

Finding the Balance: Public Health and Social Measures in Cameroon

Data updated 19 August 2020



Background

Public health and social measures (PHSMs) are an important strategy to slow transmission of COVID-19 and reduce the pressure on health care systems, but they can place a significant burden on people, especially when they restrict movement or access to services. This brief aims to inform policy decisions in Cameroon that balance the benefit of PHSMs for reducing transmission with other priorities, including economic and social impacts. It is based on the review, synthesis and analysis of data illuminating different dimensions of COVID-19 in Cameroon—including a nationally representative telephone poll, media monitoring, epidemiological data and other publicly available data sources. Data sources and methods are described at the end of the document.

Highlights

Disease Dynamics: Cameroon was affected early on with a sizable COVID-19 epidemic. Reported cases increased substantially in May and peaked in late June. Trends should be interpreted with caution due to infrequent case reporting.

PHSM Implementation: The government enforced a strict lockdown in March before gradually reopening in May and June, despite a continued rise in reported cases. Border closures and a mandate to wear masks in public are the only measures still in effect.

PHSM Support and Adherence: While support for personal measures (such as washing hands, wearing a mask and avoiding physical greetings) to reduce COVID-19 transmission is high in Cameroon, support for public gathering measures (such as avoiding large gatherings and places of worship) and measures that restrict economic activity (such as staying home or reducing trips to markets and stores) is lower. Nearly all PHSMs have been lifted, except for a nationwide mask mandate and border closures. Self-reported adherence to preventive behaviors is relatively low. Traditional news and social media coverage of PHSMs was primarily positive during the monitored period.

Risk Perceptions and Information: The majority of respondents recognize the threat COVID-19 poses to their country but hold low perceptions of personal risk. Misinformation continues to circulate on social media and a majority of respondents in Cameroon have misconceptions that could undermine adherence to preventive behaviors.

Essential Health Services: Respondents in Cameroon reported accessing essential health services during the COVID-19 outbreak, with more than half that needed health care reporting difficulty accessing health care visits (54%). Additionally, over 40% of those needing medications reported difficulty obtaining them—particularly respondents with longstanding illnesses and urban residents. A frequently forgone health service was suspected malaria, which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment.

Economic Burden and Food Security: Most respondents in Cameroon (78%) report having lost income compared to last year, and a similar proportion are facing difficulty accessing food. Border closures are disrupting food supply chains leading to food insecurity and decreases in profits for farmers who rely on cross-border sales, according to reports in traditional news. Water and food insecurity drove discussion of PHSM burdens in traditional news and social media coverage.

Security: Twelve COVID-19 security incidents have been reported in Cameroon, with the number declining each month since April. Half of these incidents involved violence between protestors and police or military forces. Protests stemmed from various causes, including three related to prison conditions and three demanding greater economic relief.

Disease Dynamics and PHSM Implementation

Total Cases (Cumulative incidence per 100,000 population)	Total Deaths	Diagnostic Tests (Tests per confirmed case ratio)	Case-Fatality Rate
18,662 (74)	408	186,243 (10)	2.2%

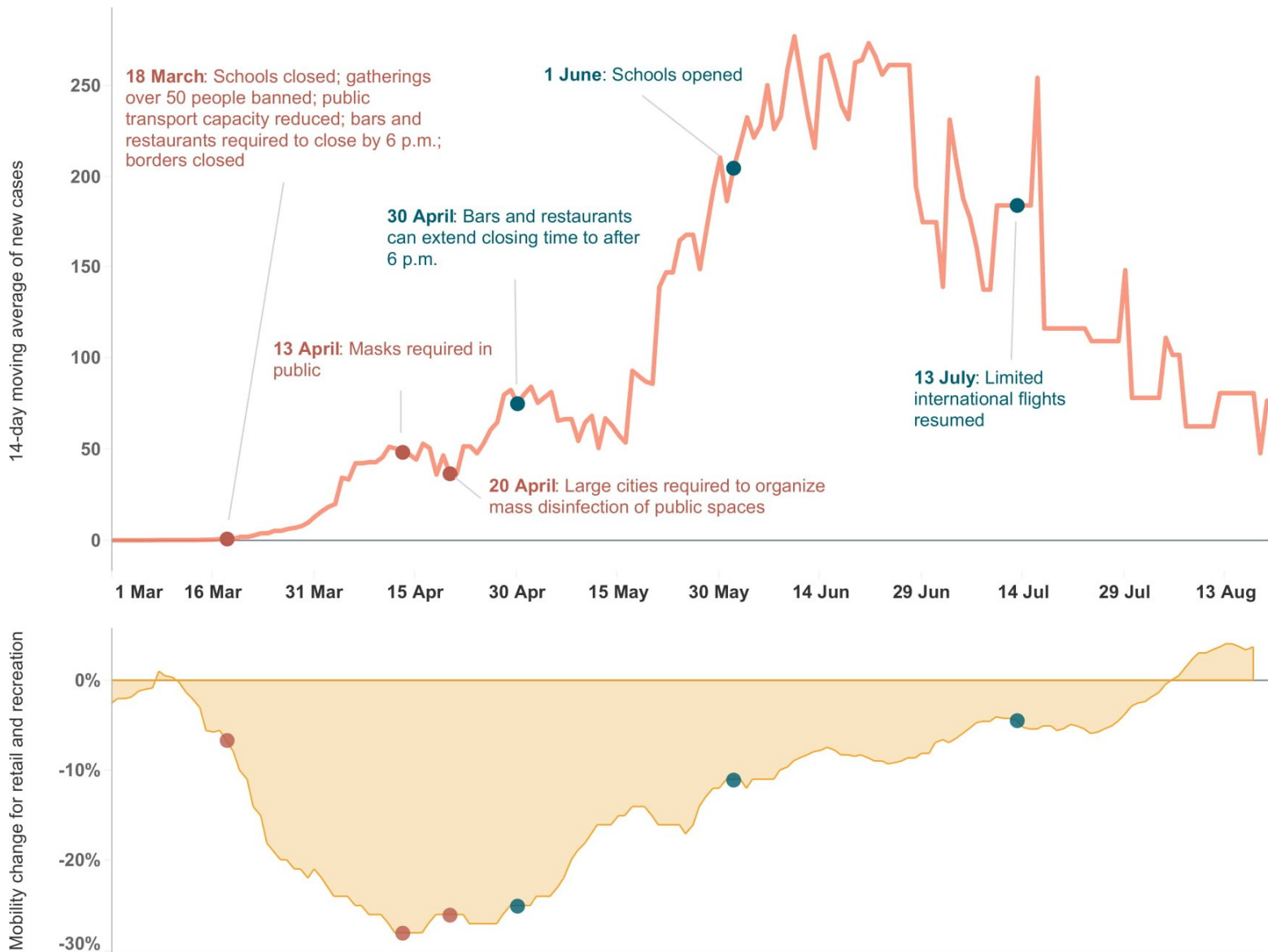
WHO recommends 10-30 tests per confirmed case as a benchmark of adequate testing.

The use of PHSMs should respond to the changing epidemiological situation. When these measures are effectively implemented and adhered to, they can significantly reduce disease transmission. Phased and adaptive loosening of measures can prevent spikes in transmission while lessening the burden on communities. If transmission accelerates, reintroduction of targeted measures may be needed to control the epidemic.

Cameroon was affected early on with a large COVID-19 epidemic. New reported cases increased substantially in May, peaking in late June. Though counts appear to have declined since then, trends should be interpreted with caution due to infrequent reporting since late June.

- Unlike many other African Union (AU) Member States, Cameroon enacted less restrictive measures and did not impose a stay-at-home order. Starting in March, school closures, a ban on large gatherings, and limitations on public transportation capacity were put in place. The next month, a face mask mandate was enacted for public spaces, all while reported cases were still low. Beginning in early May, Cameroon began to loosen restrictions on public transportation followed by nationwide school reopening in June. Reported cases rose sharply relatively soon after restrictions were lifted.
- The only PHSMs still in effect are a nationwide mask mandate and border closures. In addition, the government is currently considering reopening national borders to ease COVID-19-related economic burdens, specifically for agriculture.
- The tests per confirmed case ratio indicates that testing capacity just meets recommended guidelines.
- Cameroon is only reporting cases every five days, which helps to explain the variation in new cases in the epidemic curve below.

Cameroon's early restrictions in mid-March resulted in a steep decline in population mobility, which increased and slightly surpassed pre-COVID baseline levels from the end of July to early August.



Data sources: Africa CDC, Google Community Mobility Reports, ACAPS, OxCGR Note: Mobility changes for retail and recreation shows the percent change compared to baseline (3 Jan-6 Feb) in visits to retail and recreation sites (e.g. restaurants, cafes, shopping centers, etc.) among Google users.

PHSM Support and Adherence

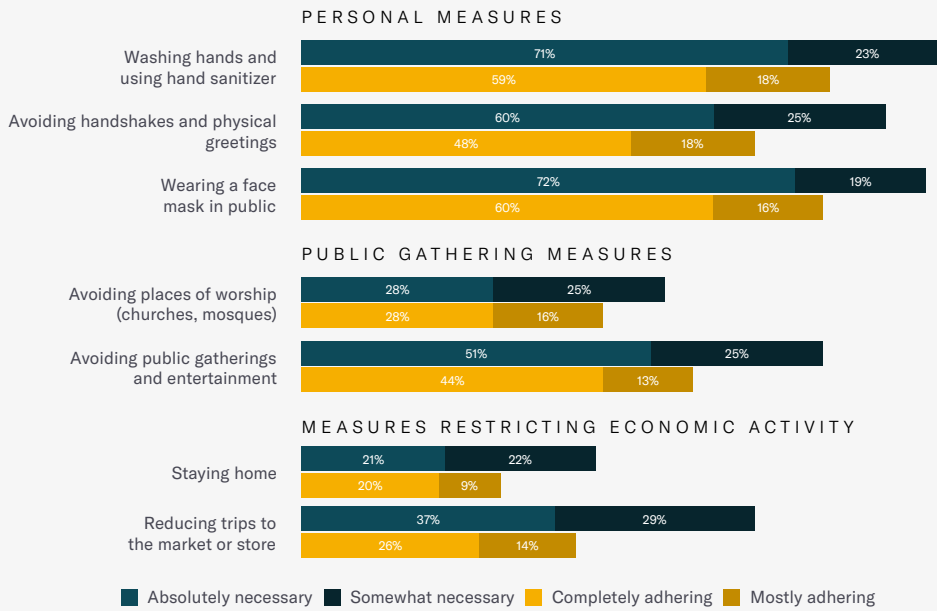
PHSM effectiveness relies on widespread behavior change. To identify measures that have a higher likelihood of acceptance, it is critical to monitor public support, adherence, and overall trust and confidence in the government response. Where adherence is lower, further analysis of barriers to behavior change can strengthen PHSM implementation and help to mitigate burdens.

Survey respondents in Cameroon have high levels of support for personal preventive measures but support is lower for specific measures that restrict economic activity and for reducing visits to places of worship. Two-thirds of respondents favor loosening restrictions to ease economic burdens.

- Respondents in Cameroon have lower levels of self-reported adherence for measures that restrict economic activity, such as staying at home or reducing trips to markets, which may reflect the lack of restrictions on movement as well as the burden that these preventive behaviors can cause.
- Support for avoiding places of worship (53%) is notably low, suggesting that ensuring safe ways to continue religious gatherings will be important. Respondents also have lower levels of self-reported adherence for personal measures, such as avoiding handshakes. Guidance should take into account cultural norms around physical greetings.
- Nearly all survey respondents in Cameroon report having a face mask; however, the number of respondents who reported adherence to mandatory face mask use in the previous week is substantially lower (76%). Analysis of barriers to face mask use could inform strategies to increase adherence.
- Nearly two-thirds of survey respondents support the government's response to the COVID-19 crisis; notably, this proportion is lower than other AU Member States surveyed.
- Two-thirds of respondents favor loosening restrictions overall to reduce economic burdens, although nearly 70% are anxious about resuming normal activities.
- Narratives about PHSMs in traditional news and social media were largely positive. However, traditional news media sources reported widespread instances of nonadherence to PHSMs, including people wearing masks incorrectly.

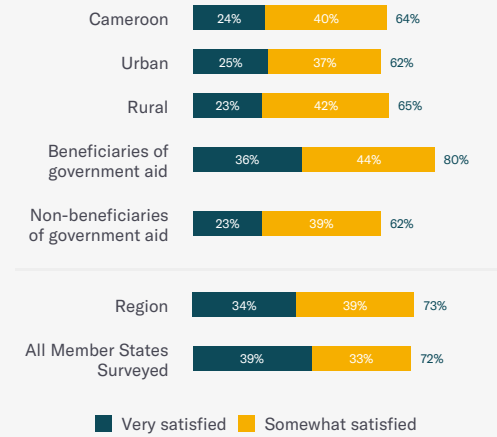
Both support and self-reported adherence are high for personal protective measures and lower for measures that restrict economic activity or visits to places of worship.

Support (perception of necessity over previous month) and adherence (over previous week) for preventive measures



Nearly two-thirds of respondents in Cameroon—both urban and rural—are satisfied with the government response. Those who received government support are more satisfied.

% satisfied with government COVID-19 response, by country, subgroup and region



Data Source: Ipsos Survey

Face Masks

Cameroon requires the use of face masks in public places and imposes fines for noncompliance. In April, the mayor of Douala organized free mask distribution in conjunction with a mandate for mask-wearing in public places.

99%

of survey respondents had a face mask ready to use

85%

recognized that wearing a mask could prevent spread

76%

report wearing a mask in the previous week

Data Source: Ipsos Survey

Attitudes About Reopening

Timing of reopening:

31%

favor waiting longer to loosen restrictions

66%

favor opening up to get the economy moving

Comfort with resuming activities:

69%

report that resuming normal activities makes them anxious

63%

would feel comfortable using public transport if it were not too busy

Data Source: Ipsos Survey

Traditional news and social media coverage of PHSMs

Monitoring public narratives in traditional news and social media can shed light on how critical issues are perceived and beliefs are formed. By design, media monitoring and analysis captures the views and opinions expressed by a subset of the population that is actively engaged in public debates and discussion through online and social media. These data are qualitative and are not intended to be representative of the views of the wider population.

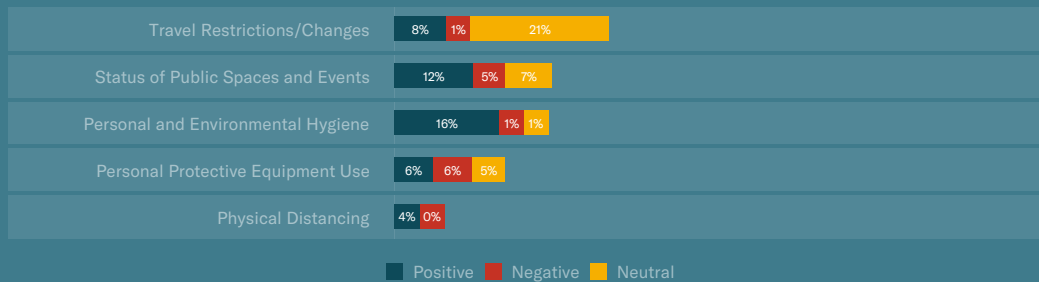
Traditional news and social media coverage during the monitored period was primarily positive, although this was mainly driven by Twitter posts from NGOs, media companies, artists, and entrepreneurs.

- Social media users reported that border restrictions negatively affected farmers who rely on selling their goods in bordering country markets and claimed that, subsequently, the public has not been adhering to the border restrictions.
- In August, growing concerns over alleged government corruption related to embezzlement of funds for the COVID-19 response circulated in traditional news media.
- Discussion of PHSMs on Facebook was low, especially compared to discussions in neighboring countries, potentially reflecting that Cameroon had fewer PHSMs in place.
- Despite the primarily positive sentiment, traditional media reported widespread instances of nonadherence to proper mask use in markets and businesses, and on public transportation.

A 14 August article from Cameroon Tribune quoted Ekungwe Christopher, the mayor of Bangem Council, saying: "The people of Bangem believe that the COVID-19 pandemic is real. That is why they implement seriously all the prescribed measures."

A 17 August article from Cameroon Tribune reported that in the capital city of Yaoundé "on average, two out of the five passengers in a taxi wear masks," and "the same is true in most of the city's streets and bars."

Top Trending Topics in Traditional News and Social Media Coverage of PHSMs, May-August



Data Source: Novetta Mission Analytics

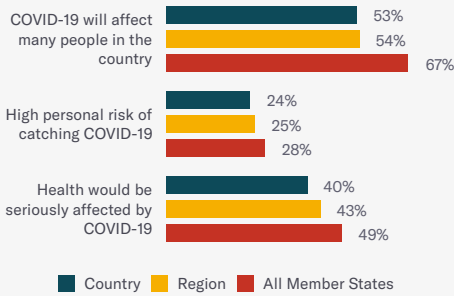
Risk Perceptions and Information

Evidence from past epidemics shows that both information and risk perceptions influence preventive behavior, including adherence to PHSMs. People who are well informed may have a high level of awareness about COVID-19, but may not perceive that their personal risk of catching the disease is high or that the disease would have severe health implications. In addition, people must believe that they can change their behavior to effectively reduce risk—both for themselves and the community at large. Misinformation narratives can undermine motivation to adhere to preventive measures.

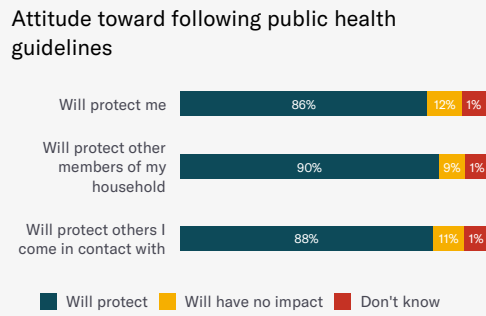
Survey respondents in Cameroon have lower perceptions of the risk posed by COVID-19 than those in other AU Member States surveyed. A majority hold misconceptions about COVID-19 or believe rumors about foreign interference, which could affect adherence to preventive behaviors.

- Around one in four respondents (24%) agreed that their personal risk of catching COVID-19 was high. This personal risk perception is somewhat low compared to the average for surveyed AU Member States (28%), which is notable in light of the significant scale of the epidemic in Cameroon. Although reported cases are declining, the government should continue risk communication and community engagement efforts.
- The vast majority of respondents in Cameroon agreed that adhering to preventive guidelines will help protect themselves and others from COVID-19.
- Misinformation narratives questioning COVID-19's existence and the threat it poses have circulated around both traditional news and social media, which aligns with survey findings that a majority of respondents in Cameroon hold misconceptions or believe rumors/myths about foreign interference. Early communication and community engagement to dispel misinformation about vaccines will be critical to ensuring vaccine uptake when a vaccine becomes available.

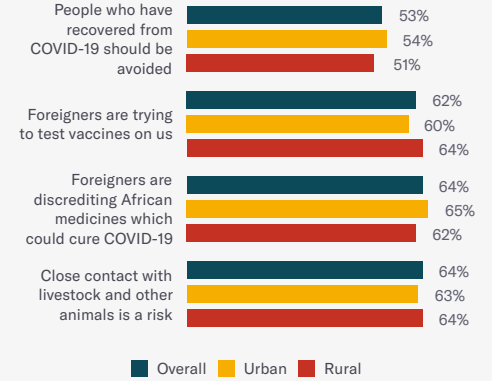
Respondents in Cameroon have lower perceptions of the risk COVID-19 poses to themselves and the country than other surveyed AU Member States.



A large majority of respondents in Cameroon agree that following public health guidelines will help protect themselves and others from getting COVID-19.



The majority of respondents in Cameroon hold misconceptions about the disease or agree with rumors about foreign interference.



Data Source: Ipsos Survey

Risk perceptions and information in traditional news and social media

Risk perceptions reflected in public narratives about PHSMs were mixed in early August with some quoted public figures emphasizing the severity of COVID-19 and others claiming a low transmission risk.

- Some government officials contributed to messages emphasizing the threat posed to people by COVID-19.
- Misinformation narratives questioning the existence and threat of the disease as well as alternative treatments have primarily circulated on traditional news media in Cameroon.
- Many of the narratives related to alternative treatments have been circulated by religious leaders.

A mayor in Douala was quoted on 12 August in the Cameroon Tribune saying that common myths in his district are that "Dirt does not kill the black man" and [COVID-19] is an imported disease".

Cameroon Health Minister Manaouda Malachie was widely quoted on 17 August in traditional news stating: "We are entering a sensitive and delicate phase of our emergency plan, with declining infections but a risk of a second wave if we relax our efforts."

Data Source: Novetta Mission Analytics

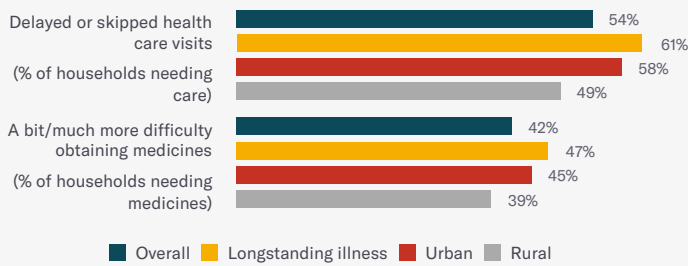
Burden of PHSMs

Essential Health Services

The COVID-19 epidemic can disrupt essential health services through the burden it places on health systems, disruptions to medical supply chains and restrictions on movement. People may also be hesitant to seek care due to the risk of transmission or inability to pay for care. Evidence from past epidemics and initial reports from COVID-19 suggest that the indirect health effects can be far larger than the direct effects of the disease. Closely monitoring essential health services can inform policies to adapt PHSMs and maintain essential care. Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.

Households are experiencing severe disruptions to essential health services during the COVID 19 outbreak, with a high proportion of people seeking care or medications reporting access issues—particularly among urban residents and those with longstanding illnesses. Over 40% of respondents in Cameroon seeking medications reported difficulty obtaining them, higher than the average across all AU Member States surveyed (30%). The primary barriers to seeking care included affordability and fear about catching COVID-19. Health care affordability was an issue prior to COVID-19 but may be exacerbated during the crisis. The most frequently reported forgone health service was for malaria (29%), which could have substantial health impacts and may require a policy response to strengthen prevention and ensure continued access to treatment. Similarly, COVID-19 and related restrictions disrupted immunizations for children at a critical point in which measles, seasonal cholera outbreaks and polio cases are continued threats. Currently, eight out of 10 regions are experiencing measles epidemics, according to UNICEF.

Over half of respondents in Cameroon who needed health care reported access issues, particularly among those with longstanding illnesses.



Barriers to Essential Services

Among those who reported that someone in their household had delayed or skipped health care visits, the top three reasons cited were:

- 47%** Worried about risk of COVID-19
- 36%** Couldn't afford care
- 8%** Facilities too busy

The most common self-reported reasons for missed visits were:

- 30%** Malaria
- 16%** General/routine check-up
- 9%** Cardiovascular issues

Data Source: Ipsos Survey

Economic Burden and Food Security

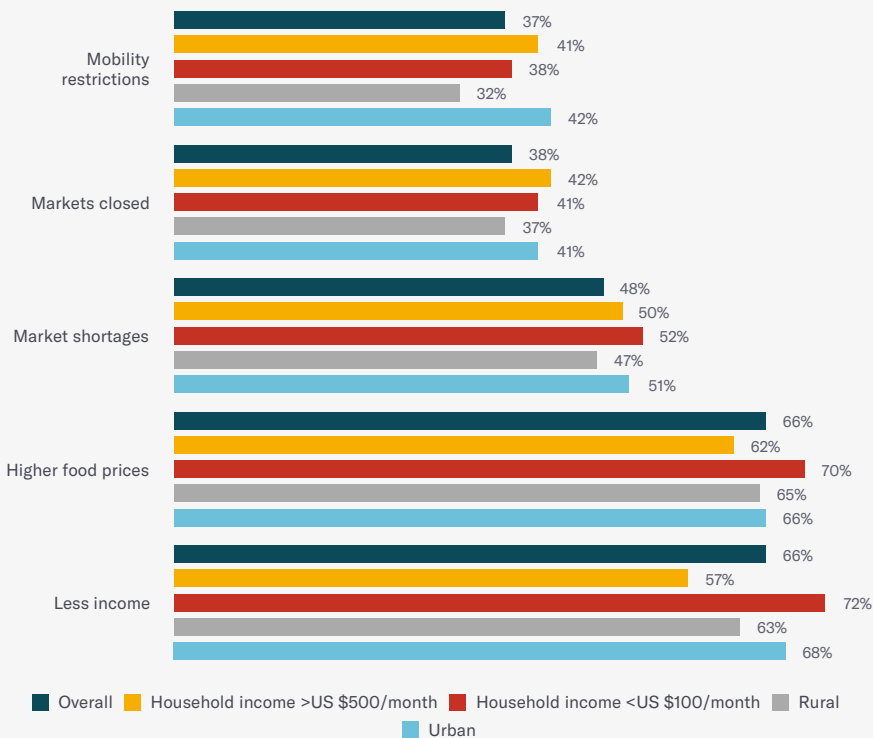
PHSMs that restrict economic activity—such as workplace closures, restrictions on movement of people and goods, and stay-at-home orders or curfews—place high burdens on people by disrupting livelihoods and access to markets. Monitoring household economic burdens and food security can help identify people in need of support and inform the design of appropriate relief measures.

Survey respondents in Cameroon reported significant economic hardships during the COVID-19 crisis. Nearly 80% of respondents reported experiencing at least one barrier to food security in the past week. The World Food Programme estimates that over 4 million people have insufficient food intake, an increase of nearly 2 million from three months ago. According to news media reports, border closures are disrupting supply chains, which has a negative effect on food security and on farmers and herders. Increased food prices and drops in income are the most common access challenges particularly for people with monthly household incomes less than US\$100. More than three in four households (77%) report that their income has dropped compared to this time last year, with the lowest-income households disproportionately affected. The government announced various social assistance measures, including increasing the value of an existing “family allowance” program by 60%, increasing pensions for some beneficiaries by 20%, and deferring social security contributions. Though these measures are ongoing, only 6% of respondents reported receiving additional government support in the previous month. Among those who received support, this was in the form of distribution of hygiene supplies (3%), personal protective equipment (2%) and food (1%).

Respondents in Cameroon face continued challenges to food access, with a large share of respondents reporting barriers related to higher food prices and income losses.

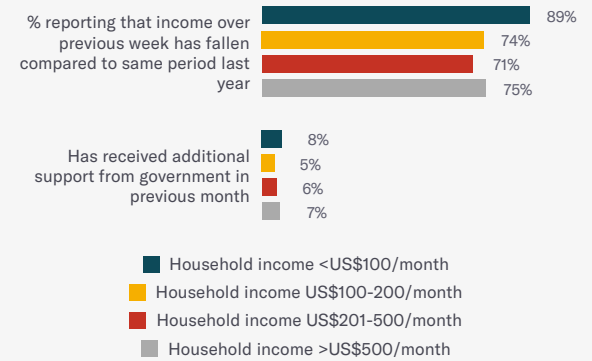
Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.

(% of respondents reporting that they had difficulty buying food in the previous week for each of the following reasons)



The vast majority of surveyed households in Cameroon have experienced income losses, especially for the lowest income households. Only 6% of households received additional government support in the past month.

Note: Income categories should be interpreted as indicative as sample sizes vary and income reporting can be subject to bias.



Data Source: Ipsos Survey

Narratives about burden of PHSMs in traditional news and social media

From May to August, over 20% of monitored coverage of COVID-19 in Cameroon focused on the burdens on PHSMs, primarily surrounding basic needs, essential services, and livelihoods. Negative sentiment about PHSMs was driven by concerns over water and food insecurity.

- Water security concerns peaked in late May following an online report from Mimi Mefo that water was scarce in the Northwest region. Concerns over water security lessened somewhat over time but remained prominent.
- Widespread unemployment concerns have surfaced due to the economic burden imposed by PHSMs.
- Cross-border restrictions have disrupted supply chains and reports have surfaced that farmers and herders have been particularly negatively affected. Farmers, herders, traders and butchers have been consistent critics of such travel restrictions.

A tomato farmer in Cameroon was quoted in Reuters on 3 August stating that he “normally sells more than 80% of his harvest in large-scale lots to buyers from neighboring countries. But those buyers no longer are coming.”

A widely amplified report from an association of business people published on 26 July claimed that: “69% of business leaders expressed dissatisfaction, either not at all satisfied (36.9%) or not very satisfied (32.1%)” with government PHSMs.”

Data Source: Novetta Mission Analytics

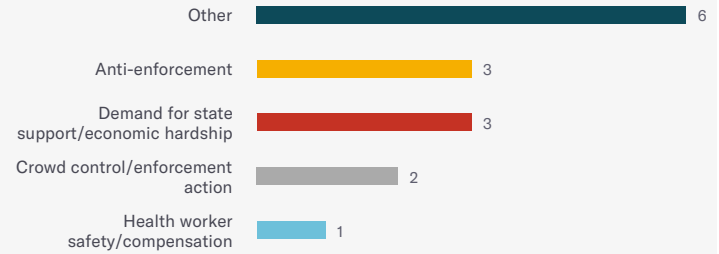
Security

A rise in unrest or insecurity—including peaceful protests as well as riots and violence by and against civilians—can affect adherence to PHSMs and serve as a warning sign of the burden such measures are imposing on people.

Cameroon recorded 12 COVID-19-related security incidents, with declining frequency each month since April. However, half of the reported incidents were violent. Protests stemmed from various causes, including three related to prison conditions and three demanding greater economic relief. Two of the violent demonstrations involved civilians protesting against enforcement of PHSMs. In one instance, several civilians attacked a gendarmerie post commander in Balatchi village for opening fire on a taxi bike driver who refused to pay a fine for not wearing a mask.

Twelve COVID-19-related security incidents have been reported since April, half of which involved violence.

Number of reported events by category, March-July



Data Source: ACLED Coronavirus-Related Events Database

Data Sources and Methods

Survey Data: Ipsos conducted telephone poll of a nationally representative sample of 1,449 adults (640 urban, 809 rural) in Cameroon between 3-18 August. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of this data. Differences may be reconciled by investigating the denominator used, as indicated in each instance of use.

Traditional News and Social Media: Research is conducted by Novetta Mission Analytics using online, open-source African media, and geolocated African Twitter and Facebook sources. These qualitative data reflect public narratives in online media sources and among social media users. Quotes have been edited where necessary for clarity, with modified text in brackets.

Epidemiological Data: Provided by Africa Centres for Disease Control and Prevention.

Other Data: Drawn from publicly available sources.

Findings reflect the latest available information from listed sources at the time of analysis, and may not reflect more recent developments or data from other sources. Data vary in completeness, representativeness, and timeliness; limitations are discussed further at the link below.

For full details on data sources and methods see preventepidemics.org/covid19/perc/.