

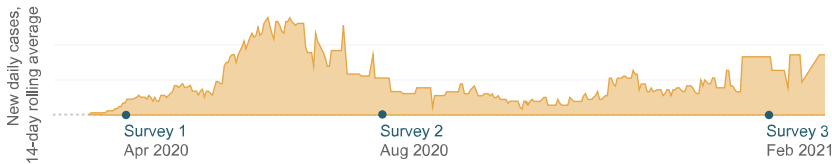
# Finding the Balance: Public Health and Social Measures in Cameroon

## What is the purpose of this report?

This report describes findings from a telephone survey with 1,323 people conducted in February 2021. The survey examined how people respond to public health and social measures (PHSMs) to prevent COVID-19. The sample is representative of households with access to a landline or cell phone, but does not include people without access to phones. As phone penetration varies by country, findings should be interpreted with caution.

Survey data are analysed alongside epidemiological, mobility, and media data. Triangulating these data sources offers valuable context to better understand the acceptability, impact and effectiveness of PHSMs.

This is the third survey and analysis conducted since the pandemic began (see the [first](#) and [second](#) reports).



### National COVID-19 Data Snapshot on 26 February 2021

Total reported cases	35,714
Cumulative incidence rate per 100,000 people	141
Test positivity rate Proportion of people who test positive for COVID-19 among all people who took a test, averaged over 7 days	Last reported 11 Feb 2021
Total confirmed COVID-19 deaths	551
Case fatality ratio Proportion of total reported deaths among all people reported as testing positive for COVID-19	1.5%

## What are the highlights from this report?

### Disease Dynamics and PHSM Implementation

Cameroon has reported an upward trend in new cases since October, consistent with [observations](#) from media and government of reduced adherence to individual PHSMs during this time. After hosting the African Nations Championship in January and February 2021, Cameroon experienced a further uptick in cases, with the 7-day moving average of reported cases more than doubling to around 280 new cases per day by the end of February. However, due to infrequent reporting of test, case and death data, trends should be interpreted with caution.

### PHSM Support and Self-Reported Adherence

Support for and self-reported adherence to all PHSMs is low among respondents in Cameroon, and has decreased since the August 2020 survey. Adherence may be low because few measures are mandatory. Government officials have urged citizens to increase adherence to individual PHSMs to prevent further transmission.

### Risk Perceptions and Information

Overall risk perception was low among respondents in Cameroon and the majority (59%) have resumed normal activities. This may be reflective of a perceived low case-fatality ratio, multiple concurrent and ongoing humanitarian crises in the country and a worsening economic recession.

### Secondary Burdens

Reported disruptions to essential health services have decreased since August 2020. Among households that reported missing needed health visits, many cited fear of catching COVID-19 as their rationale (35%). The pandemic also continued to cause economic hardship in Cameroon, with almost three in four respondents reporting income loss.

## Disease Dynamics and PHSM Implementation

# What is the relationship between PHSMs and cases reported?

The political and social context influences how well PHSMs are implemented and adhered to, which affects COVID-19 disease transmission and mitigation.

## Situational Awareness

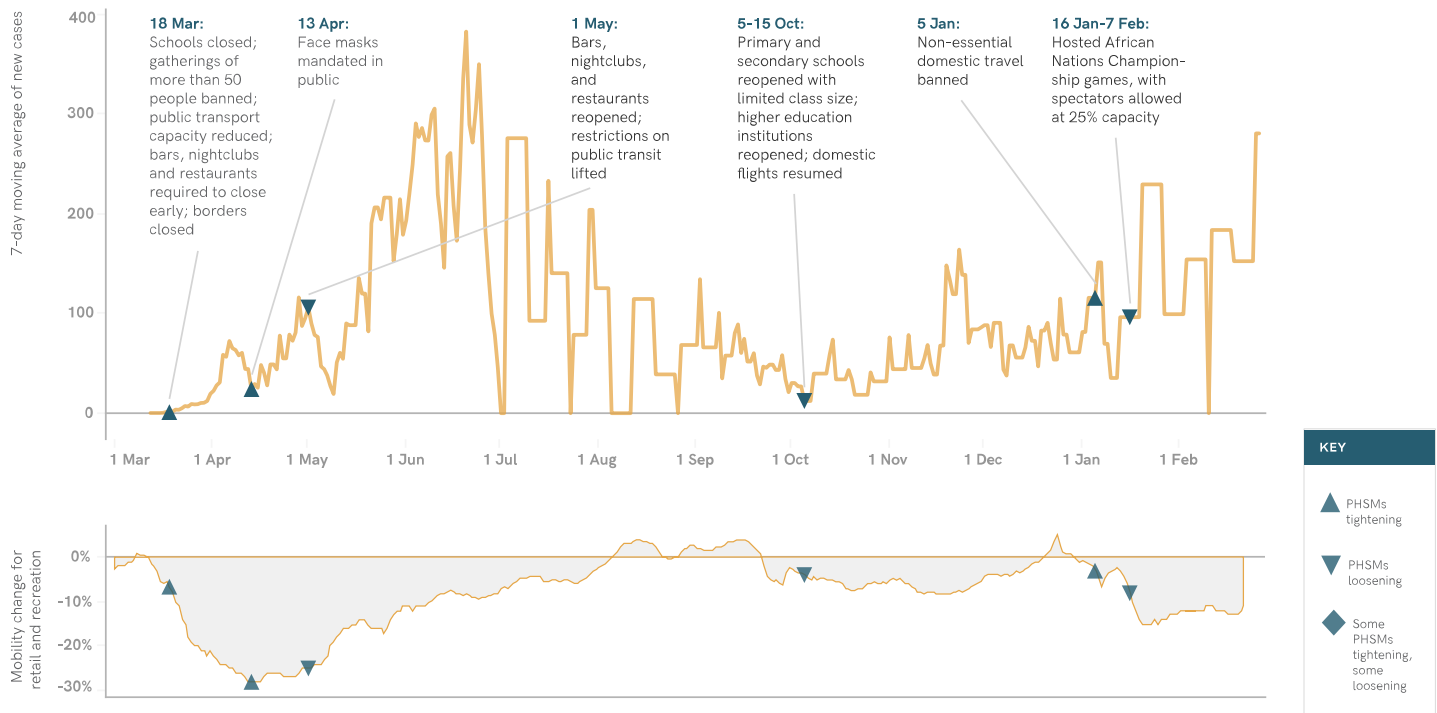
Cameroon has reported a gradual increase in new cases since October that [government officials](#) and [media](#) speculated to be a result of reduction in individual PHSM adherence. Following the hosting of the African Nations Championship between 16 January and 7 February, where preventative measures were [reportedly](#) unenforced, Cameroon experienced an uptick in reported cases, with the 7-day moving average of new cases reaching more than 200 per day (from around 60/day in late December). Recent transmission has not reached the levels seen during the first wave in June 2020; however, epidemiological trends should be interpreted with caution due to infrequent reporting. It is likely that many cases are going undetected.

ICU bed occupancy [increased](#) fifteenfold in February alone (which Cameroon’s Minister of Health [called](#) “concerning”), although overall occupancy remains relatively low. There have been [reports](#) that health care workers do not have access to enough personal protective equipment (PPE) and that the proper COVID-19 protocols for safe burials are not being followed.

On 23 Feb 2021, the Cameroonian Minister of Health [stated](#) that the current epidemiological situation did not necessitate a vaccination campaign. If the situation becomes more severe, vaccines will be offered on a voluntary basis, with [priority](#) given to health workers and those over 50 years old with comorbidities.

Cameroon’s second wave comes as insecurity in the region is intensifying. Electoral violence in neighbouring Central African Republic in December [forced](#) nearly 5,000 refugees into Cameroon. Boko Haram remains a threat in the Far North, with frequent reports of [attacks](#), particularly [in schools](#). Increased [violence](#) between the government and the Cameroon Resistance Movement has also [complicated response efforts](#). Protests in late September by the opposition party led the government to [ban demonstrations](#).

**After Cameroon hosted the African Nations Championship games, it saw an uptick in new cases. 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?

PHSM effectiveness relies on widespread acceptance and behavior change.

### What the data say

Self-reported adherence to economic and social PHSMs was very low among respondents in Cameroon, most likely because all but the mask mandate and ban on public gatherings were lifted by October 2020.

- Support for all individual measures in Cameroon was lower (73%) than in August (79%); even fewer respondents reported adherence to these measures (36%). There was less adherence among lower-income respondents, suggesting an economic barrier to compliance.
- Government officials called for more vigilance in [November 2020](#) and again in [February 2021](#), urging citizens to [prevent a second wave](#) as reported new cases increased. The president began [wearing a mask](#) in November, setting an example.

### In the media

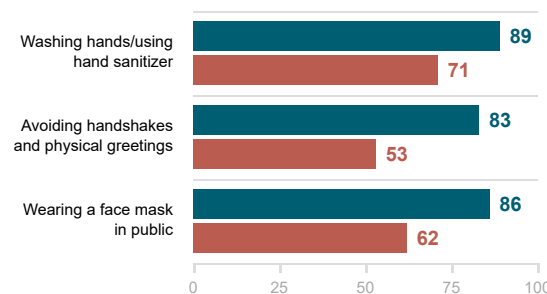
“The biggest fear for the government today is the laissez-faire with which people are taking the preventive measures because we have observed that nobody wears the mask anymore, even less wash their hands.”

- Cameroon's Minister of Health, November 2020

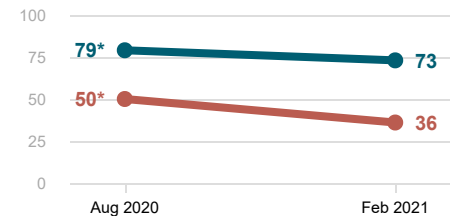
### Individual measures

Self-reported adherence to individual measures decreased by 14 percentage points since August, driven by a significant decline in mask-wearing and mask access (14 and eight percentage points, respectively).

Percent that **support** and **adhere** to each individual measure in Feb 2021



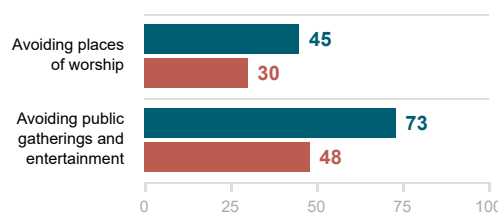
Trend in percent that **support** and **adhere** to all individual measures (composite score)



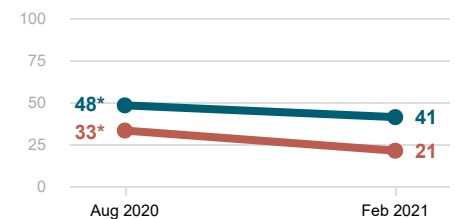
### Measures restricting social gatherings

Compared to August, there was a significant drop in adherence to social measures. Adherence to avoiding places of worship and public gatherings decreased by 14 and 10 percentage points respectively.

Percent that **support** and **adhere** to each social measure in Feb 2021



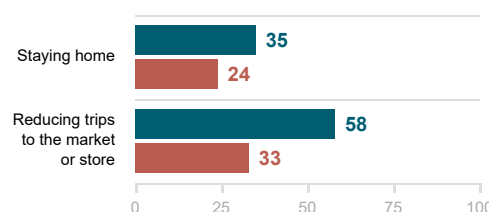
Trend in percent that **support** and **adhere** to all social measures (composite score)



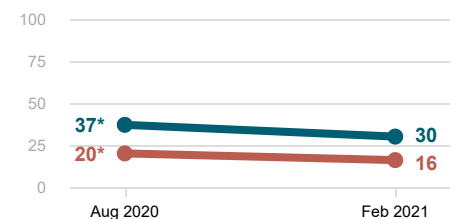
### Measures restricting movement

Support for and adherence to economically restrictive measures decreased since August while Cameroon continues to manage a [recession](#) brought on by the pandemic.

Percent that **support** and **adhere** to each movement measure in Feb 2021



Trend in percent that **support** and **adhere** to all movement measures (composite score)



## PHSM Support and Self-Reported Adherence

# Whom do people trust?

Public trust in government and institutions is a key driver of support for and adherence to PHSMs.

### What the data say

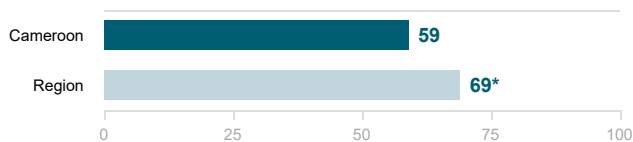
The government and international organizations remain the most trusted institutions in Cameroon, and trust in the president's COVID-19 response rose by eight percentage points since August 2020. The president's voice has been widely [amplified](#) on major radio stations to promote adherence to personal PHSMs. In December, his political party [won](#) a landslide victory in regional elections.

- Despite high trust in the president and the Ministry of Health's COVID-19 response, overall satisfaction with the government response has decreased by four percentage points since August. This disconnect is even more pronounced among rural respondents, who reported a 13 percentage point increase in trust for the president, but a seven point drop in satisfaction with the government's response. The ongoing economic toll of [border closures](#) on agricultural and transportation industries may be a factor in the decrease, although the government has provided some [subsidies](#) to farmers to mitigate the negative impact on production.
- Although overall trust in traditional healers was comparatively low (53%), it was higher than in August (41%). In [news](#) and social media, religious leaders (trusted by 64% of survey respondents) have made claims about the curative powers of treatments developed by traditional healers, which may have affected public sentiment. The government may want to engage with these religious leaders to ensure the dissemination of accurate information.

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

Compared to the Democratic Republic of the Congo (the only other African Union Member State in the Central Region surveyed), respondents in Cameroon reported considerably less satisfaction in their government's response to the pandemic.

#### 59% are satisfied with the government's pandemic response



#### Top five most trusted institutions and individuals

Percent of people reporting trust in each source

Hospitals/health centers	68%
The President	68%
World Health Organization (WHO)	68%
Ministry of Health	67%
UNICEF	67%

### What are people saying in the news and on social media?

Between August 2020 and February 2021, traditional and social media coverage of the government was mixed. In October, social media users [expressed scepticism](#) towards the government's decision to reopen schools during a period of increased transmission, citing a heightened risk of COVID-19 infection for students, teachers and their families. In conflict zones, school reopenings were [followed by](#) increased threats of violence against staff and students, which caused some to close down again.

At the same time, social media users expressed pride in and support for the government's decision to host the African Nations Championship. Sentiment towards the government became more negative in early 2021, however, after several football players tested positive for COVID-19.

#### In the media

"Cameroon is neither capable or worthy of organizing an international football competition. What is going on around this Covid Testing case is a shame. This country must be truly sanctioned. But let us be careful not to cause violence or conflict."

- Twitter user, January 2021

**Risk Perceptions and Information**

# How do people understand risk?

Perceptions of risk are influenced by the epidemiology of an outbreak as well as the type and quality of information disseminated by trusted sources.

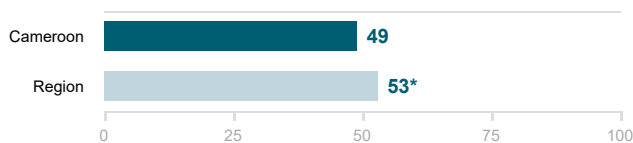
**What the data say**

Approximately half of all respondents agreed that COVID-19 would affect their country (49%). Fewer believed they would be personally affected (20%). Overall, risk perception has decreased slightly since August. Cameroon has one of the lowest risk perceptions among all Member States surveyed; this may be reflective of other situations, such as ongoing violence and humanitarian crises, that may be seen as more serious than COVID-19.

- Almost half of respondents (46%) did not believe that COVID-19 would seriously affect their health if they became infected, possibly due to the perceived low case-fatality ratio in Cameroon.
- Half of respondents believed that health care workers should be avoided to prevent COVID-19 transmission. More lower-income respondents believed health care workers should be avoided (53%) compared to higher-income respondents (44%).
- Notably, respondents with high personal risk perception were more likely to believe misinformation related to infection than those with lower risk perception. Nearly two-thirds of respondents with high risk perception (62%) believed health care workers should be avoided to prevent infection, and more than half believed previously infected people might still transmit the disease (55%).

**How do people understand the risk of COVID-19?**

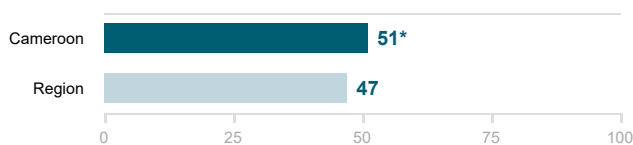
**49% believe that COVID-19 will affect many people in their country**



**20% believe that their personal risk of being infected with COVID-19 is high**



**51% believe that their health would be seriously affected by COVID-19**



**Do people stigmatize others?**

**50% think they should avoid health care workers because they could get COVID-19 from them**

**44% think they should avoid people who have had COVID-19 in the past because they remain infectious**

**Do people believe accurate information?**

**79% understand that infected people may never show symptoms but could still infect others**

**68% understand that infected people may not show symptoms for five to 14 days**

**76% believe that COVID-19 can be cured with herbal remedies**

## Risk Perceptions and Information

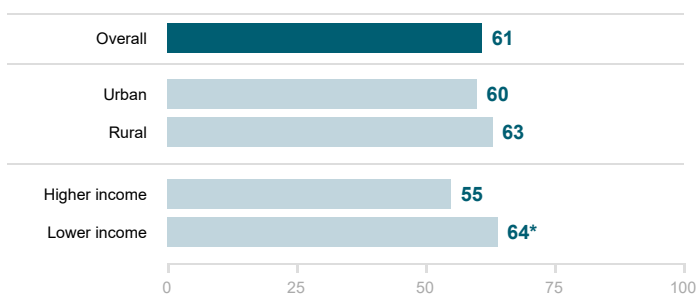
# How are perceptions of risk informing actions?

How people understand risk influences key behaviors and decisions that could mitigate disease transmission, including adherence to PHSMs and vaccine uptake.

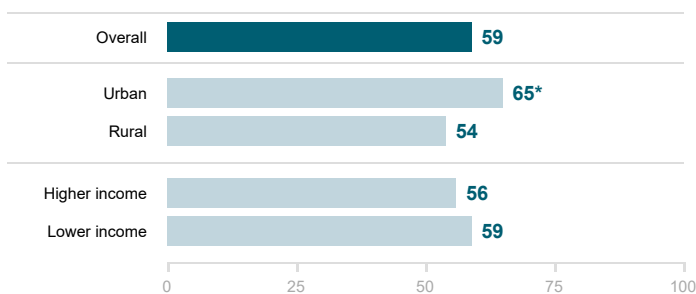
### How do people feel about resuming day-to-day activities?

Although a majority of respondents (61%) reported that resuming normal activities made them anxious, nearly the same proportion (59%) said they have already returned to pre-COVID-19 activity because of their low risk. More respondents who reported losing some (61%) or all (67%) of their income resumed normal activities compared to those with no income loss (53%), suggesting at least a partial economic motivation.

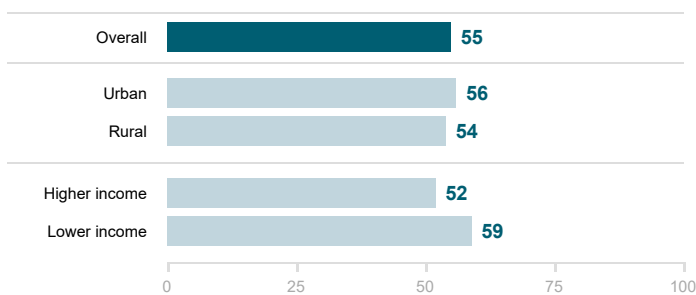
#### 61% feel anxious about resuming normal activities



#### 59% have already resumed normal activities because they believe COVID-19 risk is low



#### 55% feel comfortable taking public transportation

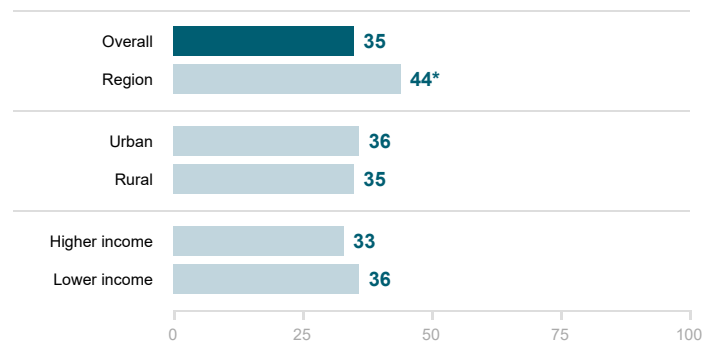


### What do people think about vaccines?

The majority of respondents (58%) said they probably or definitely would not get a vaccine if it became available. The Minister of Health [has emphasized](#) that vaccination will be voluntary once Cameroon receives doses.

Misinformation was a serious issue: among respondents who did not plan to be vaccinated, one in three believed that the vaccine causes COVID-19, and almost 20% did not believe that COVID-19 was real. Sensitive risk communication and community engagement will be essential to improve vaccine uptake among hesitant populations.

#### 35% plan to get a vaccine when available



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

Among people who said they would not get the vaccine, their reasons were:

I believe vaccines can give you the disease they are designed to protect you against	32%
I do not yet know enough about the vaccine to make a decision	26%
I do not believe that the virus exists	17%

#### In the media

Responding to a tweet on vaccination rollout by the Minister of Health, one Twitter user wrote in February 2021: "Mr. Minister, the majority of Cameroonians will not be vaccinated and you know it. So, forget about it. Even if we offer it to you for free, don't take. Cordially."

**Secondary Burdens**

# Are people skipping or delaying health care?

Mobility restrictions, overburdened health care facilities, and fear of catching COVID-19 can prevent people from seeking essential health care; understanding the barriers to access can help improve linkages to care.

**What the data say**

Among respondents that reported they or someone in their household needed health care or medication, more than 40% skipped or delayed services in the previous six months and 35% reported difficulty obtaining medication in the previous three months, a decline since August. Cost was the most frequently cited barrier to accessing services (36%), potentially related to the [economic crisis](#) in Cameroon.

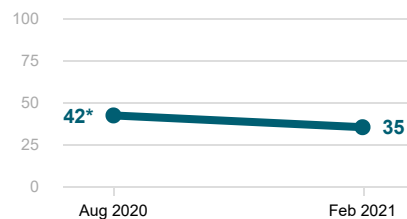
Although overall risk perception was low, 35% of households that missed health visits cited fear of catching COVID-19 as their rationale. [Reports](#) of health facilities not following proper COVID-19 infection prevention protocols may have influenced these beliefs.

Almost one in four missed health visits were for malaria. Reduced access to malaria treatment could have serious health consequences, given that 90% of the population is [at risk](#) in Cameroon.

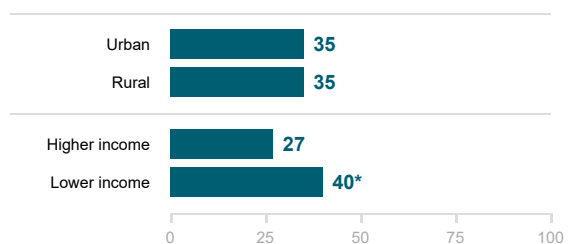
**Difficulty getting medicines**

Since August, fewer respondents reported difficulties accessing needed medication, although twice the number of lower-income households reported difficulties compared to higher-income households.

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



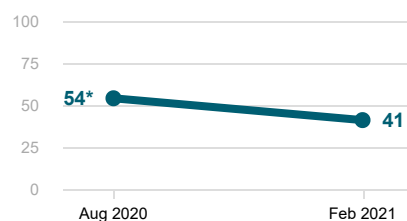
*Percent having difficulty getting medicines by category*



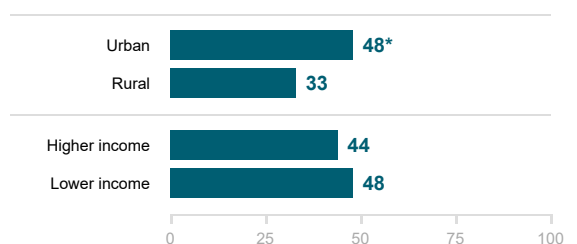
**Skipping or delaying health visits**

The share of households missing needed health visits has meaningfully decreased since August. This correlates with the high share of respondents reporting having resumed normal activities.

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



*Percent skipping or delaying health care visits by category*



**The reasons why visits were skipped or delayed**

People could choose multiple responses

Worried about catching COVID-19	35%
Cost/affordability	36%
Health facility disruption	14%
Mobility restrictions/transport challenges	9%
Caretaker responsibilities	5%

**The types of visits which were skipped or delayed**

People could choose multiple responses

General/routine check-up	39%
Communicable diseases	23%
Diagnostic services/symptoms	18%
Non-communicable diseases	16%
Reproductive, maternal and child health	12%

## Secondary Burdens

# Are people experiencing income loss or food insecurity?

Measures restricting economic activities can severely disrupt livelihoods and access to markets; understanding the type and extent of these burdens can help inform policy changes and identify people who need support.

## What the data say

Almost 75% of respondents reported losing some or all of their income since the start of the pandemic. More than 80% of those with income loss reported large or moderate losses. Still, only 3% of respondents reported receiving government support.

- Cameroon is currently facing an economic [recession](#). In October, the employment minister [announced](#) that 14,000 Cameroonians had lost their jobs since the start of the pandemic. According to [traditional media sources](#), 87% of businesses had to lay off or reduce their workforce.
- Media [reported](#) that the ongoing closure of Cameroon's land borders have kept truckers, traders and farmers from making an income. A nonviolent protest occurred in December.

More than four in five respondents (84%) reported one or more issues accessing food in the past seven days. Most respondents cited either lost income (63%) or increased food prices (64%) as barriers.

- 2.7 million people [are food-insecure](#) in Cameroon. Just under half of those people live in the Northwest and Southwest regions, where violence and insecurity from the intensifying [Anglophone crisis](#) has affected agricultural output. Security-related lockdowns have also affected the [operation](#) of markets and the [delivery](#) of food assistance to this region.
- In February, 2,500 hectares of sorghum were [destroyed](#) by birds in the Far North, exacerbating the [ongoing food insecurity](#) in the region caused by Boko Haram attacks.
- Staple food prices have been [increasing](#), partially due to disruptions in the food supply chain resulting from border closures.

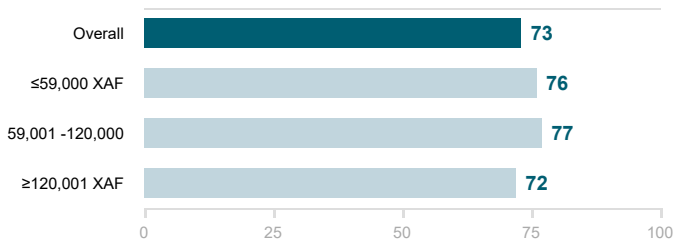
## Reported barriers to food access

Percent of people reporting each barrier

Less income	63%
Higher food prices	64%
Food markets closed	42%
Mobility restrictions	41%
Food market supply shortages	48%

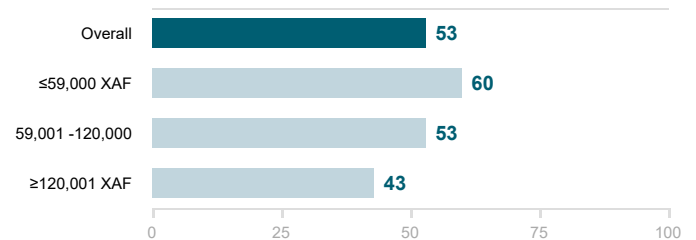
## Household income

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



\*Household income is significantly associated with income loss.

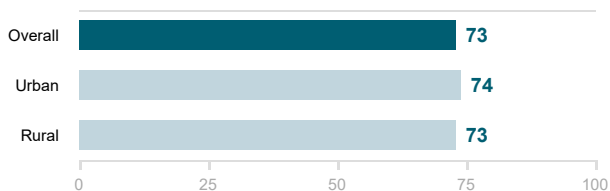
Percent of households **missing meals** by category



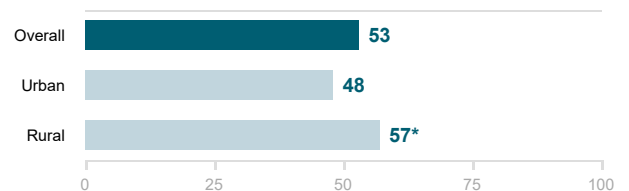
\*Household income is significantly associated with missing meals.

## Location

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



Percent of households **missing meals** by category





## Appendix

## Endnotes

### Report notes

Regional comparisons were conducted as per the following categories: East Africa (Ethiopia, Kenya, Uganda, Sudan); West 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).

Two-tailed t-tests to compare two categories, and chi-square tests to compare more than two categories were conducted to assess whether there were statistical differences. An asterisk (\*) indicates statistical significance where  $p < 0.05$ .

The figure on page 2 of the report shows the 7-day rolling average of new cases alongside test positivity and mobility data from March 2020 to February 2021. Where test positivity data and/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.
- Novetta Mission Analytics conducted research to collect insights from *traditional and social media* sources 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. Content from social media sources in the public domain should be interpreted with caution given that views reflected might be extreme in nature and are not representative of the population of a given country or demographic.
- 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 is more commonly reported late, or in periodic batches (e.g. weekly).
- Other Data is 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 1,323 adults (689 urban, 634 rural), collected between 12 to 23 February 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