



**German Funding:  
Support to WHO's  
COVID-19 Response 2022  
under the ACT-Accelerator**

**WHO Cameroon Report**

*Final report, covering 1 January 2022 – 28 February 2023*

# INTRODUCTION

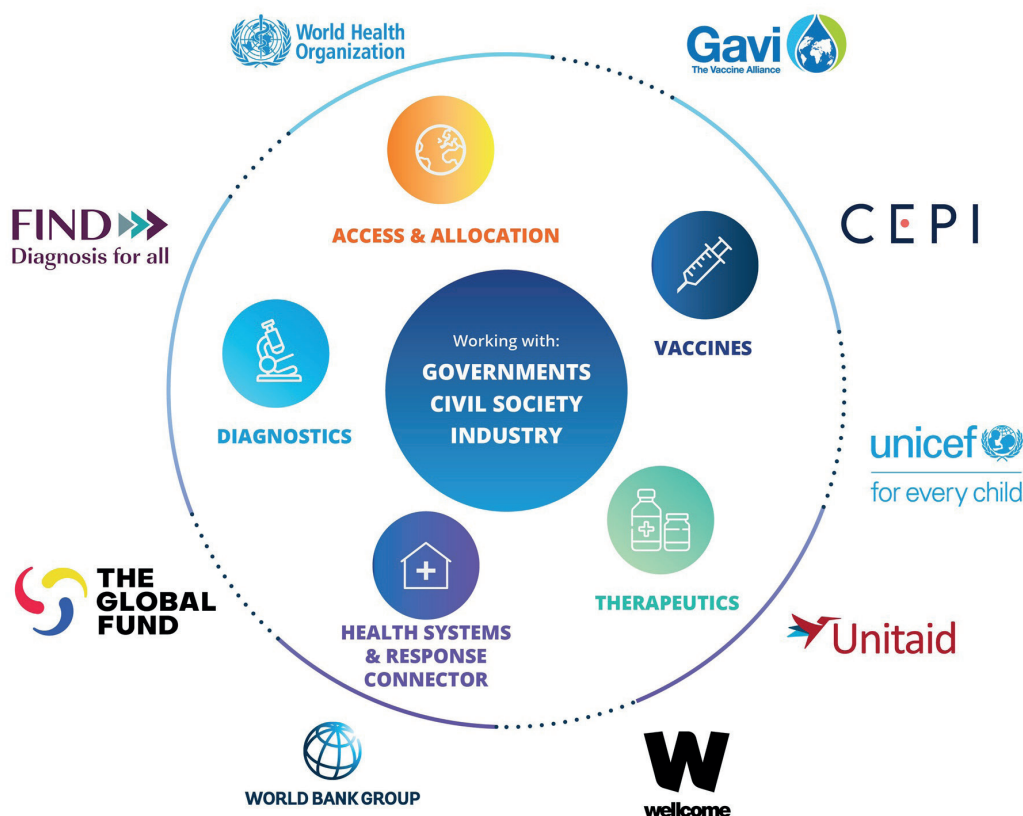
World leaders start a campaign to raise the US\$ 16 billion ACT Accelerator funding gap and the US\$ 6.8 billion in-country delivery costs needed to take important steps toward ending the pandemic as a global emergency in 2022. The ACT-Accelerator initiative works to overcome vast global inequities by providing low- and middle-income countries with access to COVID-19 tests, treatments, vaccines, and personal protective equipment. The ACT-Accelerator agencies urgently need new funding to scale up their work to develop and deliver the COVID-19 countermeasures essential to address the threat of Omicron and prevent even more dangerous variants from emerging. A diverse group of governments has agreed on a new financing framework developed in support of the ACT Accelerator, which makes 'fair share' requests of richer countries to contribute to the global fight against COVID-19. The ACT Accelerator is calling for the support of higher-income countries at a time when vast global disparities in access to COVID-19 tools persist. Key activities include: in-country rollouts to get vaccines into arms, support community engagement, and cover ancillary costs for donations—contributing to countries' national vaccination objectives towards the global target of

70% coverage in all countries by mid-2022; Purchase and distribute lab tests—and expand sequencing capacity, enabling countries to direct public health measures, deliver more effective 'test and treat' strategies, and track how the virus evolves; Procure treatments as well as meters of oxygen; Protect health workers with PPE; and support clinical trials for treatments and vaccines to help address variants of concern and initiate the development of broadly protective coronavirus vaccines.

Germany is the first country to pledge to meet its 'fair share' of the ACT-Accelerator's 2021/22 budget, with a generous contribution of US\$ 1.22 billion towards the partnership's vital work on access to COVID-19 treatments, tests, vaccines, and personal protective equipment.

WCO Cameroon Budget Center received a total of 5,536,434 USD, distributed in 4 COVID-19 awards and work plans (73579, 73683, 73684, and 73685). We will be presenting key achievements, success stories, and challenges in implementing ACT-A activities in Cameroon using German funds.

## ACT accelerator ACCES TO COVID-19 TOOLS



# SECTION I

## ACT-A Pillar: Vaccination



### 1.1. Major outcomes, achievements and impact

Vaccination Specific Objective: Drive in-country rollouts to get vaccines into hands, create a pandemic vaccine pool of COVID-19 doses, support community engagement, and cover ancillary costs for donations—contributing to countries’ national vaccination objectives towards the global target of 70% coverage in all countries by mid-2022.

In Cameroon, the main vaccination activity was the implementation of the 5th round of the national intensive immunization campaign, conducted from November 18–27, 2022, to reach at least the 10% immunization coverage milestone for the population. Major outcomes include: 2,019,118 doses administered. The COVID-19 vaccination coverage of the total population increased from 4,3 percent before the 5th round of the mass campaign to more than 10,2 percent as of February 28, 2023.

### 1.2. Operational challenges and lessons learned

The main challenges have been addressing vaccination hesitancy and the global target of 70% coverage in all countries by mid-2022.

In Cameroon, lessons learned regarding COVID-19 vaccination include: people are more interested in the single-dose vaccine; High-level advocacy by partners to national leaders in the administrative, religious, and civil society sectors has significantly increased acceptance of immunization; The launch of the immunization campaign in all 10 regions and districts by the governors and prefects has helped to increase the population’s adherence to immunization. The increase in the number of social mobilizers and the number of mobilization days has enabled good local communication. Advocacy meetings in health facilities and training on immunization have improved the adherence of medical staff. The door-to-door

strategy to improve access to vaccination International supervision support and the strengthening of national supervision have relatively improved the deployment of immunization, and The mobilization and vaccination teams in the health areas and the extension of the campaign from 5 to 10 days have relatively increased the number of doses administered compared to previous campaigns.

### 1.3. Donor visibility and success stories

#### Donor visibility

In Cameroon, all communication materials that were distributed nationwide and in digital media had the Germany flag and/or GIZ logo. This includes posters, flyers, banners, gadgets, digital content (on Facebook, Instagram, and YouTube), videos, and animations. The same was done during the evaluation and dissemination workshops of the campaign results

in the presence of government representatives and international and national partners. Visibility activities are still ongoing, including the dissemination of several videos that have been produced, presentations, and the dissemination of good practices and lessons learned during regional meetings and conferences.

#### Success Stories and selected beneficiaries' quotes

In Cameroon, In the Obala Health District, the Sub-divisional Officer, who was making his rounds, accepted the integration of the District Medical Officer into his staff for sensitization and vaccination. «At first, it was fear with all the things that were said on social networks... I received my vaccine against COVID-19 when the minister was vaccinated. After many explanations, I understood that it was essential for our protection. «I waited for a long time; I wanted to see the reaction of the vaccine on those who were vaccinated. I noticed that there was nothing, and I said, well, I'll try it too; you never know.



# SECTION II

## ACT-A Pillar: Therapeutics



### **2.1. Major outcomes, achievements and impact**

Therapeutics Specific Objective: Procure treatments for COVID-19 patients, as well as oxygen in low-income countries.

Cameroon received 1,050 vials of Tocilizumab (ACTEMRA 400 mg/20 mL) for the treatment of severe COVID-19 cases. It was funded by EGPAF with the logistical support of WHO/AFRO-OSL. The German funding contributed to strengthening the capacity of health care providers to use this new treatment. This training, entitled «Capacity Building of Frontline Health Workers in Case Management of Severe Cases of COVID-19 Using New Therapeutics» (Tocilizumab, Molnupiravir, and Ritonavir), was held on August 23–26, 2022, in Douala. A total of 31 health workers (anesthesiologists, general practitioners, senior nurses, and senior anesthesia technicians) were trained in the use of new COVID-19 therapeutics for severe cases and other intensive care and resuscitation techniques. Improving the quality of management of severe cases

of COVID-19 and other intensive care in the emergency and resuscitation departments. This is a contribution to reducing the mortality rate.

### **2.2. Operational challenges and lessons learned**

#### **Challenges and lessons learned**

Integration and validation of these new COVID-19 treatments into the national clinical management protocol for COVID-19 in Cameroon. Late approval by the scientific committee due to the analysis of the evidence. Duration of the supply of these treatments and logistical difficulties in the field.

Difficulty in preserving these molecules by maintaining the cold chain (-8 degrees Celsius)

### **2.3. Donor visibility and success stories**

Donor visibility was guaranteed as described in the previous sections.

# SECTION III

## ACT-A Pillar: Diagnostics



### 3.1. Major outcomes, achievements and impact

#### Diagnostics Specific Objective:

Purchase COVID-19 tests and expand sequencing capacity, enabling countries to direct public health measures, deliver more effective 'test & treat' strategies, and track how the virus evolves. Protect health workers with PPE.

In order to support countries in their fight against the 2019 Coronavirus pandemic, the WHO Regional Office for Africa (AFRO) has developed a Community-Based Surveillance and Response (CBSR) initiative aimed at strengthening the efforts of selected member states in the African Region in detecting and responding to the COVID-19 pandemic in areas at risk. This project aims to contribute to the reduction of cases and keep the country's districts in control of COVID-19 through early detection.

In Cameroon, in addition to USG funding, German funding from WHO AFRO helps extend this community project in 5 additional health districts and acquire and distribute rapid diagnostic tests (Ag-RDT) for COVID-19. One of the specific objectives of this project is to keep the country's districts under the control of COVID-19 through early case detection.

#### Key results include:

- Surveillance and laboratory pillars: 783 positive COVID-19 cases detected early in the community; 4356 contacts identified; 48800 Ag-RDTs performed, of which 783 positive cases for an overall positivity rate of 1.6%. A total of 688 positive samples from confirmed cases were sent for whole genome sequencing. Following SARS-CoV-2 Omicron subvariants of concern were identified: BA.5, BA.4, BA.1, BE.1.1.1.

- Infection, prevention, and control: 756 hygiene kits, including hand sanitizers and facial masks, were distributed. Positive cases received an IPC kit, and 1093 households were disinfected.
- Vaccination: The number of people vaccinated increased from 25,727 at the end of the first phase (EW 34) to 45,666 at EW 49.

This critical community activity improves early detection and response to ongoing epidemics and contributes to the reduction of related mortality.

### **3.2. Operational challenges and lessons learned**

#### **Challenges:**

Late reporting of project data by project actors; reluctance of some populations to be screened; Limited logistical means for transporting samples of COVID-19 positive cases to reference laboratories; Lack of a quality assurance register for COVID-19 screening in health centers; Cases of refusal of vaccination against COVID-19 in communities; demotivation of field actors.

#### **Lessons learned:**

Ownership by the Ministry of Health at the highest level facilitates the implementation of the project (signing of correspondence; effective involvement of officials in monitoring implementation); The offer of RDT screening to all users of health facilities improves case detection. The presence of community health workers in the health facilities and their regular visits to the communities have enabled the population to adhere to screening and vaccination.

### **3.3. Donor visibility and success stories**

Donor visibility was guaranteed as described in the previous sections. This community-based surveillance and response initiative using SARS-CoV-2 antigenic rapid diagnostic tests has a real impact on the early detection of COVID-19 cases in the community. This also effectively contributed to enhancing whole genome sequencing in terms of genomic surveillance, identifying variants of concern, and guiding COVID-19 in general.



# SECTION IV

## ACT-A Pillar: Health Systems Strengthening



### **4.1. Major outcomes, achievements and impact**

Health Systems Strengthening Specific Objective: The Health Systems and Response Connector (HSRC) ensures all countries have the necessary technical, operational, and financial resources to translate new COVID-19 tools into national response interventions to stop transmission and save lives.

In Cameroon, the German funds, along with other funding, helped fill in the gaps in the implementation of some COVID-19 response activities that related to strengthening the health system. These include rehabilitating four waste management areas in hospitals in the east and west. In the east, these are at Bartoua Regional Hospital, Batouri District Hospital, Baffousam Regional Hospital, and Foumban District Hospital. In the west, these are at Bartoua Regional Hospital, Baffousam Regional Hospital, and Foumban District Hospital. These hospital waste management

areas will improve the prevention and control of infections in health facilities and ensure the well-being of staff. The drilling of water wells and water tanks with a capacity of 20,000 liters at the SOA District Hospital to improve water supply in this health facility; and finally, the rehabilitation of the Olembe Arrondissement Medical Center, including an outpatient care ward and a laboratory for disease diagnosis. Overall, about 15 percent of the completion work is still in progress.

### **4.2. Operational challenges and lessons learned**

The availability of enough funds to complete the rehabilitation of sustainable health infrastructure is a key challenge in mobilizing resources. The rehabilitation of health infrastructure has a high impact on health but is expensive.



### 4.3. Donor visibility and success stories

The funding acquired have enabled Cameroon poses new and improved infrastructures for better COVID-19 management.

#### *Construction of waste management areas in the Regional Hospital of Baffoussam*

Before



Ongoing rehabilitation

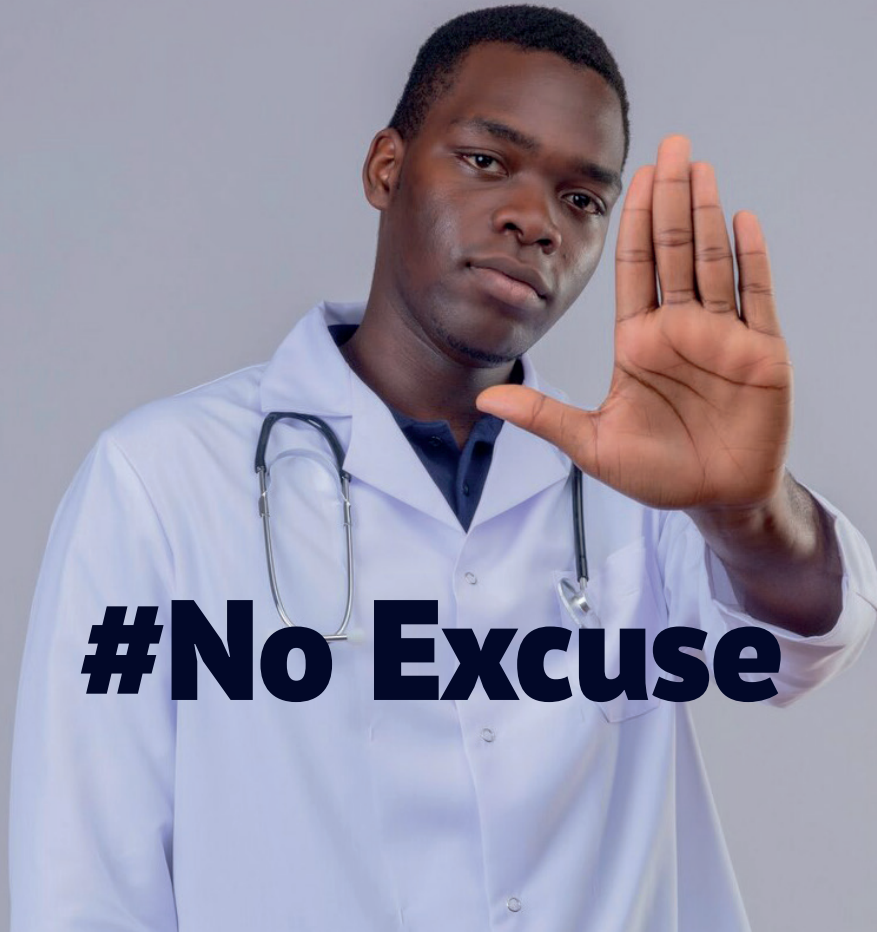


#### Rehabilitation of the CMA of Olembe including outpatient ward and laboratory.



# SECTION V

## Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)



Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH).

WHO has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. Our work prioritizes the rights, needs and agency of victims and survivors.

In Cameroon, the implementation of activities related to preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH) as part of the COVID-19 work plan was effective. Along with briefing staff and partners, completing the PRSEAH course, and signing the code of conduct and ethics, PRSEAH-themed communication materials were made, printed, and given out. This includes 1000 code of conduct

cards, 1000 no excuse cards, 1000 note cards, 400 file folders, 400 branded pens, and 2 code of conduct roll-ups. All of this information will help the organization move the PRSEAH agenda forward, get people to take action on prevention, and get everyone involved in protecting the survivors. The communication and sensitization materials support the initiatives and actions taken by the local PRSEAH team to establish a zero-tolerance culture within the organization. The materials that have been bought are sent all over the country to all staff members and all implementing partners. Activities are also scheduled to take place within the

# SECTION VI

## M&E

Not applicable at in-country level.

# SECTION VII

## Next steps and sustainability of investments

The activities carried out with German funds within the framework of the COVID-19 response in Cameroon, including capacity building of actors with the provision of working tools for surveillance, diagnosis, and management, materials and equipment provided, as well as rehabilitated infrastructure, will serve to strengthen the health system beyond the project. It is nevertheless necessary to continue this transition with follow-up activities.



*Dr Tedros, Director-General, WHO and H.E. Dr Karl Lauterbach, Germany's Federal Minister of Health*

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