



World Health
Organization
Cameroon



COVID-19
RESPONSE

WHO CAMEROON

COVID-19 RESPONSE

MARCH REPORT 2023



WHO AFRO REGION CAMEROON



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I. EXECUTIVE SUMMARY

Overview of the COVID-19 pandemic in Cameroon

Cameroon reported its first case on March 6, 2020 and has responded to this unprecedented health crisis. Cameroon has experienced five waves of resurgence each characterized by the circulation of a variant of concern of the SARS-CoV-2 virus. As of April 2, 2023, a cumulative total of 124,883 confirmed cases (case fatality rate: 1.6%) and 122,807 recovered were reported. A total of 4,788 health workers were infected, including 61 deaths and 914 pregnant women were infected, with 8 deaths.

Current COVID-19 situation in Cameroon

After 5 weeks of being on alert, Cameroon is currently back to being in the calm since EW10. The following changes have been recorded in the last four epidemiological weeks, -37.3% from EW08 (118 cases) to EW09 (74 cases), -13.5% from EW09 (74 cases) to EW10 (64 cases) and -28% from EW10 (64 cases) to EW11 (50 cases), -2% from EW11 (50 cases) to EW12 (49 cases) and -14% from EW12 (49 cases) to EW13 (43 cases).

Key achievements

- March 22- 26, 2023, a national vaccination campaign conducted in 146 health districts increased the vaccination coverage from 10.2% to 11.4% of the total population fully vaccinated. As of March 28, 2023, a total of 3,086,874 (11.4%) persons are fully vaccinated.
- Identifying modalities of the establishment of a special fund for public health emergencies and events in Cameroon.
- Validation of the draft of the national strategic plan for the acquisition and

integrated maintenance of medical equipment. This will help to improve the overall case management.

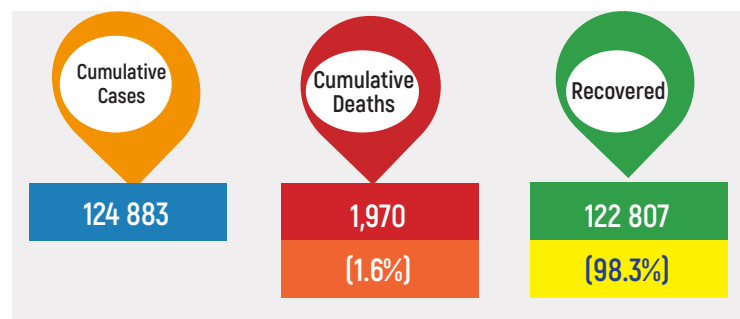
- Integrating the public sector in the national public health laboratories network through supervision and external quality assessment of private laboratories in three regions in Cameroon (South West, Littoral and Centre)
- Technical assistance provided to the public health emergency Operations Centre releasing four situation reports (SITREP) and updating COVID-19 nation line list.
- Completion of water drilling to improve the supply of potable water to the Soa District Hospital; construction of waste areas at the Bafoussam Regional Hospital, Foumban District Hospital, Bertoua Regional Hospital, and Batouri District Hospital.
- Improved donor reporting was a focus this month. We participated in webinars organized by WHO-AFRO. We have elaborated and transmitted the following reports: AfDB/CEMAC, USG/ARPA, ACT-A, EU and GIZ.

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 2, 2023, can be summarized as follows: There have been a total of 124,883 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 98.3%. There have been five COVID-19 resurgence waves

in Cameroon. Over the last four weeks, a decreasing trend has been observed as follows -37.3% from EW08 (118 cases) to EW09 (74 cases), -13.5% from EW09 (74 cases) to EW10 (64 cases) and -28% from EW10 (64 cases) to EW11 (50 cases), -2% from EW11 (50 cases) to EW12 (49 cases) and -14% from EW12 (49 cases) to EW13 (43 cases).



	EW08	EW09	EW10	EW11	EW12	EW13
New cases	118	74	64	50	49	43
Change in new cases in last 7 days (%)	+32.6	-37.3	-13.5	-28.0	-2.0	-14.0

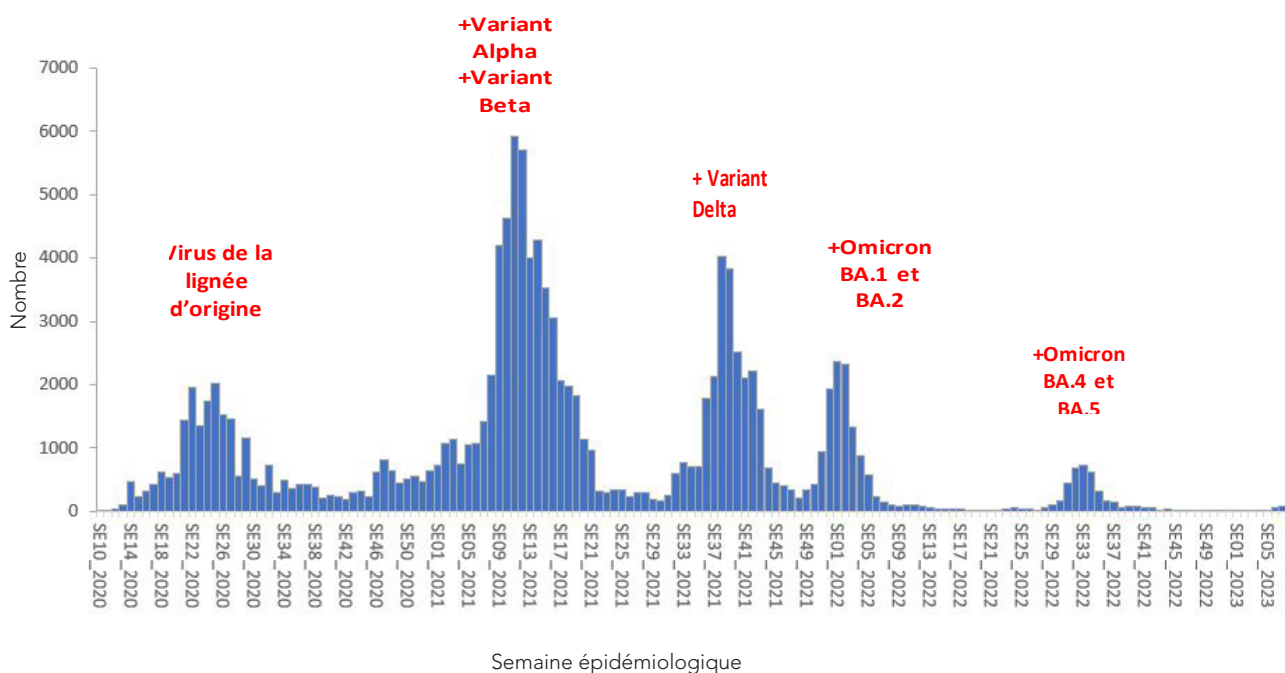
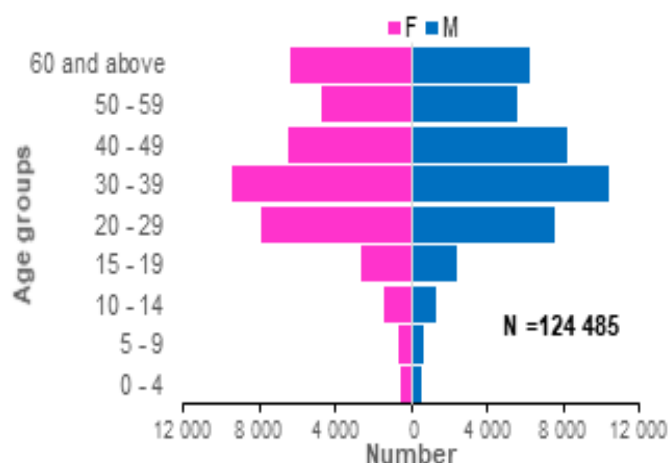


Figure 1. Epidemic curve: Distribution of COVID-19 cases and waves by epidemiological weeks from March 6, 2020 through March 28, 2023



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 2, 2023

Table 1. Geographic distribution - Number of COVID-19 cases reported weekly at sub national level April 2, 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	4,221	0	0		58	0	0	-
Centre	38,518	16	11	0,31%	522	0	0	-
East	5,459	0	1	-	84	0	0	-
Far-North	2,828	0	1	-	65	0	0	-
Littoral	35,562	17	16	0,06%	388	1	1	-
North	2,219	0	6	-	43	0	0	-
North-West	13,148	8	7	0,12%	379	0	0	-
West	11,890	2	1	50%	269	0	0	-
South	5,634	0	3	-	74	0	0	-
South-West	5,404	0	3	-	88	0	0	-
Total	124,883	43	49	-14%	1,970	0	1	-

In Cameroon, 35/200 (17,5%) health districts are active in the last 14 days with 92 confirmed COVID-19 new cases distributed between 09 regions: (Centre, East, Far North, Littoral, North, North-West, West, South, South-West) Decrease in the number of cases from EW12/2023 (49) to EW13/2023 (43) or 14% Decrease in the number of cases from EW12/2023 (49) to EW13/2023 (43) or 14%.

III. COVID-19 KEY PERFORMANCE INDICATORS IN CAMEROON AS OF APRIL 2, 2023

Table 2. Trends of COVID-19 key performance indicators in Cameroon as of April 2, 2023

FUNCTION	SN	KPI	KPI (MARCH)
Coordination	KPI 1	How many of these 10 key response pillar functions are filled by an expert at the WHO country office level?	100%
	KPI 2	How many recommendations were made at the last meeting with different partners organized by WHO to assess the implementation of the COVID-19 pandemic response activities in the country?	88,9% (8/9)
	KPI 3	Percentage of allocated funds used/committed and documented for the critical review period ** (Data to be provided by AFRO)	Will be provided by WHO AFRO
		How much funding was allocated to the response to COVID-19 for the reporting period?	
		How much of the allocated funds have been used at the time of completing this survey questionnaire?	
RCCE	KPI 4	Percentage of implementation of key CREC activities against those planned such as developing, adapting and deploying new messages to the population, engaging the most vulnerable groups	100% (37/37)
Surveillance	KPI 5	Percentage of districts (or regions) sharing COVID-19 epidemiological surveillance data in a complete and timely manner	90% (9/10)
	KPI 6	Percentage of tracked COVID-19 cases in hospitalizations. (Tracking trends in COVID-19 hospitalizations involves the timely collection and sharing of hospitalization data with various stakeholders such as WHO.) On a scale of 0 (no monitoring) to 100% (full scale monitoring), to what extent is the country monitoring hospitalization of COVID-19 patients?	100%
Points of entry (PoEs)	KPI 7	Percentage of designated points of entry that provide access to an appropriate medical service including diagnostic facilities located to allow the prompt assessment and care of ill travellers	59.7% (39/49)
Laboratory	KPI 8	Has genomic sequencing of positive samples been performed in or out of the country in the past 30 days? Yes/No	Yes
	KPI 9	What is the average (median) turnaround time for COVID-19 testing using the PCR technique (hours)?	24 hrs
	KPI 10	How many COVID-19 tests were performed in the last 30 days in the country?	22,514
Prevention and Control of Infections (IPC)	KPI 11	Percentage of COVID-19 Treatment Centers with an IPC score of 75% or higher (using the IPC Scorecard). Identify 3 health facilities with intensive care units for the management of severe and critical cases of COVID-19. If your country has fewer than 3, use those that are available. Of the selected facilities, how many had an ICP score of 75% or higher at the end of the assessment?	100% (3/3)
	KPI 12	National performance in personal protection (%). WHO Tool 3 is used to assess country performance in health worker protection. The tool is available at the country level and focal points are already trained in its use. On a scale of 0 (inadequate) to 100 (perfect), what is the level of national performance in protecting health personnel using WHO Tool 3?	47% (235/500)
Case management	KPI 13	Mortality rate among COVID-19 patients admitted to ICUs (In the past 30 days, how many patients were admitted to ICUs? (provide total number of patients in all units considered / How many COVID-19 cases admitted to ICUs died?)	75% (3/4)
	KPI 14	How many of these health facilities have the standard intensive care units required for the management of severe and critical cases of COVID-19 ?	100% (3/3)
Operations, Supply and Logistics (OSL)	KPI 15	On a scale of 0 (no supplies/equipment) to 100 (fully equipped with adequate supplies), how well equipped are intensive care units to manage severe and critical cases of COVID-19 ?	53%
	KPI 16	Percentage of countries that received the ordered quantities of PPE, diagnostic test kits or medical equipment on time	70%
Continuity of essential health-care services	KPI 17	Percentage change observed in the number of surviving children who received their first dose of measles vaccine compared to the number in 2019	13.7%
		Number of surviving children who received the first dose of Measles Vaccine for the current month of 2022	59423
		Number of surviving children who received the first dose of Measles Vaccine for the current month of 2019	52263
Vaccination	KPI 18	Percentage of vaccine doses administered out of the vaccine doses received	53.6% (4278629/8805310)
	KPI 19	Percentage of the general population fully vaccinated	114% (3086874/27076681)
Research and innovation	KPI 20	Research activities may include idea generation, protocol development, ethics approval, recruitment of study personnel, data collection, data analysis, report writing, dissemination, manuscript development, manuscript submission, article published in a peer-reviewed journal.---- (On a scale of 1 (no implementation) to 10 (full implementation), to what extent have you implemented activities related to research and innovation?)	90% (9/10)

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

- The Cameroon country office supports the Ministry of Health in establishing a special fund for public health emergencies and events, with 17 revenue niches identified and an amount of 5 billion FCFA set. The workshop will be held in Ebolowa from March 6 through March 10, 2023.



Workshop on special Fund dedicated to public health emergencies and events in Ebolowa from 6th to 10th March 2023

- Technical assistance provided to the Public Health Emergency Operations Centre (PHEOC) releasing four situation reports (SITREP) and updating COVID-19 nation line list.

- Improved donor reporting was a focus this month. We participated in webinars organized by WHO-AFRO. We have elaborated and transmitted the following reports: AfDB/CEMAC, USG/ARPA, ACT-A, EU and GIZ.

- The COVID-19 IM was appointed to also coordinate the implementation of Marburg Readiness activities.

Because of the Marburg outbreaks occurring in neighboring Equatorial Guinea and Tanzania, Cameroon developed a Marburg readiness and response plan, deployed a rapid response team, increased awareness among the populations, and enhanced the surveillance and response system since February 10, 2023.

During this reporting period, key Marburg readiness activities implemented included: i) the allocation of about 179,000 USD from USAID; ii) the repurposing of the COVID-19 fund for emergency preparedness and readiness activities; iii) the joint field assessment of health facilities to be rehabilitated or constructed for isolation and case management of VHF cases; iv) the set up of triage in targeted health facilities in the south region; v) the training of about 20 fellow epidemiologists from CAFETP and the development of weekly situation reports/updates.

As of April 2, 2023, 33 alerts were received and investigated; 16 alerts meeting the case definition were classified as suspect cases; 15 samples were collected and tested ; all were negative for Marburg virus.

4.3. SURVEILLANCE AND POINT OF ENTRY

- Improving data quality and reporting for the community base surveillance and response initiative to COVID-19, cholera and Monkey-Pox in 8 targeted health districts. Over the course of March, 66 cases of COVID-19 were detected through this initiative in these health districts out of 10,093 tests performed, or a positive rate of 0.6%, with 68% (45/66) of samples that were sent to approved laboratories for genomic sequencing.
- Preparation of the training supervision mission for health posts at the borders of Campo and the Autonomous Port of Kribi in order to evaluate the existing key capabilities for the implementation of public health

emergency monitoring activities (PHEMA), more specifically hemorrhagic viral fever.

4.4. LABORATORY AND DIAGNOSTICS

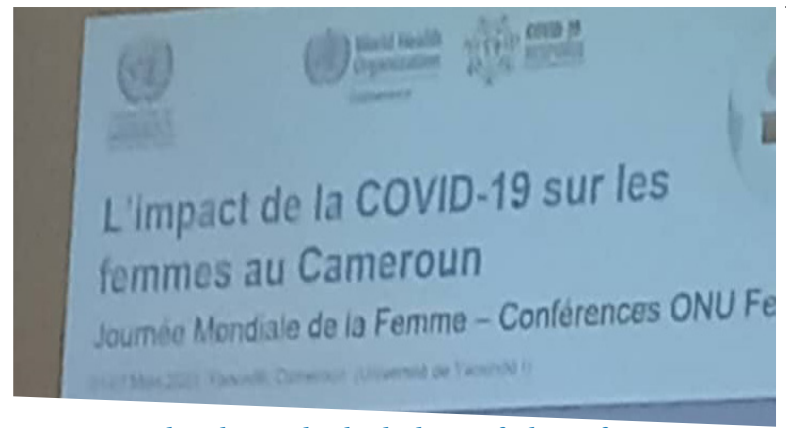
From 20 to 25 March, the supervision and external quality assessment of private laboratories in three regions of Cameroon (Central, Littoral and Southwest) was held. Ensure that genomic monitoring procedures are applied; ensure that the transmitted data is archived in those laboratories; map the devices and types of inputs used and summarize the Quality Assessment ScoreCard.



Supervision and external quality assessment of a laboratories (South-West region)

4.5. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- As part of International Women’s Day, WHO participated in the third edition of the Department of Sociology’s conference at the University of Yaoundé I. WHO gave a presentation on the impact of COVID-19 on women and girls in Cameroon. About 250 participants attended this conference.



Picture taken during the third edition of the conference on women’s day

- Preparation meeting with the Ministry of Higher Education about students, teachers, and visitors getting vaccinated and taking part in the upcoming university games. A plan of action was developed for WHO assistance with the organization of the events under consideration. This is in a bid to increase pupil compliance with COVID-19 vaccination.

- Meeting to get ready for a workshop on study consolidation, which will use the results of the study on the social and behavioral effects of the COVID-19 vaccine in Douala. The gathering concluded with the creation of a survey reporting agenda. This will provide the public authorities with the causes for the Douala population’s reluctance to be vaccinated.

- Awareness sessions with refugees were held in four communes of Yaoundé. A total of 560 people from four of the seven municipal halls were present. This reduced the population’s hesitation and, as a result, increased vaccination.



4.6. INFECTIONS PREVENTION AND CONTROL (IPC)

From January 15th to March 30th, WCO supported the implementation of IPC assessment of selected communities in the South region. These assessments are a continuation of the 1st training on WHO community scorecards tools that was conducted between December 27 to 30, 2022.

During this 3-month period, 43 communities have been assessed in the health districts of Ambam, Djoum Urbain and Dispensaire urbain:

- 11 communities had an IPC score below
- 50%, translating a high risk of COVID-19 transmission;
- 24 communities had an IPC score between 50
- and 74%, translating that some IPC measures were put into place, but efforts still need to be done.
- 8 communities had an IPC score greater
- 75% with a lower risk of COVID-19 transmission.

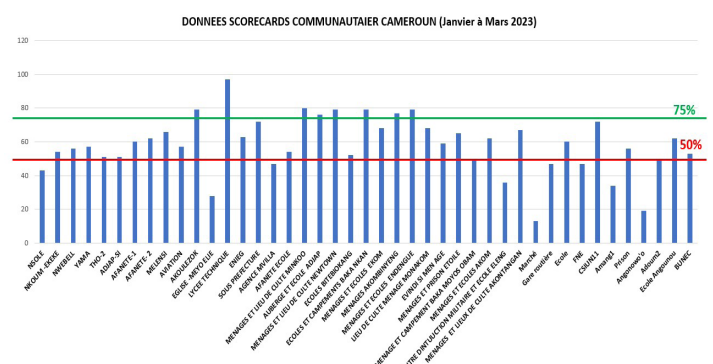




Photo. IPC community assessment in the Meyomessala health area

4.7. CASE MANAGEMENT, CLINICAL OPERATIONS AND THERAPEUTICS

The WCO COVID-19 IMST Focal point (FP) for case management accompanied the country in the validation of the draft 0 of the national strategic plan for the acquisition and integrated maintenance of medical equipment. The activity was held in Douala and went on from the 21st to the 24th of March. A total of 42 participants were present representing other partners (CHAI and UNICEF) and the Ministry of public health. Through this activity financed with USG funds the following were achieved:

- (i) the development of a consolidated draft 1 of Cameroon’s national strategic plan for the acquisition and integrated maintenance of medical equipment;
- (ii) the emphasis on

the country’s accomplishments for proper project execution, such as the existence of training structures for biomedical engineers and technicians, as well as the existence of a national budget line for medical equipment maintenance for the year 2022; (iii) the highlighting of the obvious willingness of non-governmental organizations and international partners engaged in medical equipment maintenance; (iv) the availability of DHIS2 for the construction of a new data infrastructure for the gathering of functionality data on procurement and maintenance at all levels of the health system.



Photo. Workshop to validate the draft 0 of Cameroon’s national strategic plan for the acquisition and integrated maintenance of medical equipment

4.8. OPERATIONS, SUPPLY CHAIN AND LOGISTICS (OSL)

During this month of March 2023 main OSL activity was the continuous construction of the Public Health Emergency Operations Centre in Buea, the drilling of a borehole and water tower at the Soa District Hospital, the waste management in the Bafoussam and Bertoua Regional Hospitals and the rehabilitation of the CMA Olembe Olembe, including maternity and laboratory.



Photo. Borehole/water tower in Soa 90%completion



Photo. CMA Olembe rehabiliation at 80%



Photo. EOC BUEA going at 80% CCOUSP



Photo. Regional Hospital Bafoussam at 90%

4.9. VACCINATION

The WHO country office (WCO) COVID-19 IMST collaborates with the MoH Expanded Programme of Immunization (EPI) and brings the total vaccination coverage for Cameroon to 10.8%

- The vaccination team in partnership with the EPI carried out a ten-day outreach for immunization in the Centre region. The outreach done from the 22nd to the 31st of March. It resulted in the vaccination of more than 15,000 priority groups, primarily people living with HIV.

- The team also carried out a training of trainers on the intensification of COVID-19 vaccination took place in the regions with funding from CDC/GHSS. The training ran from the 13th to the 17th and about thirty participants were invited from the MoH EPI and all the regional EPI coordinators. This will greatly impact vaccination coverage nationwide.

- The WCO IMST worked with the EPI team to effectively carry out a mini immunization intensification campaign from the 22nd to the 26th of March. The campaign took place in 146 of the 200 health districts and was financed with the remaining funds from the

5th round of mass vaccination campaign. The partial results to date are as follows: (i) Social mobilization; 58279 households visited, 1216 pygmies sensitized, 169511 over 15 years old sensitized, 508 nomads sensitized, 2165 internally displaced persons sensitized, 10723 refugees reached (ii) Acceptance of vaccination; 260451 doses of vaccine administered, 169551 people fully vaccinated.

- In terms of routine immunization with an average of 2000 doses administered per week.



Photo. Participants showing their vaccination cards in Benakuma Health District

4.10. RESEARCH, INNOVATION AND CONTINUITY OF ESSENTIAL HEALTH SERVICES

During the month of March, the main routine activity concerns the 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. Priority activities carried out 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 March 2022 reporting period, activities have been carried out to continue strengthening the response to public health emergencies and events as well as the health system in Cameroon.

Cameroon has experienced five waves of resurgence of the SARS-CoV-2 virus, with 124,883 confirmed cases and 122,807 recovered. Cameroon is no longer on alert of resurgence of COVID-19. The following changes have been recorded in the last four epidemiological weeks, -37.3% from EW08 (118 cases) to EW09 (74 cases), -13.5 % from EW09 (74 cases) to EW10 (64 cases) and -28% from EW10 (64 cases) to EW11 (50 cases), -2% from EW11 (50 cases) to EW12 (49 cases).

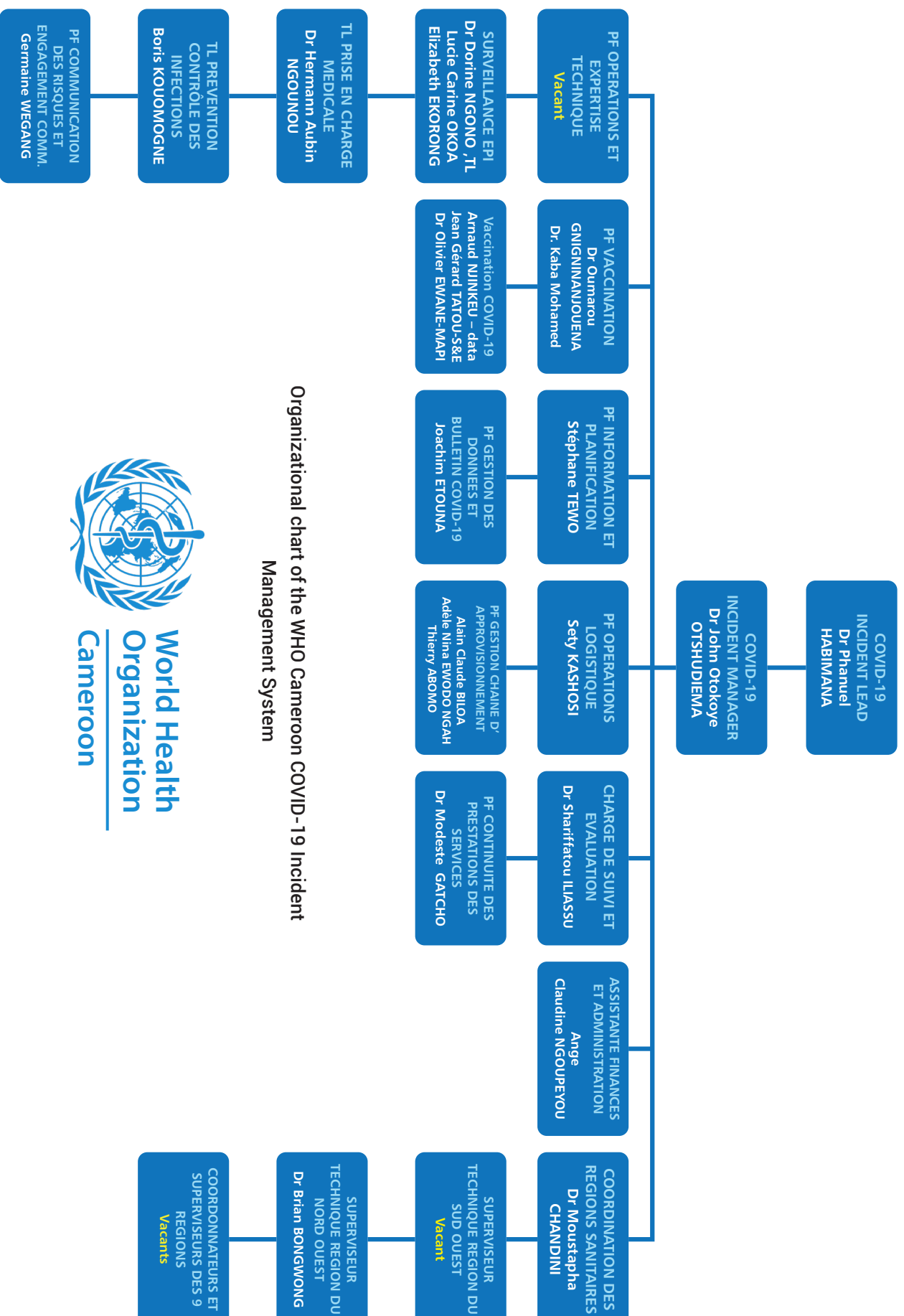
A national vaccination mini-campaign increased the vaccination coverage from 10.2% to 11.4%, and a total of 3,086,874 (11.4%) persons are fully vaccinated. Key achievements also include but are not limited to the validation of the national strategic plan for the acquisition and integrated maintenance of medical equipment, integration of the public sector in the national public health laboratories network, technical assistance to the public health emergency operations center, completion of water drilling to improve the supply of potable water to the Soa District Hospital, construction of waste areas at the Bafoussam Regional Hospital, Foumban District Hospital, Bertoua Regional Hospital, and Batouri District Hospital, and improved donor reporting. Improved donor reporting. Cameroon participated in webinars organized by WHO-AFRO. We have elaborated and transmitted the following reports: AfDB/CEMAC, USG/ARPA, ACT-A, EU, GIZ, and the difficulty in mobilizing funds for the year.

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 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.

VII. PLAN FOR NEXT REPORTING PERIOD

The next steps include mobilizing funds at the level of AFRO, participating in a workshop on the creation of a special fund for public health events, publishing 10 articles on the COVID-19 response in Cameroon, elaborating the Nsimalen airport health emergency plan, validating and distributing the guide for surveillance of public health events at the borders, upgrading 12 priority POEs to IHR standards, and validating the genomic surveillance strategy for diseases with epidemic potential. Additionally, activities related to the management of biomedical equipment in Cameroon, capacity building for health professionals, and the implementation of the hypertension and diabetes screening coupled with sensitization and vaccination against COVID-19 project.





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



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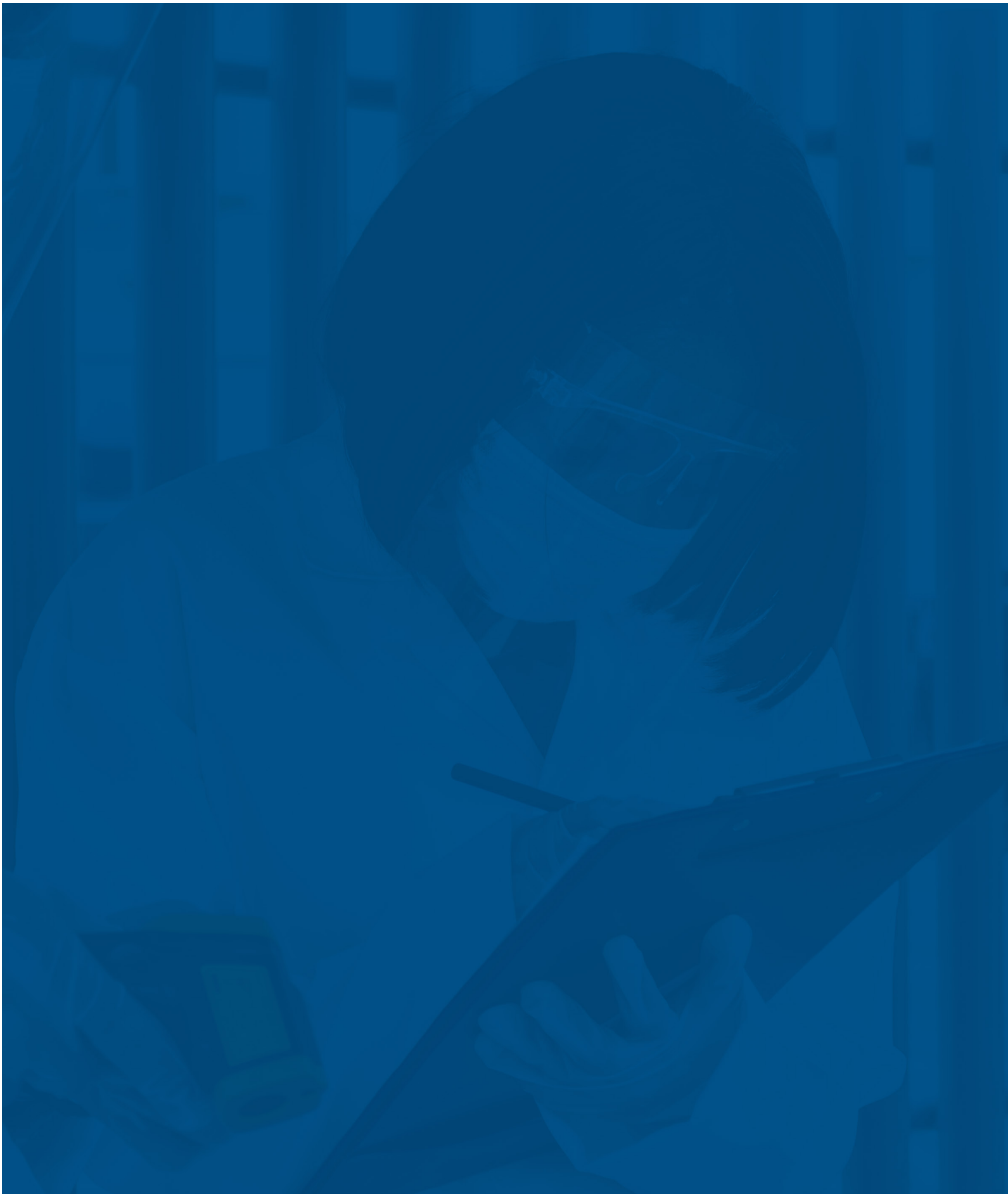
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