

# Finding the Balance: Public health and social measures in Cameroon

This report describes findings from a telephone survey with 1,277 people conducted in September 2021, alongside local epidemiological and secondary data. The survey was approved by the Ministry of Scientific Research and Innovation, Division of Scientific Policy and Planning, Programming and Planning Unit to examine experiences and responses to public health and social measures (PHSMs) to prevent COVID-19 transmission. This is the fourth PERC report since the pandemic began (see the [first](#), [second](#) and [third](#) reports).

## What are the highlights from this report?

### Situational Awareness

Cameroon reported its highest levels of COVID-19 in April 2021, averaging about 1,200 new cases per day. No new nationwide PHSMs were implemented in response to this surge; even so, cases began to decrease in May. Cameroon reports case, death and testing data from COVID-19 infrequently; therefore, epidemiological trends should be interpreted with caution.

### PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to all PHSMs remained largely unchanged since February 2021. Respondents in Cameroon reported the lowest adherence to individual PHSMs of all Member States surveyed.

### Information and Risk Perception

Only one in five respondents in Cameroon reported high personal risk perception, unchanged since February 2021 despite a surge in transmission earlier this year. Access to income ranked highest among respondents' concerns, as Cameroon contends with economic distress exacerbated by COVID-19.

### Vaccine Beliefs and Uptake

Of all surveyed Member States, respondents in Cameroon were the least likely to report being vaccinated or planning to get vaccinated against COVID-19 (43%, an increase from 35% in February). Low risk perception was the primary deterrent against vaccination, according to respondents who were neither vaccinated nor planned to be.

### Secondary Burdens

Conflict in the Far North, North-West, and South-West provinces is contributing to accelerated income loss and difficulty accessing food in Cameroon. Access to health care has remained relatively stable since February 2021, although increasing violence against health centers may have created additional barriers in conflict zones.

### National COVID-19 Data Snapshot as of 3 October 2021

Vaccination rate	1%
Percentage of population with at least one dose of a COVID-19 vaccine	
Number of doses in country	1,502,470
Cumulative incidence per 100,000 people	348
Total reported cases	92,303
Total confirmed COVID-19 deaths	1,459

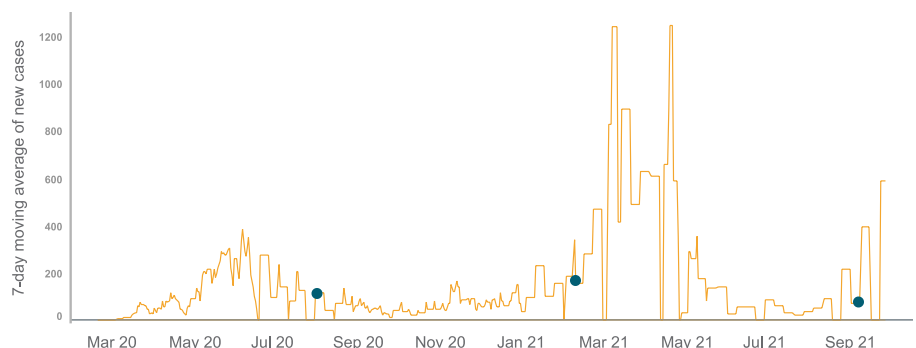
Data source: Africa Centres for Disease Control and Prevention

## What are the key trends from this survey?

**Low trust in government institutions, elevated belief in misinformation and high vaccine hesitancy will likely be major barriers to controlling COVID-19 in Cameroon.**

	Aug 2020	Feb 2021	Sept 2021
Support for staying home	43%	↓ 35%	→ 38%
Personal risk perception	24%	→ 20%	→ 21%
Satisfaction with government response	63%	→ 59%	→ 57%
Vaccinated/likely to get vaccinated	*	35%	↑ 43%
Income loss since pandemic start	78%	→ 73%	↑ 80%

\* Vaccines were unavailable at the time of the survey  
Changes in percentage of +/- 5% are indicated with an ↑ up or ↓ down arrow



**Situational Awareness**

# What is the situational context influencing COVID-19 response?

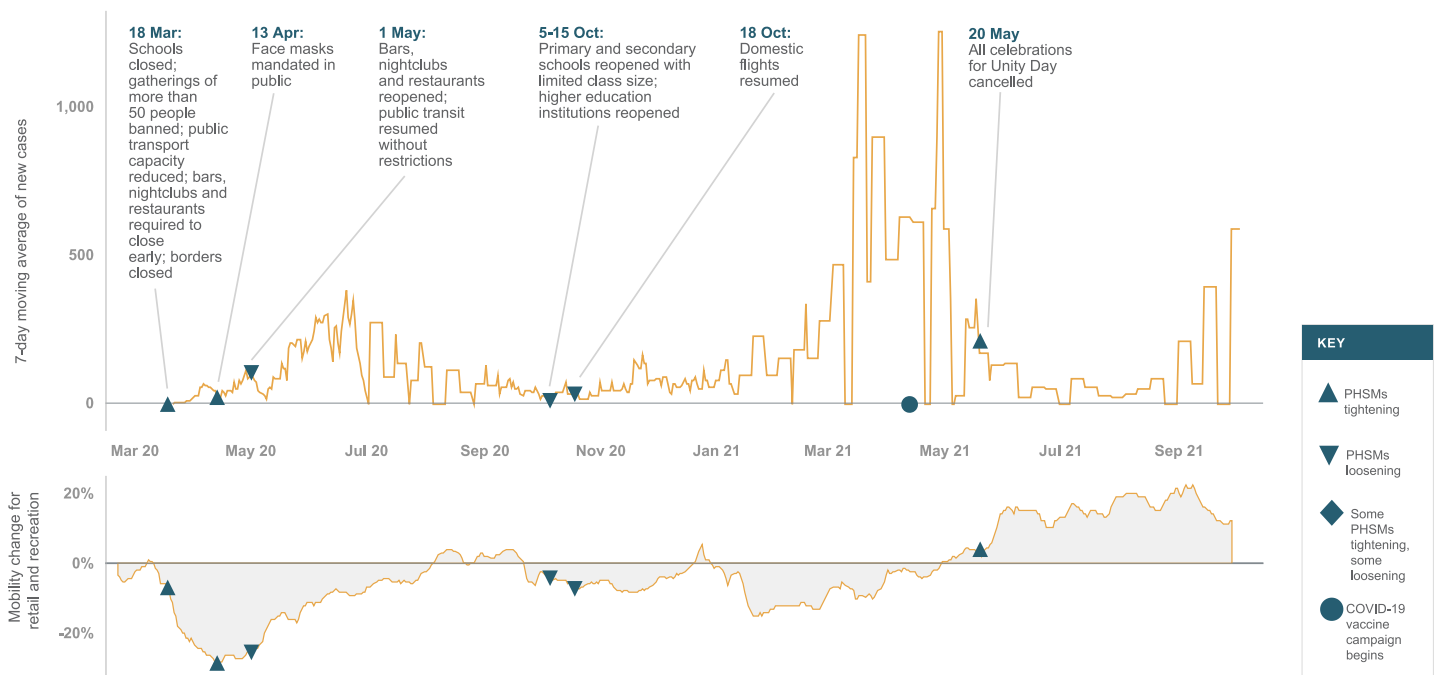
The second and most severe wave of COVID-19 in Cameroon began in late March 2021 and reached peak levels in April, when the 7-day moving average of new cases reached more than 1,200 per day (about three times the reported incidence during the June 2020 peak). This increased number of cases may be related to expanded testing and screening initiatives [implemented in March 2021](#). The Delta variant may have also impacted the increase in cases, though its [circulation](#) was not detected until at least May 2021. The 7-day moving average of new deaths also reached a record high during this time, peaking at about 19 per day in late March. Transmission fell soon after, although epidemiological trends show that cases have begun increasing again since the beginning of September. Cameroon only reports case, death and testing data from COVID-19 every one to two weeks; therefore, epidemiological trends should be interpreted with caution.

No new nationwide PHSMs were introduced in response to the second wave of transmission, although various officials [publicly encouraged](#) the use of masks and social distancing measures. Some local officials also imposed targeted [restrictions](#) in their jurisdictions. In September, amid [concerns](#) of a third wave of COVID-19 transmission, the Ministry of Health [announced](#) the building of new oxygen plants in 10 regions to improve production capacity and increase supply for treatment of COVID-19 and other respiratory illnesses.

Cameroon [began](#) its COVID-19 vaccination campaign on 12 Apr 2021 with doses of the Sinopharm, Johnson & Johnson and AstraZeneca vaccines, initially targeting health care workers. The Ministry of Health [aims](#) to vaccinate 60% of the population by January 2023; as of September 2021, only about 1% had received at least one dose.

In addition to the pandemic, Cameroon is also managing increasing violence and instability across multiple regions. The conflict between Anglophone separatists and government forces is increasingly [affecting civilians](#) in the North-West and South-West provinces, where the rebel groups recently declared a lockdown, including the closure of all schools. Attacks in this region have also [targeted health facilities](#), limiting access to essential services, and access to international aid has been [disrupted](#). Violence and insurgency in the [Far North](#) region by [Boko Haram](#), as well as conflicts in neighboring Central African Republic and Nigeria, have led to more than [1 million internally displaced people](#) and nearly 500,000 refugees in Cameroon.

**No new PHSMs were implemented in Cameroon in response to the April 2021 surge in COVID-19 transmission. Data is reported infrequently, which helps explain the variation in the epidemic curve below.**



## PHSM Support and Self-Reported Adherence

# Do people support and follow measures?

### What the data say

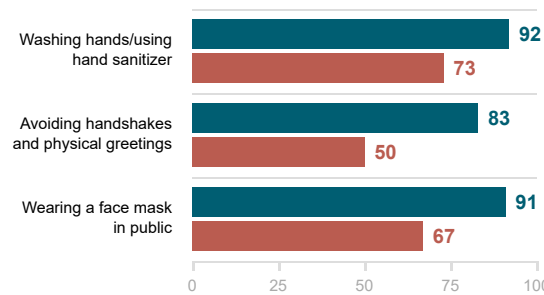
Support for and self-reported adherence to all PHSMs has remained largely unchanged since the February 2021 survey among respondents in Cameroon. No new COVID-19 measures have been implemented since then, and the only restrictions that remain in effect include a mask mandate and capacity limits on public gatherings. Respondents in Cameroon reported the lowest levels of adherence to individual PHSMs across all surveyed Member States.

- Trust in and satisfaction with the government's response to COVID-19 was associated with greater levels of support for all PHSMs. For individual measures specifically, those who trusted the Ministry of Health and the president expressed greater support than those who did not (81% vs. 66% and 80% vs. 68%, respectively).
- A similar pattern emerged with adherence to individual and social PHSMs; for example, respondents who trusted the Ministry of Health reported adherence to individual measures at a rate 12 percentage points higher than those who did not (36% vs. 24%). There was no difference between these groups for adherence to measures restricting movement, likely due to the economic burden associated with compliance.

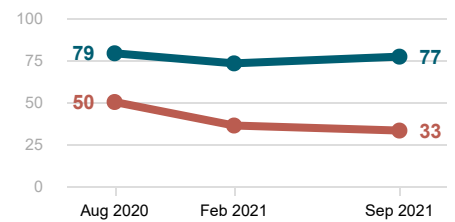
### Individual measures

Support for and self-reported adherence to individual PHSMs largely remained stable since February 2021, although there was a 5-percentage point increase in adherence to wearing a face mask. Government officials have conducted outreach to encourage masking in the [North](#) and [West](#) regions of the country.

Support for and adherence to each individual measure in Sep 2021



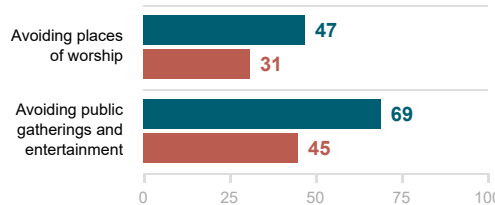
Trend in support for and adherence to all individual measures (composite score)



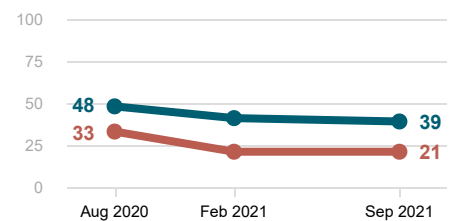
### Measures restricting social gatherings

Support for and self-reported adherence to measures restricting social gatherings remained the same among respondents from Cameroon since February 2021.

Support for and adherence to each social measure in Sep 2021



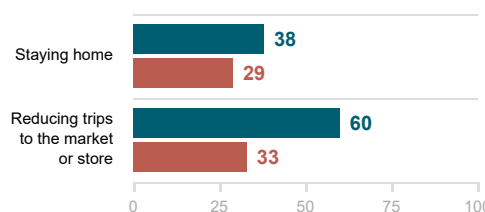
Trend in support for and adherence to all social measures (composite score)



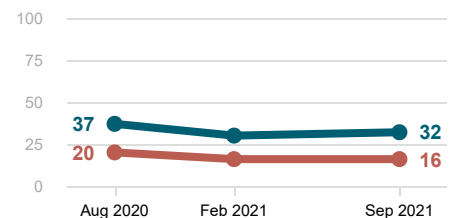
### Measures restricting movement

Support for and self-reported adherence to measures restricting movement have stayed largely the same since the February survey. Self-reported adherence to staying home increased slightly from February (when it was 24%), although no new directives were introduced.

Support for and adherence to each movement measure in Sep 2021



Trend in support for and adherence to all movement measures (composite score)



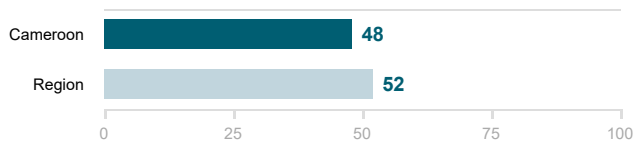
**Information and Risk Perception**

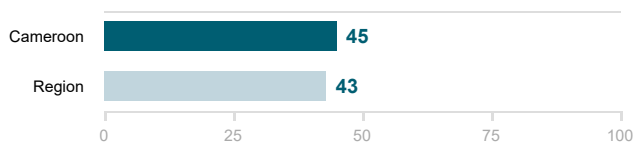
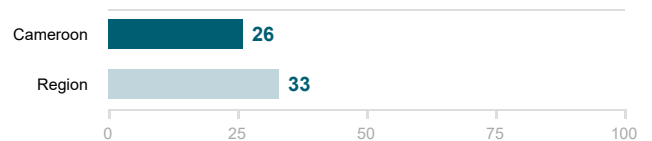
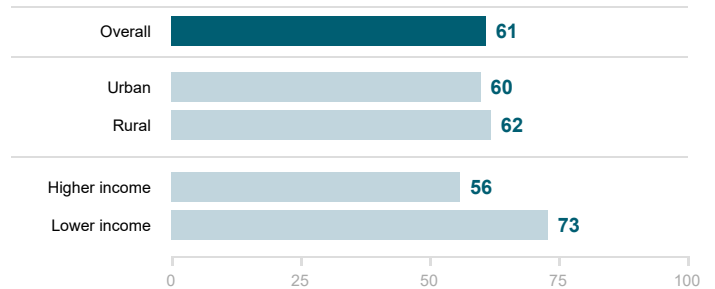
# How do people understand risk?

**What the data say**

About half of respondents in Cameroon felt that COVID-19 posed a threat to their country, while nearly one-quarter of respondents believed they were personally at risk of contracting COVID-19. A similar share (26%) felt that COVID-19 was a top concern, less than the Central regional average (33%). Overall, risk perception has remained unchanged since the February 2021 survey, despite the surge of transmission in April 2021.

- More urban respondents reported high risk perception than their rural counterparts (24% vs. 18%), potentially related to the fact that major cities Douala and Yaoundé were the first to [report](#) the Delta variant and were COVID-19 hotspots during the most recent wave.
- When asked which challenges facing the world today were most concerning, the majority of respondents in Cameroon cited access to work/income. More respondents aged 18-35 reported concern about income/employment than respondents aged 45 and above (55% vs. 45%), consistent with overall [unemployment patterns](#) in Cameroon. The economy in Cameroon was one of the [worst hit](#) by COVID-19 on the continent and is also suffering due to [falling global oil prices](#) and persistent violence and insecurity in the Far North, North-West and South-West provinces. Conflict was another major concern among respondents in Cameroon, with nearly a quarter (23%) citing it as a top issue.

**How do people understand the risk of COVID-19?**
**48% believe that COVID-19 will affect many people in their country**

**21% believe that their personal risk of being infected with COVID-19 is high**

**45% believe that their health would be seriously affected by COVID-19**

**How concerned are people about COVID-19?**
**26% report COVID-19 as being a top concern**

**61% are anxious about resuming normal activities**

**The issues most concerning to people**

Percentage of people reporting concern about a particular issue

Access to income/work/unemployment	53%
Other health concerns	35%
COVID-19 pandemic	26%

**Information and Risk Perception**

# Whom do people trust?

**What the data say**

Since February 2021, respondents have reported increased trust in the management of the COVID-19 pandemic by all individuals and institutions; satisfaction with the government's response remained unchanged. The most trusted institutions remain global health organizations and the government.

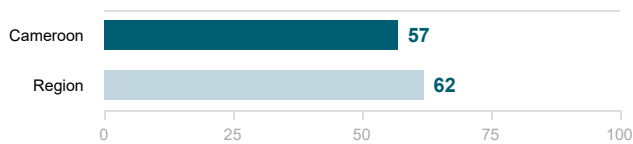
- Despite [allegations](#) of the mismanagement of International Monetary Fund (IMF) COVID-19 response funds by the Ministry of Health in May 2021, trust in the institution has remained high since the previous survey (72% vs. 67%). Trust in the president has increased (75% vs. 68%).

No single source commands a high degree of trust to provide accurate information about COVID-19, according to respondents in Cameroon. Even the most trusted sources for information — international and local television — only received support from half of respondents.

- Facebook was the least-trusted source of information, with only 15% of respondents reporting trust in the platform; despite this, nearly half of respondents (44%) reported getting their information about the pandemic from Facebook, especially young people (49%).
- Conversely, despite comparatively high trust in health workers (45%), few respondents actually sought information about the pandemic from this group (8%), suggesting a potentially untapped resource for future risk communications and community engagement activities.

**What do people think about their country's institutions?**

More than half of respondents in Cameroon reported satisfaction with their government's response to COVID-19, slightly fewer than in DRC (66%) — the only other Member State surveyed in the Central region — and on par with findings from the February 2021 survey (59%).

**57% are satisfied with the government's pandemic response**

**Top three most trusted institutions and individuals**

Percentage of people reporting trust in each person's or institution's approach to the pandemic

UNICEF	76%
The President	75%
World Health Organization (WHO)	75%

**Do people believe accurate information?**

Compared to respondents in other surveyed Member States, respondents in Cameroon reported the lowest rates of belief in accurate information about asymptomatic transmission of COVID-19. Further, the survey in Cameroon revealed the most widespread belief in herbal remedies as a cure for COVID-19 (79%) among all surveyed Member States. The Ministry of Health in Cameroon officially [authorized](#) some traditional medicines for use against COVID-19, potentially accounting for these findings.

**Most trusted sources of information**

Percentage of people reporting trust in information sources about COVID-19

International television channel	50%
Local television	50%
Health center/health workers	45%

**73%** understand that infected people may never show symptoms but could still infect others.

**65%** understand that infected people may not show symptoms for five to 14 days.

**79%** believe that COVID-19 can be cured with herbal remedies.

**57%** think they should avoid health care workers because they could get COVID-19 from them.

**Vaccine Beliefs and Uptake**

# Do people want to get the COVID-19 vaccine?

These survey questions aim to describe the available market for COVID-19 vaccine uptake and target populations for information campaigns. We therefore show those reporting being vaccinated or likely to get vaccinated, and those unlikely to get vaccinated. The survey does not seek to validate COVID-19 vaccine coverage.

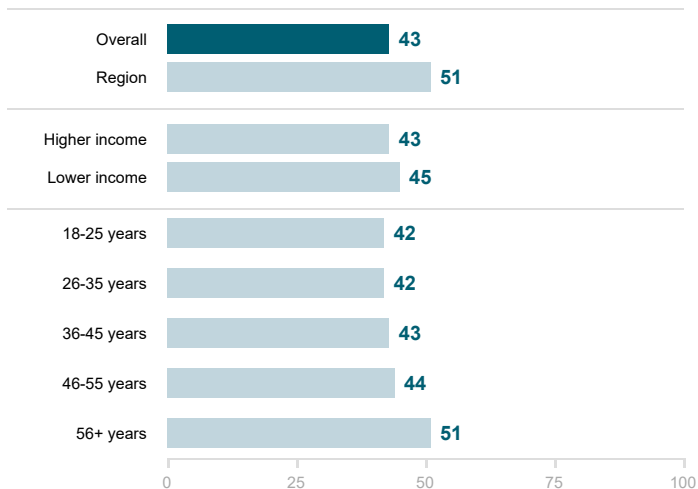
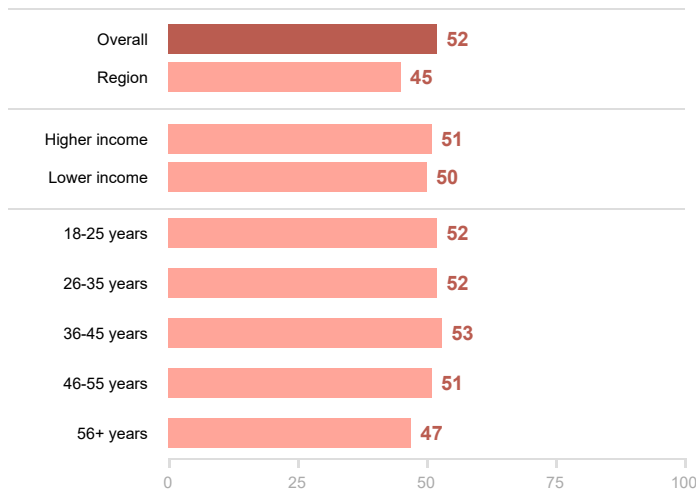
**What the data say**

Less than half of respondents in Cameroon were vaccinated or planning to get vaccinated for COVID-19, an increase since February 2021 (35%), but still the lowest of all Member States surveyed. Willingness to be vaccinated was similar across demographic groups.

- Trust in the government was strongly associated with likelihood of getting vaccinated. Respondents who were satisfied with their government’s COVID-19 response or who trusted the Ministry of Health reported a greater likelihood of getting vaccinated than those who did not (50% vs. 34% and 48% vs. 28%, respectively).
- Respondents who were neither vaccinated nor likely to get vaccinated reported greater trust in traditional healers (57% vs. 48%) and herbal cures for COVID-19 (81% vs. 74%) than those who were vaccinated or likely to get vaccinated, suggesting some people in Cameroon may be favoring traditional remedies for disease prevention over COVID-19 vaccination.
- Among respondents who were likely to be vaccinated, low perception of risk from COVID-19 was the primary reason; more than one-third decided against vaccination because they felt they were not at risk of contracting the disease, or they did not believe the virus existed.

**How many people reported getting or planning to get the COVID-19 vaccine?**

Fewer than 5% of respondents reported being unsure about COVID-19 vaccine uptake and are therefore not shown. Percentages reported are among the entire sample.

**43% are vaccinated or are likely to get vaccinated**

**52% are unlikely to get vaccinated**

**What do people think about COVID-19 vaccines?**
**Top information wanted about vaccines**

Percentage of people reporting each type of information

What types of vaccines are there, what are they made of and how do they work?	38%
What are the main side effects and are they painful/serious?	29%
How safe is the vaccine?	25%

**Top reasons people would not get the vaccine**

Among people who were not planning to get vaccinated, their reasons were:

I do not feel I am at risk of catching the virus	24%
Lack of trust (i.e. in vaccine, government)	19%
I do not believe that the virus exists	13%

## Secondary Burdens

# Are people skipping or delaying health care?

### What the data say

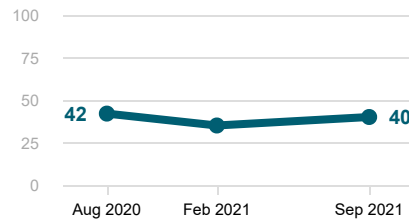
Among respondents reporting they or someone in their household needed health care or medication, more than one third skipped or delayed services in the past six months, and two in five reported difficulty obtaining medicine in the past three months. Compared to February 2021, respondents were slightly less likely to report missing a needed health visit, though more likely to report having difficulty accessing medication. Cost of care and fear of catching COVID-19 were the most common barriers to accessing health services.

- The majority of missed visits were for routine care; however, 11% of missed visits were for fever/chills (included in the diagnostic services category), a common symptom of yellow fever and measles, of which there are [outbreaks](#) in the Far North region.
- There have been [reports](#) of multiple attacks against health workers in major cities in Cameroon. While likely not covered in the survey populations, conflict zones—including the North-West, South-West, and Far North provinces—have also seen increased [attacks](#) against health workers and health centers, which, combined with [decreased access](#) to humanitarian aid, is likely causing issues accessing care among some of the most vulnerable populations.

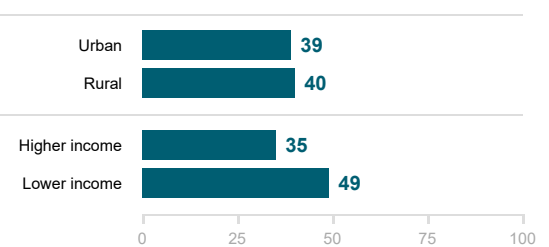
### Difficulty getting medicines

In addition to lower-income respondents, respondents with long-standing health issues had more difficulty accessing medication than those without (49% vs. 36%).

*Trend in percentage of households having difficulty getting medicines in the past three months*



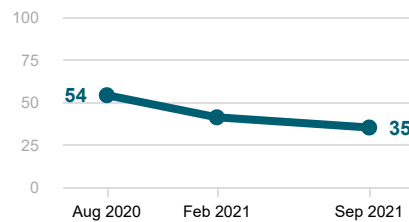
*Percentage having difficulty getting medicines by category*



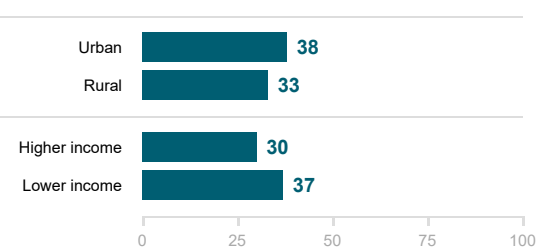
### Skipping or delaying health visits

Fewer respondents reported missing a needed health visit in September than in February 2021, part of a pattern of decline since August 2020.

*Trend in percentage of households skipping or delaying health care visits in the past six months*



*Percentage skipping or delaying health care visits by category*



#### Reasons for skipping or delaying visits

People could choose multiple responses

Cost/affordability	39%
Worried about catching COVID-19	30%
Mobility restrictions/transport challenges	9%
Health facility disruption	9%
Caretaker responsibilities	3%

#### Types of health visits that were skipped or delayed

People could choose multiple responses

General/routine check-up	40%
Diagnostic services/symptoms	23%
Communicable diseases	18%
Reproductive, maternal, newborn, child health	17%
Noncommunicable diseases	10%

**Secondary Burdens**

# Are people experiencing income loss or food insecurity?

**What the data say**

Four in five households in Cameroon reported losing some or all of their income since the pandemic began, an increase of 7 percentage points since February 2021 (73%). Lower-income households reported income loss at higher rates than higher-income respondents (85% vs. 76%).

- Many macroeconomic factors are working together to negatively impact the Cameroonian economy. Falling [global oil prices](#), [trade disruptions](#) along the border with Chad and ongoing violence and insecurity across multiple regions have [strained the economy](#). COVID-19 has exacerbated these issues, causing particular [disruptions](#) to the informal sector, in which [90%](#) of people in Cameroon participate.

Nearly nine out of 10 households (87%) reported experiencing at least one or more issues accessing food in the past seven days.

- [Almost 2 million people](#) are facing crisis levels of food insecurity in Cameroon, with the vast majority concentrated in the North-West and South-West regions, where [continued violence](#) between the Anglophone separatists and government forces is disrupting agricultural activities and limiting access to humanitarian relief.
- Difficulty accessing food among respondents increased across all surveyed indicators since February 2021. Specifically, there was a 8-percentage point increase in the number of respondents who had difficulty accessing food due to high prices, and a nearly 10-percentage point increase in the number of respondents who had trouble accessing food due to market shortages. Various factors — including an [outbreak of swine flu](#) and subsequent suspension of pig farming and pork sales in the West region, [destruction of millet fields](#) by migratory birds, and [reduced harvests](#) in the North-West and South-West (as a result of ongoing violence) — have endangered food supplies and contributed to this increase.

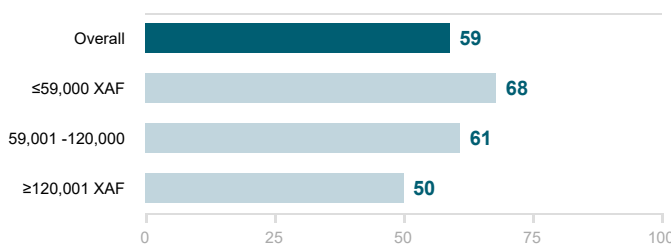
**Reported barriers to food access**

Percentage of people reporting each barrier

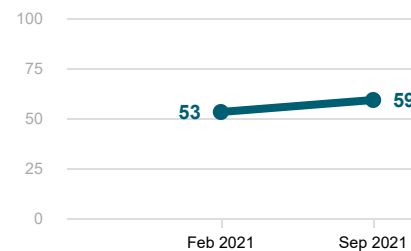
Less income	69%
Higher food prices	72%
Food markets closed	47%
Mobility restrictions	43%
Food market supply shortages	57%

**Missing meals**

Percentage of households **missing meals** by category



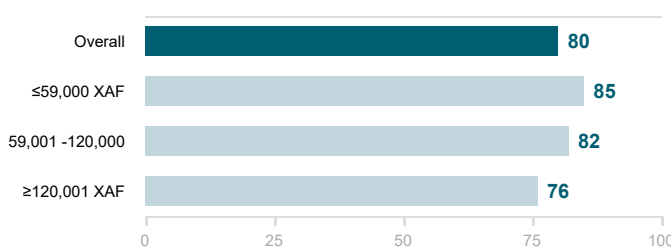
Percentage of households **missing meals** over time



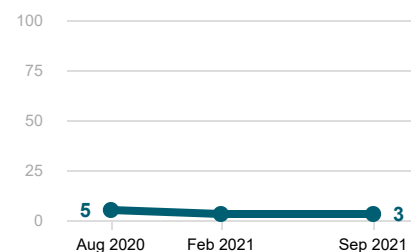
Note: Data on missing meals were not collected in Aug 2020.

**Income loss and receiving government assistance**

Percentage of households experiencing **income loss** by category



Percentage of households receiving **government assistance** over time





## Appendix

# Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: Eastern Africa (Ethiopia, Kenya, Uganda, Sudan); Western Africa (Ghana, Nigeria, Liberia, Guinea Conakry, Senegal, Côte d'Ivoire); Northern Africa (Tunisia, Morocco, Egypt); Central Africa (Cameroon, Democratic Republic of Congo); and Southern Africa (Mozambique, South Africa, Zambia, Zimbabwe).

The epidemiology curves on pages one and two of the report shows the 7-day rolling average of new cases from March 2020 to October 2021. Where epidemiology or mobility data are missing, the data are unavailable.

Full survey results are available here and on the PERC online [dashboard](#). For full details on data sources, methods and limitations, see [preventepidemics.org/perc](http://preventepidemics.org/perc).

- Ipsos conducted a telephone *survey* of a nationally representative sample of households with access to a landline or cell phone. Results should be interpreted with caution as populations without access to a phone are not represented in the findings. The percentages reported in Ipsos charts may be different from percentages reported in other PERC products and communication of these data. Differences may be reconciled by investigating the denominator and/or weights used.
- Africa Centres for Disease Control and Prevention (Africa CDC) provides *epidemiological* data daily for African Union (AU) Member States. Africa CDC receives case, death and testing data from each AU Member State. Because not all AU Member States report daily, numbers could be delayed, especially for testing data which are more commonly reported late, or in periodic batches (e.g., weekly).
- Other data are 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.

### Country notes

The survey sampled from Cameroon consisted of 1,277 adults (632 urban, 645 rural), collected between 14 and 26 Sep 2021.

Income classifications were based on existing data on local income distributions, which were used to create four income bands, defined as:

- Low income: Monthly household income 59,000 XAF and below
- Middle income: Monthly household income 59,001 - 120,000 XAF
- High income: Monthly household income 120,001 XAF and above