

CHOLERA INFOS

World Health Organization | Newsletter (WHO-Cameroon)

FOR A REAL SYNERGY FOR ACTION TO PREVENT AND FIGHT CHOLERA



VACCINATION, AN EFFECTIVE WEAPON AGAINST CHOLERA

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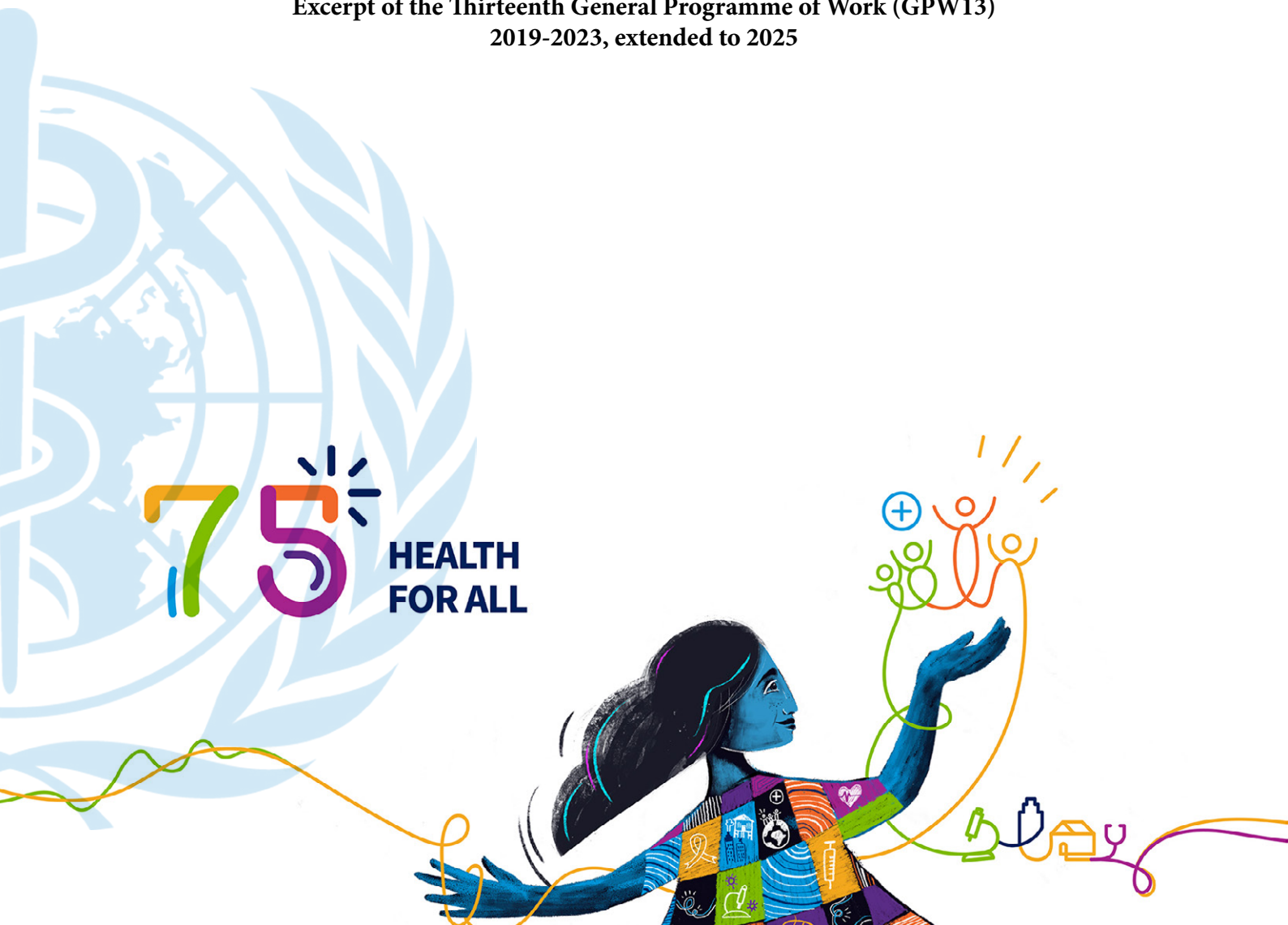
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One billion more people better protected against health emergencies

WHO's strategic priorities and objectives

Excerpt of the Thirteenth General Programme of Work (GPW13)
2019-2023, extended to 2025





WHO and Cameroon, hand in glove
WHO Director-General and Cameroon's Minister of Public Health during the
Seventy-sixth World Health Assembly (WHA76) in Geneva, on 21–30 May 2023





Dr Matshidiso Moeti
WHO Regional Director for Africa, 2 March 2023

“Countries have stepped up cholera control measures and early indications are promising. However, the heavy flooding and cyclonic events in parts of Africa risk fuelling the spread of the disease. We are reinforcing our support to countries to increase disease detection capacity, providing medical supplies and stepping up readiness in regions at risk of flooding”.

The World Health Organization (WHO) calls for coordinated actions against cholera



The World Health Organization (WHO) calls for coordinated actions against cholera of food or water contaminated with the bacterium *Vibrio cholerae*. Studies indicate that, globally, cholera is estimated at over 2.5 million cases and responsible for almost 100,000 deaths a year. Cameroon has particularly gone through several cholera outbreaks since its first case confirmed on 4 February 1971. The current outbreak was declared by the Government in October 2021, and as on 31 August 2023 (Epidemiological Week EW 34), the figures showed 20,282 cases and 481 deaths, a 2.4% case fatality rate. So far, the foremost concern is the persistent cholera cases among communities of the country's two major cities: Yaoundé and Douala.

Since when the Cholera Incident Management System (IMS-Cholera) was activated on 21 October 2021 by the Ministry of the Public Health (MOH), followed by the emergency meeting with partners, WHO has provided technical and financial support along with an estimate 71 tons

of biomedical supplies in the three years of the response. Technical support entailed deploying 19 international and national consultants within WHO-Cameroon Cholera Incident Management System (IMS) to participate in the response, building capacity of over 500 skilled health workers deployed in cholera treatment centres on cholera outbreak management (building capacity of the workforce in WASH, management of patients, Rapid Response and Investigation Teams (RRT) or laboratory) and organizing over 200 Safe Dignified Burials (SDB).

As for biomedical supplies, WHO supported the acquisition of Rapid Diagnostic Tests (RDT) and thousands of management kits to facilitate care of 19,801 patients cured, and the laboratory network equipped with culture kits for confirmation of cholera cases. WHO further provided support equipment for daily actions, including three speedboats for transport to facilitate access to maritime areas, Internet connection via Very Small Aperture Terminal (VSAT) Satellite installed in three health districts with limited coverage of the telephone network in South-West, six vehicles made available to the Littoral, Centre and South-West Delegations in order to support the response at the regional level.

For community actions, WHO got involved in such actions, on the one hand, by promoting hygiene and sanitation measures in over 100,000 beneficiary households, disinfecting hundreds of health facilities and thousands of vehicles, and on the other hand, by communicating risk and stepping up the community engagement through 1,898 community health workers trained and deployed, as well as producing and disseminating visibility materials and communication tools. WHO provided significant support for vaccination campaigns in epidemic countries, including specific settings such as inter alia, refugee camps, internally displaced person sites, prisons, military

camps. A total of over 8 million vaccine doses were administered in 8 regions of Cameroon between January 2022 and August 2023. But it turned out that the overall response to cholera is still very much focused on treating the symptoms, rather than on prevention through investment in hygiene, sanitation and safe water supply infrastructure, the lack of which is limiting efforts to eradicate the disease. This requires change in response with the aim of strengthening a multi-sectoral coordination suitable for reducing risk factors and the spread of the outbreak.

In this respect, in addition to the above-mentioned individual actions, WHO supports negotiation and collaborative efforts for multi-sectoral interventions against cholera. WHO calls for a coordinated action against such age-old and re-emergent disease. Thus were established frameworks for political dialogue or consultation platforms between sectors, the most critical being: i) the commitment made by Cameroon to eradicate cholera by 2023 during the meeting held on 9-11 November 2022 at Hilton Hotel; ii) the first cholera Intra-Action Review (IAR) organized in March 2023, which helped highlighting the response strengths and weaknesses and especially building on the lessons learnt along with identifying best practices; iii) advocacy meeting against cholera held on 15 June 2023 at WHO-Cameroon premises with the participation of some thirty partners on all sides; iv) consultation meeting to improve the cleanliness in the city of Yaoundé organized by the Mfoundi SDO's Office on 24 May 2023, and which brought together sector services from MINEE, MOH, MINDDEVEL, MINCOM, Regional and Local Authorities (RLA), HYSACAM, media, civil society organizations (CSOs), international Organizations (UNESCO, UNICEF WHO) ; v) the symposium on cholera organized by the Centre Delegation on 02 June 2023.

Following this first phase of multi-sectoral consultations, there is room for hope since many projects are underway, as is the one improving access to safe water in major city councils. This is known through the slogan "End Thirsty by December 2023" adopted on 30 June 2023 by the Ministry of Water Resources and Energy (MINEE), when visiting, along with CAMWATER, the site of the Drinking Water Supply Project for the City of

Yaoundé and its Surroundings from Sanaga River (PAEPYS), with an implementation rate of 97% despite some social constraints.

This project aims at supplying to the populations almost 300,000 m³ of water a day, by means of 348 km of pipes and 29,248 connections for individuals. This safe water supply project is scheduled to be delivered in 2024.

Based on this hopeful note, the World Health Organization, in the light of its vision of one billion more people better protected against health emergencies, provided funding for the drafting of the cholera eradication plan by 2030 and the drafting of the multi-year vaccination plan (a five-year plan). In the same vein, the Representative Office of WHO-Cameroon wishes to reiterate its sincere thanks to all other partners who help to enhance the Organization capacity to provide support for government actions and community well-being.

Dr Phanael Habimana,
WHO Representative in Cameroon



FUND-RAISING AND THANKING PARTNERS



Fund-raising for the fight against cholera in Cameroon, 2021- 2023

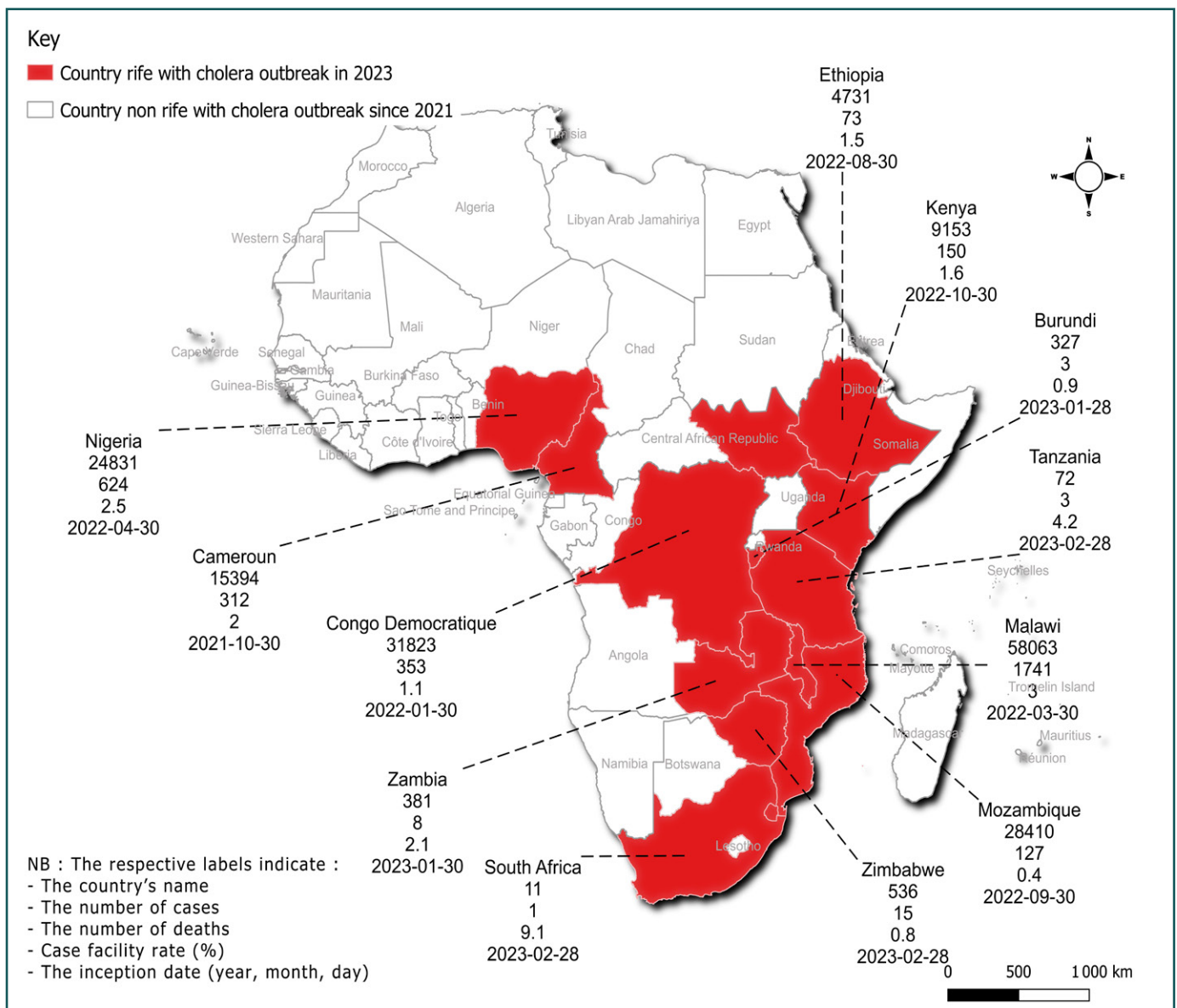
The funds used to support the response were largely provided by GAVI for 3,664,653 USD, Contingency Fund for Emergencies (CFE) for 956,425 USD, Central Emergency Response Fund (CERF) for 529,989 USD and WHO/Case Management for 320,000 USD as well as UNICEF/ Water, Sanitation and Hygiene (WaSH) for 754,500 USD granted through the coordination of partners or sector services.



SITUATION OF CHOLERA IN AFRICA AND IN CAMEROON

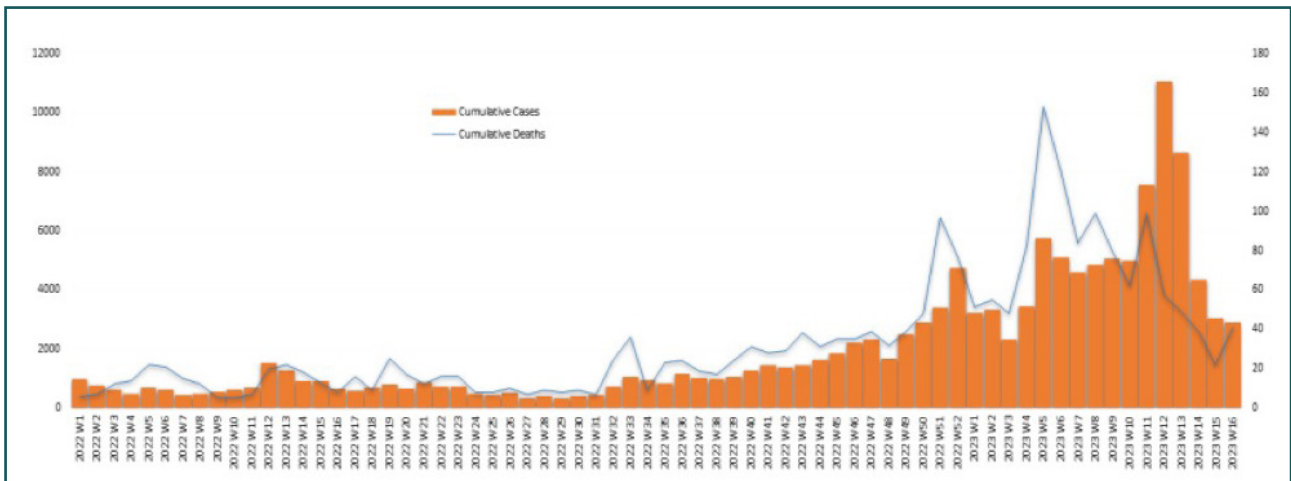
Cholera, the burden for communities in the context of climate change

In Africa



Cholera cases and deaths per country in WHO African region, January 2022-24 April 2023

Overall, WHO considers that 13 African countries (Burundi, Cameroon, the Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Mozambique, Somalia, Syria, Zambia, Zimbabwe, Tanzania, Eswatini) have each experienced, at least, one outbreak since 2021, while 13 other, including Ukraine, Haiti or Afghanistan are experiencing active outbreaks.

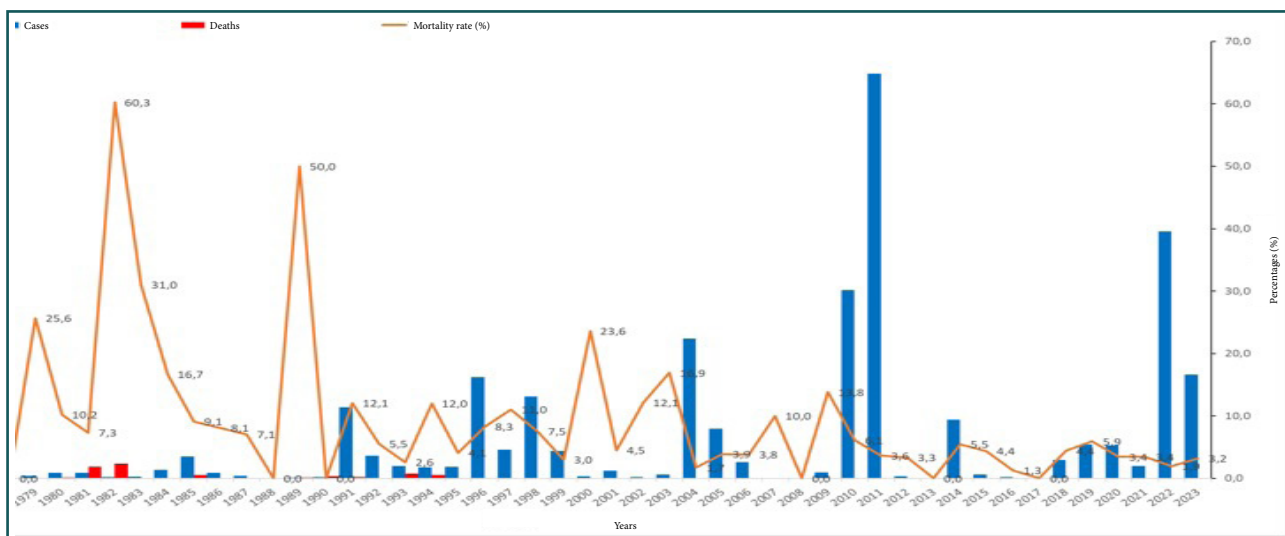


Epidemic curve of cholera cases and deaths per week in WHO African region

In Cameroon

Nationally, the country has a long background of cholera

From the facts of history, Cameroon is riddled by cholera since 1971



Evolution of cholera cases and deaths per year and case fatality from 1971 to 2022 in Cameroon

Looking back over the last fifteen years, Cameroon experienced one of its largest cholera outbreaks in 2011, with 23,153 cases notified and 842 deaths reported, a 3.6% case fatality rate. Following a period of lull characterized by some sporadic epidemic episodes, Cameroon reported a new outbreak in 2014 with 3,355 cases and 184 deaths, a 5.48% case fatality rate. Other sporadic outbreaks occurred between 2018 and 2021. From 2022 to date, there is a continuing increase

in the number of cases, particularly in the two major cities (Douala and Yaoundé) as well as in communities and prisons.

These outbreaks are recurrent and persisting due to poor hygienic and sanitary conditions, lack of access to safe water or uncontrolled urban development.

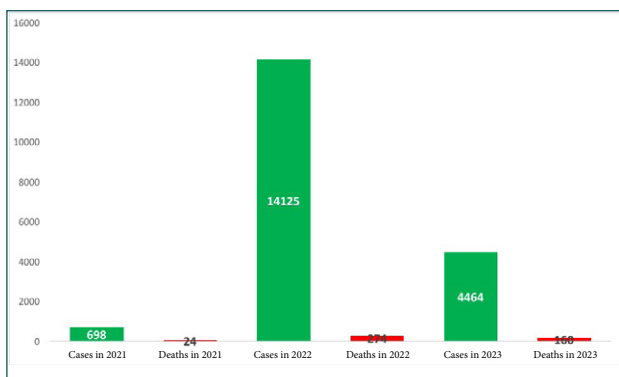


Photo of a group of children washing clothes in a makeshift laundry in the Mballa 5 neighbourhood, Health District of Djoungolo, Yaoundé

Insufficient safe water supply in urban areas, community water point at risk of infection in one neighbourhood of the Health District of Djoungolo

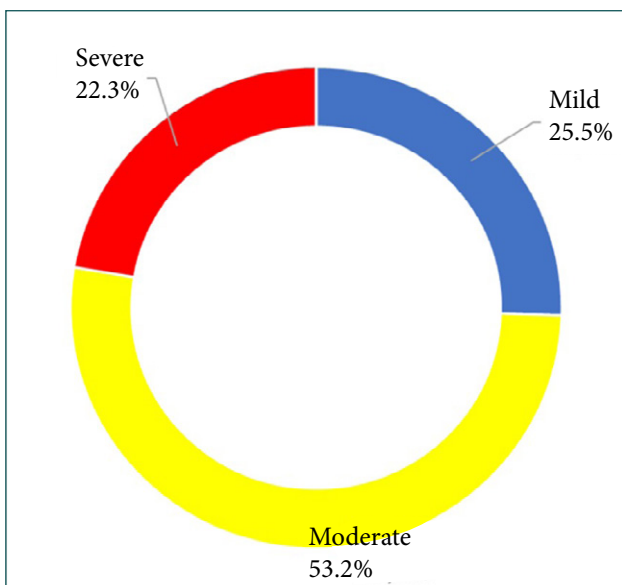


Over the recent years (2021-2023), the resurgence of cholera outbreaks has been in full swing, with peaks in case fatality rate of about 3%.



Distribution of cholera cases and deaths in Cameroon over the past two years (2021-2023)

Cholera case classification shows that there is a large proportion of moderate forms than mild and severe ones. This is a concern for the country health authorities and partners such as WHO



Distribution of cases according to the severity of the cholera infection in 2023 in Cameroon

Some key figures for 2021, 2022 and 2023 disclosed on a comparable basis show a widespread trend of the disease in the country.

REGIONS AFFECTED		
27/12/2021	27/12/2022	30/08/2023
03	08	08

DISTRICTS AFFECTED		
27/12/2021	27/12/2022	30/08/2023
10	62	64

CUMULATED CASES		
27/12/2021	27/12/2022	30/08/2023
499	15 085	20 149

CUMULATED DEATHS		
27/12/2021	27/12/2022	30/08/2023
18	301	481

CASE FATALITY RATE		
27/12/2021	27/12/2022	30/08/2023
3,6%	2,1%	2,4%

CASE MEDIAN AGE		
27/12/2021	27/12/2022	30/08/2023
21 ans	27 ans	28 ans

Cholera in Cameroon, the poignant picture of its prevalence as on 30 August 2023



08 Regions affected including **03** active: Centre, Littoral, South



64 Health Districts affected including **21** active



20282 cases reported



481 deaths reported



Case fatality rate **2,37 %**



4 688 cultures conducted (24.3%), including 1,882 positives, i.e. a **40,1 %** positivity rate



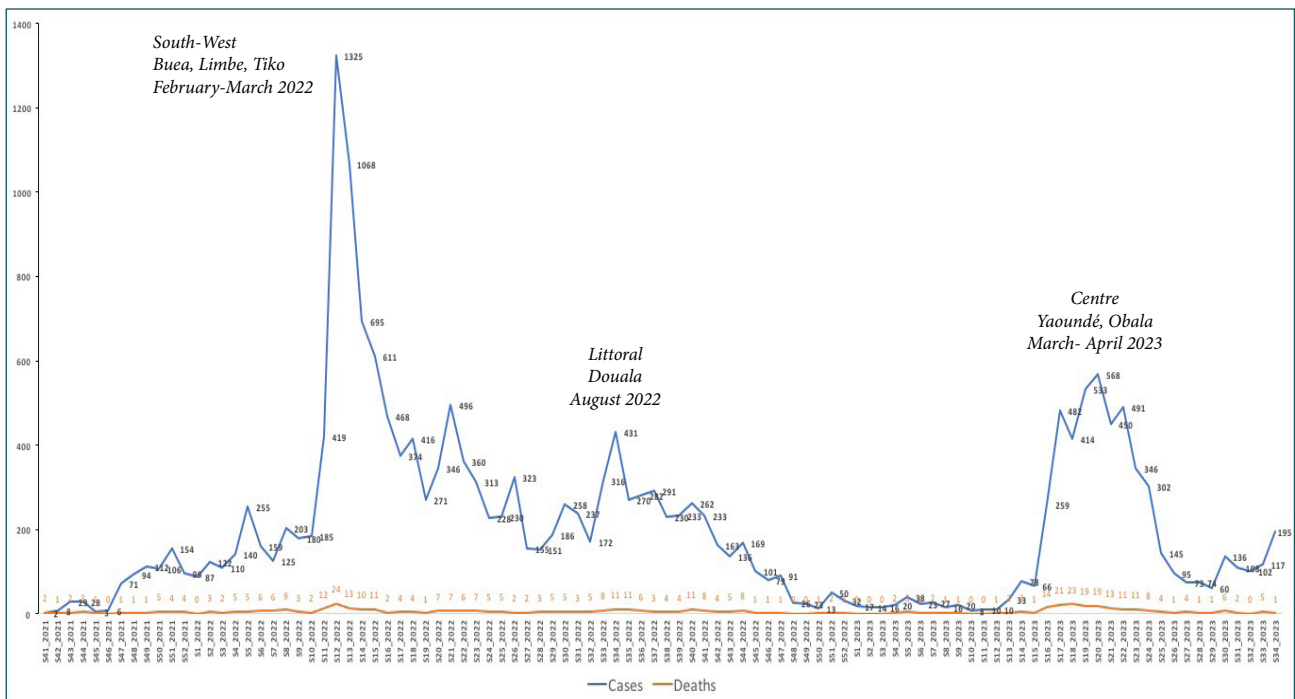
Median age : **28 Years** (1 month-103 years)



M/W sex ratio : **02** sick men for **01** woman

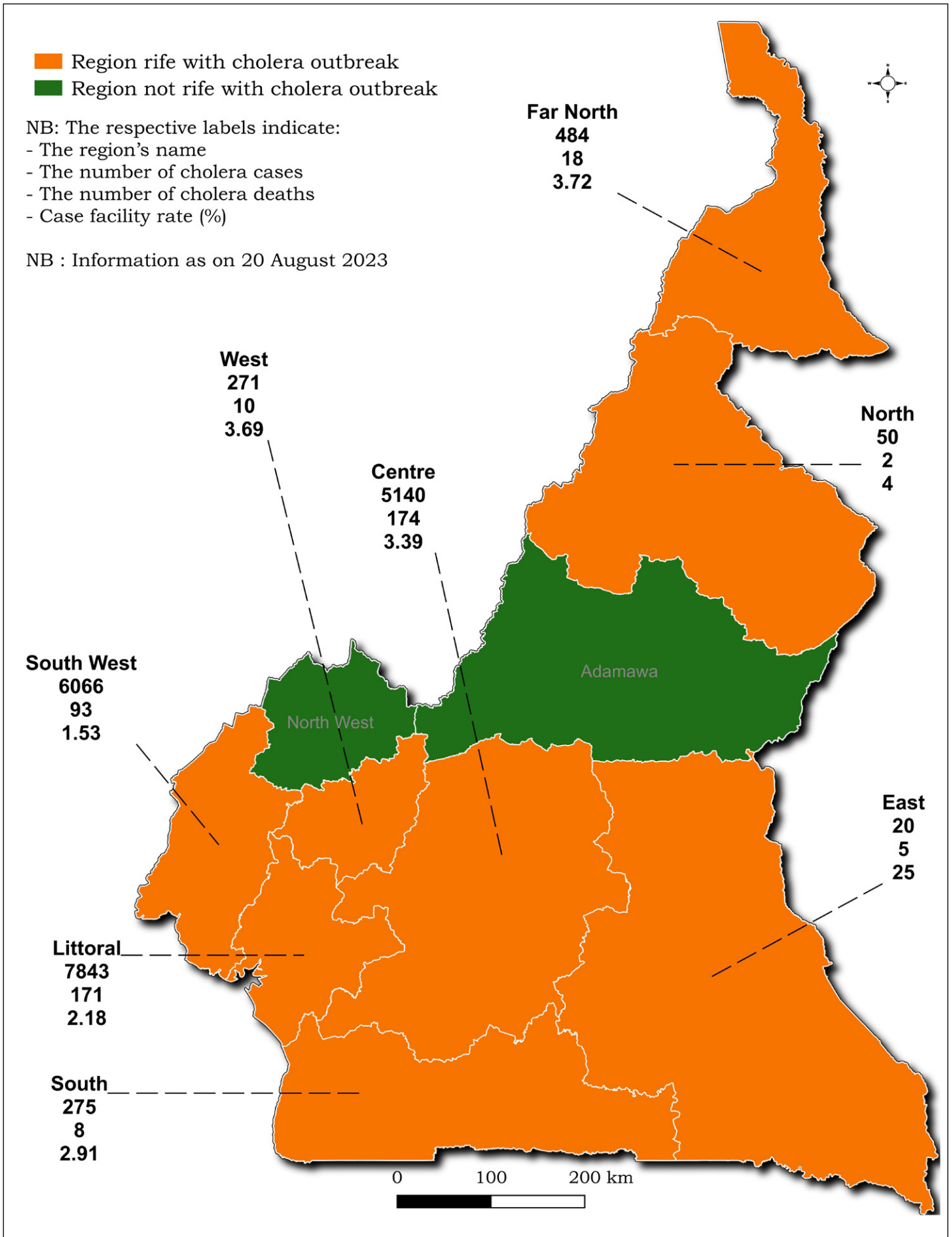
21-30 years, the most affected age group



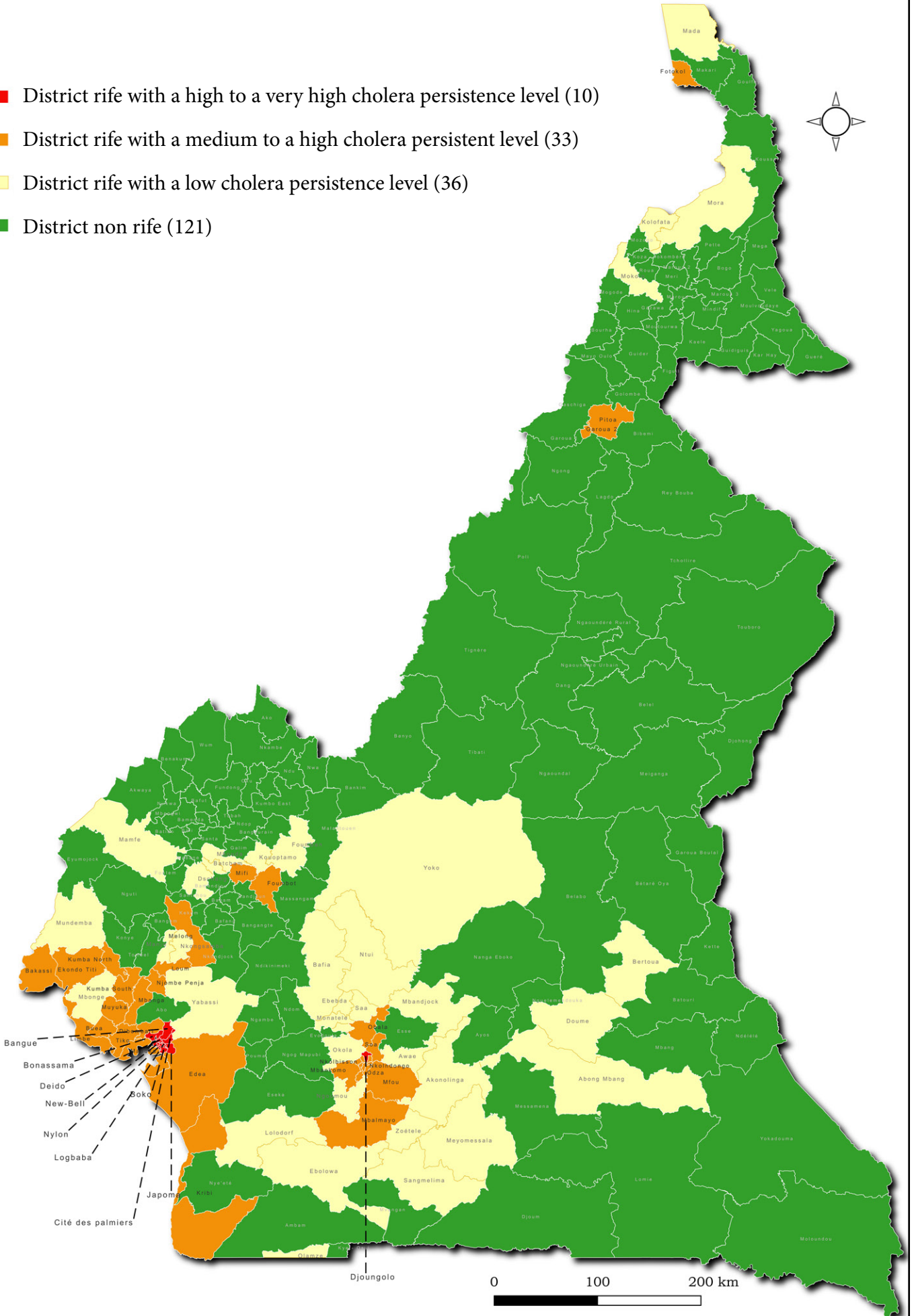


Cholera cases reported weekly between 10 October 2021 (Epidemiological Week 41) and 27 August 2023 (Epidemiological Week 34), in addition to deaths, show repetitive outbreaks, including peaks in South-West in 2022, Littoral in 2022 and Centre in 2023.

An unequal geographical distribution of cases, with Littoral, South-West and Centre at the top



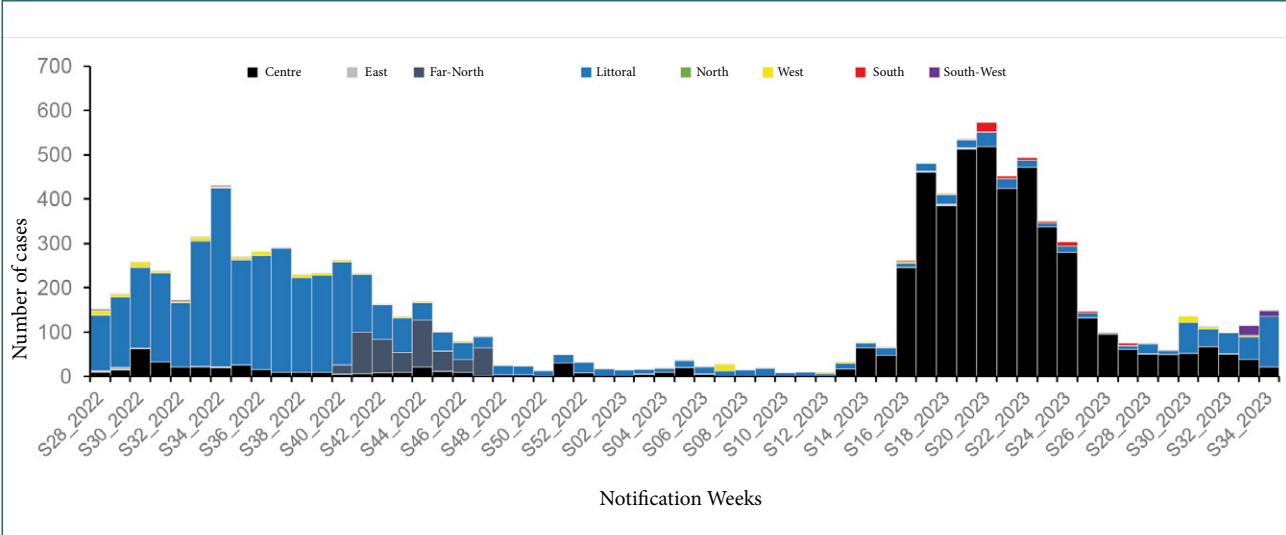
- District rife with a high to a very high cholera persistence level (10)
- District rife with a medium to a high cholera persistent level (33)
- District rife with a low cholera persistence level (36)
- District non rife (121)



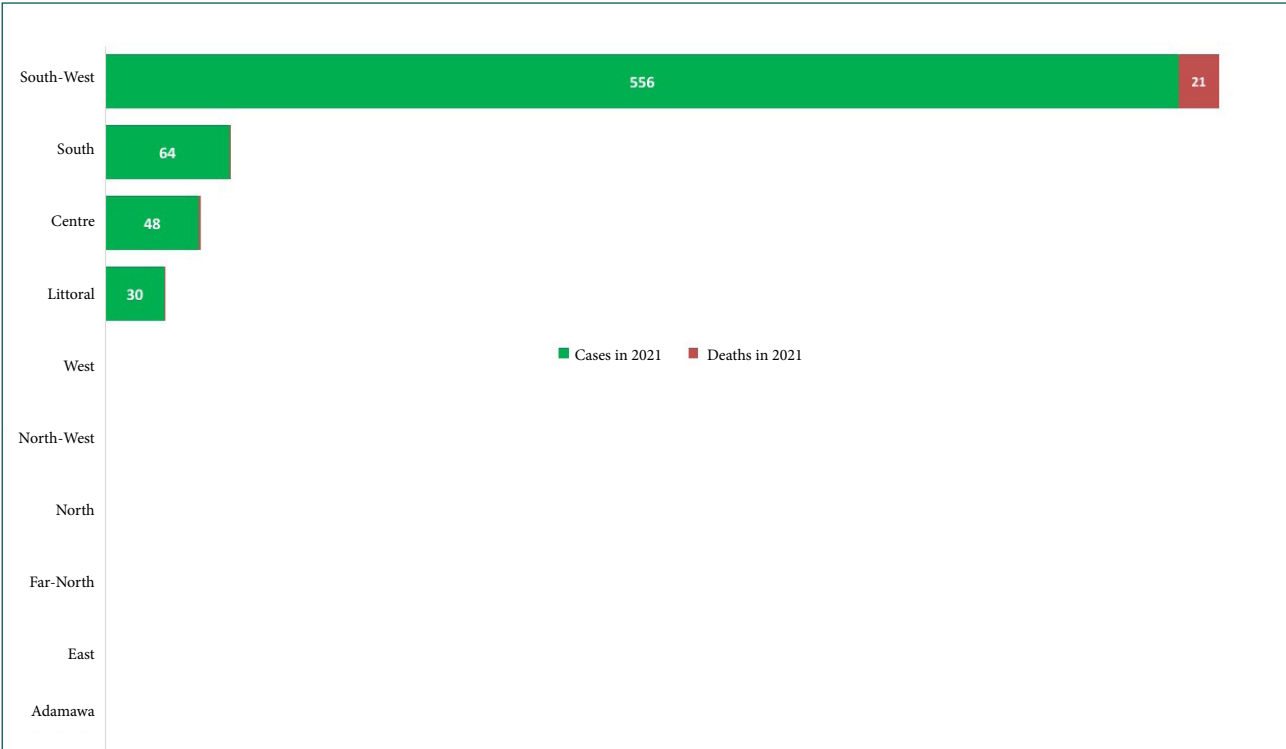
CHOLERA STILL PERSISTS IN THE TWO MAJOR CITIES OF CAMEROON , DOUALA AND YAOUNDÉ

The cholera persistence has been calculated on the basis of the formula used during the cholera hotspot mapping workshop in Cameroon in 2022. It is defined as the proportion of weeks with at least one suspected case reported during a reporting period. This period covers 95 weeks, from 11 October 2021 (Epidemiological Week 41) to 31 July 2023 (Epidemiological Week 34). Thus, districts rated at high to very high in the cholera persistence rating scale reported cases between 48 and 95 week, i.e. **50 to 100%** of weeks during the period. Those rated at medium to high in the cholera persistence rating scale have experienced between 9 and 48 weeks of outbreak, i.e. **10 to 50%**. The third category rated at low in the cholera persistence rating scale experienced between 1 and 9 weeks of outbreak. The last category includes districts which experienced 0 week of cholera cases reported. Fortunately the latter includes the largest number of health districts. But the big concern resides on the fact that the outbreak still persists in the two major cities of the country, **Douala** and **Yaoundé**. The two cities host about ten health districts and polarize the overall national space.

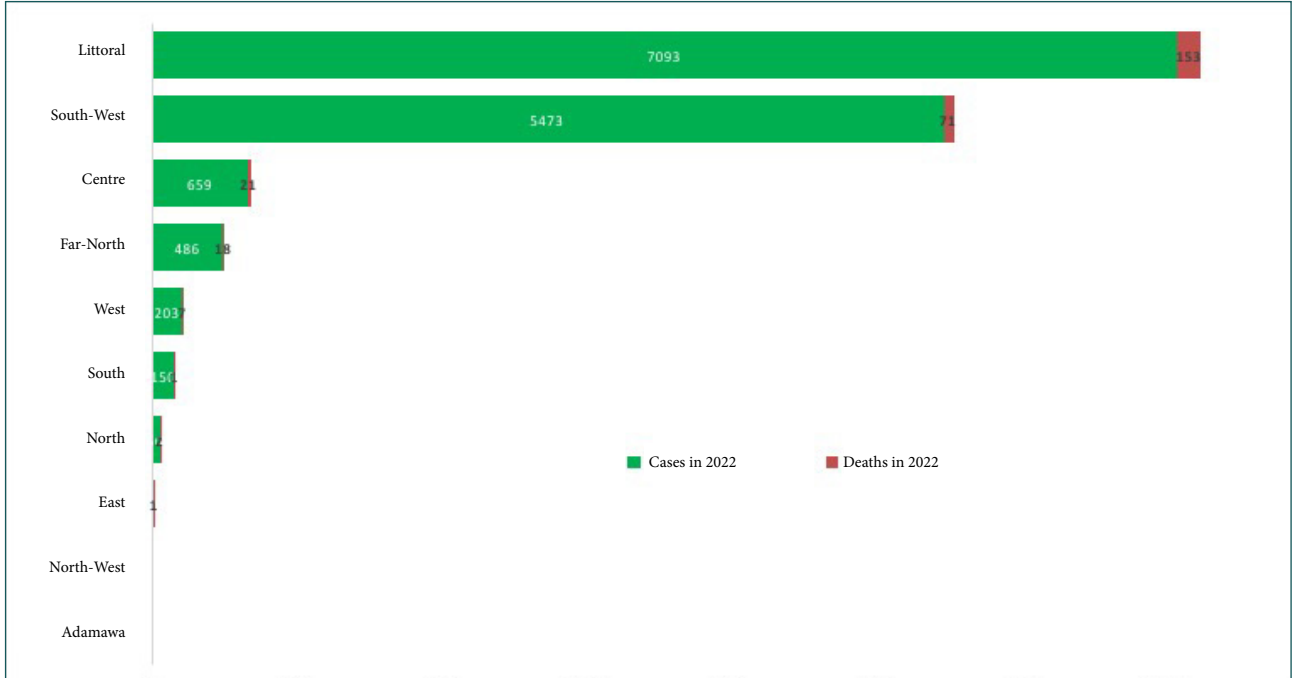
Regionally, 8 in 10 regions are affected since 2022



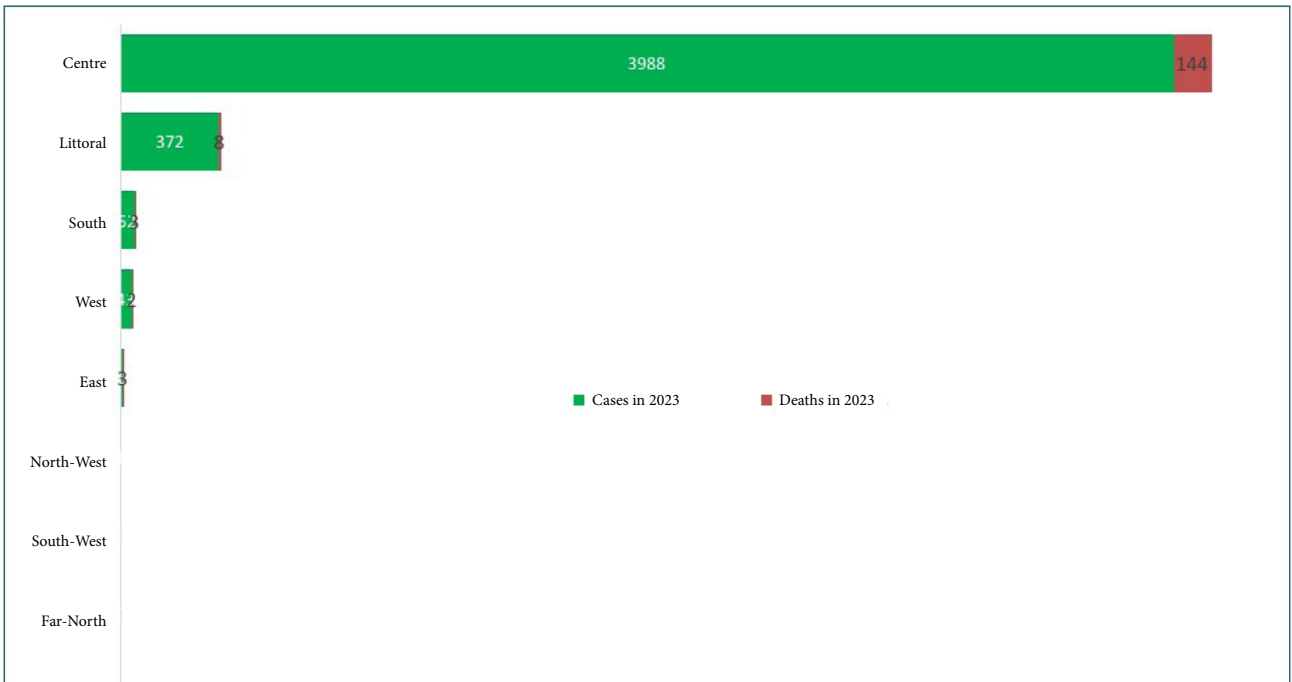
Weekly evolution of cholera cases per region as on 23 August 2023



Distribution of cholera cases and deaths reported per region in 2021



Distribution of cholera cases and deaths reported per region in 2022

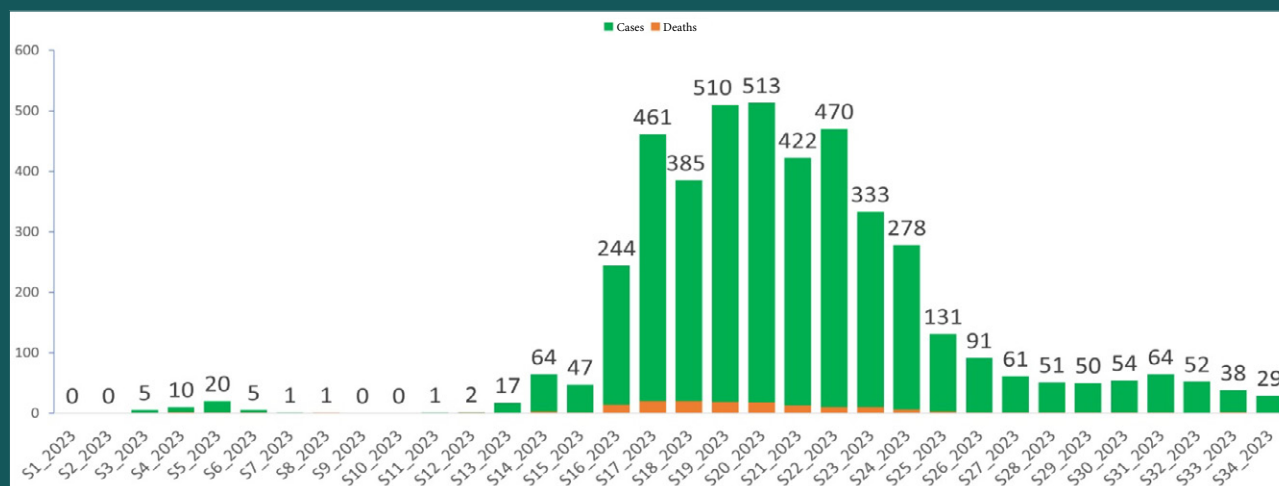


Distribution of cholera cases and deaths reported per region in 2023

At the subregional level

CENTRE REGION

One outbreak too many since 25 March 2023 or the Epidemiological Week 13, there is a big concern in some communities

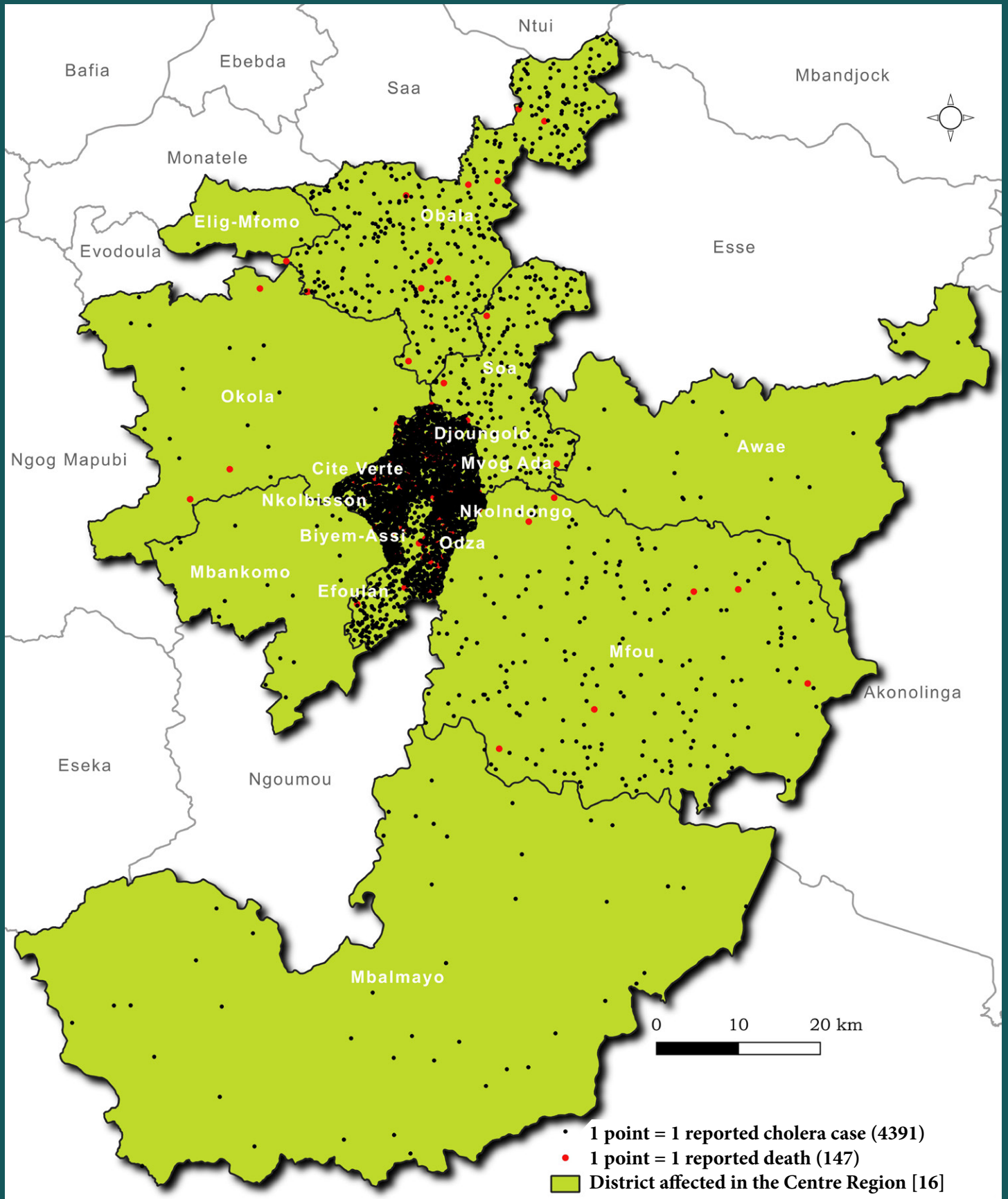


Cholera epidemic curve of the Centre region as on 30 August 2023

16 in 32 health districts of the Centre region have been rife with outbreaks since 25 March 2023.

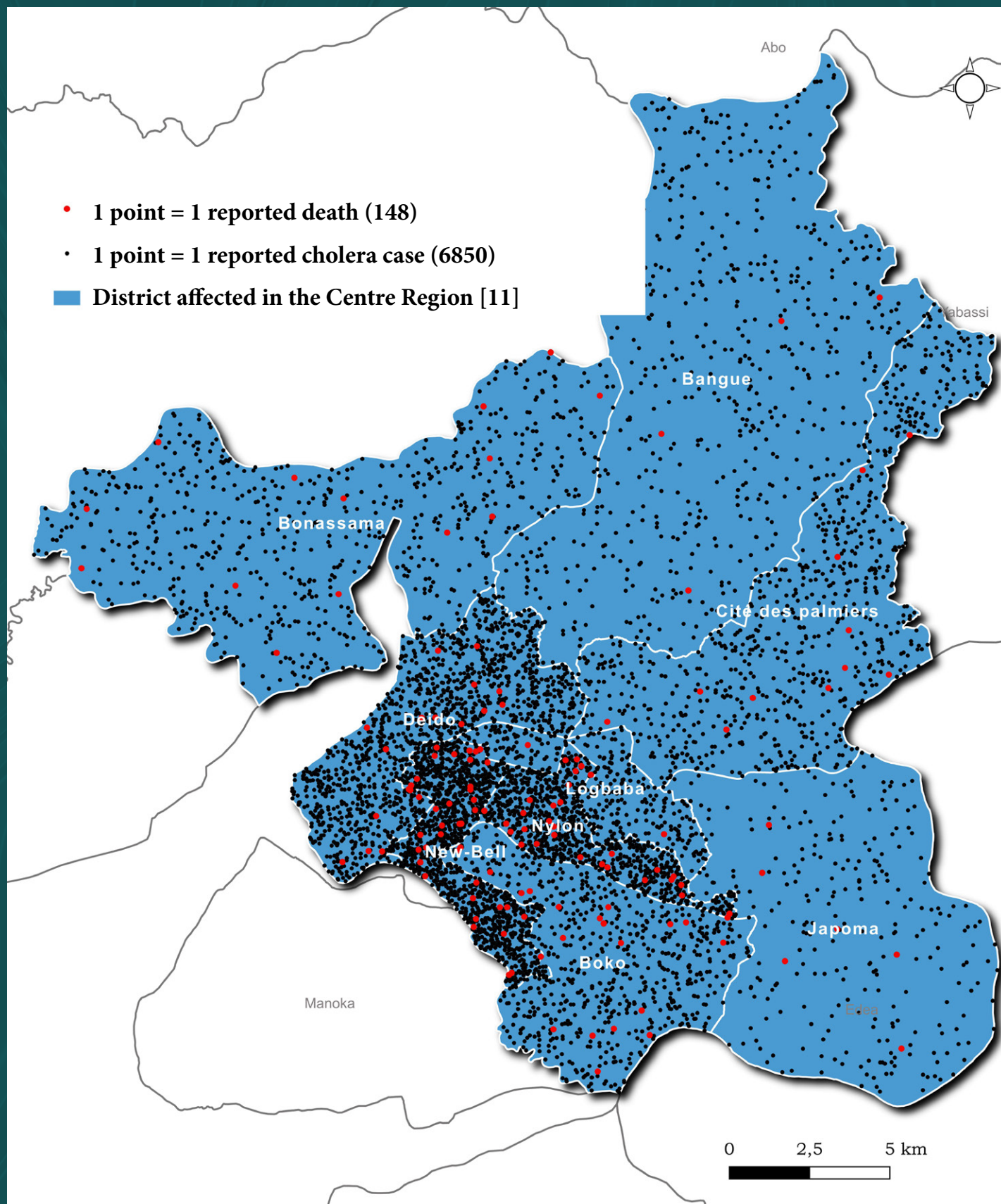
HEALTH DISTRICTS	Period from 25/03/2023 to 27/08/2023		
	Cases reported	Deaths reported	Case fatality rate % (MR)
AWAE	20	0	0,0
BIYEM ASSI	383	20	5,2
CITE VERTE	362	16	4,4
DJOUNGOLO	705	26	3,7
EFOULAN	206	4	1,9
ELIG MFOMO	3	0	0,0
MBALMAYO	45	0	0,0
MBANKOMO	25	0	0,0
MFOU	189	7	3,7
MVOG ADA	442	7	1,6
NKOLNDONGO	654	27	4,1
NKOLBISSON	337	9	2,7
OBALA	363	11	3
ODZA	466	14	3
OKOLA	17	3	17,6
SOA	178	3	1,7
TOTAL/GLOBAL	4391	147	3,3

The Yaoundé metropolitan area at the epicentre of cholera in 2023

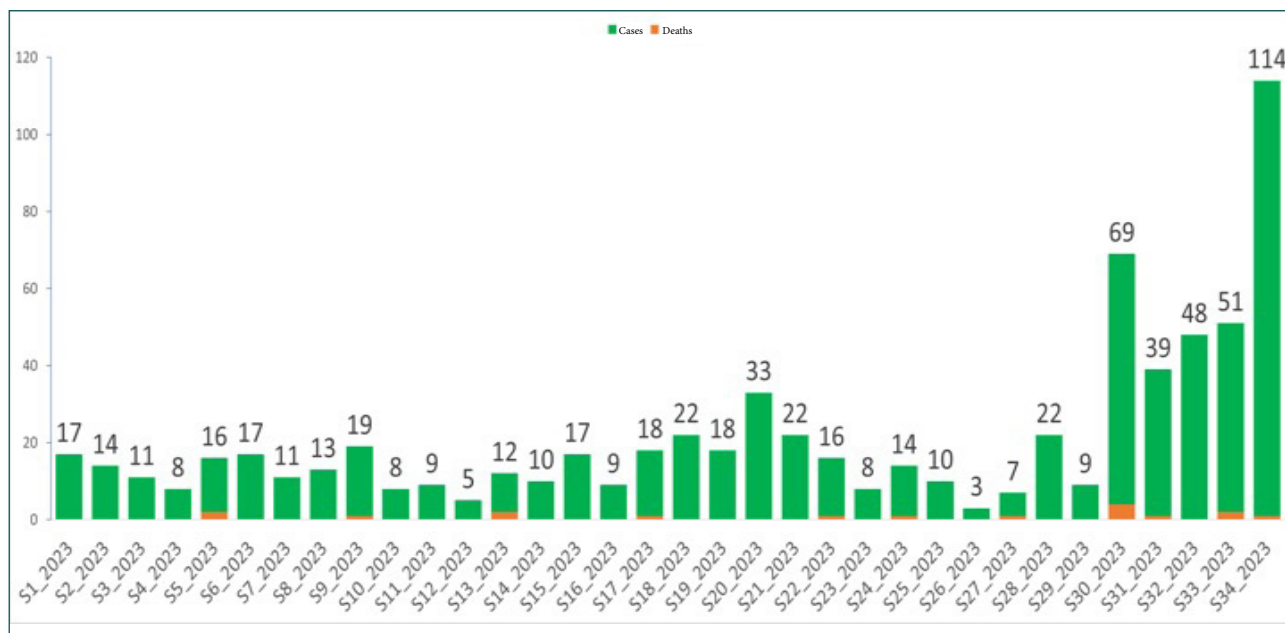


▪ LITTORAL REGION

The Wouri Division, the cholera outbreak centre in the Littoral region



One outbreak too many since 25 March 2023 or the Epidemiological Week 13, there is a big concern in some communities



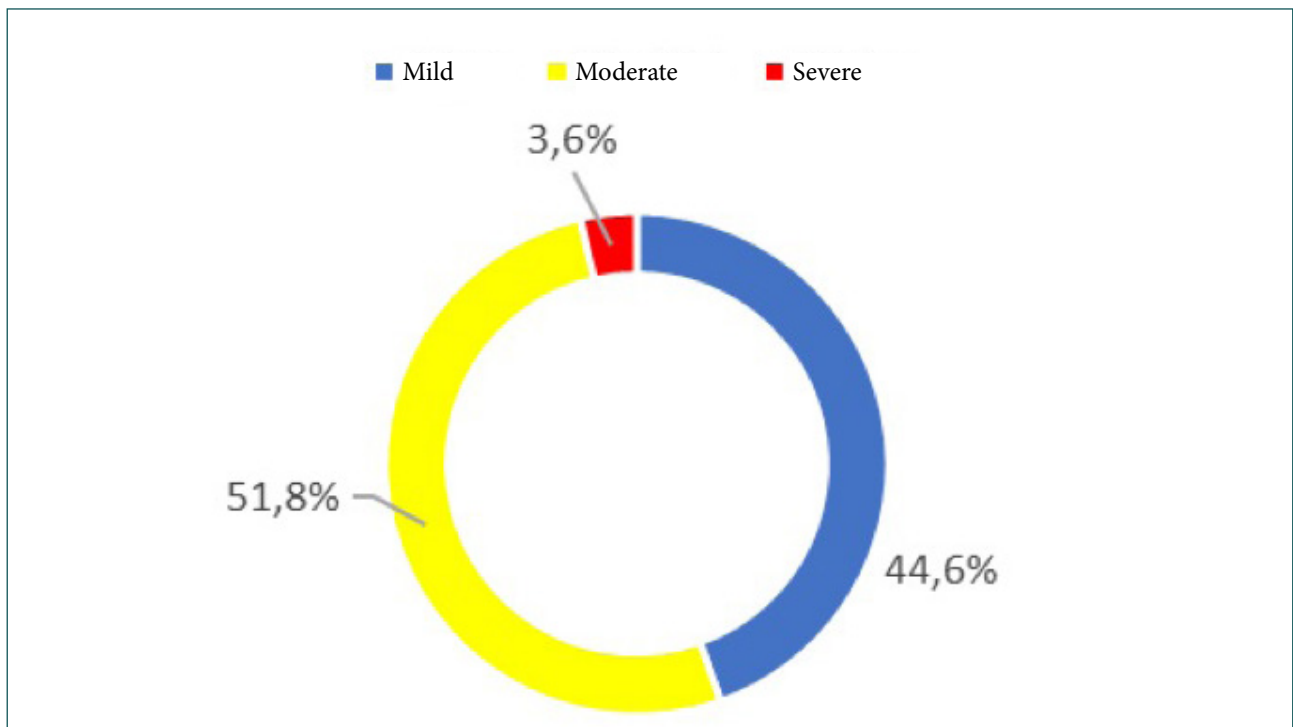
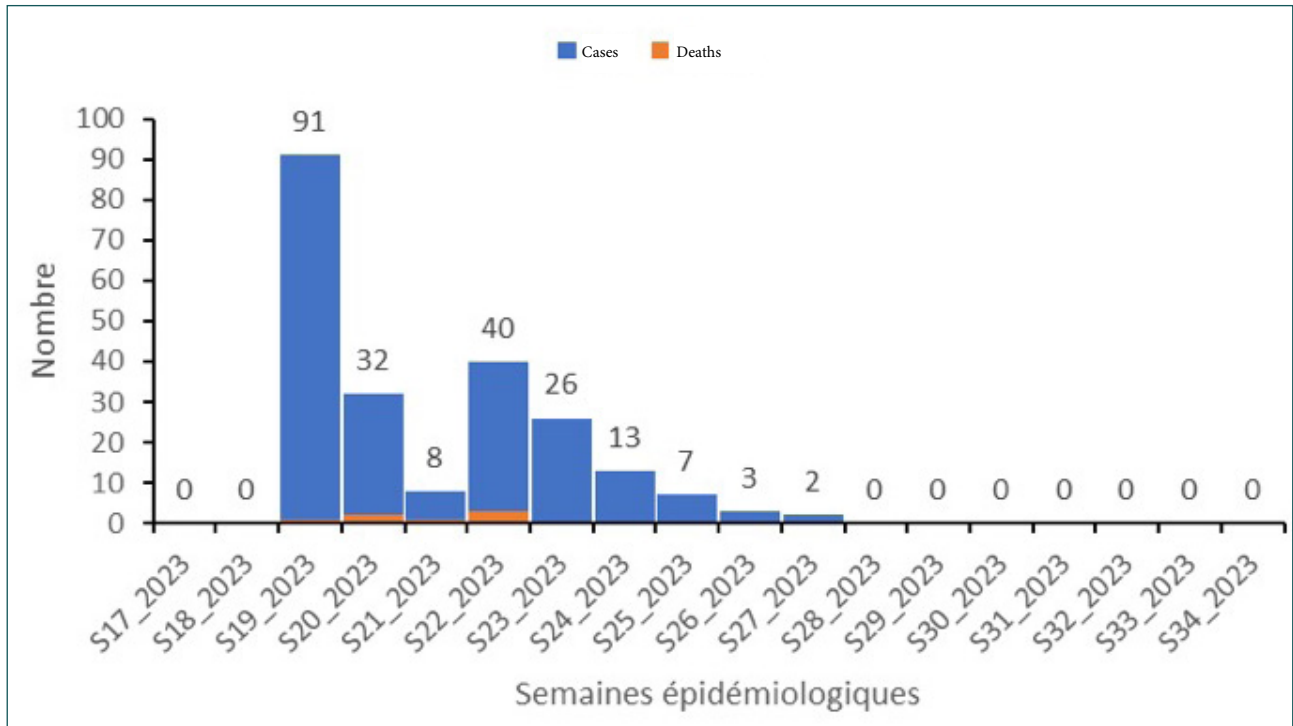
CHOLERA IN SPECIFIC SETTINGS

The Kondengui Central Prison in Yaoundé

Cholera re-occurred within the prison: the Kondengui Central Prison became affected with cholera in May 2023. Between May and July 2023, 220 cases and 7 deaths were reported. This accounts for a 3.18% case fatality rate. The government responded swiftly with the technical, material and financial support of WHO to promptly educe the outbreak.

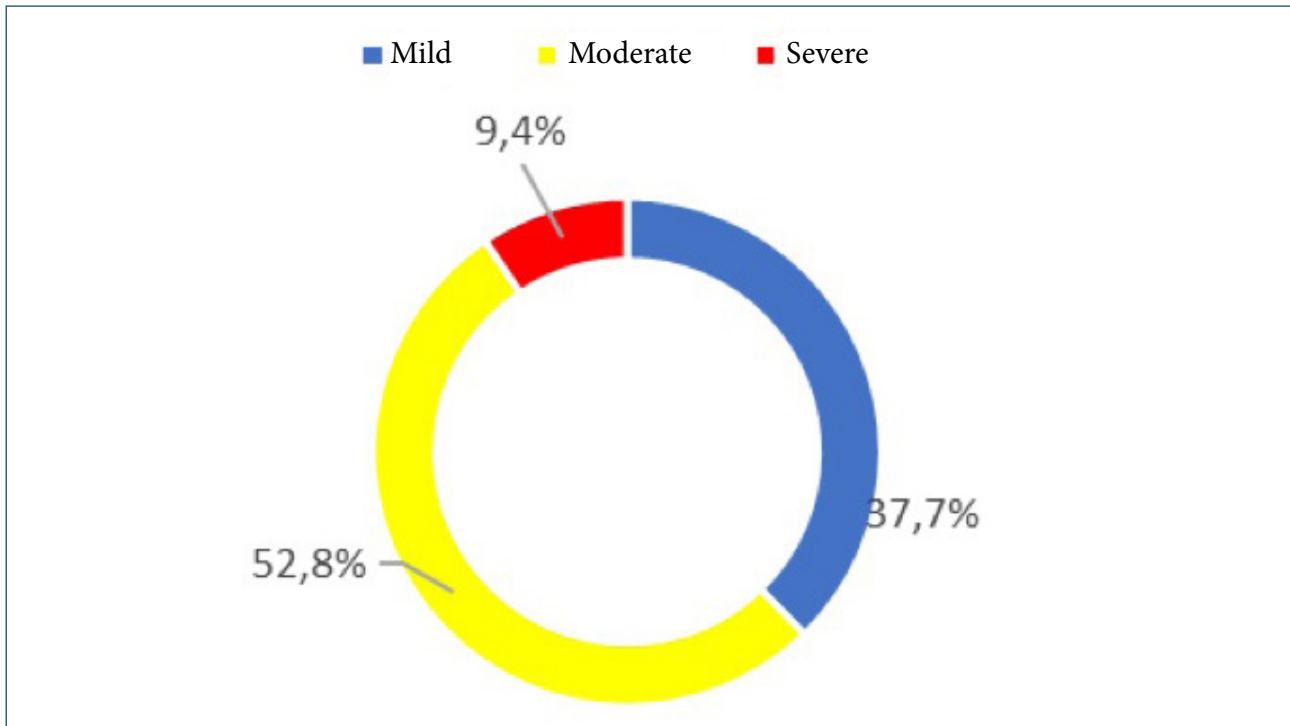


From 11 May to 27 August 2023, 222 cases and 7 deaths were reported (TL 3.15)



The New-Bell Central Prison in Douala

From 14 to 27 August 2023, 53 cases were reported.



Three other specific settings affected with cholera

Cholera has affected three other specific settings or communities. This includes the Military Engineering Corps in Douala where the first cholera case was reported on 1 July 2022 within a camp being home to over 1500 recruits and staff. Also, the “Village de l’amour” at the Jamot Hospital in Yaoundé accommodates about twenty cholera cases reported in 2022. Another is the Minawao Refugee Camp in the district of Mokolo in the Far-North with 133 cases reported.

CHOLERA AFFECTS COASTAL AREAS

The following figure shows the statistics of cumulated cholera cases in coastal areas of Cameroon over the past 5 year, from 2019 to 2023.



Prevention of Cholera

We should regularly
use soap, running water

1



After going to the bathroom



After clean

Cholera kills, preventing

2: the gestures that save wash our hands with water, or ashes

2



Washing our child

3



After taking care of someone with diarrhea

Dial
1510

Prevention is better than curing

CHOLERA RESPONSE COORDINATION, PLANNING AND MONITORING-EVALUATION

A constant advocacy for strengthening multi-sectoral coordination for cholera response

Cholera response preparedness: WHO contributes to laying effective and efficient foundations

Support to the process developing the National Cholera Plan for Control and or Elimination (NCP) in Cameroon

Since two years, WHO has been providing support in coordinating the development of the National Cholera Plan for Control and or Elimination (NCP) of Cameroon. This is a multi-sectoral and comprehensive document that states the country's goal regarding cholera control or elimination and details all aspects of the national cholera control response strategy. In 2022, about 20 countries were targeted in WHO African region, including Cameroon to develop a national plan to eliminate cholera by 2030 following the global control strategy launched in 2017 by the Global Task Force on cholera Control (GTFCC) aimed at reducing by 90% cholera deaths by 2030.

The process started complying with the GTFCC guidance on how to develop the NCP by identifying priority areas for multi-sectoral interventions (PAMIs) or hotspots with a workshop organized in March 2022. It resulted in the commitment of the country to eliminate cholera and the situational analysis focused on the various capacities offer the country potential for planning

cholera outbreak prevention actions or response. To date, the country has achieved the start-up phase aimed at proposing a working schedule and establishing a working group on the basis of 5 pillars identified by the GTFCC along with objectives. The next steps include: i) developing the actual national cholera plan (NCP), including updating the PAMI mapping produced in 2022 within a workshop to be organized; ii) validating the NCP; iii) and endorsing the NCP by the Cameroonian government.

In the aftermath of the NCP development process and at the same time, WHO continues to provide support to the Sub-directorate of Vaccination (SDV) for preventive vaccination campaigns in identified hotspots.

Cholera hotspots identification and prioritization in Cameroon: making use of WHO's methodological guide

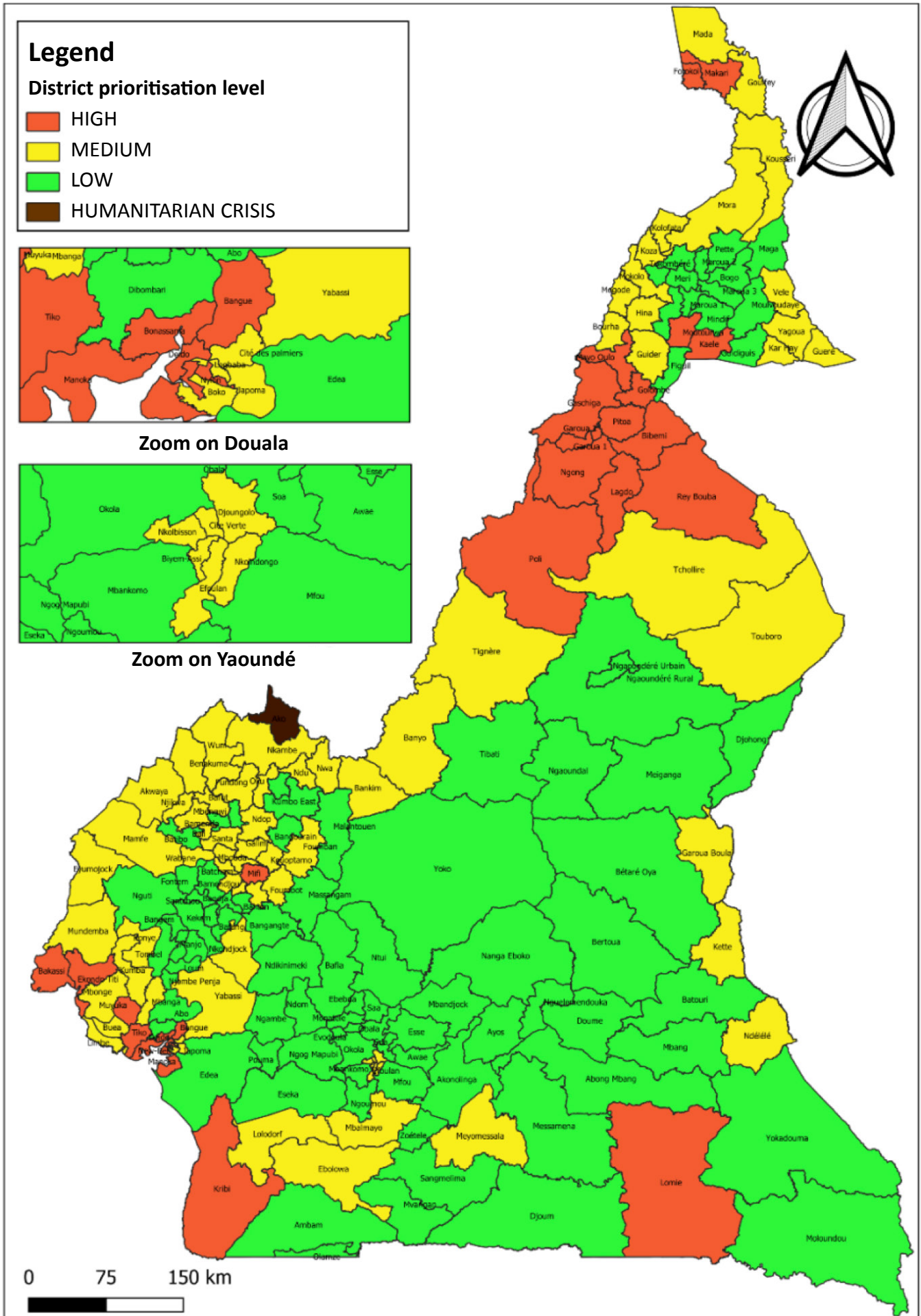


Family photo of facilitators and attendees of the cholera hotspot mapping workshop in Cameroon in May 2022. In the centre and in the foreground, the photo shows the COUSP incident manager and the DLMEP Director accompanied by the staff. The WHO participant can be identified through his vest.

In 2022, the Department of Disease Control, Epidemics and Pandemics (DLMEP) organized a cholera hotspot mapping workshop with the aim to build capacity on the process of identifying and stratifying cholera outbreak areas in Cameroon. The data used included the number of cases, deaths and cumulated weeks from January 2016 to December 2021, i.e. six of data collection. WHO provided its technical support to this workshop both through the participation of WHO's cholera IMS and the methodological guide drawn up by WHO for its Member State. The workshop was an outstanding success among the nearly thirty attendees, capacities of which were built on the process of mapping hotspots or clusters, cold-spots or outliers of cholera. Samples of cholera stratum mappings have been delivered nationally and regionally.



Side view of the hall hosting the cholera hotspot mapping workshop, with a consistent attendee attention given to the process steps. In the foreground of the photo, there is the second WHO participant to the workshop and Incident manager of WHO's cholera IMS, Dr Raoul



Geographical Distribution of the 2022 cholera hotspots identified during the hotspot mapping in May 2022.

The mapping team came up with the number of inhabitants exposed to cholera risks according to severity level. Three levels can be distinguished :

- **Population at high risk (HIGH) :**
5,504,085 inhabitants (20.3%)
- **Population at medium risk (MEDIUM) :**
11 626 921 inhabitants (43%)
- **Population at low risk (LOW) :**
9,945,673 inhabitants (36.7%)

The move towards strengthening the multi-sectoral coordination

Commitment taken by Cameroon in November 2022 to eliminate cholera by 2030



From 2021 to 2023, 5,759,567 USD were mobilized by WHO country Office to support the Cameroonian government efforts in fighting cholera. Furthermore, under the patronage of the President of the Republic, Cameroon took a political and financial commitment to eliminate cholera by 2030. This marked the start-up phase of the development of the cholera elimination plan. Hotspot mapping, situational analysis and inter-ministerial discussions for the country commitment took place.

Photo taken during the country commitment to eliminate cholera by 2030, at the Emergencies Forum in November 2022 at Hilton Hotel. On the far right the WHO Representative in Cameroon, at the centre with a hat the Incident Manager (IM) from the Public Health Emergency Operations Coordination Center (PHEOCC)

The 15th of June 2023 advocacy for resource mobilization against cholera



Family photo during the fund-raising meeting at WHO Office, with in the foreground and from right to left, the WHO Representative, the UNICEF Representative and the OCHA Chief of Operations

Advocacy at WHO country office for the resource mobilization for cholera outbreak response in Cameroon with the involvement of several partners: UNICEF, CDC, ECHO, USAID, IOM, OCHA, UNHCR, IFRC, PAM, ACF, French Embassy, British High Commission, CARE, IMC, PLAN INTERNATIONAL CAMEROON, ACMS, VTCAM.



Photos of various partners who attended the meeting to advocating for fund-raising for cholera outbreak response, on 15 June 2023, meeting hall, Building B, WHO-Cameroon. At the end of the table, in the top photo or in the middle in the lower photo, the WHO Representative in Cameroon, Chairman of the meeting



Cholera Intra-Action Review (IAR), organized from 14 to 17 March 2023, in Mbankomo - Yaoundé



The Various Working Sessions During the IAR



Family photo during the cholera Intra-Action Review (IAR) meeting, held from 14 to 17 March 2023 at United Hotel Mbankomo

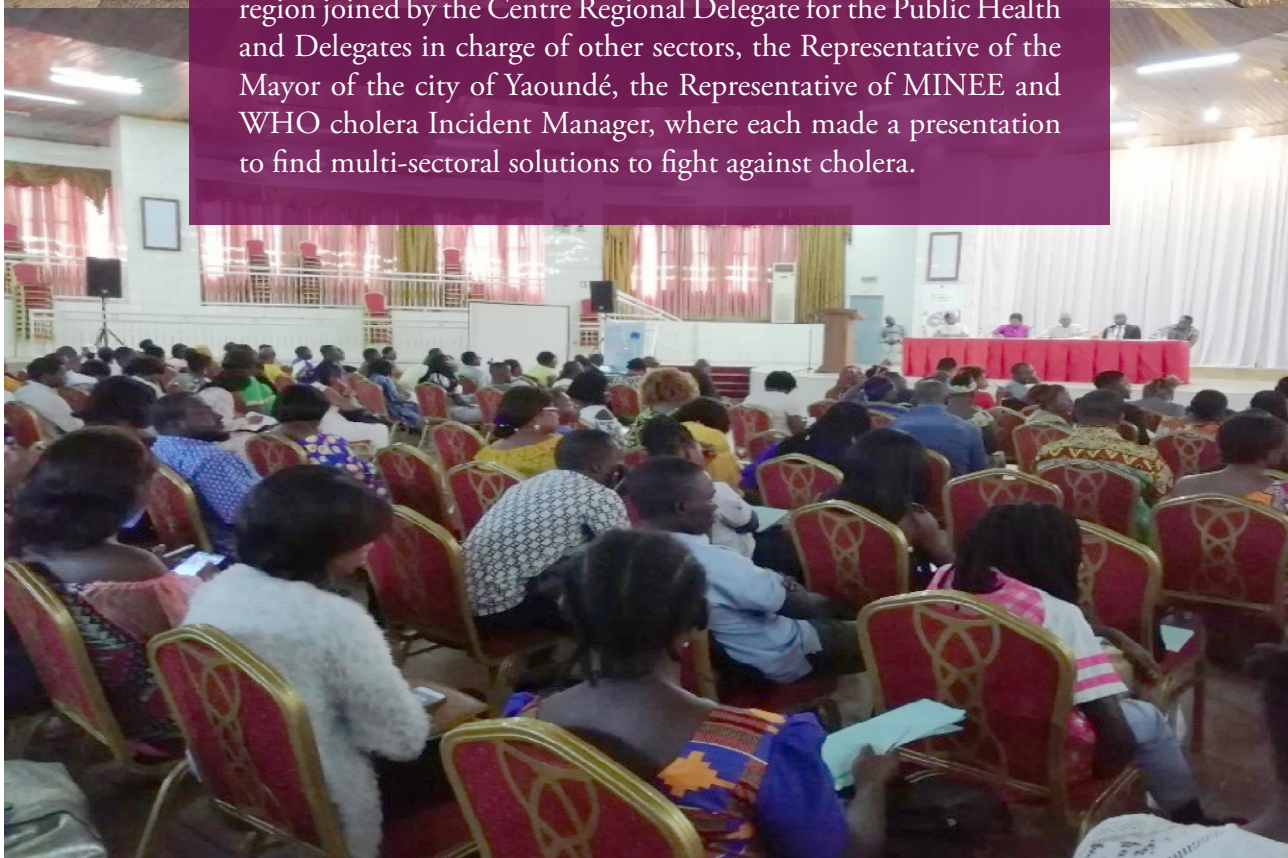
The aim was to carry out a midterm evaluation of cholera management in Cameroon from October 2021 to January 2023 with a focus on good practices and bottlenecks of each pillar in order to take corrective actions and to better organize cholera preparedness and response in Cameroon.

In this regard, the organizers performed the following: i) evaluating the strengths, weakness, threats and opportunities in the light of each pillar of the cholera outbreak management; ii) identifying good practices and challenges in cholera outbreak management in Cameroon; iii) sharing and capitalizing lessons learnt from cholera outbreak management in Cameroon; iv) devising corrective measures to take up challenges and to perpetuate good practices in cholera outbreak management in Cameroon; v) developing short- and mid-term corrective plans which can be used as an advocacy tool for improving further the management of other cholera outbreaks in Cameroon.

Symposium on cholera organized by the Centre Delegation on 02 June 2023



Chaired by the Representative of the Governor for the Centre region joined by the Centre Regional Delegate for the Public Health and Delegates in charge of other sectors, the Representative of the Mayor of the city of Yaoundé, the Representative of MINEE and WHO cholera Incident Manager, where each made a presentation to find multi-sectoral solutions to fight against cholera.



Symposium of 2 June at the Red Cross banquet hall, organized by the Regional Delegate of Public Health

Weekly Coordination meetings are held at all levels: central, regional, at districts and at WHO



A presentation session at a coordination meeting in the Centre region

Response coordination in special populations

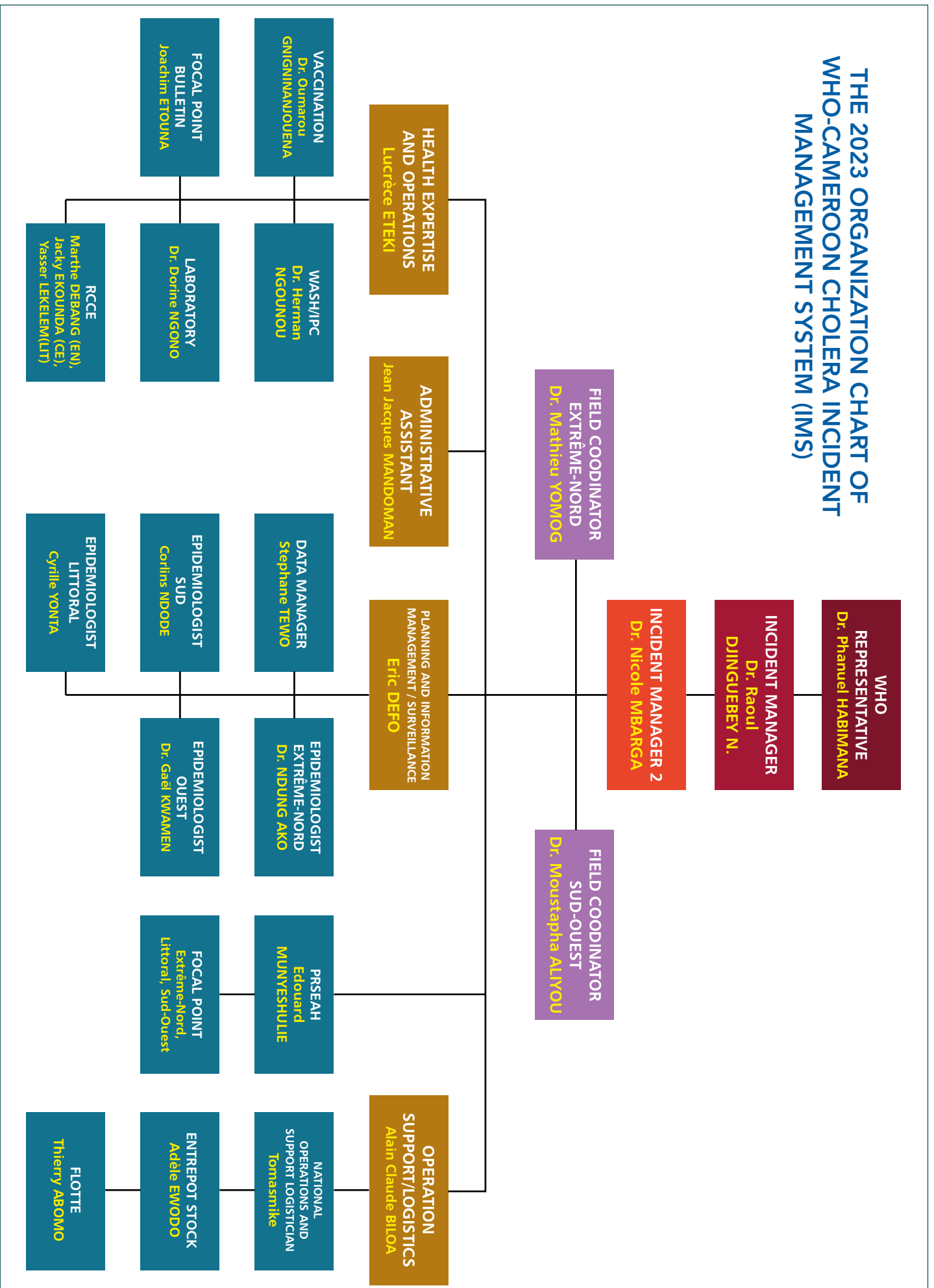
WHO has also provided support to the cholera response coordination among special populations, thus enabling to swiftly control outbreaks in the settings such as: the Kondengui Central Prison in the Centre region, the New Bell Central Prison in the Littoral region, the “Village de l’amour” at Jamot Hospital, the Minawao refugee camp and the internally displaced camps in Mora.

WHO in building capacity of personnel from the regional delegations of public health for coordination: South-West, Centre and Littoral

Due to recurrent outbreaks the South-West region has been experiencing since the inception of cholera, WHO offered training to ensure that each personnel from any Delegation of Public Health masters the fundamentals of public health emergency management, as well as the principles and functions necessary to facilitate the effective preparedness and response to public health emergencies. The training was held from 19 to 23 December 2022, at Fini Hotel in Limbe, with 13 attendees from the Delegation of Public Health for the South-West. The training helped the South-West team to build their coordination capacities.

The IMSs of the Centre and Littoral regions respectively received a 30,040,000 XAF and 34,100,000 XAF

THE 2023 ORGANIZATION CHART OF WHO-CAMEROON CHOLERA INCIDENT MANAGEMENT SYSTEM (IMS)



SURVEILLANCE & LABORATORY

Early detection and rapid referral of cholera cases

SURVEILLANCE



Investigation of cases and sensitization on WASH aspects in the Ebebda health district, Centre region with the DRSPC on 08 February 2023.

Investigations in the affected regions

Investigations of cholera cases conducted in the affected regions enabled interventions to stem the cholera outbreak in communities.



Consultation among team members of the Health Area of Batchenga in the Obala health district, 23 November 2022 with the DLMEP, the DRSPC and the d'Obala district.

Events-based surveillance (EBS), RRI or rapid intervention platform: the EWARS kit deployed in regions affected with humanitarian crisis.

As its name implies, Early Warning, Alert and Response System (EWARS) is a platform designed by the World Health Organization in health or humanitarian emergencies. As a component of this system, EWARS Cameroon has been deployed since December 2019 in the North-West and South-West regions rife with humanitarian crisis as well as in the Far-North and North. As for cholera, the system helps to early detect and rapidly respond in the event of a cholera resurgence among the community.

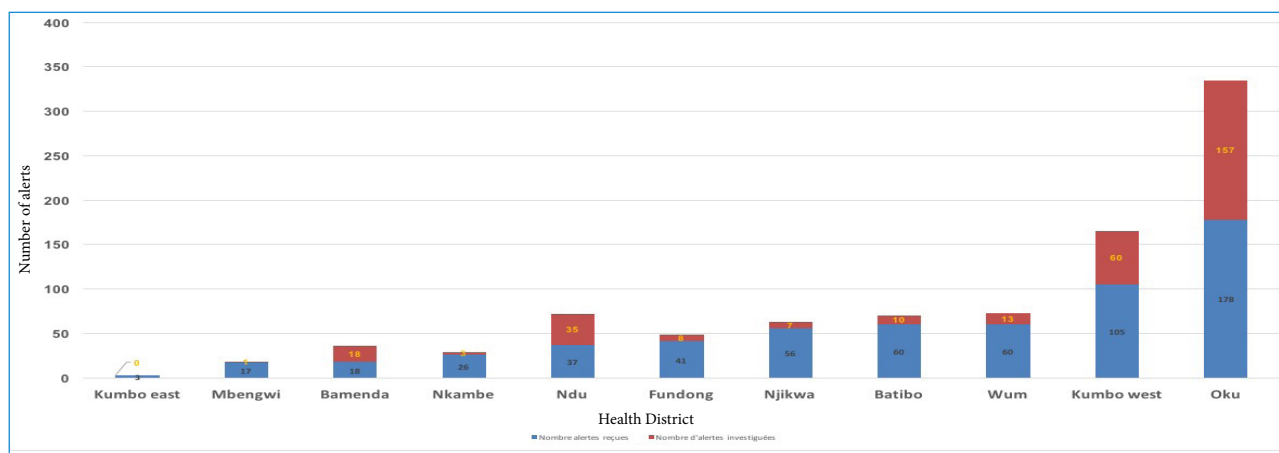
Getting started with such emergency or public health event surveillance (EPHE) tool has entailed building capacities of 409 health workers from the four above-mentioned regions, at the operational level, and other community health workers (CHWs). Also, there has been a briefing on the management of data and line lists as well as data retrieved from EWARS platform.



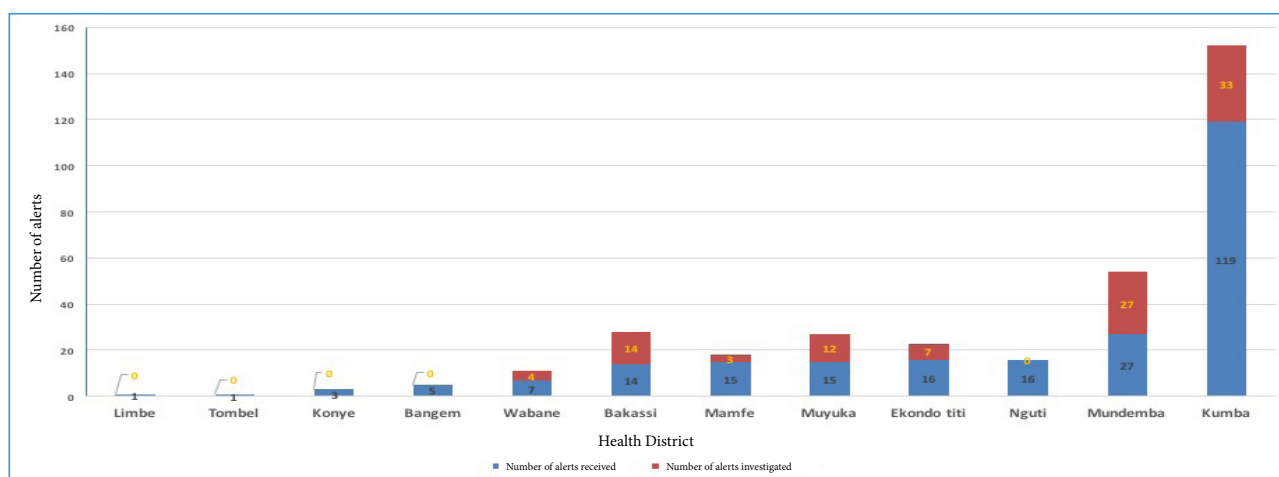
Focus on the photo of facilitators and participants to the deployment and building-capacity workshop on the use of the EWARS platform in the North-West region, 23-25 October 2022.

EWARS Bulletin North West and South-West Region, Cameroon Early Warning Alerts and Response System (EWARS)					
01 January to 31 December 2022					
Important: This bulletin contains EWARS data of the emergency affected North West and South-West region of Cameroon. It combines reporting from mobile clinics and Community Health Workers (CHW) covering 325 health areas.					
Table of contents					
A. Key indicators					
B. Event based surveillance					
C. Data sources					
A. Key indicators					
Surveillance Performance Indicators					
39	325	89 put number you trained	103	0	0
Total number of Health Districts	Total number of Health Areas	Total number of Community Health Workers	Total number of Active Community Health workers	Total number of Mobile clinics	Total number of submissions by Mobile clinics
840	404	400	114	27	66
Total number of alerts	Number of alerts verification completed	Number of alerts verifications pending	Number of outcome response	Number of outcome monitored	Number of outcome discarded

An excerpt from the home page of the EWARS platform deployed for North-West and South-West regions in Cameroon.



Number of alerts received and investigated by the health district in the North-West region further to the first days of EWARS kit deployment.



Number of alerts received and investigated by the health district in the South-West region further to the first days of EWARS kit deployment.

Community-based surveillance, a significant support in reporting cholera cases

To improve the early detection and increase access to care, it is important not to limiting such access only to cases received at hospital, but to also find those treated in communities. WHO supported the training and the management of nearly 1898 community health workers (CHWs) amounting to 150 million CFAF in 7 of the 8 regions affected with cholera. These CHWs support district teams in finding cases actively and their referral to designated health centres, disinfecting homes and public premises (WASH), and sensitizing communities on preventive measures and the identification of any signs of the disease.

Statistics garnered from community-based surveillance and response (CSR) project from 1 March 2022 to 30 July 2023

Regions	Number of CHWs supported by WHO
Centre	200
West	300
Far-North	60
North	133
Littoral	655
South	50
South-West	500
Total	1898

Data and information management: automation of cholera line lists, the WHO initiative

Through health district teams, WHO facilitated the establishment of a cholera data feedback system at the various levels of the health pyramid: treatment centres, health districts, regional delegations and the national coordination. The support to the data feedback was provided in all regions rife with cholera and particularly in the South-West region where an important outbreak affected the health districts of Buea, Limbe and Tiko in March 2022.

In order to improve the quality of data (missing, outlier data or duplication), WHO developed, through surveillance and evaluation expert who was recruited with funds provided by the Global Outbreak Alert And Response Network (GOARN) based at the WHO Headquarters in Geneva, a tool for updating data and producing a dashboard automatically (graphs, table summary tables) reflecting the epidemiological situation as data is transmitted. This new tool has been enhanced with variables on vaccination and laboratory findings.

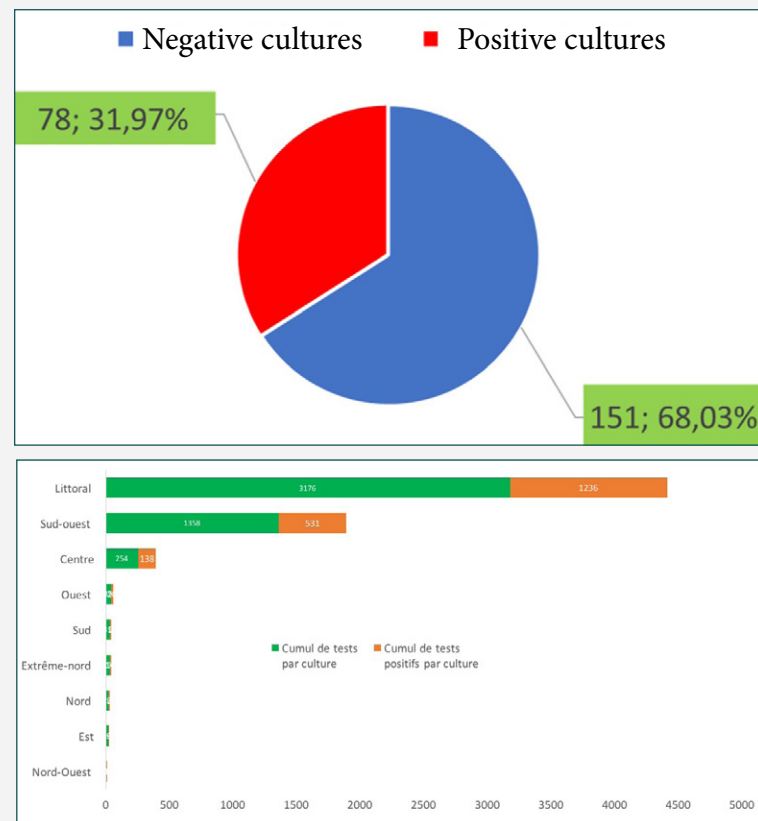
Furthermore, WHO continues to provide support through the deployment of a Data Manager at the Public Health Emergency Operations Coordination Center (PHEOCC). This Manager has been involved in drafting of about fifty national situation reports (SITREPs) and several regional cholera situation reports, which present cumulative and non-cumulative statistics on cholera epidemiology with details right down to the health district level. These SITREPs also show the progress of current operations in the Cholera Treatment Centres/Units (CTC/CTU) and affected communities. The Data Manager also supports building-capacity for health district, regional and central staff in the use of outbreak data collection tools.

LABORATORY

WOH contributed in increasing capacities for cholera confirmation: culture diagnostic tests in four laboratories, in 2022, and seven, in 2023

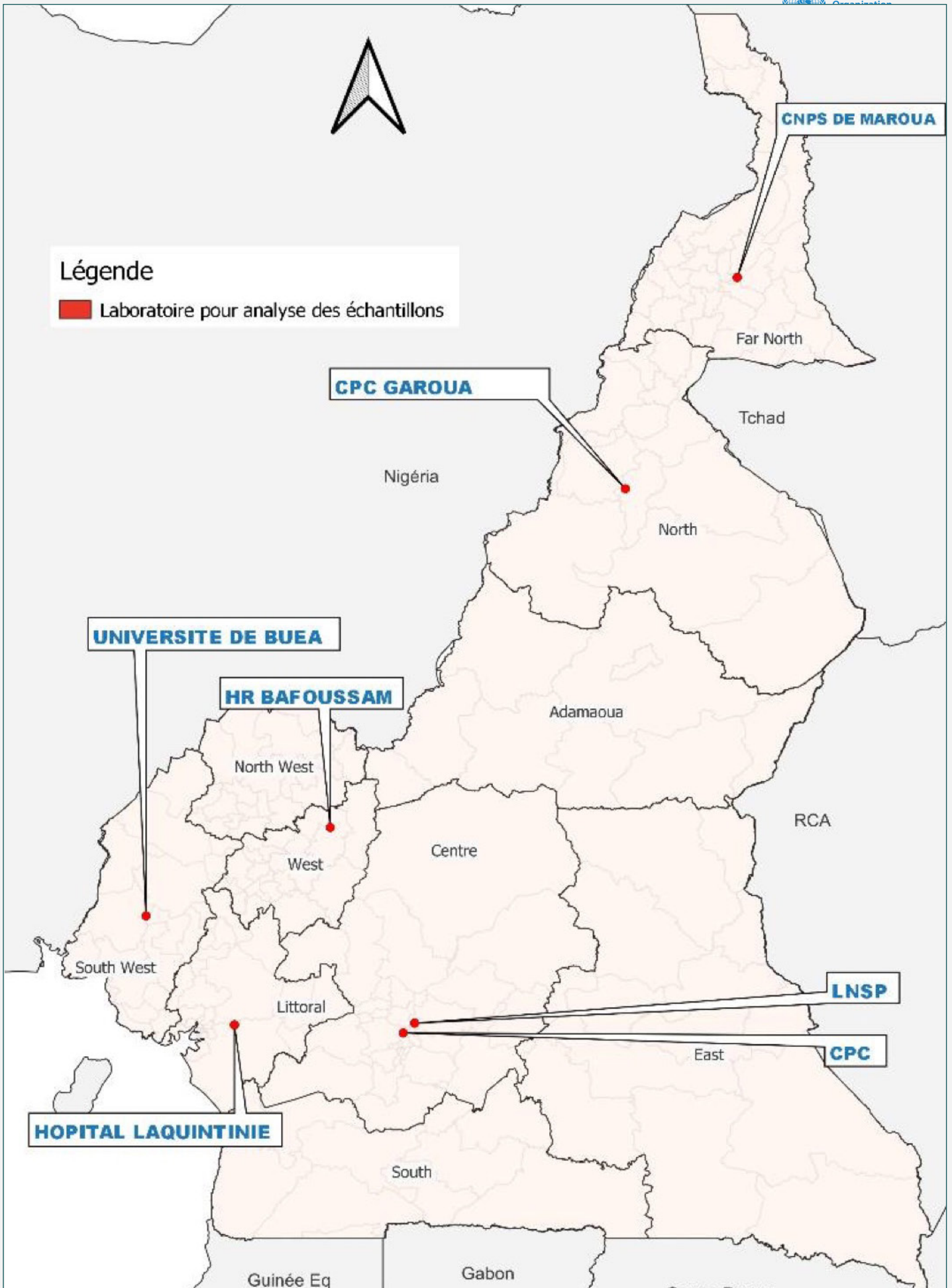
Cholera Laboratory Tests Are Confirmed in 6 Regions of Cameroon

As of 23 August 2023, the cholera confirmation rate by culture increased from 10.2% in 2021 to 24% in August 2023. Further to the above, over 20,000 rapid diagnostic tests (RDTs) have been provided to cholera treatment centres/units in the affected regions. WHO has also equipped the 7 laboratories with about ten laboratory kits.



Distribution of all cholera diagnostic tests carried out according to the region, together with the number of positive results.

Owing to WHO's support in capacity-building of laboratory staff, Cameroon now has nine laboratories in seven regions capable of confirming cholera cases by culture. The support provided by WHO also includes supplying reagents to such laboratories.



Geographical distribution of laboratories performing cholera tests by culture in Cameroon

WHO supports the capacity-building for laboratory staff in: retraining of 18 laboratory technicians and more than 100 health workers on good practices in collecting, storing, transporting and confirming cholera samples.

More than six capacity-building workshops for laboratory staff have been held in the regions rife with the outbreak, with a constant support from WHO, on cholera confirmation by culture. These were the Maroua Hospital in the Far-North, the Garoua CPC in the North, the Bafoussam Regional Hospital in the West, the Laquintinie Hospital in the Littoral, the Yaoundé CPC and the LNSP in the Centre, as well as the Laboratory of Emerging Infectious Diseases at the University of Buea in the South-West. In addition to the above, workshops were held in the two regions rife with the highest number of cases, the Centre and the Littoral.



A view of the staff of the Laboratory of Emerging Infectious Diseases at the University of Buea in the South West region on a cholera test bench in May 2022.



Laboratory staff during a practical session on handling cholera test samples



Besides laboratory staff, WHO supported the training of over 100 health workers from cholera-risk health districts in the 10 regions in good practices for collecting, transporting and storing cholera samples, and in the use of rapid diagnostic tests.



Family photo of the workshop to familiarize staff from the 10 regions of Cameroon with good practices in cholera sample management, in Douala, Littoral region, in May 2022

REPUBLIC OF CAMEROON
NATIONAL CAMPAIGN TO PREVENT AND FIGHT AGAINST CHOLERA

HOW TO AVOID CHOLERA

- By washing hands with clean water and soap or ash wood

After using toilet



Before and after meals



- By using latrines to pass stool or dispose of the patients' vomit and stools previously disinfected in chlorine water or camel water;



- By exclusively using potable water for:

- Drinking and cooking;
- Washing dishes, pots and kitchen utensils;
- Washing raw food before eating or cooking them.



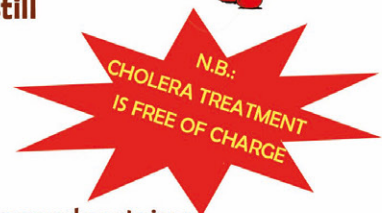
- By eating thoroughly cooked food while it is still

- By purifying any suspicious water (well, river, rain water...)



Water purification by boiling

- Decant the water (allow it to settle);
- Collect the clean water;
- Keep the boiled and cooled water in a clean covered container, preferably one with a narrow neck (can, drum, ...) where it is not possible to dip the hand or a cup;
- Re-oxygenate the water by shaking it for at least 2 minutes.



Water purification by using camel water

- Decant the water (allow it to settle);
- Collect the clean water and add one teaspoon of camel water for 20 litres of water to be treated;
- Keep the boiled and cooled water in a clean covered container, preferably one with a narrow neck (can, drum, ...) where it is not possible to dip the hand or a cup;
- Wait for 30 minutes before drinking it.



- By disinfecting the patients' stools and vomit in chlorine water at 1% or liquid camel water at 8% or 9%, diluting 1 volume of camel water for 5 volumes of water, that is: for one cup of camel water add 5 cups of water;

- By boiling or disinfecting the patients' clothes, beddings and objects;

- BY STRICTLY OBSERVING ALL MEASURES TO BE TAKEN IN CASE OF DEATH

N.B.: CHOLERA TREATMENT IS FREE OF CHARGE



CLINICAL MANAGEMENT

Increasing attention to cholera patients



Family photo during the health personnel training in the five health districts of Logone and Chari on cholera management, Kousseri, from 27 to 30/12/2022

Briefing of the health personnel on the cholera case management

More than 64 health districts have received from briefings for health staff on the diagnosis and management of severe cholera cases.

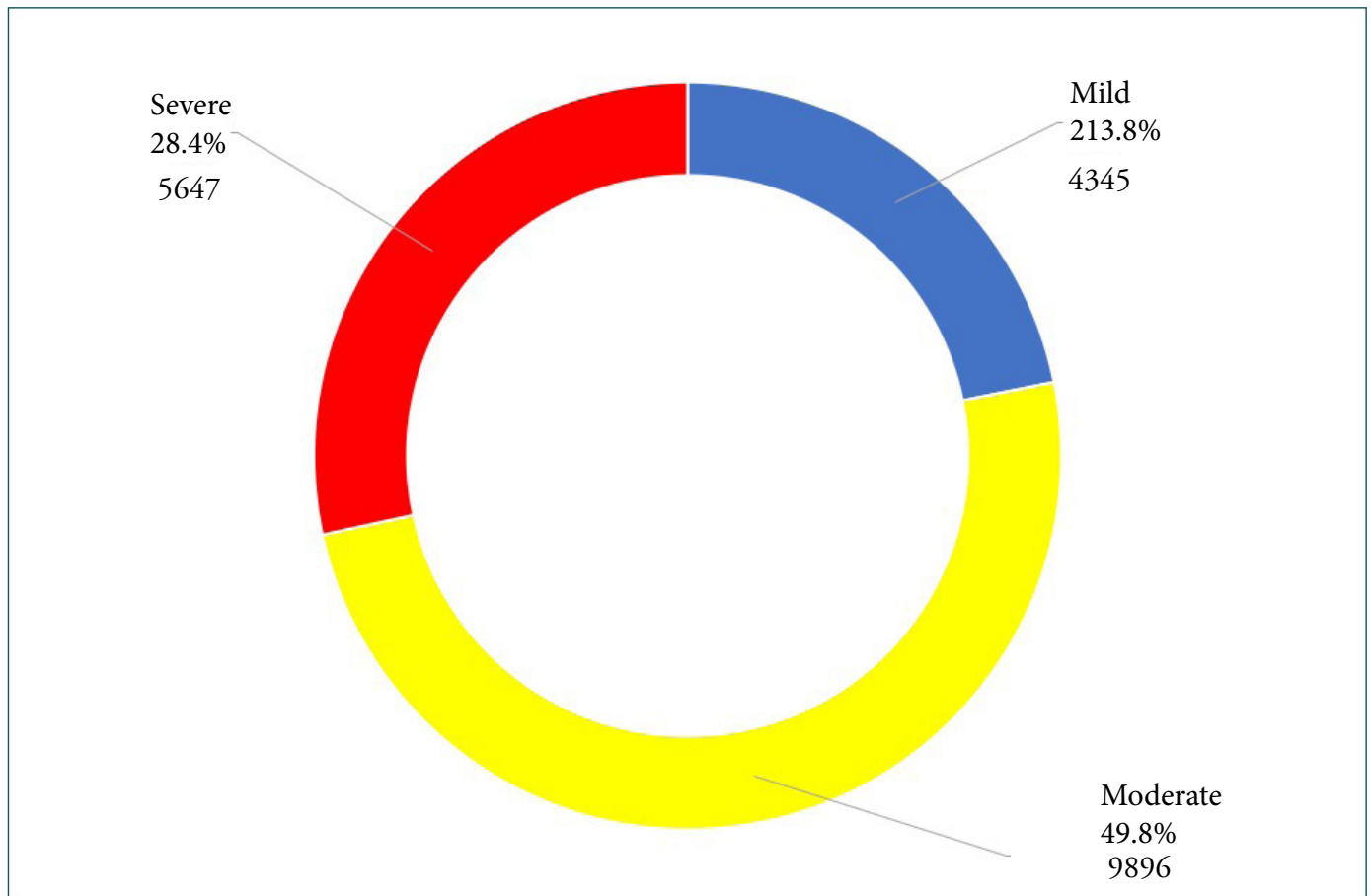
Recurrent supervision visits to cholera treatment centres (CTCs)



Joint supervision of the Djoungolo cholera treatment Centre by the WHO team and the Director of the Centre to advise patients on the frequency and quantity of consumption of oral rehydration salts (ORSs).

Categorization of cholera severity forms

Some 19,888 in 20,149 cholera cases reported in all the affected regions as of 30 August 2023 have been classified according to the dehydration severity, so that to differentiate the case management. The results obtained indicate 4,345 mild cases, 9,896 moderate cases and 5,647 severe cases, i.e. 28%, 22% and 50% respectively.



Proportion of reported cholera cases according to the dehydration severity in 2023 in Cameroon

Hospital management of cholera

WHO has supported building-capacity for over 500 health workers in cholera treatment centres/ units (CTC/U) on case management in three regions (Centre, Littoral, South-West) as well as the regular supply of inputs. WHO has been providing a regular technical support to the CTC/ CTUs since the outbreak was declared in 2021, particularly as for advice on norms and standards in rehydrating patients according to stages A, B and C.

Beyond health facilities, WHO provided support for the training of community workers, such as volunteers from the Biaka Institute and from the University of Buea, with the aim to support the response in the health districts of Bua, Limbe and Tiko in October 2021. In the same vein, WHO has supported communities to ensure the rapid referral of cholera cases to approved treatment centres.

Various interventions in specific settings, with the Minawao refugee camp in pole position



Women and children homed at the Minawao refugee transit camp in the Far-North region of Cameroon

The Minawao refugee camp received numerous management inputs amounting to about a hundred cholera beds, beacons, intravenous (IV) poles, jerrycans and sprayers. Its treatment centre has been rehabilitated to enable an appropriate cholera patient's management.



Refugee Children at Minawao Camp Happy With WHO Assistance

WHO combines efforts in rehabilitating cholera treatment units and providing various equipment

WHO has contributed to rehabilitating cholera treatment units (CTUs) and cholera treatment centres (CTCs) in 5 of the 8 regions rife with cholera outbreak since October 2021. The following regions were concerned: Centre, Far North, Littoral, North, South and South-West regions. This rehabilitation was combined with the provision of personal protective equipment (PPE) and biomedical materials, including 350 cholera beds for the patient management in all regions rife with the outbreak.



Samples of cholera beds provided to the country's health facilities for the management of hospitalized cholera cases.

Training and management of cholera response staff

WHO has supported the government in managing 500 health workers in the CTUs and CTCs in the regions most affected with the outbreak: the Centre, Littoral and South-West regions. At the same time, cholera preparedness and response training for over 70 health workers was held in the Far North and North regions to increase management capacity in the northern part of the country.

WHO supports the initiative for pre-hospital regulation of suspected cholera cases in Cameroon

WHO provided to this new medical initiative a financial support for the equipment functioning and the staff motivation of the call centre, for a partial amount of 9,200,000 XAF.

Actually, by the Ministerial Order No. 51/PM of 12 May 2020, a call and listening centre accessible by a toll-free number (1510) was established and decentralized regionally in the country to respond to the spread of the COVID-19 pandemic. Further to the activation of the cholera Incident Management System (IMS) on 03 February 2022 in response to the resurgence of the cholera outbreak, the Littoral region set up a medical regulation system aimed at facilitating the safe transfer of suspected cases and their rapid treatment through the call and listening centre. In the emergency field, medical regulation is a very special management approach since, by telephone, the regulating medical team can determine the most appropriate response to the need expressed by any patient reported.

For the setting up of a medical regulation mechanism, the cholera outbreak response has been using the existing facilities of the Littoral call centre which has been equipped with 3 fixed-line telephones, 7 mobile phones and 12 computers. Similarly, a staff of 25 has been mobilized to ensure that the centre is always manned. As of 19 September 2022, the Littoral call centre had received 1,114 pre-hospital regulations requiring medical staff to travel, 627 of these regulations were exclusively cholera-related.

In sum, this initiative has significantly contributed in reducing mortality in the region.

The cholera response in Bota in the South West region

With the peak of the cholera outbreak in March 2022 in Limb, the capacity of the cholera treatment centre (CTC) at the Limbe and Bota regional hospitals overwhelmed by patients, with a daily average of 350. WHO and UNICEF coordinated their actions to support for extending the capacity of the CTC at Bota hospital. The hospitalization capacity of the Bota CTC was extended from 10 to 100 beds. WHO supported the training and deployment of about fifty health workers and a some cleaners.



Unloading the building material for the marquees to extend the hospital capacity of the CDC hospital in Bota, Limbé in the South-West, in November 2021.



Marquee erected for cholera patient hospitalizations



The high-level visit to cholera treatment centres in the South-West region at the end of March 2022. In the foreground, inside the beacon net, the Minister of Public Health. On the left, in second position, is the WHO Representative in Cameroon.

VACCINATION

Oral Cholera Vaccine (OCV), a genuine offensive against cholera

ADVERTISING SPOT FOR THE FIFTH CHOLERA VACCINATION CAMPAIGN

"The central region is facing a cholera outbreak in which many people have lost their lives. That is why the Ministry of Public Health and partners are organizing a cholera response campaign from 16 to 20 August 2023 in 11 health districts in the centre region for all people aged 1 and over, including pregnant and breast-feeding women. Vaccination is free of charge. Let's mobilize to effectively prevent cholera."

Testimonials From Community Members

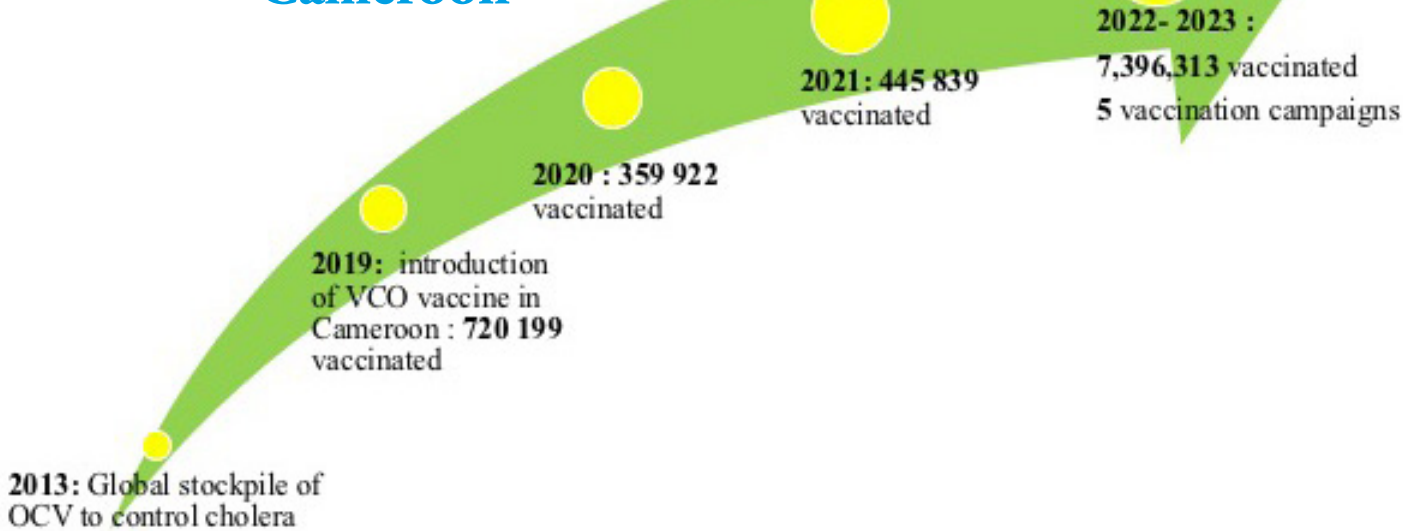
The cholera vaccine. Yes. Because it's necessary, it's important for health. For society. And it's free of charge, because it costs 10,000 francs. I know it's 10,000 francs. And when it happens that it's free of charge, no, I can't miss it. I've 14 kids at home, so anyone can imagine how much money it would cost. Many of my kids have had diarrhoea, even myself, only liquid stools, fortunately I know little tricks, I took Doxy, and it stopped. I even had vomiting last time and a bowel movement. It started on Wednesday, when I asked their father to take them all. When I got home, he told me that they'd all gone. So that only left me. But the question I wish to you is, may I go and drink my beer that I left behind?"


Interview with a mother of 14 children in the Kondengui District during the vaccination campaign

"Anyway, in fact, I didn't know the vaccine already existed. I didn't know there was a vaccine against cholera. So now, what motivates me? I've had cases, I've had cases in my family, in my family-in-law, indeed, my sister-in-law who nearly lost her life to cholera. A grown woman, she was a merchant at the Acacia neighbourhood, and said she had eaten something. Did you hear tell of the Acacia neighbourhood's story? Yes, she was part of it. She told me how people were dying, so I realized it was serious. And when I fell, she was the woman who motivated me. I didn't know the campaign was still ongoing. I'd heard about the campaign, but I wasn't interested. Not because I didn't have the time, but because I didn't have the information that I now have. I'm very thankful to the Government for this; they really are thinking of those who are unable to provide for themselves. Thank you!"

Interview with a young woman in the Kondengui District in August 2023

5 vaccination campaigns from 2022 to August 2023 for 7,396,313 vaccinated in Cameroon






MINSANTE

CAMPAGNE DE VACCINATION RÉACTIVE CONTRE LE CHOLÉRA






Dans 11 Districts de Santé de la Région du Centre

Tous concernés !
À partir de 1 an, y compris les femmes enceintes et allaitantes

du 16 au 20 Août 2023



Mobilisons-nous pour prévenir efficacement le choléra !

Implementation of the reactive vaccination campaign in localities rife with cholera outbreak

With the support of WHO, the cholera vaccine (VCO) was introduced for the first time in Cameroon in 2019 for reactive vaccination. This was a major breakthrough on the fight against cholera in Cameroon.

Between 2022 and 2023, Cameroon submitted reactive cholera vaccination requests to WHO, resulting in 5 vaccination campaigns.

Over the same period, Cameroon vaccinated nearly 7.5 million people in the 8 regions rife with the outbreak. This vaccination has helped in reducing the outbreak spread in the country

WHO alongside MOH during the various vaccination campaigns



Vaccination campaign in the Littoral region



A speedboat used for vaccine transportation in the South-West region





Vaccination in the Far-North region, the town of Mora



Vaccination sweep in the Ntui DS, Centre region, on 28 February 2023

5 reactive cholera vaccination campaigns were carried out in the Littoral, Far-North, South-West and Centre regions, thus helping to vaccinate 4,086,056 people. **A 5th vaccination campaign was carried out in the Centre region in 11 districts and 32 health areas, from 16 to 20 August 2023.**

RESPONSE IN SPECIFIC SETTINGS

The New-Bell Central Prison in Douala



After the special vaccination within the New-bell Central Prison in Douala on 12 September 2022, there was a lull until 29 October, as a new cholera case reported unfortunately died, despite the two doses of the vaccine received and the management at the district hospital.

Later on this death, a systematic vaccination operation for new recruits followed by the management in cholera treatment units (CTU) or cholera treatment centres (CTCs) was undertaken with WHO's technical and financial support. A total of 4,080 inmates and prison staff were vaccinated.



YAOUNDÉ CENTRAL PRISON, THE HIGH IMPACT OPERATION RELEASES THE INMATES FROM CHOLERA

“High impact operation” is a targeted response to cholera confirmed cases. It combines a set of actions: targeted vaccination, community communication, WASH and management within a 100-metre radius of cases, with the aim to contain and break the transmission chain. This strategy has been in place for several years, but it was successfully implemented by Médecin Sans Frontière (MSF) through its response measures in South Kivu in the DRC within the cholera outbreak response in December 2022 with the following combined activities: sanitation and hygiene measures at household level, active case-finding, antibiotic chemoprophylaxis or single-dose oral cholera vaccination.

For specific settings, the Kondengui Central Prison in the NKolndongo District, with 176 cholera cases reported since 23 March 2023, received a rapid cholera response. With WHO’s technical and financial support, a rescue operation was organized within the prison from 13 to 14 May 2023. This operation resulted as follows: 3,333 inmates and prison officers vaccinated, 81 suspected cases investigated, chemotherapy carried out, 15 prison cells disinfected and several inputs distributed (2,992 doxycycline and 341 azithromycin, sprays, oral rehydration salts, chlorine, hydroalcoholic gel) to the various inmates.

THE CATI ROUNDS IN LOCALITIES RIFE WITH CHOLERA OUTBREAK

CATI, standing for Case-Area Targeted Intervention, is a cholera outbreak response strategy which combines several actions similar to the high impact operation. WHO has supported a number of such operations in localities rife with critical cholera outbreak, thus helping to stem the disease spread. These localities included Nkolbikok in Obala, Ndjinda in Abong Mbang in the East region and Etoug-Ebe in Yaoundé in the Biyem-Assi district.

The Nkolbikok Neighbourhood in Obala Under the Spotlight

In November 2022, the Nkolbikok neighbourhood in Obala, at the epicentre of the current cholera outbreak, received a CATI. Thus, 19 community health workers were briefed on Risk Communication and Community Engagement (RCCE). The support of WHO and MOH (Sub-Directorate of Vaccination, Department of Disease Control and Epidemics) enabled in vaccinating 500 people and distributing on site various inputs, including 186 soaps, 98 jerrycans, 1,860 aquatabs, 98 cups and 980 zincs. In addition to this, 98 drinking water purification and hand-washing demonstration sessions were held.



The Ndjinda neighbourhood in Abong-Abang makes the best of the operation

A death recorded in Abong-Mbang, in the East region, between 15 and 25 August 2022 resulted in the undertaking a high impact operation to reduce the risk of cholera spreading to neighbouring communities. So, a package of response activities was implemented within a 250-metre radius of the death case between 31 August and 4 September 2022. Interventions carried out with the financial support of WHO involved: i) chemoprophylaxis with 65 tablets of Doxycycline taken by all contacts aged ≥ 5 years and 11 tablets of Azithromycin for children aged one year as well as pregnant and breastfeeding women; ii) 247 doses of cholera vaccine administered to all people aged ≥ 1 year with their free consent; iii) WASH focused on disinfecting households and nearby latrines; iv) sensitizing 415 residents on cholera risk factors in their communities. In total, various cholera response inputs were distributed to residents of the Ndjinda neighbourhood.



Distribution of Doxycycline and Azithromycine to the contacts of the deceased in the Ndjinda neighbourhood on 03/09/2022 during the CATI operation.



Administration of oral cholera vaccine (OCV) within the perimeter delimited for the CATI operation in the Ndjinda District on 03/09/2022

Etoug-Ebe neighbourhood in Yaoundé in the Biyem-Assi health district, the pilot neighbourhood

The place known as Ancienne Marie, in the Etoug-Ebe neighbourhood, served as a meeting point, between 11 and 13 August 2022, for a demonstrative CATI by the NGO Médecins Sans Frontières further to one cholera-related death case among several others reported in this area. The interventions carried out resulted in vaccinating 203 people, distributing 76 kits to residents, disinfecting 8 households, and handing out 200 aquatabs and 152 cups.



Initiating children to hand-washing in the Etoug-Ebe neighbourhood



Disseminating posters to sensitize populations in the Etoug-Ebe neighbourhood during the CATI on the risks of cholera spread.

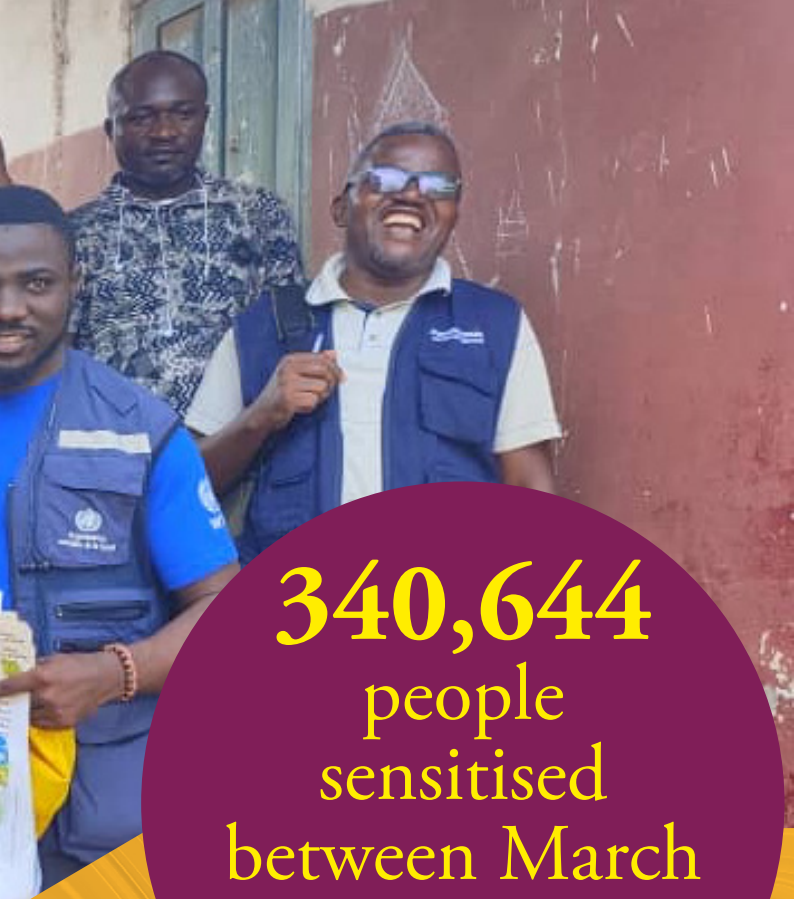


RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

A catalogue of strategies implemented to step up community resilience

Community communication strategies against cholera in the eight regions rife cholera outbreak have included various activities. These were home visits, educational talks, mass sensitizing campaigns, social mobilization and sports walks.

1,092,000
People
Sensitized in
2022



340,644
people
sensitised
between March
and 30 August
2023

**A genuine
community
engagement in
response to the
country's call
supported by WHO.
1,898 community
health workers
(CHWs) enrolled
in the cholera
response since 2021**

WHO has supported community mobilization in 2022 through building-capacity and financial support for 1,898 community health workers (CHWs) in seven of the eight regions rife with outbreaks in Cameroon. There were 89,271 home visits, 116 school visits and 4,196 educational talks, 4,059 community leaders briefed on cholera prevention measures, 20,166 leaflets distributed and 2,000 wall posters displayed. A total of 1,092,131 people were sensitized on the cholera risk. In 2023, the cholera outbreak was especially active in the Centre region than in other regions of the country. Thus, the Centre region is the only one to have undertaken genuine community sensitizing campaigns with the support of a group of NGOs (Afrique Solidarités, VTCAM, DEMTOU Humanitaire and AIDER) on the cholera contamination risk. Between July and August alone, 9,544 households were visited, 1,599 educational talks given, 5,904 leaflets distributed and 488 wall posters displayed. From the declaration the outbreak in March to 30 August 2023, a total of 340,644 people were sensitized.



COMMUNICATION AGAINST CHOLERA IN PLURAL

Home visits



Educational talks



Sensitization

During celebrations such as the Unity Day, the women's day, religious feasts or in the markets, schools or using communication tools (leaflets, posters, roll up)



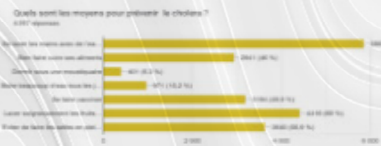
Advocacy meetings to the community leaders and administrative authorities or health managers (Health District Officers, district focal points or COSADI)



Comm
Commun
Strat

Presented

Community Communication Strategy



spots

Social mobilization during
vaccination campaigns

Satisfaction surveys

Press briefing on cholera
key messages

Building capacity of
community sensitization
actors

Regional and Local Authorities (RLA)

Sports walk

with xmind

- **MASS SENSITIZATION AND MOBILIZATION**



Meetings with shopkeepers and vendors in the Mimboman market, Nkolndongo health district in Yaoundé



Cholera Sensitization sport walking on 03 June 2023 with WHO's team and a team from Laval University in Quebec.

- **SPORT WALKING**



The 05th of November 2022 Sports walk for Cameroon's commitment to eliminating cholera by 2030: in the photo WHO - SDV - Djoungolo District Communication Focal Point



The 05th of November 2022 Sports walk for Cameroon's commitment to eliminating cholera by 2030: in the photo WHO - SDV - Djoungolo District Communication Focal Point

- **EDUCATIONAL TALKS**

3,345 educational talks convened in **seven health districts** of Yaoundé between September and November 2022, reaching **74,386** people, including men, women and children.



Sensitizing on cholera at the orphanage Centre Communautaire de l'Enfance on 23 December 2022 in the Djoungolo health district as part of Christmas without cholera.



Sensitizing in a primary school in the Djoungolo HD in September 2022



Sensitizing in a primary school with children using cholera prevention posters

- **PRESS BRIEFINGS**

Many press briefings have been held in all the regions affected by cholera. A press briefing was held in the conference room of the Regional Health Delegation for the Centre on 12 May 2023, chaired by the Delegate, on the key messages for sensitizing on cholera through the media (radio, television, written press, bloggers).



Community health workers (CHWs) sensitizing on cholera in Fotokol on 15 October 2022 in the Fotokol health district in the Far North region.



Briefing to 16 media representatives on the core messages by the Regional Delegation for Public Health in the Centre, May 2023

- **DEVELOPMENT OF COMMUNICATION TOOLS**



Family photo of the workshop to update and validate communication tools from 11 to 14 July 2023 at the MFOU Prodiges Hotel with CDC, COUSP, DPS, UNICEF, WHO and communication focal points from the 10 regions of Cameroon.



Family photo of the workshop on developing cholera communication tools, 12 January 2022 at United Hotel Mbankomo

- **ADVOCACY AND COMMUNITY ENGAGEMENT MEETINGS**



A joint visit by administrative, community and health authorities and partners (WHO) to the ODZA district further to a cholera-related death case reported - November 2022



Consultation meeting on waste management in Yaoundé to fight against cholera, chaired by the Mfoundi Senior Divisional Officer, with sectoral ministry services, 24 May 2023

- MASSIVE COMMUNITY ENGAGEMENT**

In light of the outbreak response, which has been ongoing since 2021, WHO has supported the training and management of about 1,898 community health workers in eight of the ten regions of Cameroon in early detection, risk communication and community engagement (RCCE), hygiene and sanitation activities in the community and the initial management of cases in the community. This massive community engagement has helped in reducing the case fatality rate compared with the previous outbreak.



Supervision of community activities in the Littoral and Far North regions

- SATISFACTION SURVEY**

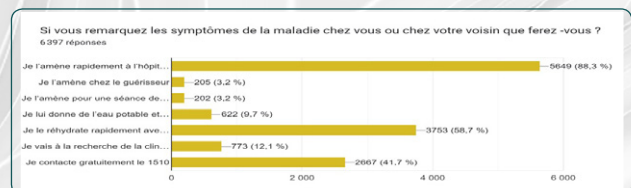
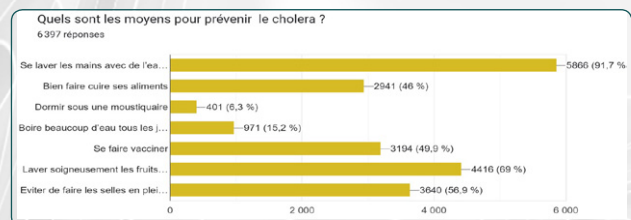
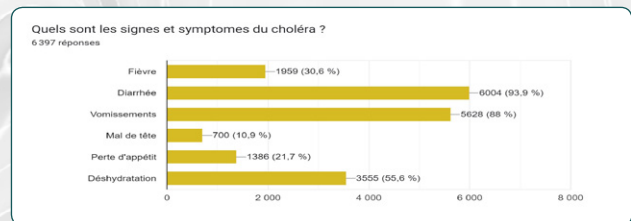
Attention was also given to people's behaviour through a three-question questionnaire with the aim to assess the impact of communication on the population.

In this respect, 600 copies of the questionnaire were made available to the districts of Wouri and administered to the population.



Cholera coordination team from IMS-WHO listening to a respondent in Douala

The survey findings are satisfactory, both in terms of recognizing cholera signs and symptoms, usual prevention means and measures to be taken in the event of suspicion.



Graphical representations of absolute and relative values of the satisfaction survey

INFECTION PREVENTION AND CONTROL (IPC) / WATER, SANITATION AND HYGIENE (WASH)

EFFECTIVE HOSPITAL AND COMMUNITY HYGIENE AND SANITATION

Towards environmental monitoring of the *Vibrio cholerae* bacillus

*A joint WHO-MOH-Community visit to inspect the Njombe water source, suspected by the local municipality to be a reservoir for *Vibrio Cholerae*.*

To emphasize prevention, MOH, supported by WHO, has undertaken the identification of points and watercourses likely to spread *Vibrio cholerae* in the Douala and Yaoundé health districts.



WASH is deploying all its forces in the field: community disinfection into turmoil

Further to numerous cholera cases reported in the Mballa II, Elig-Edzoa, Etoa-Meki, Eman and Manguier neighbourhoods, the Djoungolo District has deployed its response forces on the ground through community hygiene and sanitation operations. No water source or body, or corner of the neighbourhoods affected by the outbreak escaped disinfection.



Immediate reaction from the WHO Representative at the launching of the fifth vaccination campaign for hygiene and sanitation in the Centre region

“As the Djoungolo District Chief has just said, cholera is a serious disease that is transmitted through water and food. But it is also a disease that can be easily prevented through hygiene, environmental hygiene and personal hygiene. And thus, as far as the Ministry of Public Health is concerned, some efforts have also been made to treat the disease. That is why we are calling on the public, when people have signs and symptoms of diarrhoea, to go to health facilities, the nearest health centre, because deaths generally occur among people who are late in coming to the hospital.”



WASH activities are underway: the Centre region is a clear case in point

In order to reduce the risks of the cholera outbreak in the Centre region ahead of the 2022 Christmas festivities, a time when cholera is at great risk, and also with a view to reaching vulnerable populations, “Cholera-free Christmas” prevention activities were carried out in the Djoungolo District on 23 December 2022.

During this period, the orphanage of the Centre Communautaire de l’Enfance was an important target audience of WASH team, which focused mainly on demonstrating hand-washing and the principles of drinking water purification. These activities carried out in the orphanage took place in the presence of the Djoungolo health district ICP officer and the Nlongkak health area communication focal point, with logistical support from WHO and UNICEF.

Donations to the Orphanage

50 soaps,
5 buckets with lids,
6 jerrycans,
100 oral rehydration
salts,
1000 Aquatabs

Since the resurgence of cholera cases in March 2023 in the Centre region, a group of NGOs has been providing support to health districts rife with outbreaks in terms of WASH. The NGOs Afrique Solidarités, VTCAM, DEMTOU Humanitaire and AIDER, with the financial support from UNICEF, have carried out WASH activities in the health districts of Yaoundé and Obala. Until 31

August 2023, 7,222 households were disinfected, 1,966 vehicles, 102 health facilities covered, 18,714 Aquatabs distributed to the population, 4,351 water purification sessions, 959 hand-washing sessions, 3,151 community latrine disinfection sessions, 136 dignified and safe burials were carried out. Besides that, Médecins Sans Frontières (MSF), Alima and Action Contre la Faim (ACF) have also supported WASH operations in the Centre region.

PREVENTION IN SPECIFIC SETTINGS: THE MINAWAO REFUGEE CAMP

This included the installation of oral rehydration points (ORPs) as part of the cholera response in the Minawao refugee camp in the Far North region.

Seventy-five (75) community health workers were trained to prepare an oral rehydration solution using oral rehydration salts. These were distributed in all 4 sectors of the Minawao refugee camps for active door-to-door screening of suspected cholera cases. Suspected cases were rehydrated orally before being transferred to the cholera treatment centre. Four fixed rehydration points were also set up in strategic points throughout the camp. Each fixed point was managed by a community health worker who was in charge of rehydration. Three weeks after the oral rehydration points (ORPs) were set up, the cholera case-fatality rate dropped considerably. This rehydration operation helped in managing moderate cases in communities.





Supervision of the ORP in the sector 03 in the Minawao refugee camp.

Drinking water purification sessions or distribution of aquatabs



Explanation of the use of Aquatabs by community health workers to the population of the Djoungolo health district.



Checking of the availability of water for hand-washing in sector 02 in the Minawao camp.

Hand-washing sessions



The WHO communication focal point assisting a child with hand-washing at the orphanage of the Centre Communautaire de l'Enfance in the Djoungolo District on 23/12/2022 on the occasion of "Christmas without cholera", initiated as part of sensitizing vulnerable people.

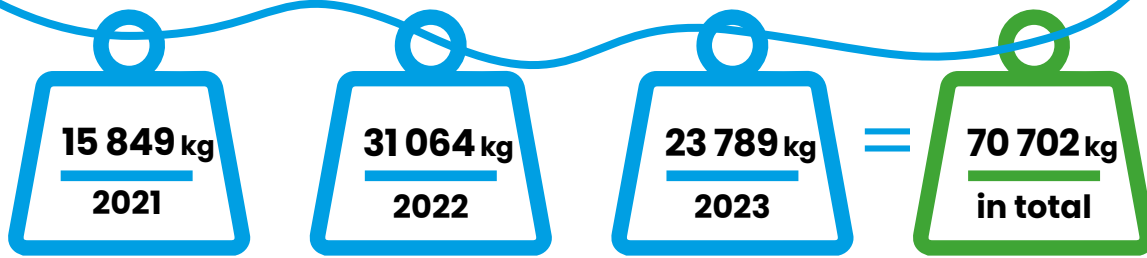


Preparing water for disinfection of premises in the Djoungolo health district.



OPERATIONS, LOGISTICS AND SUPPLY

Many cholera supplies provided by WHO



The Djoungolo cholera treatment centre (CTC), a preferential site for the management of cases

The Djoungolo health district CTC has been identified as a the Yaoundé preferential cholera case management site. It consists of four rooms that have been furnished for patients in the event of an influx. This CTC has also been continuously supplied with management kits and inputs.



A side view of the Djoungolo CTC during the handover of central logistics cholera kits (cholera beds, IV poles, pools tester, beacons, sprayers, Jerrycans) by WHO: on the left, the health personnel ward and, on the right, the cholera patient hospitalization rooms.



Samples of 100 wooden cholera beds handed over to the Djoungolo CTC: in the foreground, the Operations Support and Logistics (OSL) officer delegated by WHO headquarters to support the WHO-Cameroon country office.

The Kondengui Central Prison : nearly a tonne and a half of inputs handed over

Over 1,350 kg of inputs were provided to the Prison, including oral rehydration salts, vaccines, soap and medicines.





WHO offers 3 speedboats worth 35,000,000 XAF to the South-West region in 2022

WHO donations for difficult-to-reach localities worth 100,000,000 CFAF

In addition to providing cholera kits for case management and RDTs for case detection, WHO also provide three (3) speedboats and 42 life jackets to the localities of Manoka in the Littoral region and Bakassi and Idenau in the South West region. WHO also supported maintenance and fuel costs as well as the salaries of the speedboats drivers over six (6) months. The total amount of this support is estimated at 45,960,000 CFAF.

Apart from the speedboats, WHO provided support for the installation of a Very Small Aperture Terminal (VSAT) satellite Internet connection in 3 maritime health districts, namely Bakassi, Mbonge and Ekondo-Titi in the South-West region, which had poor network coverage for communication, amounted to 4,000,000 XAF. To date, this connection has improved data feedback from each of the three districts concerned. The completeness and timeliness of data in the District Health Information Software 2 (DHIS2), Cameroon's national health data and information warehouse.



View of a cholera case management room during the installation of beds from the WHO headquarters logistics kit by the OSL officer on secondment to the country office.



Photos of the delivery to Ideanau of the three speedboats provided by WHO to the South-West region. In the photo above, in the foreground on the right is the WHO cholera field coordinator, Dr Moustapha, in the middle is the COUSP incident manager, Dr Etoundi, and on the left is the South-West Regional Public Health Delegate.

construction of a mobile cholera treatment unit to enable logisticians to familiarize themselves with the steps for setting up CTUs in areas where health facilities capable of receiving cholera patients do not exist. WHO was at the centre of the training programme, both through the technical support of its logistics expert team and by funding the workshop.



Logistics staff preparing to place the tarpaulin covering a mobile CTU during the Ebolowa simulation workshop (SIMEX logistics).

Logistics training: WHO takes part in the building of a cholera treatment unit (SIMEX CTU)

A capacity-building workshop for 22 members of the Public Health Emergency Operations Coordination Center (PHEOCC) involved in cholera response activities was held from 26 to 30 July 2022 in Nkolandom (South Region). The matters addressed at the workshop covered the three pillars of logistics. However, particular emphasis has been given to vaccine management, the WASH aspects and a demonstration of the



Logistics personnel in a defined area setting up support posts for a cholera treatment unit (CTU) during practical work at the Ebolowa workshop in July 2022.



PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT IN THE RESPONSE TO CHOLERA (PRSEAH)

The integration of the PRSEAH into emergency interventions aims at promoting accountability towards affected communities and to create a humanitarian environment that protects the dignity of beneficiaries and prevent from any form of harm caused by humanitarian actors. It also aims at protecting staff members from sexual harassment and ensuring that everyone can report concerns about sexual misconduct in safety.

The key findings made since the introduction of this programme in responses to public health emergencies are:

- *Rapid assessment of sexual exploitation, abuse and harassment (SEAH) risk factors and needs in the cholera outbreak incident management ;*
- *Advocacy with the Ministry of Public Health, a key WHO partner, for the integration of the prevention of sexual exploitation, abuse and harassment into its interventions, such as the appointment of focal points at national level, health regions and health districts;*
- *Training on PSEA for of service-provider staff: security guards and cleaners in Yaoundé and regional offices in Douala, Bertoua, Buea and Maroua; a total of 38 people, including 10 women;*
- *Briefings to partner NGOs on integrating the prevention of sexual exploitation, abuse and harassment into its operations;*
- *Contributing to inter-agency programmes for the development of community sensitizing tools on PSEAH (posters and image boxes on community-based complaints mechanisms, as well as community sensitizing on PSEA;*
- *Training Ministry of Public Health staff directly involved in the cholera response on PRSEAH in the city of Yaoundé: 17 men and 15 women;*
- *Training of 40 community health workers and sensitizing staff from the Ministry of Public Health involved in the cholera response in the Centre Region on the prevention of EAHS and the transmission of key messages on PRSEAH to the affected community.*
- *Training of 25 members of the PROVARESSC platform, the WHO's partner in implementing protection against sexual exploitation, abuse and harassment.s*



Side view of the capacity-building room for PRSEAH partner NGOs



PRSEAH training for actors from central, regional, district and MOH levels involved in the cholera outbreak response at the community level



WHO field office for the Far-North region involved in the protection against sexual exploitation, abuse and harassment (PRSEAH). In the foreground, the head of office, in yellow the security agents, and in green the cleaning staff

WHO IMPACT STORIES CHOLERA

Verbatim of testimony from the Djoungolo health district, Centre region, on the contribution of WHO in the fighting against cholera in Yaoundé

“Since the start of this year’s outbreak in March 2023, the Djoungolo health district, and especially the treatment centre at the Djoungolo EPC hospital, has been the main centre for the cholera case management in the Centre region.

As a result, we had a massive influx of cholera cases, and management was very difficult at the outset. But owing to the Ministry of Public Health’s response, both at the central and regional levels, we were able to start managing the cases appropriately. Besides that, we have received a very substantial support from our partners, including WHO, which has already enabled us to quickly handle emergencies by preparing the solutions, or at least the inputs, for management at the CTC. WHO has contributed in increasing the treatment centre’s capacity. In addition to this, training has been provided to increase the capacity of staff in the management of the cholera treatment centre.

Now, in the community, there has been training. WHO has provided us with support in training community actors to strengthen and improve community awareness of the hygiene measures to be taken, in terms of good practices, particularly drinking water purification, washing food and the fact of cooking food properly before eating it. Information on how to recognize cholera and what to do in the even of suspicion, i.e. our capacities have been improved in educating people on what to do if they (populations) think it’s cholera, i.e. to alert the nearest health facility and go straight to the cholera treatment centre, which is EPC Djoungolo where the management, of course, is free of charge.

In addition to these sensitizing activities and training in good practice, WHO has also supported us in WASH, in households.

And the distribution of aquatabs as well. Overall, what we can say, or at least summarize, is that whether it’s on issues of care in terms of training and provision of inputs, whether it’s on issues of sensitizing, whether it is on issues of WASH in the community, we have received substantial support from WHO, the organization to which, of course, we would like to express our thanks for its ongoing support in the fight against outbreak and pandemics.

Alongside all these curative and preventive activities, there has also been a support in terms of vaccination. And we think that this came as a timely boost, because the population, which in the past was reluctant to be vaccinated, has massively embraced the latest vaccination campaign supported by the WHO in 11 health districts in the Centre region, including Djoungolo. And since then, despite the rainy season, there have been very few cholera cases, this, we think, has conferred immunity on the vaccinated populations of the Djoungolo health district. ”

Docteur Fils Emmanuel MINYEM
The Djoungolo District Medical Officer



Verbatim from the Nylon District, Littoral region, on the WHO's contribution to the fight against cholera in Douala

“As far as WHO support for the cholera response is concerned, let me first thank you for everything you have been doing since 2022 to support the district in dealing with this lasting outbreak.

As far as community activities are concerned, we have been provided with support for WASH, sensitizing in communities and gathering places. We even had to visit hospitals and schools to sensitize and strengthen our Cholera Treatment Units (CTUs). So, this support was commendable, and we've seen it has proved useful.

Further, we also benefited from a vaccination campaign in 2022, there were two rounds of vaccination. Even in 2023, we had a round last February. This has proven successful given that just after the vaccination, there was a sharp decline in the number of cases. And even the cases that are often managed in our district come from other districts, where the number of cases, even those resident in the district, has dropped significantly. So, that is something to be proud of. In addition to that, we have also received support in terms of inputs for the management of cases arriving at our CTCs (cholera treatment centres). This has also ensured the management of incoming cases to be free of charge, and has limited the cost, given that most of our people are vulnerable and very poor, living in precarious conditions.

I also want to mention the borehole rehabilitation project at the Brazzaville health centre, which is still underway. That, too, I think when completed, it will be something very plausible for the population of the district and more specifically of the Nylon health area. In a nutshell, these are the four points we want to highlight regarding particular support we have received. And so far, I think we are using materials such as chlorine and aquatabs, which are helping us in sensitizing among communities and distributing materials, including protective equipment for actors that operate on the ground.”

Ousmane ABIATOU

*Health office administrator of the Nylon
District in Douala*



Cholera Hub of Dakar on communication mission in Cameroon in February 2022: the success-story quest for outbreak management

A strong team of 25 people from the Dakar cholera hub arrived in Cameroon on 23 February 2023. The aim of the team was to produce success stories among patients cured of cholera owing to the logistics and financial supports of the hub at the Cameroonian Ministry of Public Health and to look at cholera case management in difficult-to-reach localities. This Mission has provided a technical support to the cholera RCCE team from the IMS-WHO. The Mission has undertaken risk communication activities in over 5 districts rife with the outbreak.



Cholera Hub of Dakar in Cameroon on 23 February 2022 to document outbreak management





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