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This report is produced by OCHA Cameroon in collaboration with the COVID-19 Task Force. It covers the period from 1 to 31 January 2021. The next report will be issued in March 2021.

HIGHLIGHTS

- COVID-19 pandemic persists in Cameroon with 3,340 new cases and 14 deaths recorded by the Ministry of Health from 1 to 31 January. Cameroon is the sixteenth African country in relation to the number of infections.

- Eight of the ten United Nations Volunteers (UNVs) deployed by OCHA for the COVID-19 response already completed their six months contracts. The other two will end in the next couple of months. Despite the progression of the epidemic it will not be possible to extend these contracts due to lack of resources.


- UNICEF, WHO and UNFPA attended a workshop on the development of the national vaccination deployment plan against COVID-19 in Cameroon in Ebolowa, South region, from 19 to 22 January.

| 30,700 | 1,441 | 905K | 1.6% |
| COVID-19 cases in Cameroon | Active cases | Cumulation of Samples tested for COVID-19 (TDR+PCR) | Fatality rate |

Source: Cameroon COVID-19 Situation report n.65 (from 21 to 27 January 2021)

SITUATION OVERVIEW

Cameroon is facing an increase in the number of COVID-19 cases. 30,740 cumulative cases and 474 deaths have been confirmed as of 31 January. Between 18 and 31 January, the case fatality rate went from 1.5 per cent to 1.6 per cent and the bed occupancy from 2.8 per cent to 3.6 per cent. On 27 January, the Center for the Coordination of Public Health Emergency Operations (CCOUSP), reported more than 1,400 active cases including 113 hospitalized with 22 receiving respiratory assistance.

Distribution of COVID-19 positive cases by health districts in the last 14 days
Source: Cameroon COVID-19 Situation report n.65 (from 21 to 27 January 2021)
In order to prevent the COVID-19 spread during the CHAN 2021, which takes place from 16 January to 7 February, the Government and the African Football Confederation put in place strict regulations. All players, delegates and officials should go through a systematic screening upon arrival at the airport and all participant teams should be tested 48 hours before each match.

On 27 January, WHO announced that Africa is experiencing a second wave of the pandemic mainly attributable to countries in the Southern African sub-region. The information was given during a meeting of partners involved in the fight against COVID-19 in Cameroon. According to WHO, the regional trend in deaths remains on the rise with a worrying lethality rate in some countries. The organization recommended the control reinforcement of the acceleration of planning for the introduction of the COVID-19 vaccine.

On 31 July 2020, Cameroon was selected by the COVAX Advance Market Commitment (AMC) to get equal access to COVID-19 vaccines as higher-income self-financing countries. Consequently, from 19 to 22 January, in Ebolowa, South region and on 27 January in Yaounde, Centre region, the Ministry of Health stepped up consultation meetings with relevant partners. The objective was to develop a distribution plan and a strategy to facilitate the population acceptance of the vaccine. To date, no vaccine brand has been selected. However, eligibility criteria have been defined and several proposals are being considered.

Gaps & constraints
Consultations carried out by health authorities revealed gaps in the implementation of the response strategy, notably:

- Information circulating about a more contagious strain of the virus is an additional constraint for the health system.
- Despite health authorities’ positive outlook on the COVAX initiative, information on the resources needed to deliver the vaccine and licenses for its use in Cameroon remain insufficient.
- Lack of personnel at the CHAN points of entry to implement COVID-19 surveillance, monitoring and prevention measures.

CASE MANAGEMENT, INFECTION PREVENTION AND CONTROL (IPC)

Needs:

- Enhancement of surveillance activities especially during the CHAN 2021.

Response:

- According to WHO, the participation of Cameroon to the COVAX initiative will help secure the vaccine in March 2021. Additional stocks are expected in June 2021. The strategy consists of prioritizing health personnel and groups at risk including older people and people with underlying pathologies. Across Africa, 20 per cent of the population is targeted by the COVAX initiative. In 2021, an estimated five million doses will be secured for Cameroon among the 270 million for Africa.
- Surveillance activities are continuing in schools and universities. The table below presents the screening situation in schools and universities as of 27 January.

### Screening activities in schools and universities

<table>
<thead>
<tr>
<th>Régions</th>
<th>Teachers</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tested</td>
<td>Positive</td>
</tr>
<tr>
<td>Adamaoua</td>
<td>1,889</td>
<td>8</td>
</tr>
<tr>
<td>Centre</td>
<td>512</td>
<td>-</td>
</tr>
<tr>
<td>Est</td>
<td>931</td>
<td>17</td>
</tr>
<tr>
<td>Extrême-Nord</td>
<td>1,552</td>
<td>10</td>
</tr>
<tr>
<td>Littoral</td>
<td>5,270</td>
<td>36</td>
</tr>
<tr>
<td>Nord</td>
<td>1,490</td>
<td>3</td>
</tr>
<tr>
<td>Nord-Ouest</td>
<td>2,798</td>
<td>16</td>
</tr>
</tbody>
</table>
Gaps & Constraints:

- Although vaccine related awareness activities have not started, there is already misinformation on social media.
- Difficulties in complying with distancing measures in schools given the excessive number of students in classes and the deplorable hygienic conditions sometimes.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Needs:

- Development of a RCCE communication strategy on the COVID-19 vaccine acceptance.
- Maintaining the mobilization and motivation of RCCE actors despite communities’ continuous belief about the end of COVID-19.

Response:

- More than 20 million people were reached with key messages on COVID-19 prevention and the use of the COVID-19 management services, which have been made available with the activation of the Incident Management System (IMS). The IMS is based on information reported on traditional and social media as well as through community awareness sessions, including door to door visits, awareness sessions provided in the places of worship, markets, and bus stations, as well as in health facilities, hotels, schools, etc.
- On 12 and 13 January, the Ministry of Health, UNICEF, and WHO organized a workshop in Mbalmayo, to validate the revised awareness materials which will be used during CHAN events as well as at the air entry points of Douala and Yaoundé.
- On 12 January, UNICEF, WHO and the Expanded Program of Immunization (EPI), contributed to the development of the RCCE component of the COVID-19 vaccine deployment plan. UNICEF and WHO also participated in the meeting between the EPI and the joint Scientific Committee – committee supervised by the CCOUSP and technical advisor of the Ministry of Health on COVID-19 response – on the introduction of the vaccine.

Gaps & Constraints:

- The RCCE COVID-19 response plan needs to be updated.
- An evidence-based risk communication plan (KAP) preceding the introduction of COVID-19 vaccine is needed.
- An anthropological study of the qualitative audit of the response which analyzes the key determinants of the social acceptability of measures to prevent COVID-19 is needed.

POINTS OF ENTRY (PoE); OPERATIONAL SUPPORT AND LOGISTICS

Needs:

- A knowledge of all points of entries and the strong presence of the Ministry of Health is needed to reinforce surveillance.
- A reinforcement of the safety of travelers in UNHAS flights is needed in response to the increase in the number of positive reported cases.

Response:

- IOM conducted a new situational analysis, examining PoEs capacities and needs. The results will be shared in the February dashboard, and will be instrumental for the continuation of capacity building activities and the prioritization of intervention sites, in partnership with the Government.
• Continuation of the distribution of containers in three priority PoEs, including Garoua-Boulai, Kentzou, and Ntam in the East region.
• In January, UNHAS reviewed its COVID-19 preventive measures in response to the increase of positive cases reported by health authorities.

**Comparison of latest screening figures of migration flow at sea, land and air points of entry**

<table>
<thead>
<tr>
<th>PoEs</th>
<th>Arrivals</th>
<th>Tested</th>
<th>Positive</th>
<th>Rate (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land PoE</td>
<td>2,594</td>
<td>1,647</td>
<td>14</td>
<td>0.85</td>
</tr>
<tr>
<td>Air PoE</td>
<td>9,040</td>
<td>70,602</td>
<td>47</td>
<td>0.07</td>
</tr>
<tr>
<td>Maritime PoE</td>
<td>1,124</td>
<td>986</td>
<td>24</td>
<td>2.43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47,953</strong></td>
<td><strong>34,278</strong></td>
<td><strong>121</strong></td>
<td><strong>0.12</strong></td>
</tr>
</tbody>
</table>

*Source: WHO*

**Gaps & Constraints:**
• Border health posts are poorly equipped to carry-out surveillance activities.