



CASE STUDY

COVID-19: PROTECTING LIVES IN CAMEROON

Eyewitness testimony

Prof. Omer Njajou is an expert epidemiologist who coordinates our work, saving lives in Cameroon. He works with TDDA through Centre Pasteur du Cameroun to strengthen the country's ability to diagnose and isolate cases of COVID-19 and prevent the spread of the pandemic.

"I knew lots of people were at risk from COVID-19, particularly in the poorer regions of our country. I was so happy that we were able to mobilize funding to increase access to testing services and boost diagnostic capacity. Without local access to free tests, many people would not have discovered they were infected with this deadly virus. They could so easily have passed it on to vulnerable family and community members. I am convinced many lives were saved."

Prof. Omer Njajou,
Cameroon country coordinator, TDDA

COVID-19 in Cameroon

Omer's concern was shared by many in Cameroon. Cameroon is one of the countries in sub-Saharan Africa that has been worst hit by the pandemic.

The country's first COVID-19 case was identified on 6 March 2020. By 30 March, the Minister of Public Health reported 142 active cases and six deaths.¹ Sadly, these numbers continued to climb. By June, there were 6,688 new cases detected that month, bringing the total number of confirmed cases to 12,592, with a total of 313 deaths.²

While the numbers of infections may appear low, relative to other parts of the world, this is in large part due to Africa's limited testing capacity. At the early stage of the pandemic in Cameroon, people could only get tested in the capital, Yaoundé. Yet the risk of catching COVID-19 in other, poorer regions of the country was also very real. Levels of infection in rural communities were unknown, meaning the virus was potentially spreading unchecked. Without access to testing, more understanding of the risks and more support for vulnerable people like the elderly, the pandemic threatened the lives and livelihoods of 26 million people.

Background

Strong health systems need strong institutions, infrastructure, surveillance systems, and well-trained and equipped staff. Without them, disease outbreaks can quickly become epidemics or pandemics.

While the Cameroon government is committed to working towards International Health Regulation standards for strong health systems, this ambition has yet to be realized. Even before COVID-19 arrived on Cameroonian soil, the country faced a number of health challenges:

- High risk: The Index for Risk Management (INFORM) is a global open-source tool for humanitarian crises. It uses over 50 indicators to measure hazards, people's exposure to them and the resources available to a country to cope. Cameroon is evaluated as high risk.
- Conflict: Government is trying to counter internal insurgencies as well as the spill-over from instability in neighbouring countries. Political instability makes epidemic control far harder.

- Human development: Cameroon was ranked 150th out of 187 countries in the 2018 Human Development Index, a measure based on average life expectancy, education and economic standard of living per head. In Cameroon, 37.5% of people live below the poverty line. In rural areas, this figure is over 58% and increasing.
- Health security needs to be more strongly reflected in government plans and budgets. At 4.7% of GDP, government spending on health is low.
- Uneven access to healthcare: Much of the country's medical capacity is focused on the Centre Region, where Yaoundé is located. The region is home to 18% of the total population yet has 38% of Cameroon's practising doctors, compared to the far north with 18% of the population and only 8% of doctors.
- Epidemic risk: Epidemics are frequent in Cameroon. The previous five years had seen epidemics of cholera, bacterial meningitis, influenza, measles, yellow fever and poliomyelitis.
- Border challenges: One of the factors that make Cameroon vulnerable to disease outbreaks is that its boundaries with neighbouring countries are porous. There are significant challenges in detecting and caring for sick travellers arriving in the country. As a result, epidemics can easily be transmitted across borders.
- No early response mechanism: Cameroon has yet to introduce a multi-sector, multi-risk plan to prepare for, and cope with, public health emergencies.

"Health security in Cameroon is still a big challenge. However DAI and FCDO are taking significant steps in improving health conditions through the TDDA programme."

Prof. Omer Njajou,
Cameroon country coordinator, TDDA

¹ "Cameroon's Coronavirus cases move up to 142". *Journal du Cameroun.com*. 30 March 2020. Retrieved 31 March 2020.

² "Coronavirus disease (COVID-19) situation report 163" (PDF). *World Health Organization*. 1 July 2020. p. 6. Retrieved 26 July 2020.

³ *TDDA operates in Cameroon, Chad, Cote D'Ivoire, Mali, Niger and Uganda*.

Tackling deadly diseases in Africa: Partner in crisis

Cameroon is one of six³ focus countries in the Tackling deadly diseases in Africa (TDDA) programme. Our experts on the ground are delivering practical and sustainable changes that strengthen health systems, crisis preparedness and early response.

When COVID-19 cases began to be reported in Cameroon March 2020, it was clear there was an urgent need to respond. Our work to help build early response mechanisms was adapted and put into immediate action. Rather than focusing solely on pre-crisis preparedness, we are helping to save lives by providing technical expertise and financial support during the pandemic.

Our actions

Gap analysis TDDA, along with other technical and financial partners, contributed to operational meetings on Cameroon's COVID-19 response, led by the Ministry of Health. When assessing plans and resources, the need to improve diagnostic and laboratory capacity quickly emerged as a priority. Access to testing needed to be widened beyond the capital city to other high-risk regions. The cost of a test could not be a barrier for poorer people, if lives were to be saved.

Building partnerships

We received nine expressions of interest from national organizations and, with The Operations Partnership, assessed four potential partners to ensure they were capable of delivering vital support at scale, to help fight the pandemic. Alongside the selected organizations, we developed funding proposals that we recommended to the UK Government's Department for International Development (now the Foreign, Commonwealth & Development Office (FCDO)).

Funding support

We developed a proposal with Centre Pasteur du Cameroun (CPC), the national reference laboratory for COVID-19. Our recommendation was successful and FCDO awarded an initial grant of £73,000.

Investing in staff and training

In the first month of the UK aid grant, six laboratory personnel were hired to improve COVID-19 diagnosis capacity, and after a short training was delivered, staff were assigned to the regions.

Free testing roll out

Over 32,000 tests were performed by CPC through to October 2020. The testing is free – which is rare in countries in this region of Africa. By making tests available outside of the city and removing the financial barriers, this testing is providing significant help in controlling the spread of the infection.

Strengthening border procedures

We began by evaluating capacity at points of entry against International Health Regulation requirements, to understand where improvements were necessary. We then developed national guidelines for detecting and managing sick passengers arriving at airports, and held workshops to review, revise and validate these guidelines. Subsequently, we developed national standard operating procedures for cross-border travel, soon to be implemented.



Dr Sara Eyangoh, Scientific Director, CPC



Scaling up vital laboratory capacity



Centre Pasteur du Cameroun building

Outcomes for Cameroon

The main highlight of the COVID-19 response in Cameroon is that mass testing has started in all regions. This has improved case detection significantly. With our support, CPC's increased testing capacity resulted in 3,424 positive cases being identified across Cameroon (Jul-Sep 2020).

“Support from TDDA through hiring of staff was essential to diagnosis and thereby the fight against COVID-19 in Cameroon.”

Dr Sara Eyangoh, Scientific Director,
Centre Pasteur du Cameroun

The Directorate for the Fight against Epidemics and the national public health observatory, which is in charge of outbreak surveillance and response, has also highlighted that TDDA support was vitally important in this. Recently, Cameroon has seen a decreasing trend in new COVID-19 cases.

Our work to improve procedures at points of entry will be important to prevent further infections being transmitted across borders. It will strengthen Cameroon's health system and increase health security relating to other diseases.

What next?

As we have seen from other continents, future waves of the pandemic remain a threat. This is why this important work is ongoing. TDDA continues to participate in weekly COVID-19 task force meetings and closely monitor developments. Based on the initial success of the project, FCDO has increased its grant to £121,000 to allow the project to

continue for a further five months to end March 2021. There is still a need for mass testing in all parts of the country. All Cameroonians must be empowered with an understanding of how COVID-19 spreads and measures that can be taken to reduce the risk of transmission. Communities need to be engaged and play a part in the ongoing national response.

Funding and capability gaps in the government's response plan remain, particularly around testing and communication. TDDA is maintaining contacts with potential community partners as well as the UK government, so that action can quickly be taken should further funds become available. We are developing proposals for a range of activities that will provide personal protective equipment, widespread community health messaging, and food to isolating households.

Having helped to strengthen border procedures, our aim is to work at the regional level to harmonize these with neighbouring countries.

In addition to covering gaps in the national COVID-19 response, our support during this crisis has lent credibility to TDDA's wider efforts in Cameroon. It is helping us to cement our relationship with the government and to be seen as a major technical and financial partner in the pandemic response, and in health security more generally.

What have we learned?

The pandemic continues to underscore the importance of strong, integrated health systems to greater health security. The roll out of mass testing is a demonstrable success in Cameroon. It shows us there is potential to replicate this

free testing model in TDDA's other focus countries. Here too, our funding support and expertise in building early response mechanisms can play a role in supporting national COVID-19 response plans. Gaps have been identified in the delivery of these plans in each country, and our pre-approved partners are well placed to help fill some of these.

“Just as our support during the COVID-19 crisis is helping us build momentum in Cameroon, we believe credibility and trust can similarly be enhanced elsewhere, supporting TDDA's wider aim of better health and health security for everyone.”

Jeffrey Mecaskey, Team Leader, TDDA

TDDA/FCDO funding:
£73,000

Diagnostic capacity increase:
32,438 free tests

Regions: 6

Cases detected: 3,424

Recovered: 95%

Training completed: 6

Lab personnel recruited: 6

Data shown July - September 2020

Tackling deadly diseases in Africa

DAI global health



Funded by UK aid and led by DAI Global Health

For more information go to:

tacklingdeadlydiseasesinafrica.org