

REPUBLIC OF CAMEROON
Peace – Work – Fatherland

MINISTRY OF PUBLIC HEALTH

GENERAL SECRETARIAT

DEPARTMENT OF FAMILY HEALTH

EXPANDED PROGRAMME ON IMMUNISATION



Programme
Élargi de
Vaccination
Cameroon

RÉPUBLIQUE DU CAMEROUN
Paix – Travail – Patrie

MINISTÈRE DE LA SANTÉ PUBLIQUE

SECRETARIAT GENERAL

DIRECTION DE LA SANTE FAMILIALE

PROGRAMME ÉLARGI DE VACCINATION

5th NATIONAL COVID-19 VACCINATION INTENSIFICATION CAMPAIGN IN CAMEROON

NOVEMBER 18 TO 27, 2022

Advocacy Kit



PEV CAMEROUN / PEV CAMEROON
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Yaounde, the **21 OCT 2022**

PRESS RELEASE

The Minister of Public Health, Dr MANAOUA Malachie informs the populations that the Government is organizing from November 18th to 27th, 2022, the fifth campaign to intensify vaccination against Covid-19 throughout the national territory.

The Minister recalls that as part of the vaccine response against Covid-19, Cameroon has already covered 12% of its population aged 18 and above with more than 1.8 million people vaccinated to date.

These encouraging results are not enough to protect the country from a new resurgence. It is therefore recommended to carry out a new national campaign to intensify vaccination against Covid-19 to achieve collective immunity, the main objective of the Government and the international community.

The Minister further indicates that despite the period of calm observed for a few months, there are still serious cases of Covid-19. In addition, several countries in the world have still not handled the pandemic.

Upcoming mass events, in particular the Qatar 2022 World Cup in which the indomitable lions of Cameroon will take part in November, and the end-of-year celebrations in December, may be risk factors for a resurgence of cases, including the importation new covid-19 variants.

This campaign, which will take place over 10 days, reflects the determination of the Government and its partners to end the Covid-19 pandemic and make Cameroon a more attractive country without the risk of Covid-19 for foreign and national investors. Its objective is to improve the results already obtained in the context of the vaccination response against Covid-19 by vaccinating at least 3 million targeted people and thus improving the country's vaccination coverage.

Will be targeted during this intensification campaign, people aged 18 and above, vaccinated people eligible for the booster dose, pregnant and breastfeeding women.

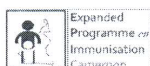
The single dose vaccine Johnson & Johnson and the two-dose vaccines Pfizer and Sinopharm will be used during this campaign. Vaccination will take place in health facilities and in meeting places such as markets, chiefdoms, churches/mosques, offices, and businesses. Prior to vaccination, intense outreach communication activities will be organized in all the Health Areas, with all the key stakeholders and the main beneficiaries to sensitize them on the benefits and encourage them to get vaccinated.

Moreover, the Minister of Public Health informs the populations that the doses of vaccines that will be administered are free of charge and urges them to massively adhere to this vaccination campaign against Covid-19, to reduce to its simplest expression, the evolution of the pandemic and thus mitigate its health and economic consequences in Cameroon.

Covid-19 is still rampant, let's get vaccinated!



Dr. MANAOUA MALACHIE



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SHEET 1

Background and rationale

The COVID-19 pandemic has profoundly disrupted economies and delayed social progress in all countries. Above all, it fragilized the health systems and their ability to adapt and respond effectively to unexpected crises.

Cameroon's response to this pandemic has been transformed into an opportunity to strengthen the health system, improve preparedness for future health crises, and affirm its participation in global, regional, and national mechanisms for expressing solidarity and international cooperation.

Since the introduction of the COVID-19 vaccine in Cameroon on 12 April 2021, four different vaccines have been received and used: Johnson & Johnson, Astra Zeneca/Covishield, Pfizer, and Sinopharm. The goal was to vaccinate 20% of the total population by December 2022. To this end, two main vaccination strategies are implemented: routine vaccination in the 840 vaccination centers identified in the 197 health districts and mass campaign vaccination. From April 2021 to March 2022, the following activities were carried out: four mass vaccination campaigns and intensification of vaccination against COVID-19 in preparation for the Africa Cup of Nations (CAN) in Cameroon.

The supplementary immunization activities and innovative routine immunization strategies made it possible to vaccinate until 19 September 2022, **1 561,752 people with at least one dose of vaccine**, i.e., vaccination coverage of the target population of 11.4% and 4.4% of the total population of Cameroon.

Unfortunately, vaccination of priority targets remains unsatisfactory, i.e., the coverage is still at 4.9% for people over 50 years of age and 8.4% among people living with an underlying health condition. These performances are still below vaccination coverage targets despite the various activities to intensify vaccination against Covid-19. At the same time, since the 28th epidemiological week, there has been a gradual increase in the number of positive cases of COVID-19 in Cameroon, with 1214 active cases in the 34th epidemiological week of 2022.

In view of the above and considering the vaccination coverage targets by December 2022 to achieve herd immunity, it is urgent and vital to organize at least one round of national campaign to intensify vaccination against COVID-19.

SHEET 2

Goals and targets

General objective:

The overall goal is to prevent a resurgence of the COVID-19 pandemic by boosting herd immunity by vaccinating people aged 18 and older with one of the three vaccines available, Johnson & Johnson, Pfizer, or Sinopharm.

Specific objectives:

More specifically, it will involve:

- Conducting 100% of communication and awareness activities before the start of the campaign
- Inform at least 95% of the population before the arrival of the vaccinators
- Administer at least 3,00,000 doses of vaccine to people 18 years of age and older;
- Ensure the vaccination of at least 80% of priority targets (health workers);
- Actively search for and report any case of AEFI;
- Ensure the adequate safety and management of vaccines;
- Ensure a daily reporting of all vaccination data;

Targets

Anyone 18 years of age or older.

The priority groups are listed in the table below:

Primary	Secondary	Tertiary
Health workforce	<ul style="list-style-type: none"> • Health Facility Managers; • Professional orders; • Societies; • Families of health workers. 	Minister of Health
People with comorbidities (Chronic diseases)	<ul style="list-style-type: none"> • Heads of families/accompanying persons; • Health professionals; • Association of People with Chronic Diseases • Civil leaders (Association of People Living with Chronic Diseases); • Traditional healers. 	<ul style="list-style-type: none"> • Administrative authorities • Faith and traditional leaders • Decentralized territorial authorities

People over 50	<ul style="list-style-type: none"> • Heads of households; • Civil society (Association of people living with chronic diseases); • Traditional healers; • Structures for the care of the elderly; • Community Health Workers. 	<ul style="list-style-type: none"> • Ministry of Social Affairs • Administrative authorities • Faith and traditional leaders • Caring staff • Decentralised territorial authorities
Security personnel	<ul style="list-style-type: none"> • General Staffs; • Military and police health personnel; • Families of defense and security staff 	<ul style="list-style-type: none"> • Ministry of Defence • General Delegation of National Security • Ministry of Justice
Teachers	<ul style="list-style-type: none"> • School heads • Parent-teacher associations; • Teachers' families; 	<ul style="list-style-type: none"> • Ministry of Basic Education • Ministry of Higher Education • Ministry of Vocational Training • Ministry of Youth and Civic Education • Ministry for the Promotion of Women and the Family
High-risk socio-demographic groups (refugees, nomads, pygmies, internally displaced persons, and people in prison)	<ul style="list-style-type: none"> • Refugees • Nomads • Agricultural migrants • Pygmies • Internally displaced persons • Migrant • Prisoners 	<ul style="list-style-type: none"> • High commission for refugee • Ministry of Social Affairs • Ministry of Territorial Administration • Ministry of Justice
Hotel, leisure, and tourism staff	<ul style="list-style-type: none"> • Hotel • Restaurants • Nightclub staff 	<ul style="list-style-type: none"> • Ministry of Tourism and Leisure • Unions • Hotel training schools

Distribution of the target population of the campaign by region

Regions	Number of Health Dis- tricts	Number of Health Areas	Campaign target (70% of the target to be vaccinated in 2022)
Adamawa	10	113	213 219
Center	32	304	726 440
East	15	143	194 949
Far North	32	321	714 590
Littoral	24	191	612 853
North	15	161	433 721
Northwest	20	236	265 053
West	20	238	330 222
South	10	104	127 287
Southwest	19	117	273 235
CMR	197	1928	3 891 569

SHEET 3

Strategic approaches

❖ National strategies

During this campaign, 5 858 vaccination teams will be deployed across the country. Vaccination will occur in health facilities and gatherings such as markets, chiefdoms, churches/mosques, administrations, and businesses.

The vaccination teams will be deployed in the 1928 Health Areas. Their visit will be preceded by a home visit of social mobilizers who will raise awareness and inform about the vaccination process and the schedule. Each vaccination team will comprise: a vaccinator, a recorder, and a social mobilizer.

Three vaccine types will be available to the target populations during this intervention. These are single-dose Johnson & Johnson, and two dose Sinopharm, and Pfizer. **For people who have already completed their vaccination schedule, Booster doses will be administered in accordance with the recommendations of the Scientific Council for Public Health Emergencies and the National Technical Advisory Group on Vaccination** of the joint session of January 2022.

❖ Strategies specific to regions of insecurity

The North-West, South-West, and Far North regions facing security challenges due to socio-political crises will be subject to specific strategies such as the deployment of vaccination teams taking into account the security context.

Other measures will include maintaining permanent communication with security actors, possibly using vehicles equipped with communication devices, supervision of travel by administrative authorities, and the accompaniment of teams in areas of insecurity by locally accepted guides.

❖ Strategies specific to the cities of Douala, Yaoundé and Bafoussam

Given the low adherence to COVID-19 vaccination in these large cities, it seems urgent to address the problems related to the compliance of health personnel, the main bottleneck to vaccination in these cities on the one hand and the infodemic on the other. The following strategies will help in the process:

- Deployment of social mobilizers in special sites (universities, institutes, institutes of professional training and health clubs);
- Training and deployment of digital social mobilizers;
- Integration into CHW training modules the update on rumors recorded in urban districts;

- Implementation of awareness-raising/communication activities by the religious network;
- Design and popularization of visuals/spots aimed at deconstructing rumors and confirming the perception of risk;
- Continuous awareness of health workers organized by pools before the campaign
- Awareness-raising and vaccination of organized groups;
- The commitment of administrative, religious, and traditional authorities to social mobilization in favor of mass vaccination;
- The participation of students from the Universities and schools of Yaoundé, Douala, and Bafoussam in supporting vaccination activities on weekends;
- Intensify mobile outreach and vaccination services to target high-priority groups (people living with underlying pathologies, pregnant women, health personnel, etc.).

SHEET 4

COVID-19 epidemiology situation and vaccination performance

Epidemiological situation of COVID-19 in the world

Situation épidémiologique (Monde et Afrique)

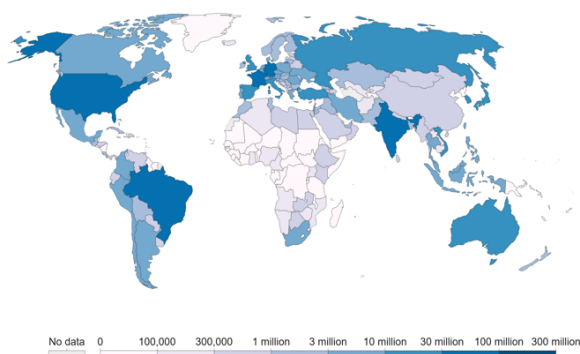
Monde

- 599,825,400 cas confirmés
- 6,469,458 décès
- 4 431 817 cas confirmés 7 derniers jours

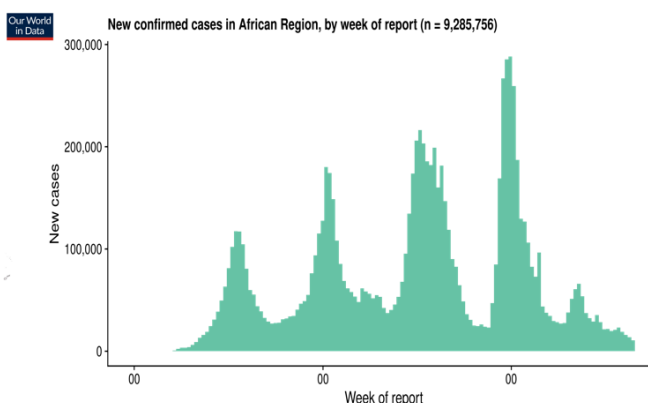
Afrique

- 9,285,756 cas confirmés
- 174 293 décès
- 10 513 cas confirmés 7 derniers jours

Cumulative confirmed COVID-19 cases, Aug 30, 2022
Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data



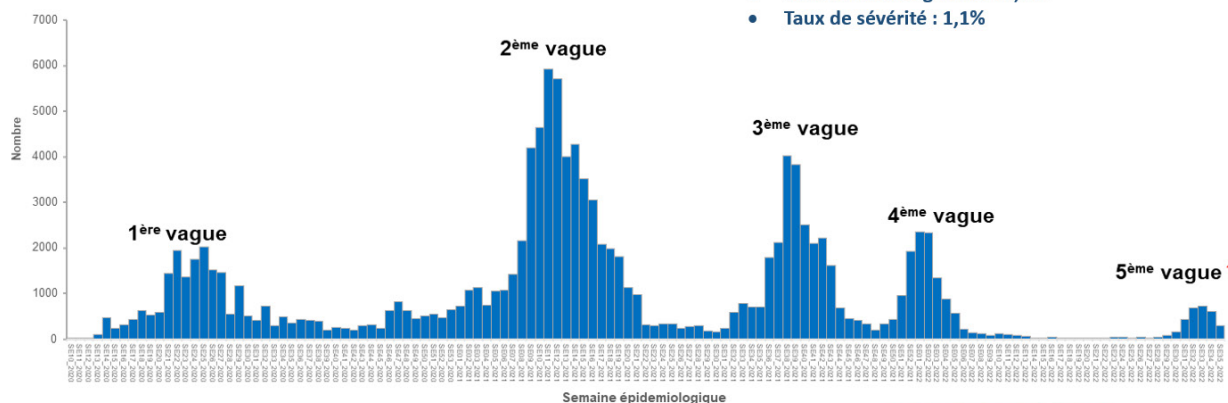
Source: COVID Intel database

As of 19 September 2022, there were 599,825,400 confirmed cases of COVID-19 worldwide, with 6,469,458 deaths.

Epidemiological situation of COVID-19 in Cameroon

Situation épidémiologique

- 122 375 cas confirmés
- 1 941 décès
- 4 611 personnels de santé infectés dont 61 décès
- 818 femmes enceintes infectées dont 7 décès
- 1 214 cas actifs
- 42 patients hospitalisés dont 13 sous oxygène
- Taux de létalité globale : 1,6%
- Taux de sévérité : 1,1%






In Cameroon, as of 19 September 2022, the country registered 1,22,375 confirmed cases of COVID-19 with 19,41 deaths. Since the 28th epidemiological week, there has been a gradual increase in the number of positive cases of COVID-19, with 1214 active cases in the 34th epidemiological week of 2022. These data show that Cameroon may be entering a new wave, but the country is not immune to the emergence of new variants.

COVID-19 vaccination data

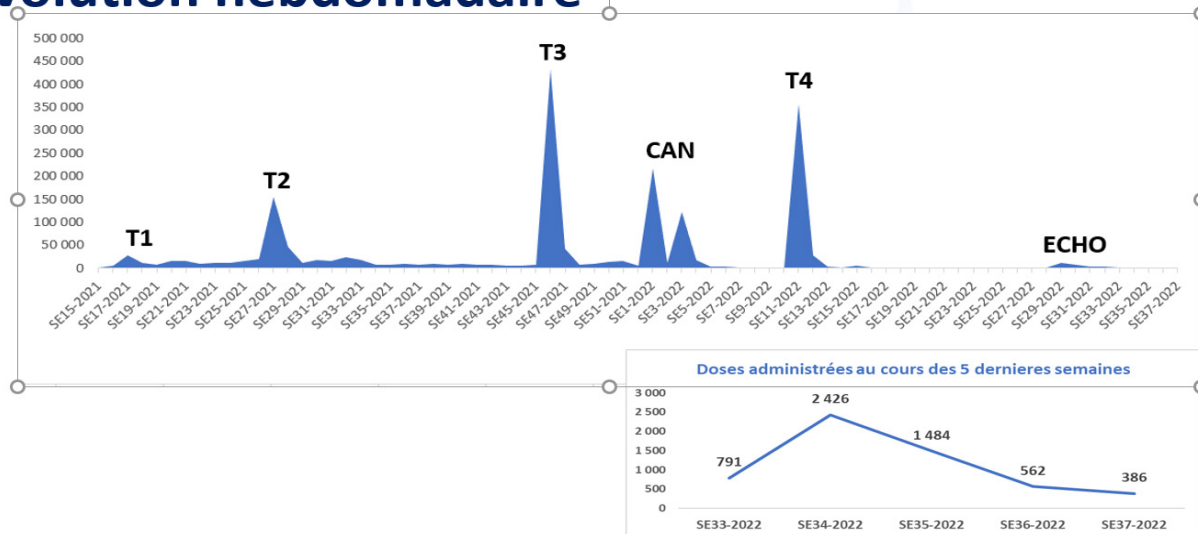
Vaccination, one of the pillars of the response system, was introduced on 12 April 2021 in all Health Districts of the country, initially targeting health workers, people with comorbidities, and those aged 50 years and above. Vaccination was then extended to all eligible persons aged 18 and over. As of 19 September 2022, the overall vaccination situation is as follows:

The overall situation of vaccination in Cameroon

# Personnes vaccinées		ASTRA ZENECA	SINOPHARM	PFIZER	JANSSEN	TOTAL	# Personnes complètement vaccinées
# personnes ayant reçu une dose		369 253	211 742	41 254	939 503	1 561 752	1 210 684
# personnes ayant reçu deux doses		165 555	95 003	10 623		271 181	
#Nombre de personnes ayant reçues la dose de rappel		791	9 788	3 893	46 253	60 725	
# total doses administrées		535 599	316 533	55 770	985 756	1 893 658	
Proportion de la population cible ayant reçue au moins une dose(%)		11,4		Proportion de la population totale complètement vaccinée			4,4
Proportion de la population cible complètement vaccinée (%)		8,8		Nombre de doses au cours de la dernière semaine			250

Weekly vaccination trend in Cameroon since April 2021

Evolution hebdomadaire



Performance of COVID-19 vaccination by Region

Couverture vaccinale par Région

Région	Population cible	# Première dose	# Deuxième dose	# Doses de rappel	# Complètement vaccinés	Couverture première dose	Couverture vaccinale complète
Adamaoua	753 881	129 638	19 821	5 609	108 960	17,2	14,5
Centre	2 568 486	308 065	80 606	22 940	227 324	12,0	8,9
Est	689 284	111 732	19 237	6 956	78 753	16,2	11,4
Extrême Nord	2 526 584	300 293	54 478	7 429	234 782	11,9	9,3
Littoral	2 166 869	147 928	23 149	1 618	115 283	6,8	5,3
Nord	1 533 515	229 350	21 601	2 274	177 391	15,0	11,6
Nord Ouest	936 621	101 944	15 674	5 784	89 651	10,9	9,6
Ouest	1 167 571	125 172	18 853	4 644	94 126	10,7	8,1
Sud	450 052	52 733	9 791	1 486	44 275	11,7	9,8
Sud Ouest	966 080	57 223	8 030	2 149	42 324	5,9	4,4
Total	13 758 942	1 564 078	271 240	60 889	1 212 869	11,4	8,8
BAFOUSSAM(MIFI)	220 847	46 076	3 029	199	29 261	20,9	13,2
DOUALA	1 725 603	129 463	18 150	1 289	99 870	7,5	5,8
YAOUNDE	1 755 194	234 467	65 636	20 572	175 567	13,4	10,0

Immunization coverage of priority targets by region

Couverture vaccinale des cibles prioritaires par Région

Régions	Personnel de santé			Personnes âgées			Personnes avec comorbidité		
	Cibles	complètement vaccinés	Couverture vaccinale (%)	Cibles	complètement vaccinés	Couverture vaccinale (%)	Cibles	complètement vaccinés	Couverture vaccinale (%)
Adamaoua	5 004	4 702	94,0	373 171	28 673	7,7	135 291	5 516	4,1
Centre	34 230	13 880	40,5	1 271 401	64 050	5,0	528 393	73 854	14,0
Est	7 082	5 296	74,8	341 195	21 617	6,3	131 052	3 181	2,4
Extrême Nord	12 928	14 052	108,7	1 250 659	67 785	5,4	376 370	11 793	3,1
Littoral	24 693	7 667	31,0	1 072 600	23 124	2,2	525 279	40 446	7,7
Nord	8 068	8 296	102,8	759 090	37 454	4,9	232 884	23 724	10,2
Nord Ouest	11 306	6 693	59,2	463 627	38 861	8,4	172 352	13 585	7,9
Ouest	17 100	7 724	45,2	577 948	26 234	4,5	224 670	28 097	12,5
Sud	5 676	3 082	54,3	222 776	15 443	6,9	114 071	4 782	4,2
Sud Ouest	7 217	3 254	45,1	478 210	10 237	2,1	185 022	15 169	8,2
TOTAL	133 304	74 646	56,0	6 810 677	333 478	4,9	2 625 384	220 147	8,4
BAFOUSSAM	1182	1 243	105,2	43 277	2 937	6,8	22 308	21 284	95,4
DOUALA	5788	6 048	104,5	338 148	16 852	5,0	174 303	37 662	21,6
YAOUNDE	5940	8 396	141,3	343 947	42 994	12,5	177 292	67 324	38,0

Cible du personnel de santé non maîtrisée

Première dose = 1ère dose AZ + 1ère dose Sinopharm + 1ère dose Pfizer + doses J&J
Deuxième dose = 2^e dose AZ + 2^e dose Sinopharm + 2^e dose Pfizer

SHEET 5

Importance of vaccination

Vaccination remains the most effective way to control life-threatening diseases. In addition to saving millions of lives, immunization programs offer a high economic return on investment. New research demonstrates the incredible impact and value of vaccination for policymakers. Investing in immunization programs in the world's poorest countries yields a significant return.

Between 2020 and 2030, vaccination programs against ten pathogens in 98 countries are expected to save 32 million lives, the vast majority of which (28 million) are children under 5 years of age.

According to the new study by the ***Decade of Vaccine Economics*** (DoVE) project, every U.S. dollar invested in immunization programs has yielded about \$20 in health costs, lost wages, and lost productivity. The analysis predicts that measles vaccination will continue to save even more lives over the next decade (2020-2030), with an average of more than 2.1 million deaths annually.

Herd immunity

Immunity can be understood as the ability of the human body to protect itself from infectious diseases. Herd immunity is the percentage of a given population protected against infection, effectively leading the epidemic to extinction because the pathogen encounters too many protected subjects. Herd immunity can be achieved through vaccination.

The level required to pass or remain below the herd immunity threshold depends on the introductory reproduction rate of the disease, i.e., the average number of immunologically naïve individuals a subject will infect after contact. The higher this baseline reproduction rate, the higher the percentage of immunized individuals must be.

Vaccines are biologics designed to effectively and safely elicit an immune response that confers protection against disease. An ideal vaccine offers several advantages: it is safe and has only minor side effects; a single dose given at birth can provide lifelong protection against disease; it is inexpensive, stable during shipping and storage; and it is easy to administer. Some vaccines meet these criteria more than others. Although each vaccine has its own benefits, risks, indications, and contraindications, all vaccines protect against the disease they were designed for.

SHEET 6

Major activities

Before the campaign	During the campaign	After the campaign
<ul style="list-style-type: none"> • Communication in national organized bodies: Annual Conference, Interagency coordination committee, School Governing Councils, National Communication Task Force, Coordination meetings • Communication on the resolutions of the Scientific Council and NITAG. • Communication from the Minister of Public Health. • Development of the communication plan at the central and regional level • Production and dissemination of communication media • Communication in the media, including social networks • Organization of information and exchange sessions at all levels • Organization of information and community engagement meetings • SMS delivery • Sustainable communication on the vaccine selection, acquisition, storage, and distribution phases • Mobilizing actors from the scientific world and civil society to provide the necessary information and assurances. • Activation of QR codes of the various accredited vaccination centers • Consolidation of national micro-plans • Organization of stakeholder briefings at all levels • Organization of advocacy and cross-border meetings • Deploying CHWs in households 	<ul style="list-style-type: none"> • Organize campaign launch ceremonies at all levels • Communicate about the current vaccination situation • Deploying CHWs in households • Communicate in the media, including social networks • Organize information and exchange sessions at all levels • Organize information and community engagement meetings • Ensure activity monitoring • Documentation of good practices • Ensure media monitoring at all levels • SMS delivery • Ensuring vaccine safety and effective management • Establishment of a group/committee of experts able to react to posts and questions from Internet users • Conduct rapid coverage surveys • Monitoring and managing AEFI cases 	<ul style="list-style-type: none"> • Conduct quick surveys • Document strengths, weaknesses, opportunities, threats, and lessons learned • Continuing to raise awareness in the media and communities • Continue to monitor rumors • Ensure media monitoring at all levels • Continue AEFI monitoring • Communicate routine immunization at vaccination sites

SHEET 7

Expectations

1- To the press leadership

- Build collaboration in disseminating excellent and reliable information on immunization during scale-up campaigns and in routine EPI;
- Optimize communication to inform populations about the availability and free-of-charge of the COVID-19 vaccine for people aged 18 and over;
- Promote a civic culture by accompanying the Ministry of Health to manage rumors and misinformation.

2- To opinion leaders, associations, and other organized groups, religious and traditional leaders

- Raise awareness and mobilize their communities to adhere to COVID-19 vaccination;
- Contribute to the promotion of healthy behaviors, including by:
 - Getting vaccinated first in front of their communities
 - Encourage others to get vaccinated
 - Encourage targets to respect the vaccination schedule in Cameroon
- Disseminate key messages for immunization in their communities;
- Coordinate the search for the lost to follow up in their communities;
- Support the Ministry of Health in the management of rumors and disinformation;
- Participate in the organization of vaccination sessions in the communities.

3- To the Heads of Health Facilities

Encourage their staff to:

- Continuously strengthen the capacity of their team on vaccination against Covid-19;
- Be welcoming to the population;
- Use simple words to provide information about COVID-19 and vaccination;
- Participate in the management of rumors, reluctance, and disinformation;
- Get vaccinated first;
- Comply with Infection Prevention and Control (IPC) measures in vaccination sites to avoid contamination with Covid-19.

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