

# CAMEROON

## Increase in cholera cases



### KEY PRIORITIES

+19,000

CHOLERA CASES

+1,800

CONFIRMED CASES

450

DEATHS

29 health districts

AFFECTED ACROSS FOUR REGIONS

FUNDING AND RESPONSE CAPACITY

- Government of Cameroon (Ministry of Health)
- UN organisations (WHO)
- Cameroon Red Cross

### CRISIS IMPACT OVERVIEW

Cameroon has been experiencing a cholera outbreak since October 2021 (Reuters 01/06/2023). Although the number of reported cases was relatively low between late November 2022 and March 2023, there has been a significant increase since 27 March, particularly in Centre region, making it the new epicentre of the epidemic (CCOUSP 19/06/2023). The epidemic has since mostly affected Centre, Littoral, South, and West regions, with new cases reported in 29 out of 58 districts countrywide. East region declared one confirmed case on 1 May (IFRC 20/05/2023).

Between 13 June 2022 and 12 June 2023, 19,087 cholera cases were reported across the country, with 1,880 confirmed cases and 450 recorded deaths (meaning a 2.4% fatality rate) (CCOUSP 19/06/2023). The Government has stated that figures may be higher than reported, as many people prefer not to go to hospitals to seek treatment. Roughly one-third of the total population accesses hospitals for health services, while others prefer to seek traditional healers. Access constraints also prevent assessments in remote towns and villages (VOA 19/05/2023).

26.8% of the cases were reported among men ages 20–29, followed by men ages 30–39 and women ages 20–29 (CCOUSP 19/06/2023). Twice as many men are estimated to be affected than women (IFRC 20/05/2023).

The cholera outbreak coincides with a crisis in the health system in Cameroon, after health workers went on strike in early June 2023 because they had not been paid for several months (AA 02/06/2023). There is also a global cholera vaccine shortage crisis affecting the country, limiting the response in the short term (Gavi 05/06/2023).

### Anticipated scope and scale

- The current increase in cholera cases resulted from the rainy season in southern Cameroon, which started at the end of February (IFRC 20/05/2023). In Cameroon, the rainy seasons occur differently across subregions. In Littoral, South, and West regions, it runs from November–April, which implies that the risk of disease transmission may be decreasing. In contrast, in Centre region, it runs from May–June and October–November, meaning disease transmission in the region will likely increase in the coming months (WB accessed 28/06/2023). Upcoming rains and associated flooding and displacement can further worsen the spread of the disease in some parts of the country.
- In the short term, healthcare capacity may fall short of the needs produced by the outbreak (WHO 16/05/2022). The health workers' strike, the already existing shortage of health workers in the country, and a lack of cholera vaccines pose a risk to the care of infected populations (Devi 29/10/2022; WHO 2021). The lack of primary care can aggravate cases, and the lack of available medical care can put the population at risk (UNICEF 04/05/2023).

### Humanitarian constraints

- Access constraints may prevent the assessment of people living in remote areas also likely facing challenges in accessing health services (VOA 19/05/2023).
- Insecurity, frequent lockdowns because of violence, and road closures continue to affect access and mobility for affected people and hinder the access of humanitarian responders to communities (HRW accessed 28/06/2023; OCHA 11/05/2023).

## CRISIS IMPACTS

### Health

The influx of patients is overwhelming hospitals and cholera treatment centres across the country (VOA 19/05/2023). Cholera can result in acute diarrhoea, vomiting, and weakness and lead to other health impacts, such as poor nutrition (UNICEF 04/05/2023).

According to WHO, Cameroon has a critical shortage of health personnel, with a density of 1 qualified health worker per 1,000 people. This is below the regional average of 2.9 per 1,000 and the WHO recommended standard of 13.4 per 1,000 (WHO 2021). There are also about 1.1 physicians per 10,000 people in the country, much below the 10 per 10,000 WHO recommendation (Ahmat et al. 08/04/2022). In 2018, the density of nurses and midwives per 1,000 people fell below half of the proportion in 2005 (WHO 2021). During cholera outbreaks, access to treatment and medical care early in the disease is crucial to reduce fatality rate (UNICEF 04/05/2023).

More than half of medical personnel are mainly located in three regions: Centre, Littoral, and West, three of the four main regions affected by the current cholera outbreak. That said, medical personnel are concentrated in the main urban centres (Bafoussam, Douala, and Yaoundé), leaving rural areas with less healthcare capacity (Nkafu 30/01/2020).

At the same time, in late May 2023, around 27,000 health workers (equivalent to approximately 60% of the total) went on strike because of a lack of social security and unfulfilled promises about salary conditions since 2015 (AA 02/06/2023; Crisis 24/02/06/2023). Initially, the strike lasted five hours per day, but on 5 June, it turned into a general strike, limiting healthcare in at least two of Yaoundé's main hospitals (BNN 06/06/2023). The strike was lifted after almost one month on 22 June, but further strikes were announced on 24 June (Knews 24/22/06/2023; Al Wihda 24/06/2023).

### Livelihoods

Around 37.5% of Cameroon's population or 70% of the people in certain regions live below the poverty line. 90% of the country's labour market is informal; daily wage workers are vulnerable to the transmission of diseases because of their mobility and lack of access to basic services. The same workers are hit the hardest financially should they contract diseases (OCHA 11/05/2023). The majority of infected people falling among the 20–29 and 30–39 age ranges, meaning a significant group of people in the labour market, could affect the ability of households to earn livelihoods (CCOISP 19/06/2023). Given the large percentage of the working population employed in the informal sector, there is a higher risk of job loss in case of long absences from diseases (Private Sector & Development 23/01/2020). As at 19 May, markets across the capital city Yaoundé had shut down to mitigate the spread of cholera (VOA 19/05/2023).

## DRIVERS OF THE CRISIS

### Poor WASH practices and facilities

Cholera outbreaks have been recurring during the rainy season in Cameroon since 2018 (WHO 16/12/2021). In a REACH assessment conducted in 2018, 51% of key informants reported that few families in their community could access sufficient water, and only 29% reported that families in their community only used improved water. About 62% also responded that few families treat water before consumption (REACH 31/12/2018).

A lack of sanitation facilities is also an issue in Cameroon. 63% of the respondents in the REACH assessment reported that few households had handwashing facilities (REACH 31/12/2018). While open defecation, one of the usual drivers of cholera, is relatively rare in the country (involving only 2.4% of the assessed villages in an OCHA study), 78.8% of people in the assessed villages normally use pit latrines without slabs. This implies a high risk of contamination of latrines and, consequently, may also be one of the drivers of the disease (OCHA 12/04/2023).

People in Yaoundé have recently reported having to wait for hours to buy water from companies that have drilled boreholes (Gavi 05/06/2023). These companies sell the water from these boreholes, but not all of the companies take the necessary steps to treat the water, which can lead to the consumption of contaminated water and increase the risk of contracting cholera (Devex 07/04/2021; Africanews 21/03/2023).

### Rainy season

The rainy season in Cameroon also increases the risk of cholera outbreaks. Flooding from heavy rainfall causes breakdowns in water and sanitation systems and contaminates water sources, which is conducive to the spread of diseases such as cholera (VOA 19/05/2023). In the most affected regions (Littoral, South, and West), the rainy season runs from November–April. These months and those in the transition to the dry season have the most frequent cholera outbreaks. In Centre region, the rainy seasons are between May–June and October–November, which is when cholera outbreaks could be anticipated (WHO 16/05/2022).

### Lack of vaccines

There is currently a cholera vaccine shortage estimated to last until 2025. Until December 2022, WHO was already recommending the use of only one vaccine dose rather than the standard two to expand the capacity to respond to more people (Reuters 22/05/2023). In December, the organisation announced that it had run out of vaccines after the high demand exhausted the emergency stockpile (Devi 29/10/2022).

Between 2021–2022, about 48 million cholera vaccines were used globally, 10 million more than the number from 2011–2020. Because of the shortage, vaccines are currently being primarily used for emergency response instead of prevention, increasing the risk of cholera transmission among the unvaccinated population (Reuters 16/12/2022).

## COMPOUNDING/AGGRAVATING FACTORS

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### Monkeypox

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On 10 October 2022, Southwest region announced having confirmed cases of monkeypox, which quickly spread to six regions. As at 20 May 2023, five regions still had active monkeypox cases across a total of ten districts, with Southwest and Littoral regions reporting the most cases in 2023 (10 out of 15 total) (IFRC 20/05/2023). Monkeypox is endemic in Cameroon. Health workers are not trained in the response and, given the already limited capacity of the health system in the face of other outbreaks (such as cholera and COVID-19), the monkeypox outbreak could overwhelm hospitals further (IFRC 07/12/2022 and 20/05/2023).

### Conflict and displacement

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Cameroon is dealing with different complex crises, such as the Lake Chad Basin conflict, the Central African Republic refugee crisis, and violence in Northwest and Southwest regions (NWSW). As at 7 June, there were one million IDPs and 479,000 refugees and asylum seekers in the country (OCHA 16/06/2023).

Among the different crises, the NWSW conflict borders the regions most affected by the new increase in cholera cases (Centre, Littoral, and South). The humanitarian situation in NWSW regions remains unstable, with around 628,000 IDPs displaced from those two regions as at March 2023 (WFP 14/06/2023). The movement of people to and through Centre, Littoral, and South regions, combined with the poor living conditions of IDPs, challenges the mitigation of the spread of cholera and other transmittable diseases.

## FUNDING AND RESPONSE CAPACITY

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WHO is responding to the cholera outbreak with targeted interventions, including cholera testing to confirm the disease. The interventions also include health promotion and the provision of drugs to treat the disease (WHO 06/06/2023).

The country's Ministry of Health has asked the Cameroon Red Cross for support in responding to the cholera and monkeypox epidemics (IFRC 20/05/2023).

In 2022, Cameroon received a UN Central Emergency Response Fund that was allocated across different agencies, including UNICEF, which was among those responding to the cholera outbreak (UNICEF 17/11/2022).

The health sector is the second-highest recipient (28.3%) of funding requested for Cameroon in 2023. As at 28 June, the WASH sector had received only 4.4% of the funds needed for the response this year (OCHA accessed 28/06/2023).