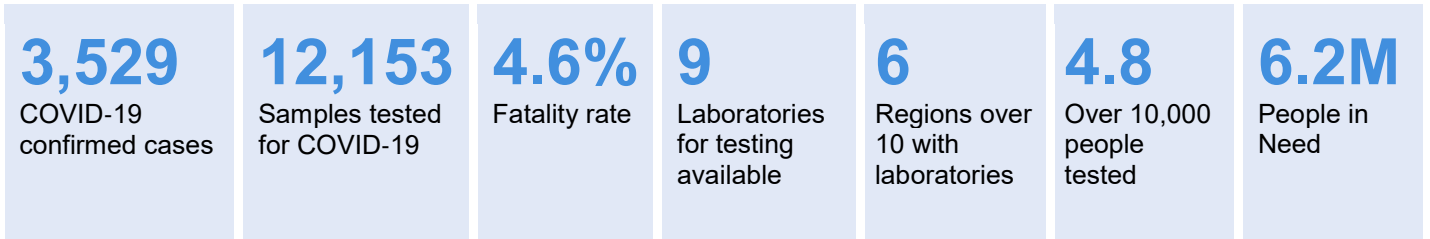
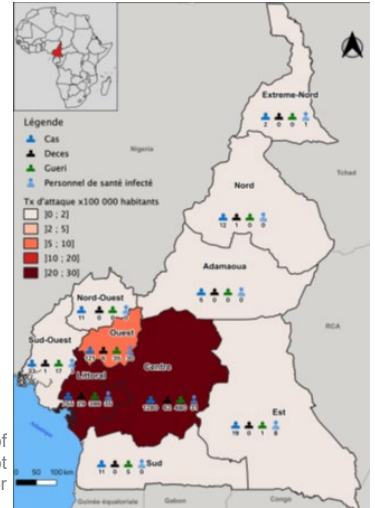


This report is produced by OCHA Cameroon in collaboration with COVID 19 Task force. It covers the period from 4 to 18 May 2020. The next report will be issued on 05 June 2020.

HIGHLIGHTS

- As 17 May 2020, there are 3,529 confirmed COVID-19 cases of in Cameroon, including 140 fatalities
- COVID-19 has spread to all 10 regions of the country
- More than 50% of all confirmed COVID-19 cases are in the Center region
- 131 health personnel infected.
- Young people and men are most affected. Sex ratio (M / F) = 2.5, median age 36.
- The Government of Cameroon, supported by WHO, continues to increase its capacity for COVID-19 testing by decentralizing testing centres in the regions
- Humanitarian response continues across Cameroon, with 6.2 million people in need of humanitarian assistance.

Source: COUSP Sitrep
 COVID-19 cases in Cameroon as of 04 May 2020. The depiction and use of boundaries, geographic names and related data shown on maps are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

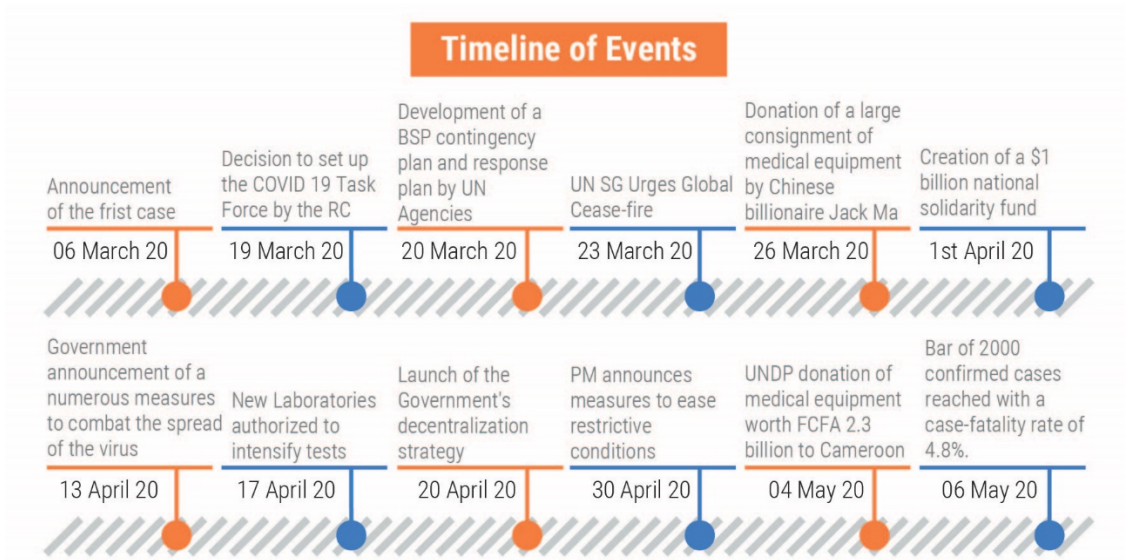


SITUATION OVERVIEW

On 5 March 2020, the first case of COVID-19 was confirmed in Cameroon. On 17 March, the Cameroonian authorities placed the country on maximum alert and activated a contingency plan at emergency level two. Since 18 March, the Government has taken important measures to control the outbreak: closure of Cameroon's land, air and sea borders, school closures, closure of restaurants, bars and entertainment spots after 18:00 hours. On 13 April, these measures were reinforced by new ones, including the compulsory wearing of masks in public spaces, the adoption of locally manufactured chloroquine treatment, and the opening of specialised testing centres in all the regions. Despite these measures, the epidemic continues to progress with confirmed community transmissions. Furthermore, on 30 April, the Government lifted some of the measures previously put in place after having carried out an assessment of the impact of COVID-19 on the national economy.

The banking sector has suspended the granting of loans and small and medium enterprises (SMEs) are among the most affected. Several companies have put employees on technical leave or have laid them off for economic reasons.

Considering the structural weakness of Cameroon's health care system and limited access to WASH services of large parts of the population, the country is ill prepared to contain and respond to the pandemic.



Measures taken to prevent a further transmission of the COVID-19 pandemic and Government travel restrictions affect the operational mobility and constitute a further humanitarian access constraint. In addition, access by the population to their livelihoods and to markets are also deeply affected by the pandemic, as is access to and availability of health care.

Notwithstanding the challenges, the Resident Coordinator/Humanitarian Coordinator (RC/HC) has reinforced the strategy of *stay and deliver* that has resulted in a **revision of the HRP** to integrate COVID 19 measures. This aims to ensure that the people in need will be assisted and protected from the risk of contagion.

GAPS & CONSTRAINTS:

The COVID-19 disease outbreak has seriously disrupted the health system in the entire country. Overall the main challenges are:

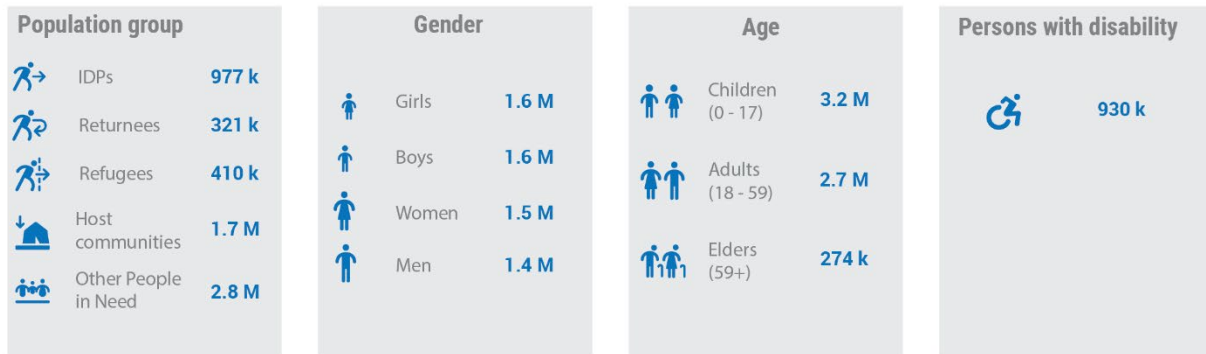
- Population movement, in and out and around the country despite the borders closure. Key points of entry are ill-equipped to check travelers, but they have remained partially open to allow transport of goods to landlocked neighbouring countries. Testing procedures are not in place.
- Lack of medical personnel, support equipment, personal protective equipment, tests;
- Limited hospitalisation capacity for COVID-19 cases, including a limited number of hospital beds and ventilators for severe cases;
- Border closure prolongs the time of supply of sanitary materials;
- The Government's containment strategy to limit the movement of populations between cities and the application of risk reduction measures is not observed by large parts of the population;
- Lack of funding limits the implementation of partners' activities.

COORDINATED RESPONSE

Coordination

With the COVID-19 pandemic, the sectors have reviewed their analysis to consider the effects COVID-19 in the response. Humanitarian actors reprioritised activities to "Do No Harm" and to integrate COVID-19 preparedness and response activities in all humanitarian operations. The number of people in need has increased from 3.9 million before the COVID-19 outbreak to 6.2 million people in need.

PEOPLE IN NEED SUMMARY: 6.2 M

**Response:**

The RC/HC remains the lead for the international COVID-19 preparedness and response efforts. OCHA's Head of Office and the United Nations medical officer are **in charge of operation coordination of the Covid-19 Contingency Planning Exercise** and the **UNCT-wide Business Continuity Plan** as well as leading the **COVID-19 taskforce**, an operational mechanism comprising focal points from UN agencies and the coordination of national and international NGOs, with the aim to coordinate and monitor COVID-19 preparedness and response activities.

Case Management, Infection, Prevention and Control**Needs:**

- Hospitalisation capacity for COVID-19 cases (staffing, beds, laboratories for massive testing and respirators for complicated cases);
- Need to step up the mechanism for detection of suspect cases and high-risk contacts as well as the ability to take care of and follow-up detected cases;
- Regular monitoring and evaluation of health facilities in Isolation Prevention and Control (IPC).

Response:

- The Government set up new laboratories and designated a new care centre. Treatment centres have been set up at the central hospital in Yaoundé, Laquintinie hospital in Douala, Garoua regional hospital and Kribi district hospital for people with COVID-19 symptoms. In addition, incident management is now entrusted to health districts.
- The World Health Organization (WHO) has made a dozen of vehicles available to the Government to facilitate the deployment of teams in the field and the transport of samples. In addition, 10,000 surgical masks and pairs of gloves were purchased;
- Deployment of 35 national WHO experts to support the response to COVID-19: 24 epidemiologists, four Infection Prevention and Control centres (IPC), one case manager, one geolocation expert, one pharmacist and two communication experts;
- Training of community health workers on the use of District Health Information Software (DHIS) 2 software trackers for community-based surveillance of COVID-19 cases;
- Support for decentralised management of the regional response throughout training for 250 community-based health workers on secure burial of bodies of COVID-19 dead patients;
- In coordination with the Government, in the East, Adamawa and North, an ambulance has made available to support the rapid intervention;
- Support in protection and prevention equipment such as personal protective equipment, disinfection products, tap buckets, sprayers, etc.

Entry Points, Operational Support and Logistics

Logistical support is a key element in the COVID-19 response for the active search for infected people, the transport of medicines and other equipment and for the transportation of test samples. As of 18 May, there are inbound and outbound humanitarian flights operated by the World Food Programme (WFP) from Accra to Yaoundé via Bangui, operating on Thursdays and Saturdays.

Needs:

- Despite the closure of the borders, international travel still takes place; the International Organisation for Migration (IOM) has identified more than 70 entry points for this purpose. These entry points must be endowed not only with personnel capable of testing, but also with the tools and equipment to do this work;
- Logistics support is needed in terms of increasing storage capacity by using light structures made of mobile storage units (MSU) in each of the regions including Yaoundé. The aim is to establish logistics platforms in strategic areas that can serve as storage locations for humanitarian assistance and hence facilitate logistics support to partners in those areas;
- Extend logistics support to road transport of medical materials when a formal request is formulated by the Government;
- Provide air transport services inside the country to humanitarian and health partners to allow health and humanitarian responders to efficiently and effectively deliver relief as needed, ensuring flexibility to shift humanitarian cargo and personnel;
- Build Government staff capacity in warehouse management.

Response:

- Checklist for the evaluation of entry points has been developed and standard operating procedure put in place for primary screening at airports, bus and train stations;
- Two MSUs have been installed in Yaoundé: the Yaoundé/Olembe isolation centre is used to store medical gears and equipment and the central hospital serves as an isolation room;
- Transport plans for COVID-19 materials have been submitted by the Ministry of Public Health (MoH)/ the Centre for Emergency Operations of Public Health (COUSP) covering: (i) the Far North (Maroua), (ii) the Littoral and the (iii) third one covering the transport of COVID-19 equipment's from the airport to the MoH warehouse in Yaoundé;
- WASH materials for basic hygiene has been set up at all food distribution points, offices and warehouses (hand wash containers, water, soap and sanitizers); the number of distribution points was increased in order to respect social distancing measures at each site;
- Resumption of UN Humanitarian Air Service (UNHAS) to the Far North. Health materials of the Ministry of Public Health have been taken from Yaoundé to Maroua;
- Six prefabs have been installed in Buea, Bamenda and Bertoua, and will be operational by the end of May;
- The Logistics Working Group (LWG), coordinated by the WFP, was activated to support the response.

Risk Communication and Community Engagement (RCCE)

A major problem posed by the COVID-19 pandemic is preventing the transmission. To do so, engaging the community and communicating effectively is key.

Needs:

- Need of appropriate communication to combat increasing stigma and the spread of false rumours through surveys and opinion polls;
- Distribution of flyers and posters, diffusion of spots on local radios and televisions for the dissemination of prevention message.

Response:

- In coordination with UN Children's Fund (UNICEF), 9,646,020 people were reached by key messages relating to the adoption of barrier gestures to combat COVID-19 in the ten regions from 6 March to 7 May;
- 139,878 community feedbacks were received and processed through the toll-free hotline 1510 from 6 March to 6 May;
- Training and involvement of multi-skilled and multi-task Community Health Workers (CHWs) on COVID-19-Malaria-HIV integrated activities.

Refugees

- The UN High Commission for Refugees (UNHCR) has reinforced health infrastructures at refugee sites by constructing semi-durable and temporary buildings in order to increase the capacity of care of the centres;
- Water points have been installed on refugees' sites;
- Door-to-door sensitisations was carried out for the application of prevention measures adopted by the Government;
- Establishment of vigilance cells to launch an alert in the framework of the detection of suspicious cases;
- Distribution of soap on and off site;
- The manufacture by refugees and for refugees of protective masks and soaps.

FUNDING

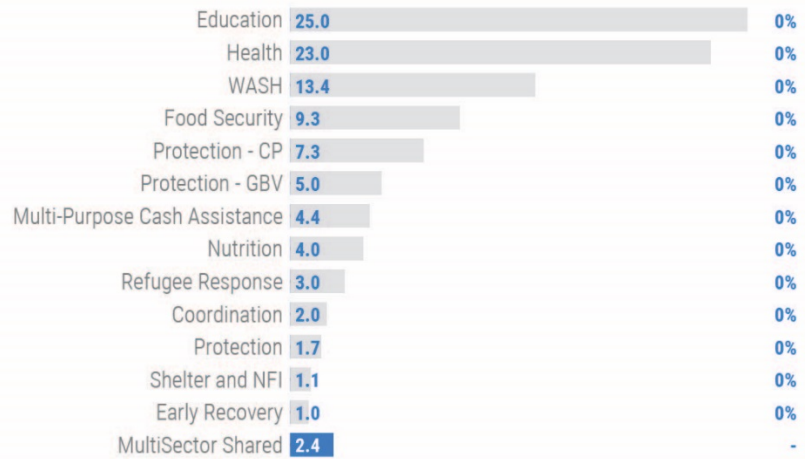
Cameroon HRP COVID 2020

US\$ 101.1 Million requested
US\$ 2.4 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

There are non-HRP financial resources that have been mobilized as part of the response to COVID-19, the details will be communicated in the next version of the SitRep.

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