successfully from July to December 2021 in almost all regions of the country.

c) TOTALENERGIES AFCON Cameroon 2021 : simulation exercise of screening ongoing in the airports

As a prelude to the AFCON, screening simulation sessions were organized in December 2021 in the main airports of the country including Yaoundé and Douala. This was an opportunity for health personnel to develop the necessary reflexes for the reception of delegations and screening.



Photo : Media briefing during the Douala airport simulation exercise



Photo : Group photo: Public health emergency management simulation exercise at the Douala International Airport, Cameroon: December 2021.



C) WHO promotes best practices

With a view to ensuring the sustainability of the response to COVID-19 in Cameroon, WHO has provided support for the development of practical guidelines to improve the performance of epidemiological surveillance. .

Several documents have been developed to serve as national guidelines or strategies. These include:

- the coaching and mentoring guide for the surveillance of diseases with epidemic potential (MAPE), including COVID-19 in Cameroon. This guide was developed during the workshop held in Mbankomo, a suburb of Yaoundé. It was attended by 45 health personnel from the 10 regions of the country.
- the operational guidelines for the monitoring of COVID-19 in Cameroon developed in October. These guidelines describe the standards for community-based surveillance, point-of-entry surveillance, passive and active case finding in health facilities, pharmacies or laboratories, mortality surveillance in the COVID-19 context, and biological surveillance of COVID-19 ;
- The COVID-19 Death Review Guide, which was jointly supported by WHO and CDC Atlanta. It is the ultimate tool for health system actors to examine each death related to COVID-19,

and to ask "what went wrong?" It describes the necessary stages to follow, and allows to identify the therapeutic pathway of the deceased to undertake corrective measures and thus avoid future unnecessary deaths.

- the national strategy for genomic surveillance of SARS-COV-2 in Cameroon. The development of this document required the organization of a workshop held on 09, 10, 11 and 13 August 2021 in Ebolowa. WHO provided technical support with the participation of the IMS-WHO coordination and a financial contribution for a total amount of XAF 8 518 375.
- the evaluation report of the strengths and weaknesses of community-based surveillance projects implemented since the beginning of the response to the Coronavirus pandemic in March 2020. WHO and other partners such as Africa CDC (Center for Disease Control and Prevention), IFRC (International Federation of Red Cross and Red Crescent Societies) provided technical support alongside 50 participants who took part in a workshop.

BORDER HEALTH POSTS (BHPs)

Ensuring safe boundaries



a) Epidemiological surveillance at points of entry, the advent of a new COVID-19 mechanism

The new challenge faced at the points of entry is the prevention and control of COVID-19 when passengers arrive in and depart from Cameroon. The surveillance of points of entry is an important pillar of the response in controlling the flow of goods and people at land, air and maritime gateways. In fact, the uncontrolled mobility of goods and people is a risk factor for the spread of viruses, bacteria, parasites and other pathogens.

In order to prepare for the TotalEnergies AFCON Cameroon 2021 in the context of COVID-19, surveillance at the national borders has been reinforced. In the presence of the WHO Representative, a simulation exercise was carried out, involving two Ministers, the Minister of Public Health and the Minister of Transport. The purpose of this mock exercise was to evaluate the management of

public emergencies at the Douala airport and identify the shortcomings that were immediately solved; notably by descongesting screening rooms with the installation and equipment of box, reinforcing the staff and screening teams and finally disseminating awareness messages. The government has thus put in place a COVID-19 system that is reflected in the development of a health protocol adopted in September 2021 with the technical support of partners such as WHO. This health protocol is the instrument for the implementation of a sanitary pass in Cameroon.

b) A series of indicators for the surveillance at points of entry

In the COVID-19 context, the monitoring of points of entry has been expanded by the definition of new indicators ranging from simple surveys to composite statistics.



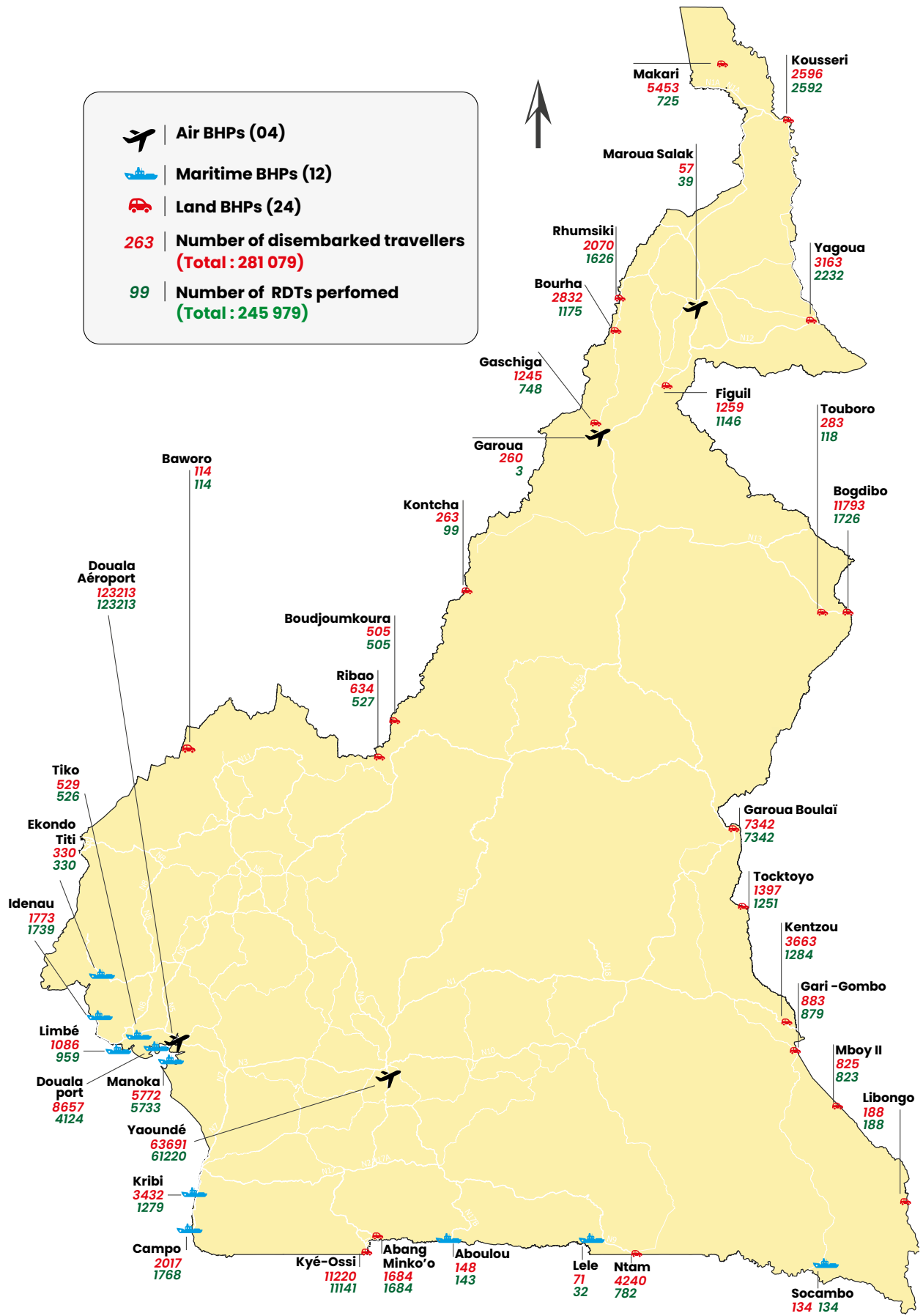
Evaluation of the Health System realised by the Ministers of Public Health, Transport and Public Works at the Douala International Airport

N°	Monitoring indicators	Numerator	Denominator	Source	Periodicity
1.	Proportion of travellers screened	Number of passengers screened	Number of passengers arrived	Manifest, travel document , Marine Declaration of Health	Daily
2.	Proportion of travellers with PCR test <72h	Number of travellers with PCR test < 72h	Number of passengers arrivals	Activity record/ Traveler Record	Daily
3.	Proportion of travellers tested positive at BHPs	Number of travellers tested positive at BHPs	Number of travellers screened at BHPs	Diagnostic Test Booklet for New Coronavirus Infection 2019	Daily
4.	Proportion of Travelers tested positive whose contacts were listed	Number of travellers tested positive whose contacts were listed	Number of travellers tested positive at BHPs	Activity record	Daily
5.	Proportion of travellers tested positive with a compliant vaccination booklet	Number of travellers tested positive with a compliant vaccination booklet	Number of travellers tested positive at BHPs	Activity Record	Quotidien

c) Statistics on disembarked travellers and antigenic rapid diagnostic tests (Ag-RDTs) performed from July to December 2021



From 01 July to 19 December 2021, statistics on the number of disembarked travellers and the number of RDTs performed in about 40 BHPs were recorded. From the 26th (WE26) to the 50th epidemiological week (WE50), there were 281.079 arrivals and 245.979 RDT tests performed, i.e. 87% of testing achieved.



Number of disembarked and RDT tests by type of BHPs in Cameroon between July and December 2021

d) Epidemiological surveillance of COVID-19 at the points of entry still operational

The testing rate at Points of Entry is the ratio of the number of antigenic rapid diagnostic tests (ARDTs) performed to the number of people who arrived at the points of entry. It is an important indicator because it provides information on the pace and rate of testing at Points of Entry and communities. The data collected from July to December 2021 reveal that surveillance at the points of entry in Cameroon has remained active.

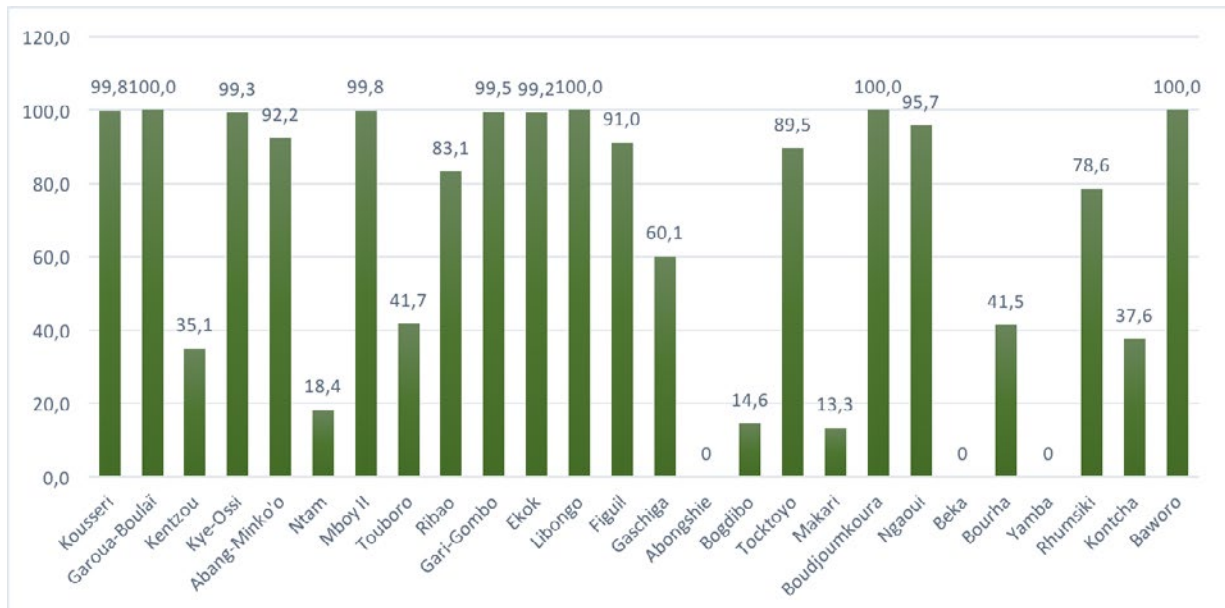


Figure : Testing rates at land border health posts (BHPs) from WE26 to WE50

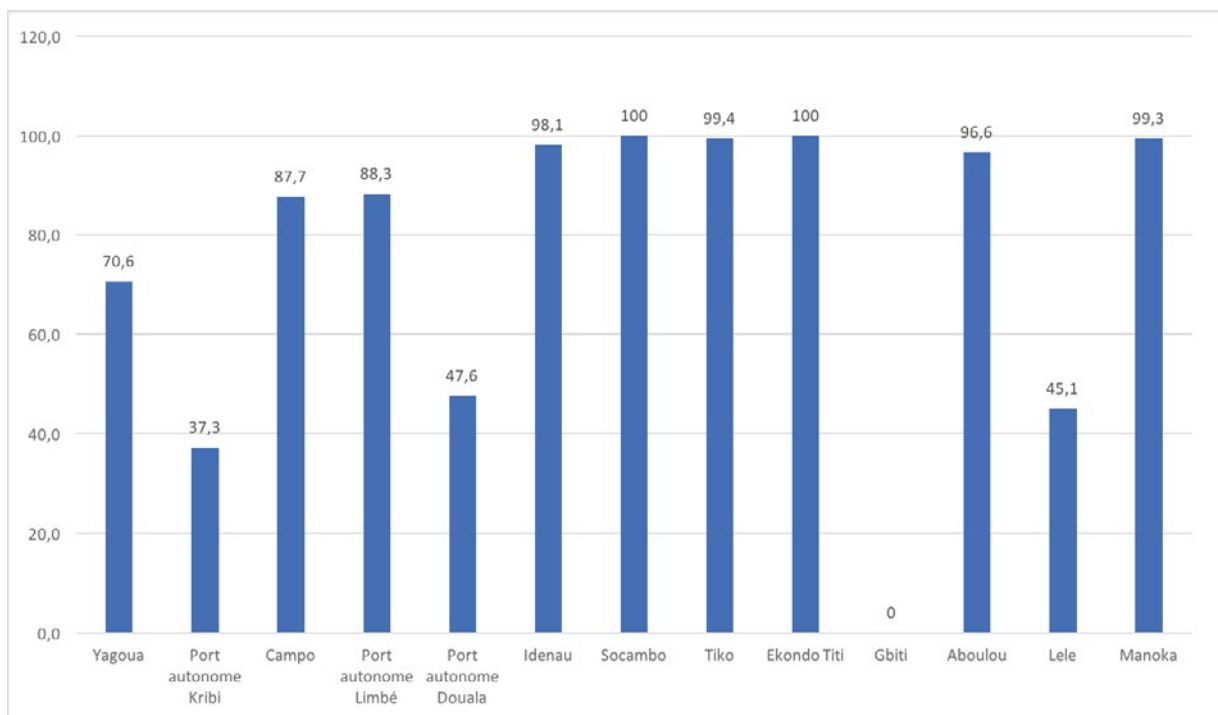


Figure : Testing rates at maritime border health posts (BHPs) from WE26 to WE50

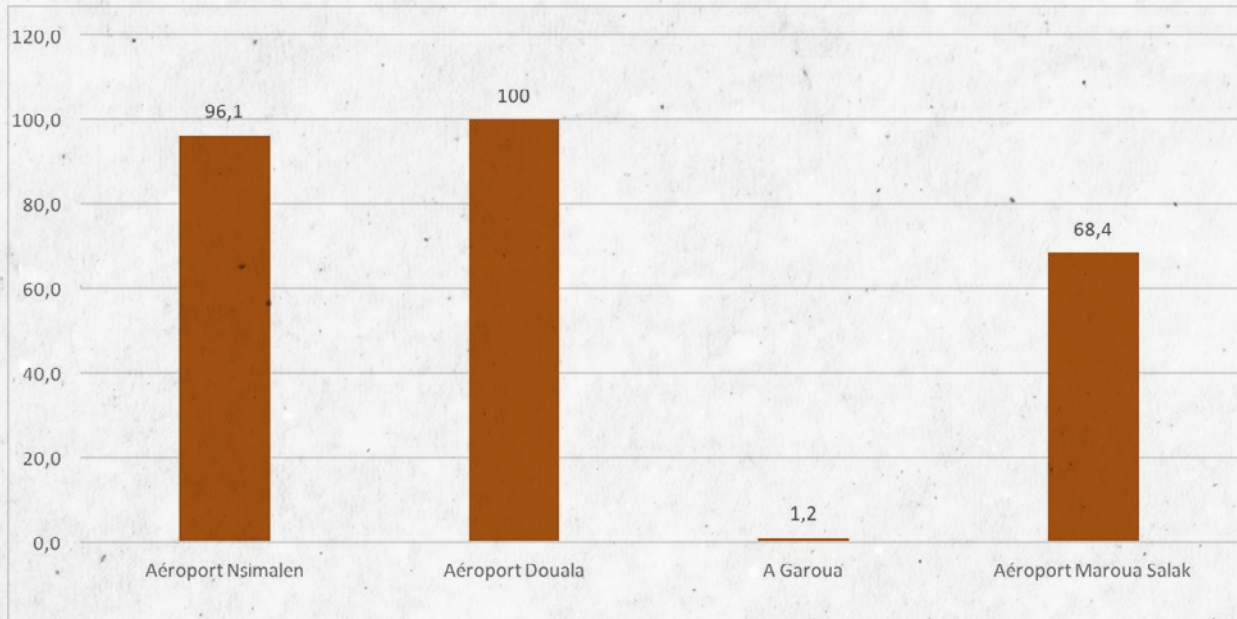


Figure : Testing rates at air border health posts (BHPs) from WE26 to WE50

As a result of this intense testing activity, the country has been relieved that the risk of spreading the corona virus from the points of entry remains low. Thus, the positivity rate calculated between the number of RDTs performed and the number of positive ones remained low over the entire observation period.

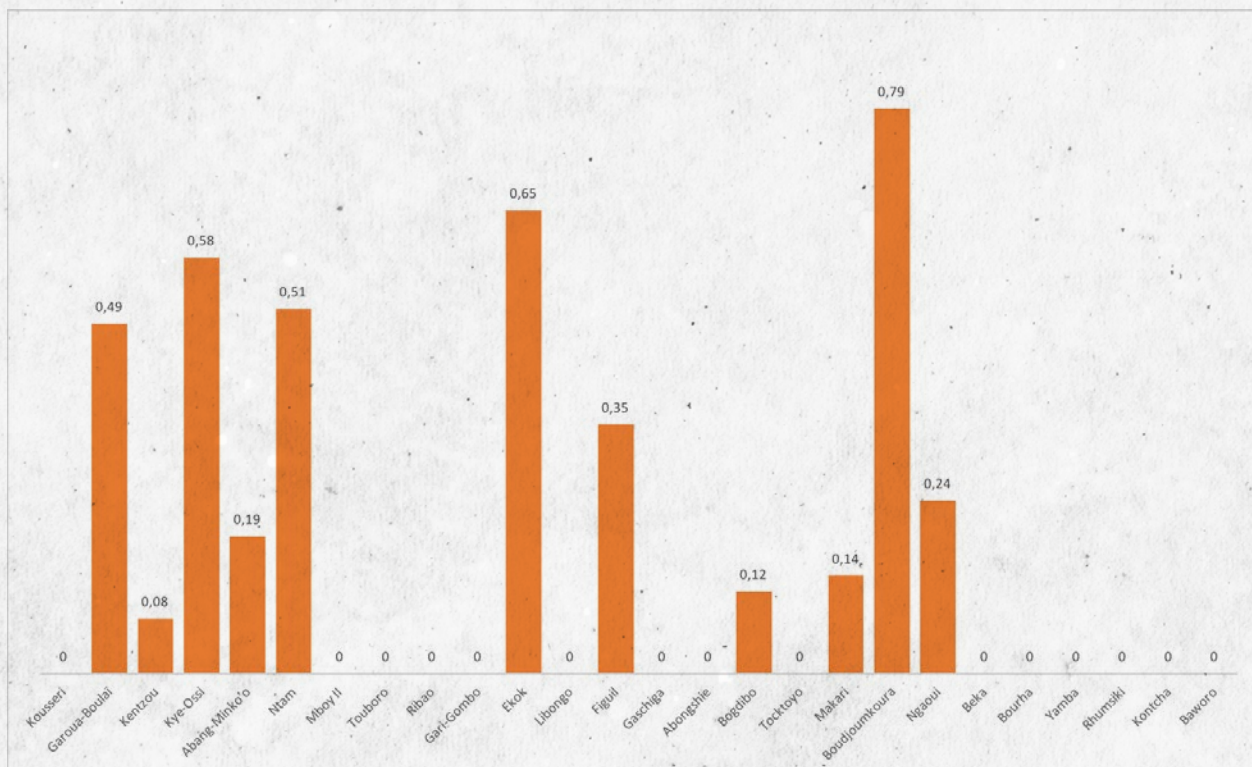


Figure : Testing rates at land border health posts (BHPs) from WE26 to WE50

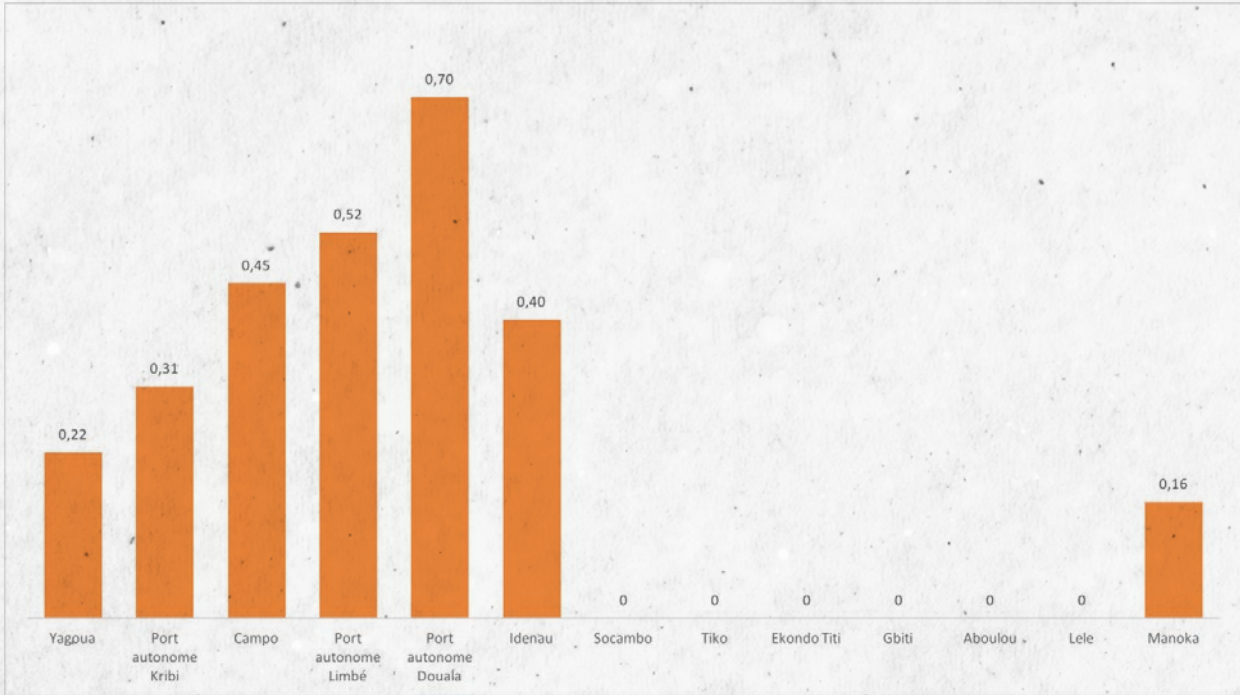


Figure : Positivity rates at maritime border health posts (BHPs) from WE26 to WE50

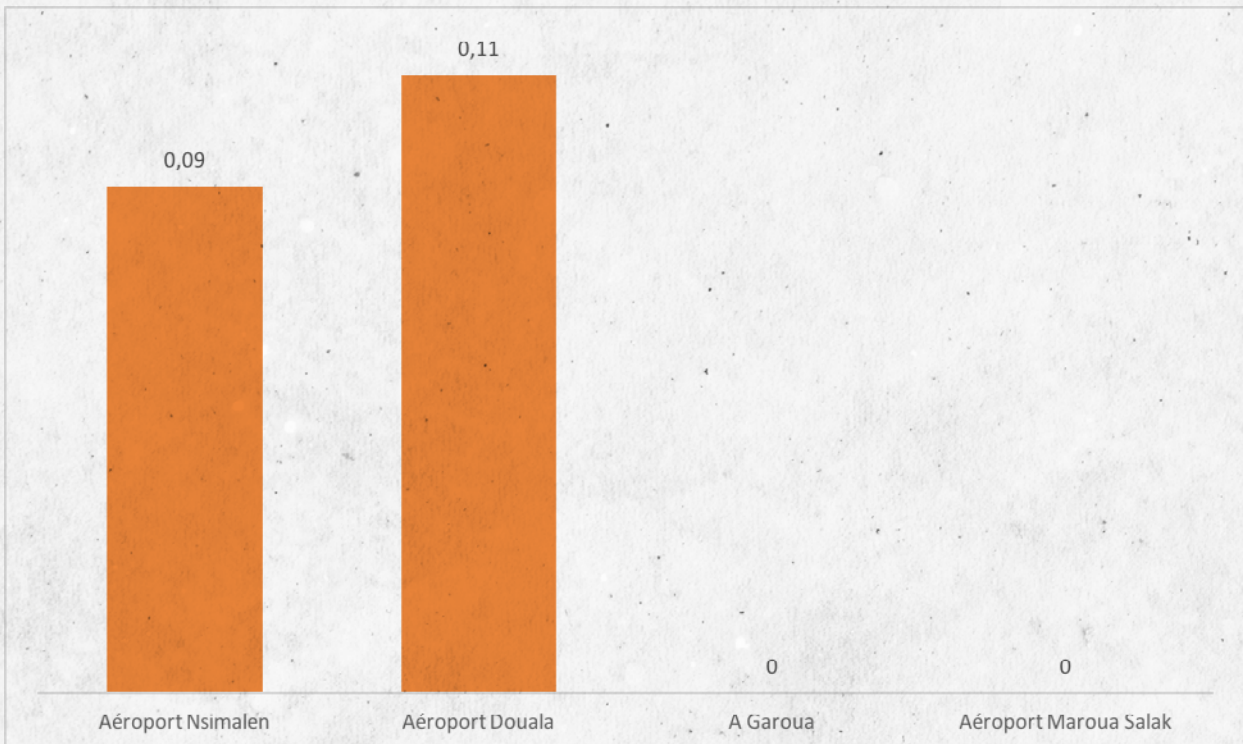
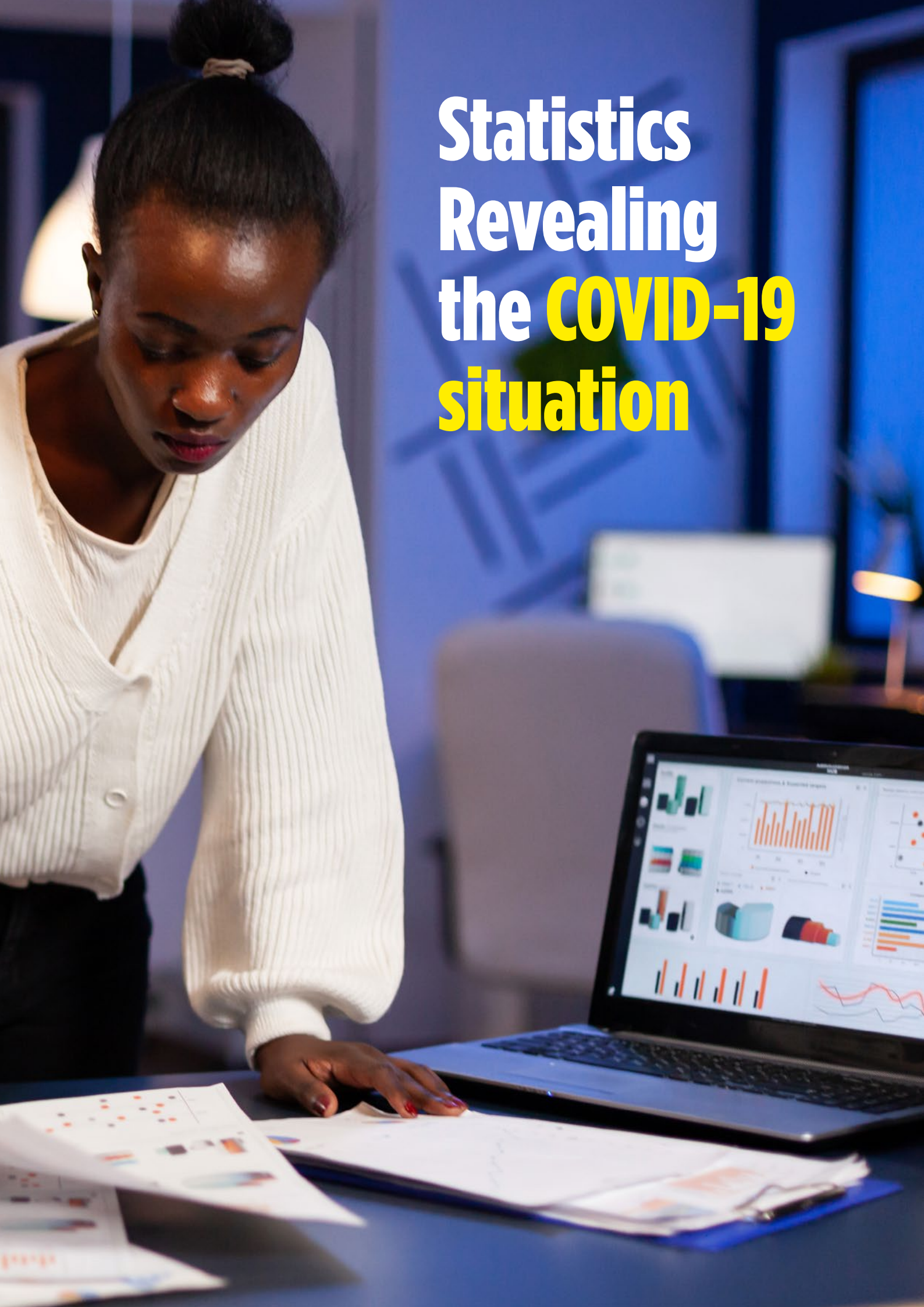


Figure : Positivity rates at air border health posts (BHPs) from WE26 to WE50

Statistics Revealing the **COVID-19** situation



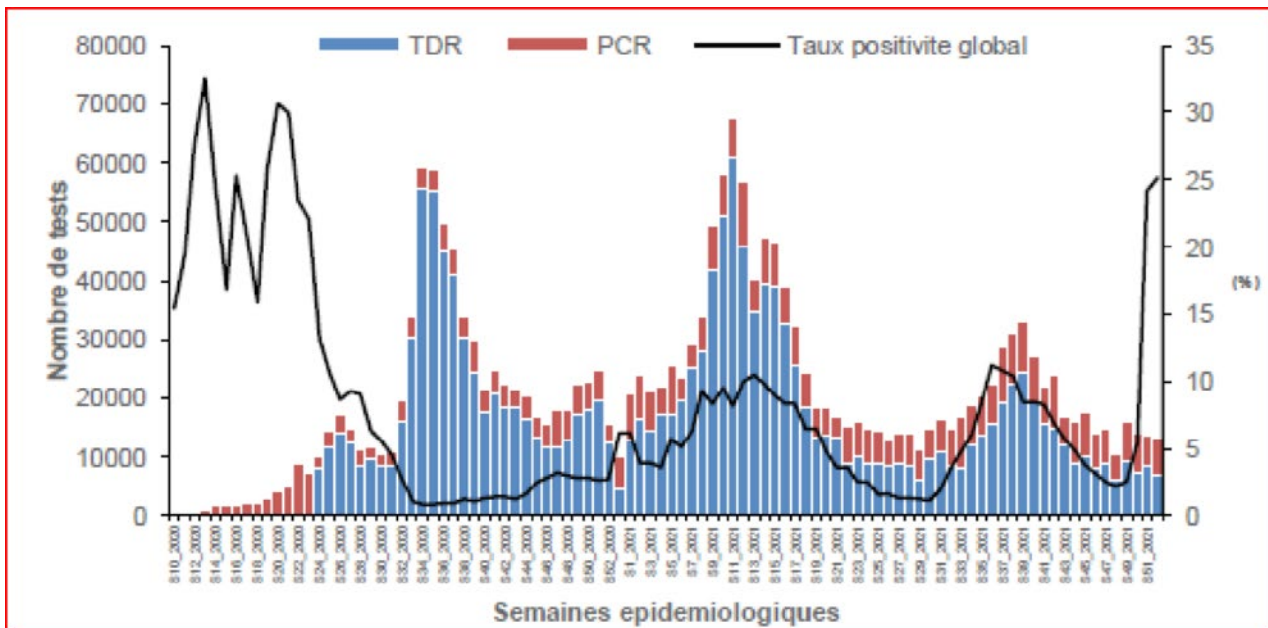
LABORATORY AND DIAGNOSIS

INCREASING GENOMIC SURVEILLANCE

498

samples sent in Kinshasa in DRC for whole genome sequencing of SARS-CoV-2

a) Trends of PCR and RDT tests across the country



Evolution of PCR and RDT tests by epidemiological week at the BHPs since the beginning of the Coronavirus pandemic in Cameroon

b) Omicron, a variant of SARS-CoV-2 of world concern

The Advisory Group was convened in November 2021 to study specific mutations and combinations that alter the behavior of the SARS-CoV-2 virus. The panel revealed the circulation of the B.1.1.529 variant in South Africa whose epidemiological situation was characterized by three distinct peaks of reported cases resulting in an undesirable increase in the number of infections. This is the Omicron variant.

The WHO recommendations in Cameroon and other countries are as follows :

- Intensification of surveillance and sequencing activities to better understand the circulating variants of SARS-CoV-2.

- sharing complete genome sequences and associated metadata with a publicly accessible database, such as GISAID.
- reporting of initial cases/groups of cases associated with infection with the variant of concern to WHO via the IHR system.
- Conducting field surveys and laboratory analyses to investigate the potential impact of the variant of concern on the COVID-19 epidemiology, the severity of the illness, the effectiveness of public health and social measures, diagnostic methods, immune responses, antibody neutralization or other important characteristics when means exist and through coordination with the international community

C) Monitoring circulating variants

OMICRON SARS-CoV-2 VARIANT

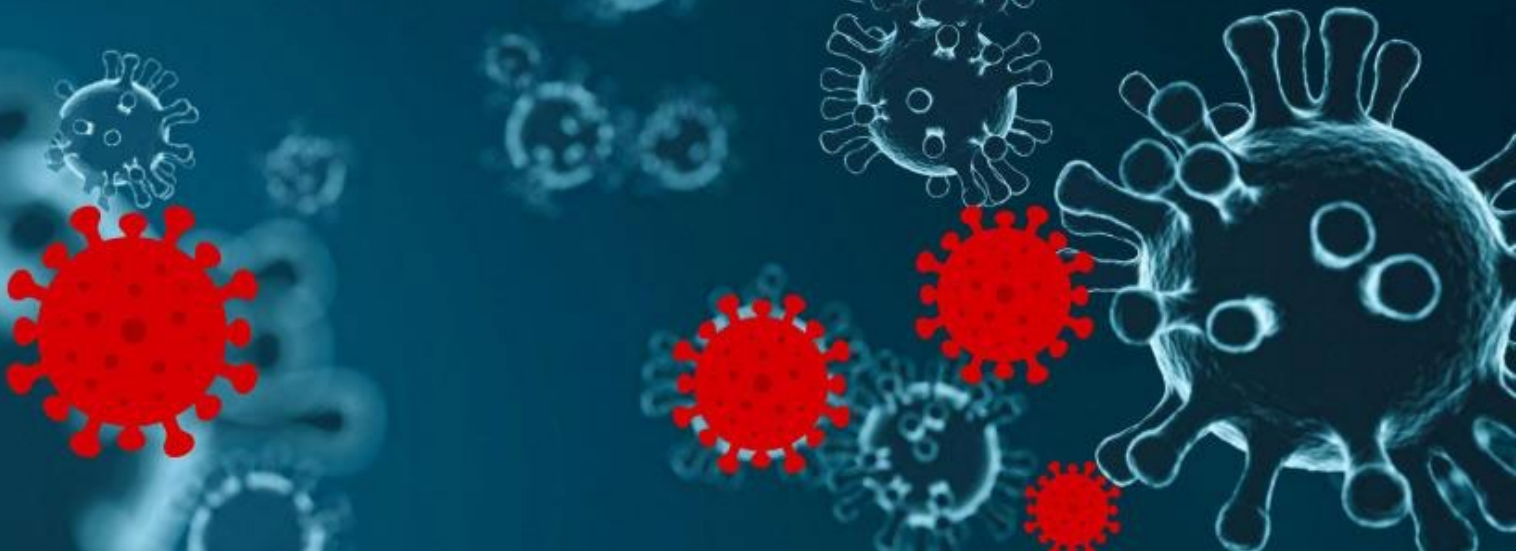


Photo : Representation of the OMICRON SARS-CoV-2 VARIANT

Genomic sequencing of SARS-CoV-2

Beyond the classical tests such as PCR or RDT, laboratories have committed themselves to the surveillance and detection of variants circulating in the world such as Delta or Omicron. Thus, a sequencing device has been provided by WHO to the government. Accordingly, a sequencing machine was provided by WHO to the government. At present, WHO is encouraging the country to develop expertise within its human resources in molecular screening and in the delivery of samples for sequencing. However, while waiting for it to become operational, WHO has facilitated the sending of 498 samples to Kinshasa in the DRC for sequencing.

It is important to remember that as Cameroon develops its human and material capacities for

sequencing of OMICRON SARS-CoV-2 VARIANT, samples are sent to three other African countries : Republic of South Africa (RSA), Democratic Republic of the Congo (DRC) and Senegal.

d) Building a national laboratory network, RENELAB

A positive outcome of the COVID-19 pandemic is that the government is aware of, and committed to building a national laboratory network in Cameroon. To this end, a roadmap was developed in October 2021 with the active participation of WHO. The objective of this network is to promote the pooling of human, logistical and strategic resources. Another objective is to strengthen surveillance in all laboratories of the country.

COVID-19 VACCINATION

A STEP FORWARD FOR MASSIVE ADHESION

1 939 vaccination teams,
3 878 social mobilizers,
31 faith-based media,
1 401 AEFI classified

a) A cascade of shipments of Johnson and Johnson vaccine to Cameroon

303.050 doses of Johnson and Johnson vaccine were received at Nsimalen Airport on 21 July 2021. An initial shipment of 158.000 doses of the 5.300.000 doses of Johnson and Johnson vaccine announced by the State of Cameroon as part of "The African Union's African Vaccine Acquisition Trust (AVAT) initiative" was received on 8 August 2021 at the Nsimalen International Airport by the Secretary General of the Ministry of Public Health.

b) Increase the uptake rate of vaccines, a major challenge still ahead

By 31 December 2021, Cameroon had already received 3,344,550 doses of COVID-19 vaccine in its cold chain, including 1,200,600 doses of Sinopharm vaccine from bilateral cooperation with China, 589,600 doses of Astrazeneca vaccine and 1,554,350 doses of Johnson & Johnson vaccines. However, the uptake rate of these vaccines has remained very low at less than 35% due to vaccine hesitancy. This situation persists and has not been



Official reception on 08 August 2021 at the Nsimalen International Airport by the Secretary General of the Ministry of Public Health of the first delivery of 158,000 doses out of 5,300,000 doses of Johnson and Johnson vaccine purchased by the State of Cameroon under the AVAT initiative



understood despite several surveys carried out. As a result, nearly 30,000 doses of Astrazeneca vaccine have expired. Intensive vaccination campaigns, although promising compared to routine vaccination, have not yet had much impact on achieving the expected coverage and even on vaccine uptake. The third campaign, which took place from 17 to 21 November 2021, aimed to vaccinate 625,000 people over the age of 18 for the first dose. The goal was to reach at least 1,000,000 doses administered representing more than 3% of the total population of the country. This campaign, which was certainly better accepted than the second one due to the improvement in the communication about the real benefits of these vaccines averaged 80,000 people per day. WHO spared no effort to strengthen immunization delivery during this campaign with support from 1,939 immunization teams, 3,878 social mobilizers, 31 faith-based media across the country to disseminate the information and encourage community support.


c) The Adverse Events Following Immunisation of the COVID-19 vaccination still under surveillance.


The Adverse Event following Immunisation (AEFI) is any adverse medical event that occurs following the administration of a vaccine that is not necessarily related to the vaccine. From July to December 2021, 1401 AEFI were detected, reported and investigated compared to 233 between April when the COVID-19 vaccination was launched and June. 1363 AEFI minor cases and 38 severe cases were across the country.

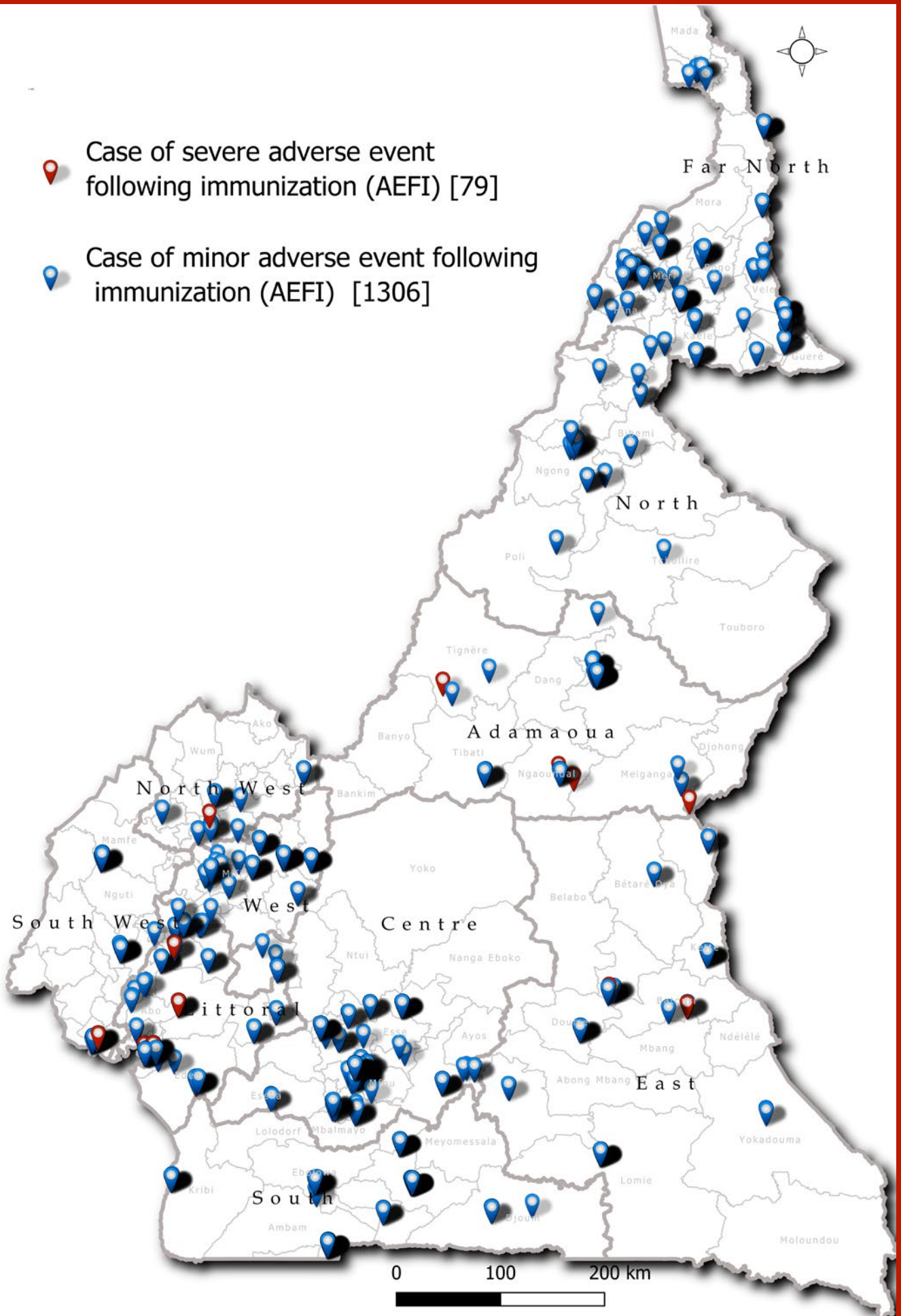
A WORLD WITHOUT **OMICRON**



Let us harden **our shields**

 Case of severe adverse event following immunization (AEFI) [79]

 Case of minor adverse event following immunization (AEFI) [1306]



d) COVID-19 vaccination in figures

Vaccination coverage of COVID-19 per region on 05 December 2021

Region	Estimated target population	First dose	Second dose	Completely vaccinated	Coverage first dose	Completely vaccinated Coverage
Adamawa	781 867	86 242	16 687	74 842	11,0%	9,6%
Centre	2 557 419	94 581	24 832	72 379	3,7%	2,8%
East	700 632	65 746	14 604	46 638	9,4%	6,7%
Far-North	2 558 411	198 484	46 160	142 582	7,8%	5,6%
Littoral	2 202 894	59 005	15 030	48 797	2,7%	2,2%
North	1 543 080	110 525	17 633	86 277	7,2%	5,6%
Nord-West	962 036	68 843	13 653	57 669	7,2%	6,0%
West	1 198 821	56 977	15 816	43 352	4,8%	3,6%
South	460 862	30 535	8 287	24 161	6,6%	5,2%
South-West	978 469	22 105	5 789	16 149	2,3%	1,7%
Total	13 944 491	793 043	178 491	612 846	5,7%	4,4%

Distribution of the vaccination coverage per region and gender on 05 December 2021

Region	Target population female	Target population male	First dose female	First dose male	Coverage first dose female	Coverage first dose male
Adamawa	398 752	383 115	34 500	51 742	8,7%	13,5%
Centre	1 304 284	1 253 135	36 760	57 821	2,8%	4,6%
East	357 322	343 310	25 882	39 864	7,2%	11,6%
Far-North	1 304 790	1 253 621	73 786	124 698	5,7%	9,9%
Littoral	1 123 476	1 079 418	24 207	34 798	2,2%	3,2%
North	786 971	756 109	37 277	73 248	4,7%	9,7%
Nord-West	490 638	471 398	38 814	30 029	7,9%	6,4%
West	611 399	587 422	26 164	30 813	4,3%	5,2%
South	235 040	225 822	12 142	18 393	5,2%	8,1%
South-West	499 019	479 450	10 074	12 031	2,0%	2,5%
Total	13 944 491	793 043	178 491	612 846	5,7%	4,4%

Distribution of the number of doses consumed by type of vaccine, by booster dose and by region as of December 5, 2021

Region	Sinopharm dose 1	Sinopharm dose 2	AstraZeneca dose 1	AstraZeneca dose 2	Johnson & Johnson	Total
Adamawa	3 302	2 249	24 785	14 438	58 155	102 929
Centre	19 398	12 265	27 636	12 567	47 547	119 413
East	4 560	2 927	29 152	11 677	32 034	80 350
Far-North	16 300	8 313	85 762	37 847	96 422	244 644
Littoral	12 841	9 021	12 397	6 009	33 767	74 035
North	10 399	4 595	31 482	13 038	68 644	128 158
Nord-West	3 481	2 663	21 346	10 990	44 016	82 496
West	4 788	3 199	24 653	12 617	27 536	72 793
South	3 579	2 043	11 082	6 244	15 874	38 822
South-West	3 068	1 777	8 677	4 012	10 360	27 894
Total	81 716	49 052	276 972	129 439	434 355	971 534

Distribution of the number of doses to the health personnel per booster dose and per region on 05 December 2021

Region	Count	First dose	Second dose	Coverage first dose (%)
Adamawa	5 004	5 833	1 627	116,6
Centre	34 230	11 287	3 794	33
East	7 082	4 813	2 163	68
Far-North	12 928	17 532	6 764	135,6
Littoral	24 693	7 448	3 227	30,2
North	8 068	7 983	2 152	98,9
Nord-West	11 306	7 919	2 948	70
West	17 100	8 031	3 099	47
South	5 676	3 072	1 283	54,1
South-West	7 217	3 205	1 187	44,4
Total	133 304	77 123	28 244	57,9

Vaccine coverage :people leaving with comorbidity (other diseases) according to region on 05 December 2021

Region	Target population	First dose	Second dose	Coverage first dose (%)
Adamawa	72 874	4 838	1 127	6,6
Centre	238 362	10 847	3 003	4,6
East	65 302	3 432	675	5,3
Far-North	238 454	9 745	1 922	4,1
Littoral	205 319	6 824	1 944	3,3
North	143 822	4 281	609	3
Nord-West	89 666	10 370	2 455	11,6
West	111 735	7 090	2 341	6,3
South	42 955	2 895	890	6,7
South-West	91 198	4 236	1 090	4,6
Total	1 299 687	64 558	16 056	5

CASE MANAGEMENT

CLINICAL CASE MANAGEMENT

Mastering the management of severe forms

a) Clinical case management, the situation is under control

Clinical management statistics as of 08 December 2021

	New Cases	PECADOM ⁽¹⁾ Cases	Hospitalised cases	Cases under Oxygen	Deceased cases	Total reception capacity	Bed occupancy rate
Adamawa	12	50	1	1	1	38	3%
Centre	149	39	14	3	3	345	4%
East	2	17	0	0	0	268	0%
Far-North	49	95	2	1	0	111	2%
Littoral	101		10	5	0	535	2%
North	18	25	4	0	0	111	4%
North-West	6	38	4	1	0	351	2%
West	2	77	1	1	1	1101	1%
South	8	24	1	0	0	283	1%
South-West	17	10	0	0	0	43	0%
TOTAL	364	375	37	12	5	3186	2%

(1) PECADOM (Home Care Community Case Management of COVID-19)

To ensure stable clinical management in both hospitals and communities, WHO has supported the government through the following actions :

- regular evaluation of the capacity to manage, which has made it possible to identify deficiencies in preparation for the third wave on the horizon ;
- drafting of the national strategic plan for improving access to oxygen in Cameroon. A project to set up oxygen centers has been initiated ;
- organization of trainings focused on the management of COVID-19 for the personnel of the Police and the Prison Administration. A finalization workshop was organized in Douala

from 2 to 6 August 2021. Besides, a training of 25 healthcare personnel of the police on 23-27 August 2021 on the COVID-19 global management for FCFA 12.941.000 was organized in Yaoundé ;

- training on first aid procedures to be adopted during the TotalEnergies AFCON Cameroon 2021. WHO provided financial support of FCFA 53.644.000 for the training of the healthcare personnel and administrations in preparation for the TotalEnergies AFCON Cameroon 2021, which took place from 6 to 11 December , 2021.



Photo : Initial work session during the training on the management of severe forms in September 2021

b) New resources for the management of severe forms of COVID-9

Cameroon has experienced a surge of COVID-19 cases, hospitalizations, and deaths since epidemiological week 32, picture of a resurgence. In order to improve the management of severe cases, the PHEOC organized a series of training sessions for a better case management, with a particular focus on the triage of severe suspected coronavirus cases in the emergency ward up to medical referral to the COVID-19 resuscitation services. The 2nd phase of the training for health personnel, cumulative to the 1st phase held in March and April 2021, resulted in a national team of more than one hundred people in the 10 regions of the country with capacity building.

An outstanding quality training session was held by the team of Professor Khalifa Ababacar WADE on the management of severe forms of COVID-19. COVID-19 cases were classified into simple and severe forms. The simple forms include mild and moderate forms while the severe forms are divided into severe and critical forms.

The course content covered the organization of the premises dedicated to the management

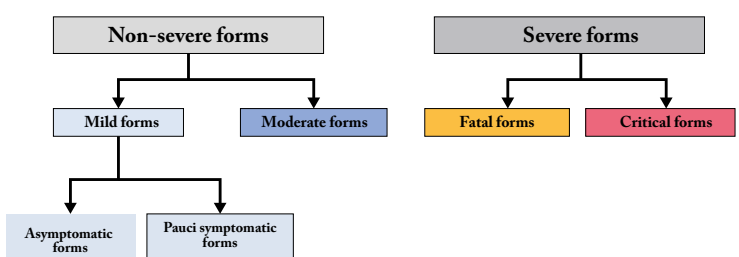


Figure : The two levels of COVID-19 severity

of the required severe forms of COVID-19 or REACOVID, triage and classification of patients according to severity, management of respiratory distress, selection of the appropriate ventilation system, and monitoring of drug doses.

A number of tabletop and on-site simulations were carried out to design simple patient circuits adapted to the available resources. In this section, several adequate circuits were proposed based on international recommendations in red and green zones

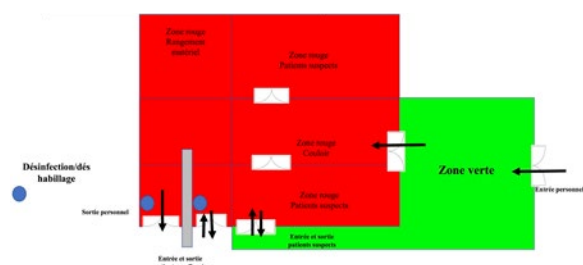


Figure : Layout of the spaces in the rooms for the management of severe forms



Different phases of a practical demonstration(1)



Different phases of a practical demonstration (2)



**Different phases
of a practical
demonstration (3)**

Niger

Total number health personnel : 107

- IADE: State Certified Nurse Anesthetist
- IAR: Nurse Anesthetist and Resuscitation
- IDE : State Certified Nurse
- IDEP : Multipurpose State Registered Nurse
- IP Anesthésiste : Senior Nurse Anesthetist
- IS: Senior Nurse
- ISP : Senior Principal Nurse
- MG : General Practionner
- MAR: Anesthetist and Resuscitation Medical Doctor
- M ORL : ENT Medical Doctor
- M Urgentiste: Emergency Medical Doctor
- M Infectiologue: Infectiologist
- Epi : Epidemiologist
- M Interniste : Internist
- M Pneumologue : Pneumologist
- M Epi : Epidemiologist Medical Doctor
- M Cardiologue : Cardiologist

Num	Full name	Speciality	Health facility
1	NGOUATNA Serge	MAR	CURY
2	AMENGUELE Ludovic	MAR	HGOPY
3	NTANDZI Thierry	M ORL	HCY
4	NGUEMA NTSAMA Josephat	MG	HJY
5	NJOSSEU NANKAM Josiane	MG	HJY
6	IROUME Christella	MAR	CHUY
7	BALLA Alain	M Interniste	Clinique de Jourdain
8	KEMME KEMME Marileine	MG	HCY
9	MENGUE EMILIEENNE Caroline	Infirmière	HGY
10	ALANG Josephine	Infirmière	HGY
11	MENGUE Henriette	Infirmière	HGY
12	NTCHAM BITYBIYA'A Leopoldine	Infirmière	HGY
13	NDOUNGAWA Felix	MG	EPC Djoungolo
14	NZAMBE TAMBWANE Celin	M Urgentiste	EPC Djoungolo
15	MOUSSA FADIL Yasmine	M Infectiologue	CDC
16	BABA WILLY	MG	HGY
17	TENE NGUTEH ANDRE Michel Boris	MG	HGY
18	NDI MANGA Jean Arnaud	MG	HCY
19	ATEGHA ANTHONY ACHUO	IDEP	HCY
20	NDONGO IVON Alfred	MG	HCY
21	NOUNGANG Aline	IP Anesthésiste	HCY
22	NDIBI ABANDA Jean	Epi	HR EBOWA
23	TECKY Solange	IDEP	HGY
24	ZOGO NOAH Dimitri	M Interniste	Clinique Jourdain
25	EYAMAN Daniel	MG	Clinique Jourdain
26	AMOUGOU AMOUGOU Jules Flavien	M Interniste	Hôpital de la Caisse
27	ROULY SONIA Denise	MG	Hôpital de la Caisse
28	ANDOMO YOUNBI Fabiola	MG	CURY
29	NGO NYOBE SOPHIE Corine	IDEP	CURY
30	NSANGOU OUSMAN	MG	CURY
31	EKODE NDUKU Odiele Felicite	IDEP	HJY
32	POKA MAYAP EPSE TALLA Virginie	M Pneumologue	HJY

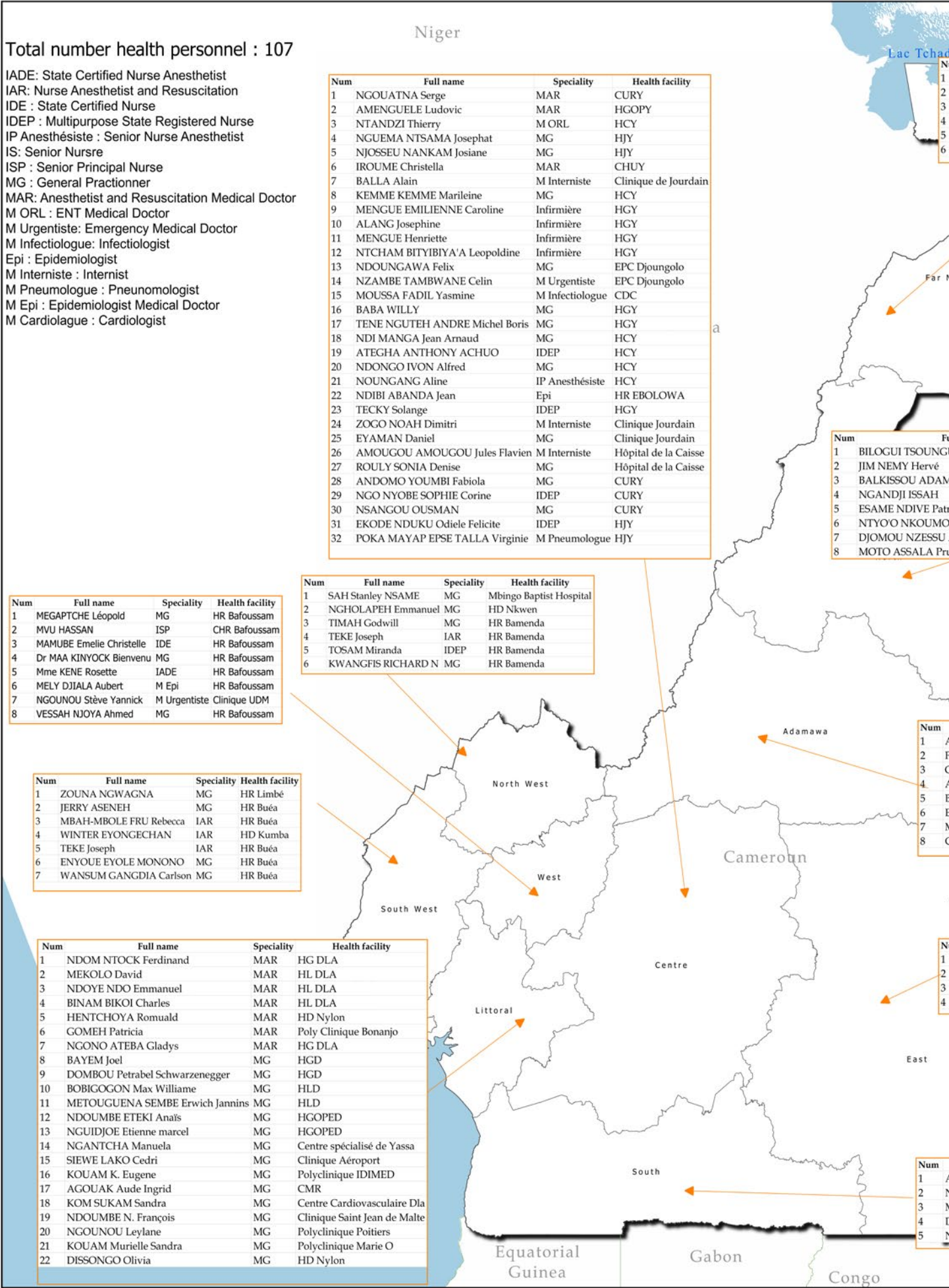
Num	Full name	Speciality	Health facility
1	MEGAPTCHE Léopold	MG	HR Bafoussam
2	MVU HASSAN	ISP	CHR Bafoussam
3	MAMUBE Emelie Christelle	IDE	HR Bafoussam
4	Dr MAA KINYOCK Bienvenu	MG	HR Bafoussam
5	Mme KENE Rosette	IADE	HR Bafoussam
6	MELY DJIALA Aubert	M Epi	HR Bafoussam
7	NGOUNOU Stève Yannick	M Urgentiste	Clinique UDM
8	VESSAH NJOYA Ahmed	MG	HR Bafoussam

Num	Full name	Speciality	Health facility
1	SAH Stanley NSAME	MG	Mbingo Baptist Hospital
2	NGHOLAPEH Emmanuel	MG	HD Nkwen
3	TIMAH Godwill	MG	HR Bamenda
4	TEKE Joseph	IAR	HR Bamenda
5	TOSAM Miranda	IDEP	HR Bamenda
6	KWANGFIS RICHARD N	MG	HR Bamenda

Num	Full name	Speciality	Health facility
1	ZOUNA NGWAGNA	MG	HR Limbé
2	JERRY ASENEH	MG	HR Buéa
3	MBAH-MBOLE FRU Rebecca	IAR	HR Buéa
4	WINTER EYONGECHAN	IAR	HD Kumba
5	TEKE Joseph	IAR	HR Buéa
6	ENYOEUE EYOLE MONONO	MG	HR Buéa
7	WANSUM GANGDIA Carlson	MG	HR Buéa

Num	Full name	Speciality	Health facility
1	NDOM NTOCK Ferdinand	MAR	HG DLA
2	MEKOLO David	MAR	HL DLA
3	NDOYE NDO Emmanuel	MAR	HL DLA
4	BINAM BIKOI Charles	MAR	HL DLA
5	HENTCHOYA Romuald	MAR	HD Nylon
6	GOMEH Patricia	MAR	Poly Clinique Bonanjo
7	NGONO ATEBA Gladys	MAR	HG DLA
8	BAYEM Joel	MG	HGD
9	DOMBOU Petrabel Schwarzenegger	MG	HGD
10	BOBIGOGON Max Williame	MG	HLD
11	METOUGUENA SEMBE Erwich Jannins	MG	HLD
12	NDOUMBE ETEKI Anaïs	MG	HGOPEP
13	NGUIDJOE Etienne marcel	MG	HGOPEP
14	NGANTCHA Manuela	MG	Centre spécialisé de Yassa
15	SIEWE LAKO Cedri	MG	Clinique Aéroport
16	KOUAM K. Eugene	MG	Polyclinique IDIMED
17	AGOUAK Aude Ingrid	MG	CMR
18	KOM SUKAM Sandra	MG	Centre Cardiovasculaire Dla
19	NDOUMBE N. François	MG	Clinique Saint Jean de Malte
20	NGOUNOU Leylane	MG	Polyclinique Poitiers
21	KOUAM Murielle Sandra	MG	Polyclinique Marie O
22	DISSONGO Olivia	MG	HD Nylon

Num	Full name
1	BILOGUI TSOUNG
2	JIM NEMY Hervé
3	BALKISSOU ADAM
4	NGANDJI ISSAH
5	ESAME NDIVE Pat
6	NTYO'O NKOUOMO
7	DJOMOU NZESSU
8	MOTO ASSALA Pr



Distribution per region of the health personnel trained for the management of COVID-19 severe forms

Num	Full name	Speciality	Health facility
	KUITCHET Aristide	MAR	HR Maroua
	EMANE Arsene	MAR	HMR Maroua
	BAKONYANG Alliance	IDEP	HR Maroua
	BOURDANNE Didier	MG	HR Maroua
	EKOTO NYANGONO Ruth T.	IS	HR Maroua
	HAMID BEN BECHIR	MG	HRA Mokolo

Full name	Speciality	Health facility
UI Willy	MAR	HR Garoua
	MG	HR Garoua
IOU DODO	Pneumologue	HD Gaschiga
	IADE	HR Garoua
ice	M Cardiologue	HR Garoua
U Arnaud	M Pneumologue	HM Garoua
Achille Franklin	MG	HR Garoua
idence EPSE ABOUKIESS	IADE	HR Garoua

Full name	Speciality	Health facility
AVODO AVODO Maurice	MG	HR Ngdéré
OUAFACK Aimé	IAR	HR Ngdéré
GOUDRON KUETE Hervé	MG	HR Ngdéré
AVODO AVODO Maurice	MG	HR Ngdéré
BITO OLIVIER Bertrand	MG	HR Ngdéré
EDWARD VUGAR VUNAN	Infirmier	HR Ngdéré
MAIDOUYOU PITOL C.	MG	HR Ngdéré
CHARIFA RAHMATOU ROUFAI	MG	HR Ngdéré

Num	Full name	Speciality	Health facility
	FOKOU Valentin	M ORL	HR Bertoua
	FONKOU Arielle	MG	HR Bertoua
	DIOUF ALIMATOU	MG	HR Bertoua
	MESSOMO Michele Gaelle	MG	HR Bertoua

Full name	Speciality	Health facility
ANABA Laure Pamela	MG	HRef Sangmélima
NOAH Jean Richard	IAR	HR Ebolowa
MBOUCHE EPSE METOTE Alix	MG	HR Ebolowa
DUPONG Agnès GALA	MG	HR Ebolowa
NDIBI ABANDA Jean	Epi	HR Ebolowa



c) Reinforcement of biomedical equipment

To increase the management capacity of the health structures involved in the response to COVID-19, WHO is providing health services with biomedical equipment. In September, the equipment was handed over by the Representative to the Ministry of Defense via the Secretariat of State for Defense (SED) in its main courtyard. The main equipment includes 1 infrared thermometer, 2 pulse oximeters, 3 oxygen concentrators, a hundred posters describing the management of severe cases.

d) A series of capacity building sessions for the police and military personnel of the Cameroonian army

In July, the training of police and prison staff on the management of cases and severe cases took place with a massive participation of the beneficiaries. The army personnel also benefited from the same training in September and October.





e) Speeding up WHO recommendations for the treatment of COVID-19

This project is implemented in countries whose objective is to improve access, availability and rational use of quality assured medical products recommended for the management of clinical cases of COVID-19. Thus, WHO looks for evidence that countries are adhering to the use of drugs for the treatment of COVID-19 to convince the pharmaceutical industries that effectively, there is demand.

The new version of the evolving WHO guidelines for the clinical management of COVID-19 published in July 2021 makes a strong recommendation for the use of IL-6 antagonists (tocilizumab or sarilumab) in patients with severe or chronic forms of COVID-19. This guide also endorses previous recommendations including :

- administration of systemic corticosteroids

- against systemic corticosteroid administration for a mild form
- against administration of remdesivir
- against administration of hydroxychloroquine
- against administration of lopinavir/ritonavir
- against ivermectin administration except clinical trial

A WHO survey conducted in late 2020, to which 30 African countries responded, revealed low uptake of the WHO recommendations on drugs for the treatment of COVID-19. Only 18 countries had included corticosteroids in national treatment protocols, and many countries still recommended drugs such as hydroxychloroquine and lopinavir/

ritonavir.

To improve the clinical management of COVID-19, Member States (MS) should speed up updating the treatment guidelines to include recommended life-saving products and remove obsolete products, revise national lists of essential health products, strengthen the procurement management and supply system, and monitor the availability and accessibility of essential health products, in the central drug purchasing offices and in the health facilities for Primary Health Care (PHC). In order to improve treatment in the member states, the Universal Health Coverage (UHC) organic group is working to develop health care at all stages of life, in

collaboration with the Emergency Preparedness and Response (EPR) group, plans to speed up the implementation of WHO recommendations on COVID-19 treatment in six countries: Angola, Ghana, DRC, Rwanda, Senegal, and Chad.

PSYCHOLOGICAL SUPPORT | Handling stress and stigma

a) Some trends of psychological support

Psychological support for COVID-19 patients and health personnel continued from July to December, with a special focus on pre-sampling counselling and the delivery of results.

Table : Trend of psychological support for COVID-19 patients from July to December 2021

Regions	Patient support in HFs/ community	Pre-sampling counselling	Health personnel support	Support during the handling of results on phone	Training of the health personnel on first aid
Adamawa	36	414	0	0	0
Centre	0	0	0	0	0
East	43	43	0	0	0
Far-North	11	9	0	11	0
Littoral	0	0	0	0	0
North	0	0	0	0	0
North-West	29	29	2	16	8
West	0	28	0	0	0
South	0	0	0	0	0
South-West	0	0	0	0	0
Total	119	523	2	27	8

CONTINUITY OF ESSENTIAL HEALTHCARE SERVICES

Towards building resilient health system

7 502 292 XAF

for the evaluation of the continuum of healthcare services

a) Evaluation of the continuity of essential healthcare services

WHO provided technical and financial support for the workshop to finalize the draft zero technical report of the essential health services continuity assessment survey. The funding amounted to 7,502,292 CFA francs. At the technical level, the organization supported the Ministry of Health in the process of monitoring the continuity of essential health services and appointing a national focal point. Following the advocacy developed by WHO, the MOH is committed to setting up a system for monitoring the continuity of services. Within this framework, an initial assessment of the capacities of essential healthcare services on the aspects of preparedness, responsiveness and also the perception of the needs of the population was carried out from April to June 2021 in the 10 regions of the country and the official validation was carried out on 24 August 2021.

b) Training of regional focal points on healthcare quality

The capacity building of focal points on healthcare quality took place during a workshop organized from 02 to 06 August 2021 in Douala, led by The Department for the Organization of Health Care and Health Technology (DOSTS) with the technical and financial support of WHO. The total amount of funding is FCFA 21.976.938. The technical support consisted of the adaptation of generic modules and the training of trainers.

c) Reproductive Health is pursuing its activities

1. Launch of the Maternal and Perinatal Deaths Incident Management System on 14 October 2021

In 2018, indicators increased to 467 maternal deaths per 100,000 live births and 48 infant deaths per 1000 live births. These numbers are declining but still high compared to the Sustainable Development Goals. The targets 3.1 and 3.2 of SDG 3 call for reducing maternal deaths to below 70 per 100,000 live births by 2030, and neonatal mortality to no more than 12 per 1,000 by the same date.

In the COVID-19 context, it was essential to strengthen the continuity of reproductive health services. This is what fueled the establishment of an Incident Management System (IMS) to support the Maternal and Perinatal Death Surveillance and Response (MPDSR) by the Ministry of Public Health with the support of development partners. This structuring aims to optimize resources in the "one health" approach, and to provide an effective and efficient response to eradicate preventable maternal, perinatal and neonatal deaths.

Therefore, the Minister of Health has activated the Incident Management System (IMS) for maternal and perinatal deaths on 05 April 2021. Such activation was possible thanks to the technical and financial support provided by WHO under the Swedish Funds. Through this mechanism, better alignment and overall coordination will enhance the effectiveness of on-site operations.



Photo : Launching ceremony of the incident management system and surveillance of maternal, perinatal deaths and response

2. Training of trainers on healthcare services in reproductive health care in Douala from 02 to 06 August 2021

Healthcare quality has become an essential component of family planning and reproductive health programs. It has been promoted by local stakeholders, such as women's health and primary health care associations, and supported in international forums, such as the International Conference on Population and Development held in 1994. By implementing high quality services, communities can receive due care. For this purpose and in the context of COVID-19, WHO provided technical and financial support for the training of 30 health personnel from the 10 regions of the country in Quality Reproductive Health Care, with funding from the Bill and Melinda Gates Foundation.



Photo : RMNCAH Quality of Care Training in Douala

3. Training in Integrated Management of of Newborn and Childhood Diseases in Mbalmayo from 29 November to 04 December 2021

The Integrated Management of Neonatal and Childhood Illnesses (IMNCI) is the first cost-effective strategy that WHO has developed for countries with child mortality rates above 40%. This strategy aims to promote development and reduce morbidity as well as mortality of newborns and children under the age of 5. The IMNCI includes practically all of the vertical programs for children's health. Its implementation contributes to improving performance at both the facility and community levels.

To expand the IMNCI strategy, WHO has developed a tutorial called ICATT

d) IDSR, cholera back in the community

Since 29 October 2021, Cameroon has been declared a cholera epidemic country. Between 29 October and 8 November 2021, 136 cases of cholera were confirmed and 16 deaths were reported in the two Cameroonian regions of Centre and South West, representing a case-fatality rate of 11.7%. In the Centre region, the Biyem-Assi health district in the capital city of Yaoundé is affected while in the South West region, the Bakassi, Mbonge and Ekondi health districts are experiencing an epidemic. In these health districts, the number of confirmed cases has continued to rise, reaching 178 as of 19 December 2021. WHO immediately activated its Cholera Incident Management System (IMS-Cholera) with a focus on outbreak health districts (figure-IMS-cholera). WHO and other government partners such as UNICEF and MSF have provided logistical support to the affected areas. To support the country, WHO committed to provide Cholera Treatment Centers (CTC) in the Centre and Southwest regions with cholera kits and other equipment for the management of cases. Also, WHO undertook joint visits with the regional health teams, of the centres of hospitalization for cholera patients and the contamination sites of the populations for preliminary investigations.






Photo : a IMNCI training session at Mbalmayo

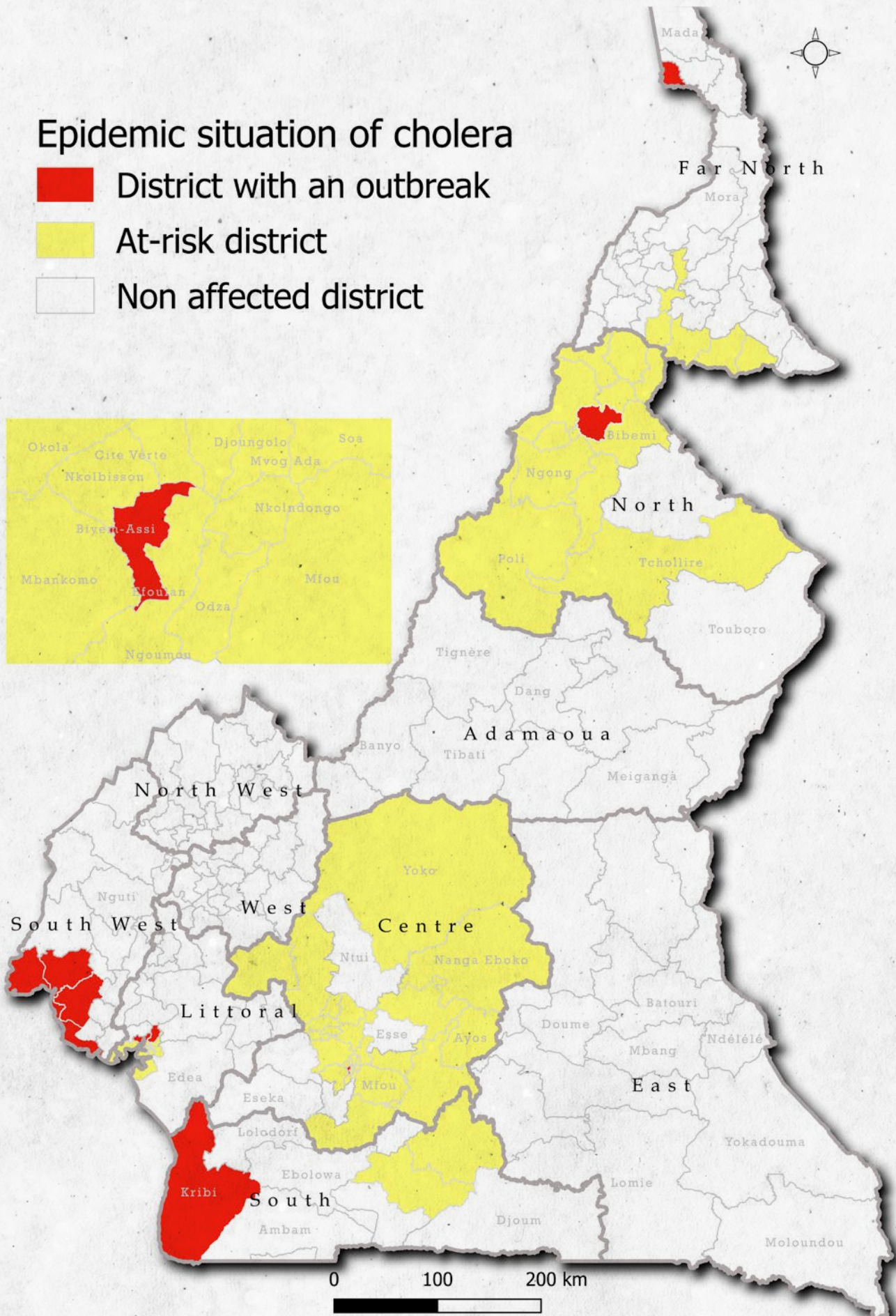
(IMNCI Computerized Adaptation and Training Tool), which is a computerized adaptation and training tool for IMCI. Another efficient way to train the maximum number of IMCI personnel is to have decentralized training at the regional/health district level. To achieve this goal, it is important to develop a pool of competent local trainers. Thus, in the context of COVID-19, the office benefited from the support of WHO AFRO, and provided technical and financial support to the Ministry of Public Health for the training of trainers in clinical IMCI for 40 doctors (25 District Health Officers and 15 paediatricians).

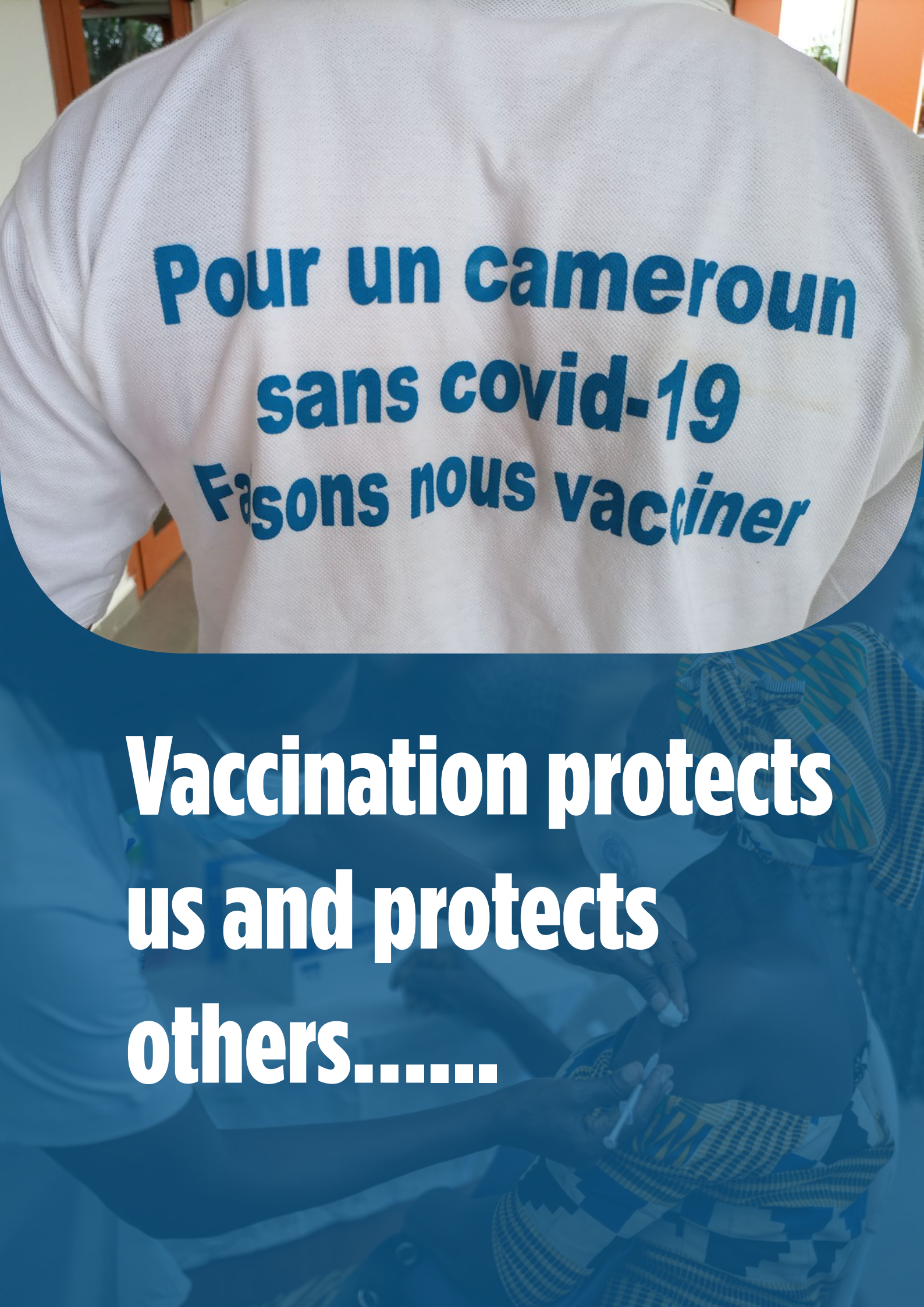


Photo : Joint visit by MOH and WHO regional teams for preliminary investigations in a contamination site, health area of Akok-Ndoe, Biyem-Assi HD, Centre Region

Epidemic situation of cholera

-  District with an outbreak
-  At-risk district
-  Non affected district





**Pour un Cameroun
sans covid-19
Faisons nous vacciner**

**Vaccination protects
us and protects
others.....**

INFECTION PREVENTION AND CONTROL (IPC)/WASH

a) Some trends of the activities performed

REGIONS	Number of solicitations			Number of disinfection realised			Score-card
	Public buildings	Homes	Corps	Public buildings	Homes	Corps	
Adamawa	4	3	0	4	3	0	0
Centre	0	0	0	0	0	0	0
East	22	3	1	22	3	1	0
Far-North	2	4	0	2	4	0	0
Littoral	0	3	0	0	0	0	0
North	8	27	1	8	27	1	3
North-West	0	1	0	0	1	0	2
West	0	0	0	0	0	0	0
South	0	0	0	0	0	0	0
South-West	0	0	0	0	0	0	0
TOTAL	36	41	2	36	38	2	5

b) Capacity building of military personnel on IPC and COVID-19 case management

The WHO joint IPC and case management teams conducted a 3-day capacity building session for 30 military medical personnel on Infection Prevention and Control (IPC) in the COVID-19



Training of Army medical personnel in the management of COVID-19 severe cases



Family photo of facilitators and participants during the training workshop for military medical personnel on ICP and Covid-19 case management at the Hotel Gème sens in Ebolowa

context and the COVID-19 Case Management from 27 September to 1 October.

The subjects included about ten specific modules :

1. Epidemiological situation of the pandemic
2. Principles of IPC, standard precautions, additional precautions, use of PPEs, surface decontamination and waste management.
3. Patient flow in the health care facility, triage and isolation.
4. Psychological first aid and psychosocial support for patients and their families.
5. Pre-hospital management of COVID-19 patients.
6. Management of suspected and confirmed COVID-19 cases, case management algorithms
7. COVID-19 case management: Complications and comorbidities.
8. Management of pregnant women and children with COVID-19
9. Status of COVID-19 Vaccination
10. Risk communication and mobilization techniques, dynamic listening and rumor management

c) TotalEnergies AFCON Cameroon 2021, the IPC is involved from the entry in the country to the competition stadiums

Measures to avoid clusters of COVID-19 cases during the AFCON TotalEnergies 2021 from the entrance to Cameroon to the soccer stadiums through the hotel facilities and the fan zones.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

a) Strengthening community engagement, a hope operation for mass vaccination

With the technical and financial support of WHO, the government of Cameroon has set up a series of activities to strengthen community engagement in the context of Covid-19 vaccination in the Centre, Littoral, West and East Regions. These activities include community dialogue sessions by trained mediators, public and broadcast vaccination operations by political and administrative authorities, and those of credible and influential community influencers and leaders. They were carried out in a multisectoral and decentralized manner by teams from the Ministry of Public Health, the Ministry of Youth and Civic Education, and civil society.

More than 1.000 community mediators have been enrolled in the dialogue. Public and widely publicized vaccination operations carried out by public actors have targeted political and administrative authorities as well as influencers and community leaders.



Photo : Community dialogue in the neighbourhood Ekounou, Health district of Nkolndongo

Stand-up for COVID-19 vaccination for all



Photo : Community dialogue in Ekounou, Health district of Nkolndongo



Photo : Community dialogue in the Emama neighbourhood, Health District of Djoungolo



Photo : Community dialogue in the Nlongkak neighbourhood, Health District of Djoungolo

b) Awareness raising to increase adherence to COVID-19 vaccination

Various messages and materials on COVID-19 vaccination were updated between 13 and 15 August during a risk communication workshop held in Mbankomo with the massive participation of DLMEP, DPS, EPI, WHO, UNICEF, Africa CDC, bloggers, media and civil society. Thanks to these communication tools, several million people in Cameroon have been informed about the benefits of the COVID-19 vaccination.



among the three regions most affected by the pandemic in Cameroon to be broadcast for two months.



Photo : Journalists and communicators of faith-based media in the training room

c) Capacity Building for the production of broadcastings, spots and micro programmes on the promotion of COVID-19 Vaccination.

From the 27 to 29 October 2021 a workshop was held in Kribi to train a group composed of 31 media personnel on the production of efficient programmes related to COVID-19 vaccination in Cameroon.

Based on plenary presentations, brainstorming sessions, studio productions, critical studio productions, critical listening, 11 spots and 6 microprograms were produced, distributed



Photo : Journalists and communicators of faith-based media in the production studio



Photo : Simulation vaccination exercise for faith-based media

OPERATIONS, LOGISTICS AND SUPPLY CHAIN (OLS)

METICULOUS PHARMACOVIGILANCE



a) Strengthening the National Blood Transfusion System, a therapeutic opportunity

Blood transfusion saves millions of human lives every year, in both routine and emergency situations by facilitating complex medical and surgical procedures and by significantly improving the life quality and expectancy of patients suffering from all kinds of acute and chronic conditions. Using unsafe blood products can spread Blood-Borne Infections, bleeding complications, late treatment of disaster victims (road accident victims, victims of terrorist attacks). To increase the national supply of blood products, a modern blood transfusion system is being set up through funding from the Islamic Development Bank (IDB). It includes an accounting and financial system for regional centers and the national blood transfusion center. The health facilities involved are the district hospitals of:

Nkambe, Wum, Kumba, Ekondo Titi and Muyuka.

b) Supply and dispatching of equipment and COVID-19 inputs in the North-west and South-west regions

A variety of biomedical equipment was acquired both in the country and through the WHO platform to be delivered in the North West and South West regions. These include 40 computers, 140 smartphones, defibrillators, a Trauma kit, 110 Concentrators and accessories (60 for the WB and 50 EU), Laryngoscopes of 19 and 28 mm. In addition, the PCR machine at the Buea Regional Hospital has been repaired and is currently operational.

c) Health infrastructures, rehabilitation operations are successfully being carried out

The rehabilitation of health facilities in the West Region was carried out at the end of June notably in the district hospitals of Dschang, Baham, Bafang, Foumbot, Malentouen, Penka Michel and Bandioun. For the East region, the same process took place in early July in the district hospitals of Bertoua, Abong Mbang, Yakadouma, Garoua Boulai, Batouri, Betaré Oya, Nguemendouka, Mbang, Lomié, Moloundou and Ndelele.

The first health facilities, whose rehabilitation began in the first half of this year, have been handed over since September. Currently, the intensive care units in Buea, Bamenda, Limbe and the PHEOC in Bamenda have been temporarily handed over. These operations contribute to improve the existing facilities. In statistical terms, the reception capacity of Limbe has increased since September from 4 to 8 beds by 2021, Buea from 6 to 10 beds, Bamenda from 6 to 10 beds. It is important to know that the bed here is a kit that includes an Extractor a compressed air device, an oxygen concentrator and an oxygen cylinder. In a nutshell, all the premises that have been rehabilitated are now in their best condition.

d) Meticulous pharmacovigilance

- Expiration of vaccination doses: setback of vaccine hesitancy

The uptake rate of the vaccines received in Cameroon is very slow. Thus, nearly ... doses of Astra Zeneca vaccines received in March 2021 expired on 29 July 2021. The WHO teams revealed the information that they were expiring vaccines. They also informed about the mapping of the centres concerned as well as the quantities involved. However, before this fateful expiration date, WHO provided technical support to maintain the COVID-19 vaccination campaign in all regions of the country.

- Alert issued over fake COVISHIELD vaccine

There have been several warnings about the falsified COVISHIELD vaccine circulating in the African and Southeast Asian regions. This refers

to the ChAdOx1 nCoV-19 vaccine with fake products reported to WHO in July and August 2021. The first alerts were reported directly at the patient level in Uganda, India and Myanmar in Burma. These products have been falsified in their identity, composition and source. WHO in Cameroon has been involved in sensitizing the government and the population against the introduction and circulation of these products that are harmful to health. Numerous press releases and messages containing details of the falsified batches (batch number, manufacture date) in the countries concerned were distributed to anyone (photo of fake products see document or on internet).

Apart from issuing alerts, WHO actively participates in weekly technical working sessions on the vigilance of health products including COVID-19 vaccination. Special working sessions are held with DPML to produce the 2021 PV plan of activities.



Photo : Fake COVISHIELD , 2ml (4 doses) detected in INDIA

d) First wave of health infrastructure rehabilitation operations completed

Buea



Photo : Buea Intensive care unit (ICU) before construction



Photo : Buea intensive care unit (ICU) during construction



Photo : Side view of the Buea intensive care Unit (ICU)

Bamenda



Photo : Bamenda initial intensive care unit (ICU)



Photo : Bamenda intensive care unit (ICU) during construction



Photo : Bamenda initial intensive care unit (ICU)



Photo : The rehabilitated intensive care unit (ICU) of Bamenda



Photo : The Public Health Emergency Operations Centre (PHEOC) of Bamenda, before renovation



Photo : The new face of the Public Health Emergency Operations Centre (PHEOC) of Bamenda

Limbé



Photo : The Limbé intensive care unit (ICU) before rehabilitation



Photo : The Limbé intensive care unit (ICU) rehabilitated

ACTIVITIES IN REGIONS



Training of actors of Santa, Bali and Batibo (North-West Region)



Supervision of the COVID-19 vaccination for the FEICOM staff (Centre Region)



Installation of an oxygen supply system in the intensive care unit (North-West Region)



WASH in a school of Nkolbisson (Centre Region)



Reception of the keys of the Bamenda PHEOC from the contractor (North-West Region)



Vaccination and screening site in Bafoussam (West Region)