

WHO CAMEROON

COVID-19 RESPONSE APRIL REPORT



Handing over of reagents and consumables to laboratories for genomic sequencing on April 28, 2023



Handing over of IPC and case management kits as part of Marburg readiness activities at the PHEOC on April 20, 2023

WHO AFRO REGION
CAMEROON



CONTENTS

I. EXECUTIVE SUMMARY	2
II. COVID-19 SITUATION UPDATE IN CAMEROON	3
IV. RESPONSE INTERVENTIONS/ACTIVITIES	5
V. CHALLENGES IN IMPLEMENTATION AND LESSONS LEARNED	10
VI. CONCLUSION	11
VII. PLAN FOR NEXT REPORTING PERIOD	11

I. EXECUTIVE SUMMARY

Brief description of the COVID-19 pandemic in Cameroon

Cameroon recorded its first case on 6 March 2020 and has responded to this unprecedented health crisis. Cameroon has experienced five waves of resurgence each dominated by the circulation of a variant of concern of the SARS-CoV-2 virus. Statistical data as of April 30th, 2023 can be summarized as follows: a cumulative total of 125,036 confirmed cases (case fatality rate: 1.6%) and 123,010 cured cases (cure rate: 98.4%). A total of 4,791 health workers were infected, including 61 deaths, and 916 pregnant women were infected, with 8 deaths.

Current COVID-19 situation in Cameroon

The current epidemiological situation in Cameroon is calm. The following changes have been recorded in the last four epidemiological weeks, -72% from EW13 (43 cases) to EW14 (12 cases) to +633,3% from EW14 (12 cases) to EW15 (88 cases) to -68,2% from EW15 (88 cases) to EW16 (28 cases) to -10,7% EW16 (28 cases) to EW17 (25 cases).

A total of 3 646 741 (25.9%) persons have received the first dose of vaccine and 3,104,141 (11.5%) persons are completely vaccinated.

Key achievements

- The strengthening of pathogen genomic surveillance in the Northern regions of Cameroon with the technical assistance of the WHO Regional Office of Africa was effective during this reporting period. Equipment, reagents, and consumables were donated to the Garoua Regional Hospital, the National Laboratory of Public Health, and the Centre Pasteur du Cameroun. A total of 11 lab technicians were trained on pathogen whole genome sequencing in Garoua from April 27 to May 12, 2023. The genomic surveillance system was evaluated at the DRSP North,

Gaschiga area, and Garoua city laboratories.

- The strengthening of disease surveillance at Border Health Posts (BHPs) through the training and supervision mission at the Campo BHP and the Autonomous Port of Kribi. The mission evaluated the capacities of the Border Health Posts (BHPs) in terms of communication, coordination, routine activities, and availability of a public emergency contingency plan. The Port of Kribi BHP had some capacities to prevent importation of disease, while the port of Campo had no infrastructure. A few recommendations include training of BHPs staff, construction of sites, accommodation for isolation and case management.

- The continuous support of the Ministry of Health as it is in readiness phase for a possible importation of the Marburg virus disease into Cameroon. Within this period, IPC and Case management kits were handed over to the MoH PHEOC. This was done with the financial support of USAID.

- The continuous strengthening of Cameroon's health system through rehabilitations nationwide to prepare the country for pandemic response. These include rehabilitations of waste management sites, Health facilities, EOCs and the drilling of boreholes and water tower.

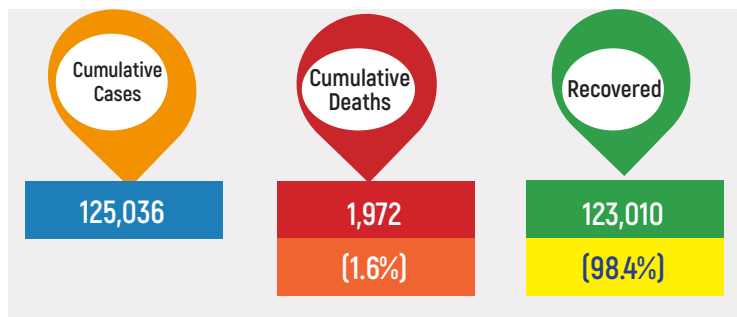
The main challenge encountered in this reporting period was the difficulty in mobilizing funds for the year. That is insufficient funding to carry out current and future priority activities.

The perspectives for the next reporting period include, but are not limited to, the mobilization of funds for the next six months, the validation, adoption, and distribution of the guide for surveillance of public health events at the borders, and the elaboration of the legal framework for the creation of a special fund for the prevention and response to public health events and emergencies.

II. COVID-19 SITUATION UPDATE IN CAMEROON

The epidemiological situation of COVID-19 in Cameroon as of April 30, 2022, can be summarized as follows: There have been a total of 125 036 confirmed cases since the first COVID-19 cases in Cameroon were reported on March 6, 2020, with a case fatality rate (CFR) of 1.6% and a recovery rate of 98.4%. There have been five COVID-19 resurgence waves in Cameroon. Over the last four weeks, a decreasing trend has been

observed as follows -72% from EW13 (43 cases) to EW14 (12 cases) to +633,3% from EW14(12 cases) to EW15 (88 cases) to -68,2% from EW15 (88 cases) to EW16 (28 cases) to -10,7% EW16 (28 cases) to EW17 (25 cases). Cameroon accounts for 1,972 deaths cumulative in Africa since the start of the pandemic. Cameroon is currently in the control phase.



	EW12	EW13	EW14	EW15	EW16	EW17
New cases	49	43	12	88	28	25
Change in new cases in last 7 days (%)	-2%	-14%	-72%	+633,3%	-68,2%	-10,7%

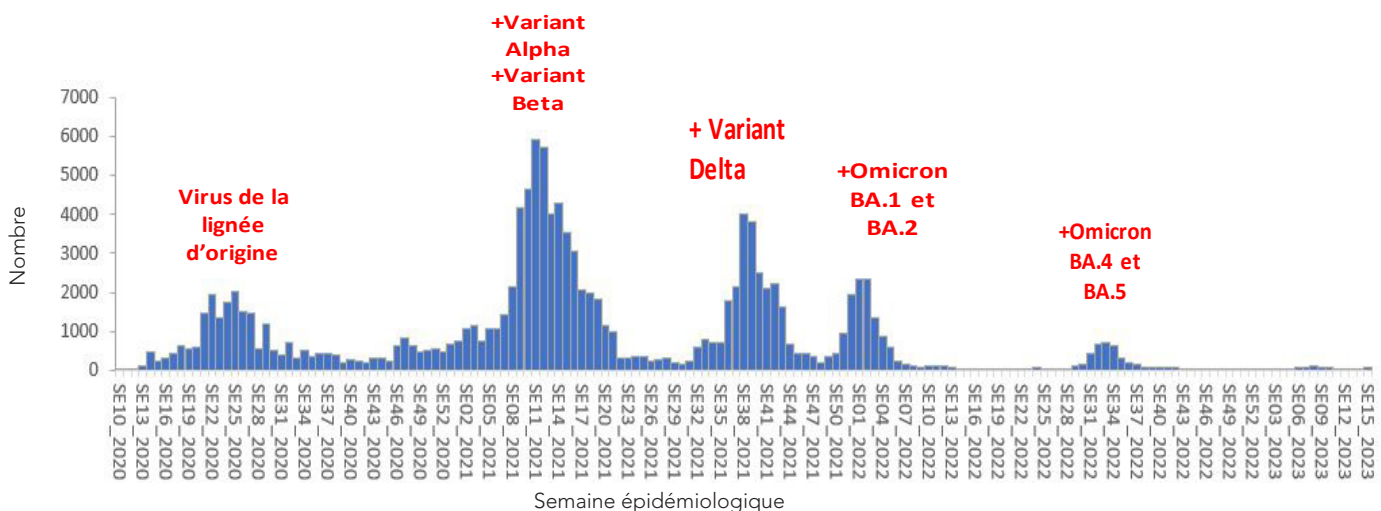
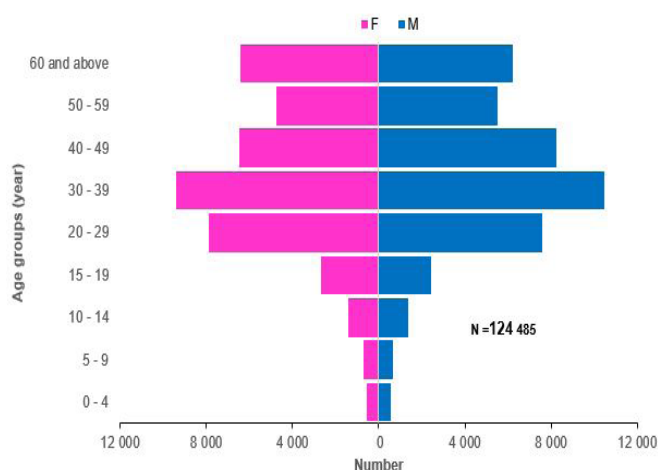


Figure 1. Epidemic curve: Distribution of COVID-19 cases and waves by epidemiological weeks from March 6, 2020 through April 16, 2023



In general, men are slightly more affected than women (sex ratio M:F: 1.1). However, this trend is reversed in persons under 19 years and the 30-39 age group remains the most affected.

Figure 2. Age and sex distribution of COVID-19 confirmed cases in Cameroon as of April 30, 2023

Table 1. Geographic distribution - Number of COVID-19 cases reported weekly at sub national level April 30, 2023

A*	B	C	D	E	F	G	H	I
Administrative region	Cumulative cases	New cases in the last 7 days	New cases in the 7 days before the last 7 days	% Change in new cases in last 7 days $[(C-D)/D]*100$	Cumulative deaths	New deaths in the 7 days before the last 7 days	% Change in new deaths in last 7 days $[(G-H)/H]*100$	% Change in new deaths in last 7 days $[(C-D)/D]*100$
Adamawa	4,223	0	0	-	58	0	0	-
Centre	38,607	13	7	86%	522	0	0	-
East	5,472	1	2	-50	84	0	0	-
Far-North	2,830	0	0	-	65	0	0	-
Littoral	35,573	0	5	-100%	389	0	0	-
North	2,230	6	2	200%	43	0	0	-
North-West	13,159	2	5	-60	380	0	1	-
West	11,890	0	0	-	269	0	0	-
South	5,648	3	7	-57%	74	0	0	-
South-West	5,404	0	0	-	88	0	0	-
Total	125,036	25	28	-10.7	1,972	0	1	-

In Cameroon, 17/200 (8.5%) health districts are active in the last 14 days with 53 confirmed COVID-19 new cases distributed between 06 regions : Centre, East, Littoral, North, North-West, South

IV. RESPONSE INTERVENTIONS/ ACTIVITIES

4.1. OBJECTIVES AND STRATEGIC ORIENTATIONS OF THE COVID-19 RESPONSE

- Objectives of the Cameroon COVID-19 Response Plan for 2022 and 2023: To consolidate the achievements of the COVID-19 response in Cameroon by March 2023; control the COVID-19 pandemic and sustainably strengthen the public health emergency preparedness and response system.
- Additional goals of the WHO AFRO USG ARPA-funded plan: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations; Reduce COVID-19 morbidity and mortality, mitigate transmission, and strengthen health systems, including prevention, detection, and response to pandemic threats.
- WHO COVID-19 response strategic orientations
 1. Increasing oxygen and other COVID-19 case management and treatment capacities
 2. Increasing vaccination uptake through community engagement, advocacy, and ownership
 3. Reinforcing COVID-19 M&E, data and intelligence collection and use for guiding response actions
 4. Maintaining and reinforcing critical human resource capacities to respond to the upsurge of COVID-19 cases
 5. Increase in medical supplies and other materials and equipment for addressing timely operational needs.
 6. Reinforce and diversify the collaboration and coordination with academia, the private sector, etc.

7. Reinforcing and scaling-up fundamental and operational research to guide response actions

8. Transitioning into the formal health system

4.2. COORDINATION, PLANNING, STRATEGIC COMMUNICATION AND MONITORING

- Technical assistance provided to the Public Health Emergency Operations Centre (PHEOC) releasing four situation reports (SITREP) and updating COVID-19 nation line list.
- Ongoing preparations for the second phase on the creation of a special fund for public health emergencies and events. This will entail the elaboration of a legal framework for the funds.
- During this reporting period, key Marburg readiness activities implemented included: i) the allocation of about 179,000 USD from USAID; ii) the donation of IPC and Case management kits to the MoH PHEOC precisely: 4000 sterile gloves, 800 breathing masks, 500 disposable gowns, 480 pairs of nursing gloves, 1000 disposable aprons, 500 visors, 56 disinfectant sprays, 100 safety boxes, 250 helmets, 500 hoods, 1000 surgical masks, 50 protective suits, 100 protective goggles and 5 body bags with the financial support of USAID funds, iii) technical support for the production and dissemination of weekly Marburg virus disease situation. As of April 24, 2023, 100 alerts were received and investigated; 19 alerts meeting the case definition were classified as suspect cases; 19 samples were collected and tested; all were negative for Marburg virus.

4.3. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Elaboration of the document for Cameroon's participation in the African Regional Scientific Conference: Looking beyond the COVID-19 pandemic in South Africa in Cape Town.



and Response Initiative, 44 community leaders from 13 health districts had their capacity built on Community Engagement and Infodemic Management, to improve the engagement of leaders in the fight against the reluctance of public health emergencies.

- Assessment of the level of implementation of the CanGIVE through the monthly coordination meeting on April 26, 2023. It was recommended that Cameroon, like other countries, should boost activities on the ground.



Meeting in MoH and WHO in PHEOC, and handing over ceremony 2023 of intrants and equipments of infection prevention and control, and case management for preparedness and readiness of Marburg transmission in Cameroon on April 20, 2023

- Sensitization of the public on Marburg Virus disease through the Production of Marburg communication materials and organization of media coverage of the handover of IPC and case management kits to the MoH.
- Development of an action plan for identification of appropriate communication channels and development of a timeline for the dissemination to key stakeholders of the results of a mixed study conducted in Douala to assess vaccine hesitancy and its explanatory factors, as well as the behavioral and social factors of immunization against COVID-19. From the 13th to the 17 of April, workshops were held to consolidate, plan the exploitation, and report on the results
- Setting up of a platform and network for the real-time management of infodemic. April 18-19, 2023 as part of Community Surveillance



Capacity building of 44 community leaders from 13 health districts on infodemic management for the community-based surveillance and response initiative on April 19, 2023

4.4. SURVEILLANCE AND POINT OF ENTRY (PoE)

The strengthening of disease surveillance at Border Health Posts (BHPs) through the training and supervision mission at the Campo BHP and the Autonomous Port of Kribi. An evaluation was carried out for the existing key capabilities for the implementation of public health emergency monitoring activities (PHEMA), especially in line with viral hemorrhagic diseases. This went on from the 17th to the 21st of April and was financed using USG funds. The two Border Health Posts (BHPs) were evaluated in terms of communication and coordination, routine activities, and the availability of a public emergency contingency plan. The findings were two completely contrasting BHPs with the Port of Kribi BHP having some of the recommended capacities to prevent the importation of disease but not enough to respond in case of an emergency and the port of Campo just had a single staff and no infrastructure thus meeting almost none of the required capacities required for prevention or response to public health events. Some key recommendations include but are not limited to:

- Training of BHPs staff on standard procedure ;
- Construction of sites for case management ; laboratory and routine testing activities
- Provision of accommodation for case management, case isolation and quarantine.

The improving data quality and reporting for the community-based surveillance and response initiative to COVID-19, cholera, and Monkey Pox in eight targeted health districts. In these health districts, this initiative detected 20 cases of Cholera.



Supervision at autonomous port of Kribi for strengthening of surveillance at BHPs by two staffs of National Public Health Observatory (NPHO) on April 17 - 21, 2023

4.5. LABORATORY AND DIAGNOSTICS

The strengthening of pathogen genomic surveillance in the Northern regions of Cameroon with the technical assistance of the WHO Regional Office of Africa was effective during this reporting period. Equipment, reagents, and consumables were donated to the Garoua Regional Hospital, the National Laboratory of Public Health, and the Centre Pasteur du Cameroun. A total of 11 lab technicians were trained on pathogen whole genome sequencing in Garoua from April 27 to May 12, 2023. The genomic surveillance system was evaluated at the DRSP North, Gaschiga area, and Garoua city laboratories.

- The donated equipment, reagents, and consumables batches for the Garoua Regional Hospital, the National laboratory of Public Health (NLPH), and the CPC received were as follows, (i) CHR Garoua : an Oxford Nanopore Technology (ONT) MKC1 machine with reagents for the analysis of 571 samples and laboratory consumables. NLPH, an Oxford Nanopore Technology (ONT) MKC1 machine and a 571 samples kit, (ii) CPC 571 sample kit and backup stock.



Evaluation at the Centre Pasteur du Cameroun laboratory on April 24, 2023



Evaluation at the Chantal BIYA International Reference Center (CBIRC) laboratory on April 24, 2023

4.6. INFECTION, PREVENTION AND CONTROL (IPC)

The activities carried out included:

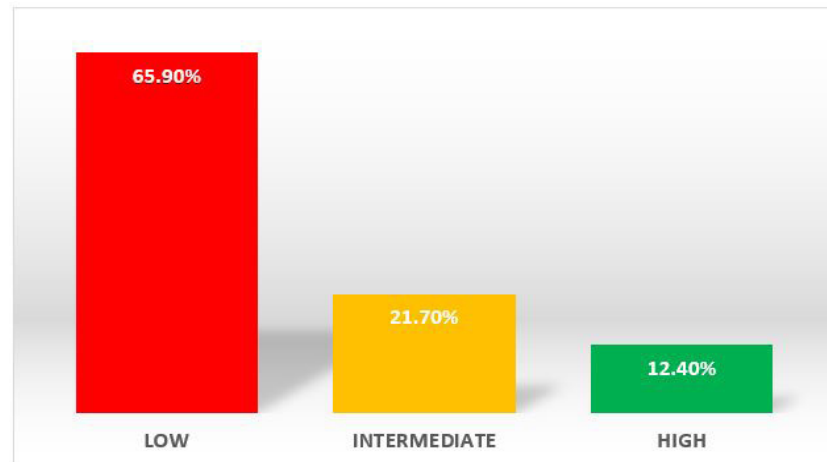
- Follow up of IPC activities in the West region and data collection of scorecard assessments on 249 healthcare facilities :

- o The analysis of those data showed that 164 (65.9%) healthcare facilities had an IPC score lower than 50%, 54 (21.7%) healthcare facilities had a score between 50% and 74%; 31 healthcare facilities had a score greater than 75% ;

- o This achievement represents an assessment of 29.3% (249/849) of all healthcare facilities in the region.



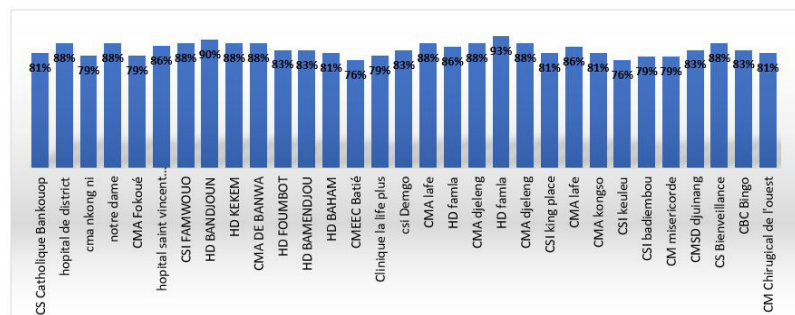
Handing over the reagents and consumables to laboratories for genomic sequencing on April 27, 2023



WHO IPC Scorecard distribution of the 249 healthcare facilities by score and percentage



Evaluation at the LANAVET laboratory on April 28, 2023



Distribution of healthcare facilities with IPC score greater than 75% in the West region

- Participation in the review and sharing of lessons learned regarding the implementation of IPC in the AFRO region from April 24 to 28, 2023. We worked with the Direction of Health Promotion within the Ministry of Health to identify key IPC achievements since the advent of COVID-19 pandemic on March 2020 and these were shared alongside challenges.

- Sharing of experience obtained from the organization of the African Cup of Nations TOTALEnergies 2021 online, on the successful implementation of IPC measures and medical coverage during a mass gathering event in a pandemic with the DRC. These best practices, challenges and lessons learned will guide the organization of the “Jeux de Francophonie I” in DRC.

4.7. CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

Preparatory sessions for the capacity building of health professionals in the use of new molecules for the treatment of severe forms of COVID-19: this activity which intends to train a pool of health professionals in the management of emergency and intensive care services with the use of new molecules (Tocilizumab) will reduce mortality due to COVID-19 by improving the quality of case management.

Meetings to plan the health system strengthening project on the improvement of trauma and intensive care services in the event of an accident-prone highways: this will entail equipping and operationalizing two trauma and critical care services on the accident-prone axes of Yaoundé-Douala and Yaounde-Bafoussam in Cameroon. This will reduce traffic-related mortality by enhancing emergency treatment quality.

4.8. OPERATION SUPPORT AND LOGISTICS (OSL)

Main activities were :

- The continuous construction of an EOC in Buea (80% completed), drilling of a borehole and water tower at the Soa District Hospital (100% completed) and awaiting official handover. The rehabilitation of the construction of waste management in the Bafoussam and Bertoua Regional Hospitals (both 100% completed). The rehabilitation of the CMA Olembe (80% completed).

- Ongoing preparations for the assessment and subsequent rehabilitation of the Aghem community clinic in Wum and district hospital of Bafia. These rehabilitations which are funded using USG funds and EU, will greatly prepare the concerned regions and country at large for other outbreaks or pandemics response.



CMA Olembe 100% completed rehabilitated on April, 2023



Borehole and watertower in Soa tower 100% completed rehabilitated on April, 2023



Outside and inside of waste management sites of Bafoussam Regional Hospital 100% completed rehabilitated on April, 2023



Views of the two facades of EOC of South-West Region in Buea rehabilitated

4.10. VACCINATION

Six main activities :

- Orientation of the vaccination strategies and development and sharing of CanGIVE baseline data with AFRO during an online meeting held on the 06 April 2023. The teleconference gave guidelines for gathering project baseline data, which was concluded on April 21 with the validation and distribution of project baseline data ;
- Completion and agreement on the principles for the implementation plan of the CANGIVE project with the Canadian Embassy Focal Point on April from 13 to 19, 2023 ;
- Implementation of advanced strategies and administration of more than 5,000 doses of COVID-19 vaccine in selected hard-to-reach districts in 3 regions on April from 17 to 23, 2023 ;
 - o Centre (16 HDs, 131 AS)
 - o Littoral (12 HDs, 71 SAs) and
 - o West (14 HDs, 88 SAs)
- Continuous strategizing on the implementation of the CanGIVE project through the of monthly coordination meetings with AFRO held on April 26, 2023 ;
- Preparation for participation and presentation at ACCRA workshop May 2-5, 2023 which aims to document barriers to access to COVID-19 immunization in alignment with the gender, equity and human rights orientation framework;
- Preparation for Addis Ababa workshop 2-3 May on integrating COVID-19 into primary health care. The workshop seeks to highlight key achievements, bottlenecks, actions to scale up successes, lessons learned during integration efforts, priority integration activities for the next three months, and lastly suggest areas of technical help for each country.

4.11. RESEARCH AND INNOVATION

Priority activities to be carried out in Continuous preparatory actions to maximize the financial

and technical support of AFRO and the country office in documenting its experience in the management of the COVID-19 response include:

- o Activity 1: Finalize and publish the scientific papers already elaborated
- o Activity 2: Elaborate and validate the compendium of abstracts of articles already published on COVID-19 in Cameroon
- o Activity 3: To elaborate the complete articles based on 10 previously selected abstracts of the 4th International Forum of the Emergencies.

V. CHALLENGES IN IMPLEMENTATION AND LESSONS LEARNED

The following challenges were faced over the past EWs in terms of administration and logistics:

- Difficulties in mobilizing funds for the year. Insufficient funds to carry out current and future priority activities (consultants' salaries, ordering of inputs, sequencing and transport of POEs samples). Approximately 2.5 million USD is required to run the year.
- Domestic sequencing of SARS-CoV-2 is effective, but inputs and data not published in GISAID or other platforms, so AFRO does not have an accurate picture of the current situation.
- Logistic still struggles with getting thermal cameras internationally, and they often arrive late.
- Low data completeness and promptness across pillars, thus poor representations of country statistics as clearly highlighted during the 5th round of the COVID-19 Vaccination campaign. This is likely to be as a result of inadequate training of data clerks, and lack of SOPs for data quality protocols and poor internet connectivity and data management tools particularly at the sub-district levels.

VI. CONCLUSION

Overall, during the April 2023 the public health emergency system got better in improving its response. Within the reporting period, activities have been carried out to ensure the implementation of an optimal response to COVID-19. This has been done in close cooperation with the country's Ministry of Health.

Over the last five weeks the trend in Cameroon has been decreasing, with the overall trend showing a calm picture. The epidemiological changes recorded within this period are as follows : -72% from EW13 (43 cases) to EW14 (12 cases) to +633,3% from EW14(12 cases) to EW15 (88 cases) to -68,2% from EW15 (88 cases) to EW16 (28 cases) to -10,7% EW16 (28 cases) to EW17 (25 cases).

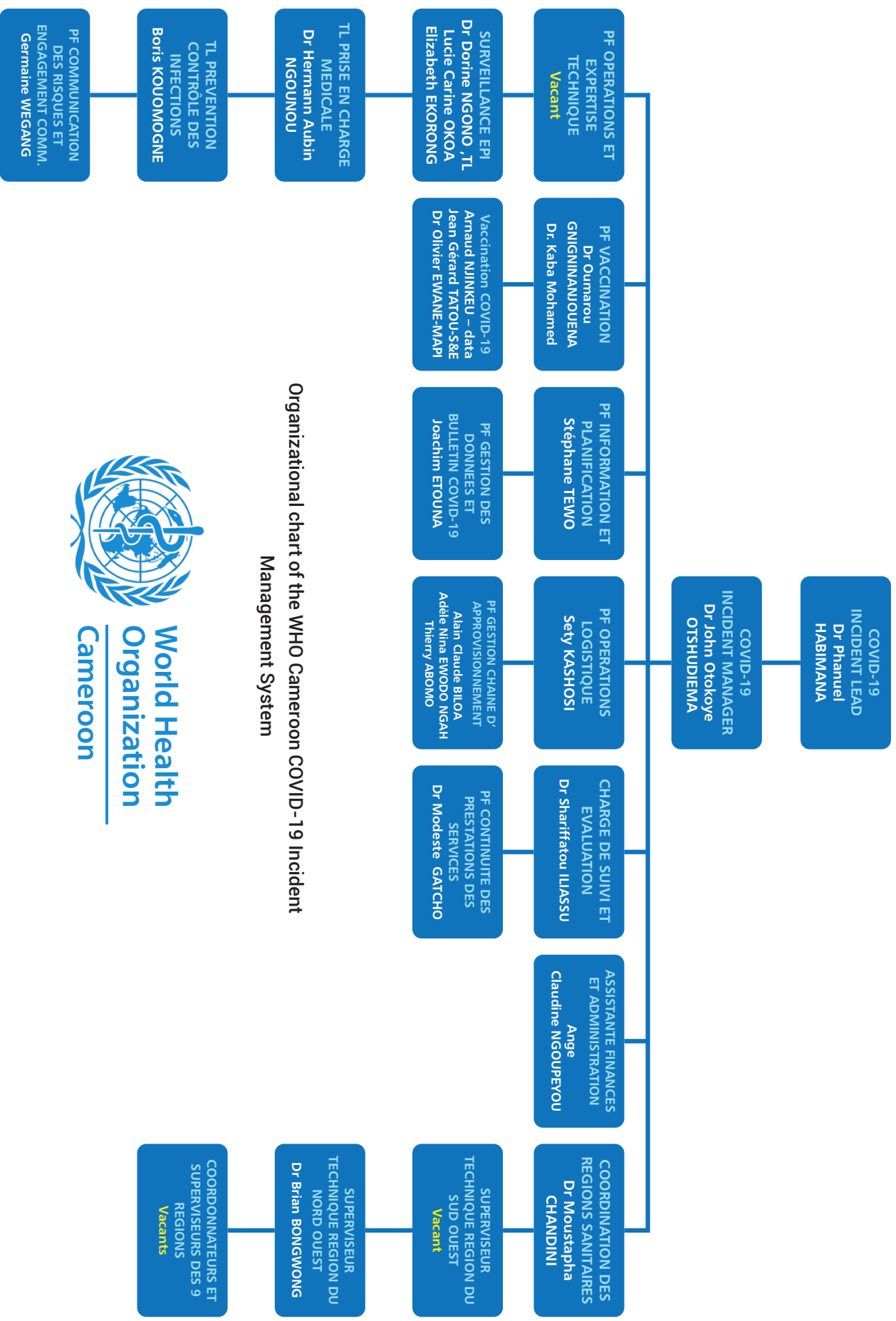
Key achievements this period include (i)The strengthening of pathogen genomic surveillance in the Northern regions of Cameroon with the technical assistance of the WHO Regional Office of Africa was effective during this reporting period. Equipment, reagents, and consumables were donated to the Garoua Regional Hospital, the National Laboratory of Public Health, and the Centre Pasteur du Cameroun. A total of 11 lab technicians were trained on pathogen whole genome sequencing in Garoua from April 27 to May 12, 2023. The genomic surveillance system was evaluated at the DRSP North, Gaschiga area, and Garoua city laboratories. (ii) The strengthening of disease surveillance at Border Health Posts (BHPs) was evaluated using USG funds. Two BHPs were evaluated in terms of communication, coordination, routine activities, and availability of a public emergency contingency plan. Key recommendations included training staff on standard procedure, construction of sites for case management, laboratory and routine testing activities, and provision of accommodation. (iii) the donation of The IPC and Case management kits to the MoH PHEOC as it is in readiness phase for a possible importation of Marburg Virus Disease (iv) The continuous rehabilitations nationwide to prepare for pandemic response.

The difficulty in mobilizing finances for the year was the biggest problem encountered during this reporting period. That is insufficient funds to carry out current and future priority activities. Prospects for the next reporting period include mobilizing funds for the next six months, validating, adopting, and disseminating the guide for border surveillance of public health events, and developing the legal framework for the establishment of a special fund for the prevention and response to public health events and emergencies.

VII. PLAN FOR NEXT REPORTING PERIOD

The subsequent steps include:

1. The mobilization of funds at the level of AFRO for the smooth running and implementation of activities over the next 6 months.
2. The elaboration of a strategic plan and guidance on the maintenance of biomedical equipment acquired during COVID-19.
3. The Participation in the workshop on the creation of a special fund for the prevention and response to public health events and emergencies.
4. The continuous follow up of the project to equip a containerized intensive care unit in Cameroon this will include staffing of the intensive care unit.
5. The provision of technical and financial support for the publication of at least 10 articles on covid19 response in Cameroon
6. The elaboration of the Nsimalen airport health emergency plan, in order to reach the standard of international border health post, as stipulated by the IHR.



Organizational chart of the WHO Cameroon COVID-19 Incident Management System



© WHO Cameroon Country Office

This is not an official publication of the World Health Organization. Correspondence on this publication may be directed to: Dr. John OTSHUDIEMA – WHO Cameroon Country Office COVID-19 IMS Incident Manager, and Dr. Phaniel HABIMANA – WHO Cameroon Country Representative.

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

List of contributors :

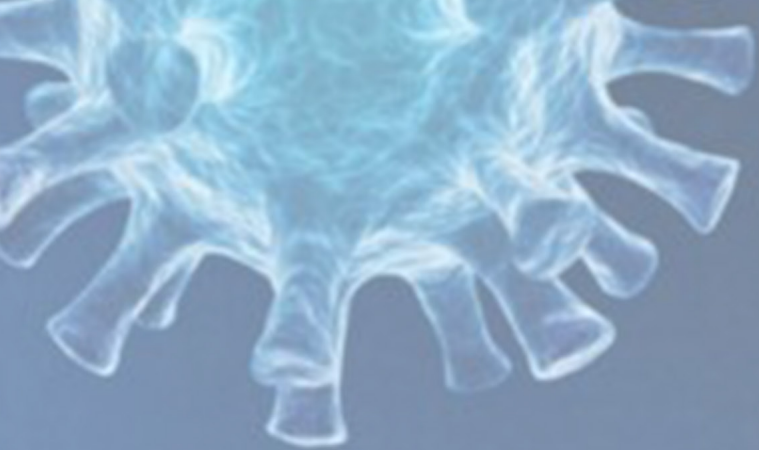
- *Dr. John Otokoye Otshudiema – COVID-19 Incident Manager*
- *Dr. Shariffatou Iliassu, Stéphane Tewo, and Joachim Etouna – M & E and Data Management*
- *Dr. Dorine Ngono, Lucie Okoa, Elisabeth Ekorong – Surveillance Team*
- *Dr. Oumarou, Dr. Olivier Ewane, Dr. Jean Gérard Tatou, Dr. Kaba Mohamed, Arnaud Njinkeu – Vaccination Team*
- *Dr. Hermann Ngounou, Boris Koumogne, Germaine Wegang – Case management, IPC, and RCCE Teams*
- *Sety Kashosi, Alain Claude Biloa, Adèle Nina Ewodo – OSL Team*
- *Dr. Brian Bongwong – Field Teams*
- *Fridolin Yannick Mvogo, Ange Claudine Ngoupeyou, Nicole Abadoma and Jean Jacques Mandoman – WHO Cameroon Administrative and Finance Teams*

In addition, we acknowledge the contributions of the cluster leads for providing the weekly updates for the Cameroon Country Representative's briefs, which have been extensively used to inform the bulletin.

For further information, please contact :

Dr. John Otokoye OTSHUDIEMA – WHO Cameroon COVID-19 IMST Incident Manager
WHO Cameroon Country Office
Contact: otshudiemaj@who.int

Dr. Phaniel HABIMANA – WHO Cameroon Country Representative and Incident Lead
WHO Cameroon Country Office
Contact: habimanap@who.int



World Health
Organization
Cameroon



COVID-19
RESPONSE