



HIGHLIGHTS

- From 13 to 19 August, the Ministry of Health (MoH) has recorded 273 new cases countrywide, 555 recoveries and 7 deaths.
- As of 23 August, UNHCR reported 17 cumulative COVID-19 cases and 3 deaths among refugees in the country since the outbreak.
- Psychological support is effective in health facilities in 7 regions: Adamawa, Centre, East, Far North, North-West, South and West

Carine Lucie Okoa is an epidemiologist working with WHO in Bertoua. She always wears personal protective equipment as she often visits homes to investigate suspected cases or follow up on contact tracing.

18.6K

COVID-19 cases

186K

Samples tested for COVID-19 (TDR+PCR)

2.2%

Fatality rate

15

Laboratories for testing available in nine regions

10.8MT

Material and equipment for care and prevention

6.2M

People in need as per Revised HNO 2020

SITUATION OVERVIEW

Since 5 March 2020 when Cameroon reported the first COVID-19 case on the territory and as per 19 August 2020, the Ministry of Health (MoH) has confirmed a total of 18,662 cases including 778 among health workers with 408 deaths (case fatality rate of 2.2 per cent) and 17,065 recoveries. Overall, 58.1 per cent of the confirmed cases are males, with 28.3 per cent of the total being in age group of 30-39 years old. According to the MoH, Cameroon is the ninth most affected country in Africa regarding number of cases and the African country with the highest recovery rate (91.3 percent).

Despite MoH asserted weeks ago that the pandemic reached its peak, the high rate of infection among health workers and the registration of new positive cases among the population is a cause for concern. The MoH attributes this to the inadequate adherence to infection prevention and control (IPC) measures and the inadequate supply of personal protective equipment (PPEs). Among all the regions in Cameroon, the South region is the only one that so far has reported no COVID-19 infections nor deaths in its health districts. According to the MoH Cameroon Sitrep on COVID 19 number 42, the Centre and the Littoral regions persist in having the highest rates of COVID-19 infections, with alarming case fatality rates of 27 per cent and 24 per cent respectively.

A total of 17 positive cases among the refugees in the country have been recorded since the beginning of the pandemic. The 7 latest cases have been reported during a massive voluntary screening campaign in-and-off-site carried out by the regional delegation of public health of the East region from the 10 to 16 August.

The Government supported the training of 69 mental health personnel for the response to COVID-19 (30 in the North West and 36 in the South West).

On 11 August, the Minister of Health disclosed that a total of 80,000 children have not been able to receive vaccines for the regular immunization programme. According to him, the vaccination rate has reduced due to rumors about a vaccine against COVID-19 being tested on people. Boycotting vaccination is becoming an emerging public health issue in the country.

On 13 August 2020, the Minister of Health, presented the results of the evaluation of the implementation of the Government's response strategy against the COVID-19 pandemic in Cameroon. According to these results, the therapeutic efficiency of hydroxychloroquine in the treatment protocol of COVID19 can be proven by the cure rate of patients in Cameroon which stands at 91.2%.

Gaps & constraints

- **Case management:** Lack of sufficient ventilators in the East region for management of severe cases (Only one available in Bertoua).
- **Laboratory:** PCR tests are available in all regions except in the South region where only RDT (rapid diagnostic test) are available.

INTER-AGENCY RESPONSE PLAN

Cameroon HRP COVID 2020

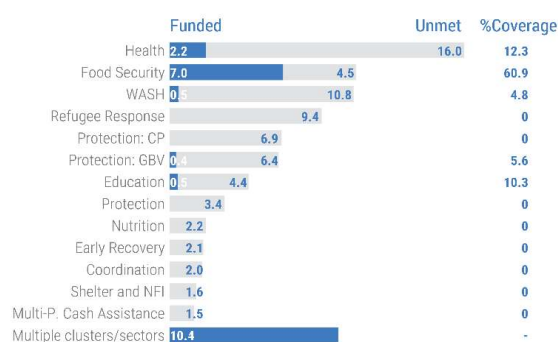
US\$ 81.7 Million requested

US\$ 21.1 million funded



Funding by sector

(in million US\$)



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Most partners are involved in RCCE through awareness raising via media, television, radio and other supports such as flyers and posters.

As of 12 August 2020, 18,861,977 people have been reached by key messages related to the prevention of COVID-19 and the use of COVID-19 care services available through the media, community outreach (door-to-door, places of worship, markets, bus stations) and in specialized structures (health facilities, hotels, schools...). This represents an increase of 324,244 people since the 30 July 2020.

Breakdown of latest figures of people reached by the RCCE by region

Center	Littoral	East	Far North	Adamawa	North	West	South	North-West	South-West
4,216,750	3,492,342	2,099,406	2,161,795	1,425,328	1,348,553	1,010,088	2,011,887	881,657	628,579

Needs:

- Development of regional RCCE micro-plans based on the results of regional KAP (Knowledge, attitudes and practices) rapid assessments.
- Intensification of the mobile screening strategy coupled with sensitization targeting potential areas of contamination.

Response:

- The workshop to validate communication materials related to maternal and child health in the context of COVID-19 was chaired by the Ministry of Health in partnership with UNFPA, UNICEF, WHO and CDC.
- Intensification of awareness-raising in indigenous communities on the celebration of the International Day of the World's Indigenous People on 9 August on the theme: "COVID-19 and Indigenous Peoples' Resilience" (by OHCHR, UNICEF, WHO).
- An advocacy meeting was held with high-level religious leaders at the PHEOC/MoH to engage their communities to adhere to the new mobile screening strategy with the technical and financial support of UNICEF, WHO and Plan International.
- INTERSOS continue awareness-raising on COVID-19 pandemic during the monitoring of protection activities for displaced persons in the North-West and South-West regions in strategic public areas.
- Training of 100 Red Cross Volunteers on COVID-19 including 40 in Mora, 40 in Mokolo, 12 in Mémé and 8 in Zamai followed by focus group discussions with community and block leaders from Mémé and Zamai in the Far North by IFRC.
- Continued broadcasting of awareness spots and interactive programmes by community and outreach radios in the 10 regions (UNICEF) and supervision of 9 community listening clubs set up in the East region by the HCR. These clubs were briefed on effective communication mechanisms during community sensitization, including how to keep children occupied during holidays in the context of COVID-19.
- The CAP RCCE report on the rapid assessment of the Littoral region is available; The preparatory phase of the joint national CAP survey involving MoH, UNICEF, WHO and MSF.

Gaps & Constraints:

- Circulation of rumors and false information about COVID-19.
- Weak adherence to barrier actions by communities.

POINTS OF ENTRY (POE); OPERATIONAL SUPPORT AND LOGISTICS**Needs:**

- A laboratory dedicated to testing samples is required in the South region.
- Special attention must be paid to the administration of screening tests in the South region in view of the hypothetical opening of the border with Gabon.

Response:

- A joint assessment mission of the entry points at Kentzou and Garoua Boulai with the Public Health Emergency Operations Unit (PHEOC) of the MoH and IOM is ongoing to identify the needs in several areas including IT equipment, transport equipment, information system, border management registers, water supply and electricity supply.
- Points of entry team have been trained in Yagoua / Kousséri at the Cameroon-Chad border, followed by the evaluation of entry points there by IOM. The training of border officials took place in Maroua between 14 and 16 August 2020, with 13 participants including representatives from the government. 14 members of water point management committees have been trained in Makary Division (North region) on compliance with barrier measures at water points at IDP sites and communities by IRC.
- WFP has received a donation from Sweden of 36 mobile tents and continues to make mobile storage units available with the support of MSB. So far, the Littoral region is the only one to have benefited from these stores.

Gaps & Constraints:

- Traders are stranded at the borders with Gabon, unable to move their products for exportation. The closure of borders due to COVID-19 has a significant negative impact on the import of goods into the border countries, causing material and financial losses to traders and economic operators.
- At the CAR-Cameroon borders, there is a slackening in the respect of barrier measures by truckers.

SOCIO ECONOMIC AND HUMANITARIAN SUPPORT

Needs:

- Financial support for vulnerable populations, especially IDPs so they can provide for their livelihoods.
- Listening, advice, medical care and COVID-19 personal protective equipment support to gender-based violence victims.

Response:

- CARE Cameroon is implementing a project in partnership with Horizons Women. This project aims to reduce the health and economic vulnerabilities of 150 women/girls, mainly displaced, in the face of the COVID-19 pandemic in the Biyem-Assi Health District (Yaoundé), through social protection action. This includes the setting up of a hotline for psychological support and for gender-based violence.
- On July 2020, the United Nations agencies adopted a Socio-Economic Response Plan against COVID-19. Estimated at USD 126 million, it covers the areas of health, protection, employment, recovery and social cohesion. USD 64 million need to still be fundraised for its implementation.

Gaps and constraints:

- Need to scale up the funding gap (over USD 64 million) of projects implemented by actors.
- Need of medical care and PEP kits for gender-based violence victims.

For further information, please contact:

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For more information, please visit <https://www.humanitarianresponse.info/en/operations/cameroon/covid-19>