A Review of Humanitarian, Social and Economic Effects of Covid-19 Outbreak in Cameroon

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ABSTRACT

In late December 2019, a previous unidentified coronavirus, currently named as the 2019 novel coronavirus, emerged from Wuhan, China, and resulted in a formidable outbreak in many cities in China and expanded globally, including Thailand, Republic of Korea, Japan, United States, Spain, Italie, France, and Cameroon, just to name those few countries. The disease is officially named as Coronavirus Disease-2019 (COVID-19, by WHO on February 11, 2020). COVID-19 is a potential zoonotic disease with low to moderate (estimated 2%-5%) mortality rate. It is also named as Severe Pneumonia with Novel Pathogens on January 15, 2019 by the Taiwan CDC, the Ministry of Health and is a notifiable communicable disease of the fifth category. COVID-19 is a potential zoonotic disease with low to moderate (estimated 2%-5%) mortality rate. Person-to-person transmission may occur through droplet or contact transmission and if there is a lack of stringent infection control or if no proper personal protective equipment available, it may jeopardize the first-line healthcare workers. Currently, there is no definite treatment for COVID-19 although some drugs are under investigation. To promptly identify patients and prevent further spreading, physicians should be aware of the travel or contact history of the patient with compatible symptoms.

Keywords: Cameroon, COVID-19, Outbreak, Pneumonia, Zoonosis.

INTRODUCTION

The coronavirus disease 19 (COVID-19) is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in Wuhan, China and spread around the world. Over time, it gradually spread to Asia, Europe and Africa, resulting in the death or quarantine of several people.

The intermediate source of origin and transfer to humans is not known, however, the rapid human to human transfer has been confirmed widely. There is no clinically approved antiviral drug or vaccine available to be used against COVID-19. However, few broad-spectrum antiviral drugs have been evaluated against COVID-19 in clinical trials, resulted in clinical recovery.

Cameroon, like many States in the world, was not spared by this pandemic. Fear of horizontal viral transmission inside hospitals led to a significant contraction in routine pediatric outpatient consultations and essential immunization visits (Ananfack Nguefack et al., 2021).

From the very first hours of its emergence, the Government implemented a prevention and response plan aimed at stemming the spread of this epidemic. In this paper, we are going to give some specific policy guidelines and the role of leadership to date in managing the outbreak, discuss the measures that the county's strategic leadership has put in place in every sector to navigate through turbulence of Corona virus in a bid to mitigate over its effects in the immediate term, short term and long term, State which measures have worked and those that have not worked and why, and finally, we will give our specific recommendations as a strategic leader to address such a situation in the future.

LITERATURE REVIEW

In our study, our focus is on the humanitarian, social and economic effects of COVID-19 and how the state and church leadership had handled the situation.

At the corporate level, it is known that the role of a leader is to define reality and give hope. Transformational Leadership style is one of the most critical for the crisis leader to possess. The leadership has to first seek for the protection of his workers, (this is the first priority); secondly will managing to limit the impact on of the disease on the company.

COVID-19 has occurred when people were engaged in their daily duties, without any fear. And suddenly, a strange and new disease had appeared, causing panic, massive death after great suffering of breathing distress.

Chris Nichols and al. (2020) affirms that before COVID-19, CEOs and other executives in high-growth companies were focused on fostering innovation, driving revenue, and gaining market share. The widespread global lockdown shocks swiftly jeopardized domestic liquidity, significantly disrupting Cameroon's reliance on international trade partners like China. (Aba'a & Nguema, 2020). Because micro-enterprises in Cameroon operate with minimal savings, lockdown measures threatened immediate business survival within the highly volatile informal ecosystem (Ndouna et al., 2021).

Many of those same leaders had to make rapid decisions about controlling costs and maintaining liquidity. They may encounter unforeseen roadblocks — supply chain issues, team shortages, and operational challenges — that drastically alter the scope of their roles and priorities. Long-standing structural issues, out-of-pocket medical expenditure patterns, and systemic inequalities significantly hindered the delivery of equitable medical relief during the outbreak (Ojong, 2020). All the while, they and their teams were navigating health and safety concerns, working remotely, and supporting their families through the pandemic. Most operational difficulties arose primarily from the swift alteration in consumer purchasing behaviors. Supply chain disruptions also contributed significantly to these challenges faced by Cameroonian enterprises during the initial containment periods. (Fomba Kamga & Nda'Chi Deffo, 2022).

In Cameroon, the first positive case was confirmed on 6 March 2020. Cameroon's Ministry of Public Health developed a preparedness plan for COVID-19, including active surveillance at points of entry, in-country diagnostic capacity at the national reference laboratory, and designated isolation and treatment centres. WHO and the U.S. Centres for Disease Control and Prevention (CDC) provided technical support and closely monitored the situation in Cameroon.

However, in the face of what now appears to be a global health crisis, the measures taken so far deserve to be strengthened to prevent the spread of this virus in the country.

Consequently, on the instructions of the Head of State, His Excellency Paul BIYA**,** an inter-ministerial consultation was held to assess the situation and identify appropriate actions to be implemented.

At the end of this meeting, the President of the Republic instructed the following measures:

As from Wednesday 18 March 2020, till further notice:

1. Cameroon's land, air and sea borders will be closed: consequently, all passenger flights from abroad will be suspended, with the exception of cargo flights and vessels transporting consumer products and essential goods and materials, whose stopover times will be limited and supervised: Cameroonians who wish to come back home should contact our diplomatic representations.

2. The issuance of entry visas to Cameroon at the various airports shall be suspended

3. All public and private training establishments of the various levels of education, from nursery school to higher education, including vocational training centres and professional schools, will be closed;

4. Gatherings of more than fifty (50) persons are prohibited throughout the national territory;

5. School and university competitions, like the FENASSCO and University games are postponed;

6. Under the supervision of administrative authorities, bars, restaurants and entertainment spots will be systematically closed from 6 p.m.;

7. A system for regulating consumer flows will be set up in markets and shopping centres;

8. Urban and inter-urban travel should only be undertaken in cases of extreme necessity;

9. Drivers of buses, taxis and motorbikes are urged to avoid overloading: law enforcement officers will ensure they comply;

10. Private health facilities, hotels and other lodging facilities, vehicles and specific equipment necessary for the implementation of the COVID-19 pandemic response plan in Cameroon may be requisitioned as required, by competent authorities;

11. Public administrations shall give preference to electronic communications and digital tools for meetings likely to bring together more than ten (10) people;

12. Missions abroad of members of Government and public and para-public sector employees are hereby suspended;

13. The public is urged to strictly observe the hygiene measures recommended by the World Health Organization, including regular hand washing with soap, avoiding close contact such as shaking hands or hugging, and covering the mouth when sneezing.

14. The general wearing of masks from Monday 13, April 2020 in all spaces open to the public. The Minister of Industry has been instructed to publish the technical standard for the mass production of these masks locally;

15. The local production of medicines, protective masks and hand sanitizers by competent national institutions under the supervision of the Minister of Scientific Research, in collaboration with the Ministry of Public Health;

16. The establishment of specialized treatment centres for COVID-19 patients in all regional capital following the field hospital model to receive patients in case of a peak of the pandemic and to allow hospital to operate normally;

17. Intensification of the COVID-19 screening campaign, with the collaboration of Centre Pasteur and its branches as well as other relevant health institutions. Emphases will be laid on already identified affected areas;

18. Intensification of the awareness-raising campaign in urban and rural areas both in the two official languages and in local languages through complementary channels of communication to be defined by the Minister of communication with the support of administrative, municipal, traditional and religious authorities;

19. The continuation of activities essential to the economy in strict compliance with the directives of 17th March and the measures recommended by the World Health Organization to prevent the spread of the disease;

20. The systematic sanctioning of any breach of the restriction and confinement imposed on persons at risk.

These measures are difficult but necessary to ensure the protection of each and every one and to limit the spread of this pandemic. A toll-free number **1510** has been set up for the mobilization of rescue teams.

Various Consequences of Covid 19 On the Nation.

According to Worldometer's COVID-19 data (2020), the last updated statistics shows this figure: Coronavirus Cases:1,832; Deaths:61; Recovered:934

This disease has caused the death of many persons. Approximately 228,376 people had died after contracting the respiratory virus. Around 27,682 of these deaths occurred in Italy (Statistical account, 2020).

COVID 19 had most definitely spread economic suffering worldwide. The virus may in fact be as contagious economically as it is medical. The economy of Cameroon went down, individually and at the nation level. There are families who lived day after day. It was after selling in the market that they can have food for the children. Women in particular suffered this crisis: female informal traders in urban markets carried an asymmetric burden, managing increased health exposures alongside intense pressure to maintain household food supplies (Endeley & Ngome, 2022). According to Atanase & Michelle (2024), movement constraints and input scarcities combined to drastically elevated food insecurity across rural and peri-urban Cameroonian communities. The confinement has caused hunger and increase their poverty. Even in the educational sector, it was disastrous: prolonged educational institutional closures not only interrupted learning but also severely compromised the baseline safety nets available to children in low-income brackets (Che & Ngwa, 2021). Air companies were no more working. At nation's level, restaurants and hotels and tourism are on STOP Position. The corporation of workers are crying. Everything on the economic level is very down. And in the long term, this can cause the loss of customer even after covid 19. Computable general equilibrium modelling points out that the construction, hotel, and trade industries faced the most acute job losses, which was highly problematic given that over 80% of the active population depends on informal operations (Madai Boukar et al., 2021).

On the environment, there is a positive consequence. Pollution and greenhouse gas emissions have fallen across continents as countries try to contain the spread of the new coronavirus.

According to Martha Henriques (2020), the pandemic has brought widespread job losses and threatened the livelihoods of millions as businesses struggle to cope with the restrictions being put in place to control the virus. Economic activity has stalled and stock markets have tumbled alongside the falling carbon emissions. It's the precisely opposite of the drive towards a decarbonised, sustainable economy that many have been advocating for decades.

Among all the measures taken by the government, those that have worked are: washing hand, wearing mask, closure of schools. These measures have worked because people are afraid of death, they are getting conscious progressively, also because of great advertising through short movies on television, and social media.

But what has not worked is the confinement because it is impossible for more than half of the total population to stay at home because their families will be starved of hunger. The moto drivers, women who buy and resell foods are the main concerned. They could not stay confined.

At the medical level, there are many doctors and nurses dying of the disease. In the long term, this situation creates a profound psychologic choc that need to be taken care of. The onset of the pandemic exacerbated existing vulnerabilities in displacement settings, making ongoing aid efforts for refugees and internally displaced persons (IDPs) more challenging. Overcrowded living conditions and a lack of basic sanitation infrastructure made social distancing and hand hygiene nearly impossible to implement, turning camps into high-risk zones for virus transmission. Furthermore, border closures and movement restrictions severely choked supply chains, delaying the delivery of critical medical equipment, food rations, and humanitarian personnel. As global funding was redirected toward domestic emergencies, aid agencies were forced to operate with dwindling resources, leaving millions of already displaced individuals facing heightened food insecurity, a loss of informal livelihoods, and a severe gap in basic healthcare services. (United Nations Office for the Coordination of Humanitarian Affairs, 2021). Moreover, the broad containment tactics implemented across African regions, including Cameroon, highlights a recurrent trade-off between keeping the economy active and preventing the outright collapse of fragilized public infrastructure (Ozili, 2020). Governments were forced to swiftly pivot away from traditional budgetary frameworks to channel emergency funds into healthcare infrastructure, social safety nets, and targeted

wage subsidies. By doing so, policymakers aimed to prevent a catastrophic collapse in critical sectors like education, small-scale commerce, and informal labor markets, which form the backbone of developing economies. Failing to implement these aggressive fiscal interventions would have resulted in irreversible long-term damage, as widespread job losses and diminished public health directly erode a nation's future productivity and economic resilience. (World Bank Group, 2021).

Recommendations As A Strategic Leader to Address Such a Situation in the Future

To build a highly advanced public health response plan that leaves no room for surprise, these 9 recommendations must be mapped to Cameroon's official strategic frameworks. Specifically, this requires alignment with the National Development Strategy (SND30), the Health Sector Strategy (HSS 2020-2030), the newly launched National Digital Health Strategic Plan (2026-2030), and Cameroon's ongoing roll-out of Universal Health Coverage (UHC).

During the COVID-19 pandemic, challenges with central management and informal economic vulnerabilities highlighted the need for an evolved strategy. This detailed, actionable roadmap applies nine core principles to prepare for any future sanitary crisis.

Upstream Epidemic Preparedness & Financial Architecture Consolidating (Crisis Allocation, Brainstorming, and Establishing a Permanent Crisis Team). Cameroon's HSS 2020-2030 prioritizes moving "upstream" to emphasize disease prevention over reactive case management. Moving away from ad-hoc task forces requires institutionalizing structural preparedness.

Institutionalize a Permanent Public Health Emergency Operations Center (PHEOC): Establish this center under the permanent oversight of the Ministry of Public Health (MINSANTE), directly tied to the "Direction de la Lutte contre les Maladies, des Épidémies et des Pandémies" (DLMEP). This unit will not dissolve between crises; its everyday mandate will feature continuous epidemiological simulation and brainstorming.
Fiscal Decentralization via the "Planification-Programmation-Budgétisation-Suivi" (PPBS) Framework: Rather than relying on mid-crisis emergency allocations, integrate a "Sanitarian Contingency Line" directly into the annual "Budget d'Investissement Public" (BIP). Allocate a mandatory portion of these funds down to Cameroon's 190+ Health Districts (Districts de Santé). This respects the SND30 principle of decentralization, enabling regional health delegations to procure Personal Protective Equipment (PPE) and diagnostic tests instantly without waiting for Yaoundé's approval.

Establish Strategic Pharmaceutical and Supply Sovereignty: In line with SND30's primary focus on import substitution (substitution aux importations), create a dedicated state-backed manufacturing fund. This fund will partner with domestic pharmaceutical companies (like Cinpharm) to guarantee local production capabilities for basic medical consumables, fluids, and essential therapeutic molecules. This ensures Cameroon's medical supply chain remains independent during global lock-downs.

Inclusive Legislative Safeguards & Digital Social Care (Senate Provision for the Poor and Compassion for Vulnerable Families)

Quarantines and movement restrictions fail if the population must choose between virus exposure and starvation. Because a vast portion of Cameroonians rely on the informal economy, economic support is a medical necessity.

The Senate Social Emergency Fund & Legal Framework: The Senate must pass a formal Sanitarian Social Safety Net Act. This statute establishes a legal mechanism to automatically release emergency funding when a public health emergency is declared. This framework protects vulnerable demographics, including the elderly, street vendors, and those classified under national policy as "Personnes Socialement Vulnérables" (PSVs).

Deployment of the National Digital Health Architecture for Aid: Integrate emergency relief distribution channels directly into Cameroon's ongoing Universal Health Coverage (UHC) management tools. By leveraging the data protocols established under the National Digital Health Strategic Plan (2026-2030), the State can identify high-

risk families and deliver targeted electronic micro-stipends via mobile money ecosystems (such as Orange Money and MTN MoMo). This mitigates corruption, speeds up relief delivery, and gives citizens the financial security needed to follow stay-at-home mandates.

Comprehensive Family Support and Rehabilitation Infrastructure: Translate institutional compassion into clear, structural civil protections. Families who lose primary providers to a sanitary crisis must receive automatic access to MINSANTE psychological support services, immediate state-sponsored burial cost waivers, and educational scholarships for surviving children managed via the Ministry of Social Affairs (MINAS).

3. Agile Executive Leadership, Digitization & Civic Impact
Consolidating (Speed Over Precision, Bold Adaptation, Reliable Delivery, Impact Engagement)
Managing an evolving health crisis requires swift execution, technical adaptation, and clear public communication to combat misinformation.

Execution via the "70% Operational Certainty Rule": During an escalating outbreak, waiting for exhaustive scientific trials can cost lives. MINSANTE should codify a protocol allowing the Scientific Committee for Public Health Emergencies to issue binding provisional guidelines once a 70% data threshold is met regarding a pathogen's transmission vectors. Adjustments and policy refinements can then follow in real time as data improves.

Bold Adaptation through Interoperable Technology: Fully exploit the DHIS2 (District Health Information Software) platform used across Cameroon. Upgrade regional hospitals and Centres de Santé Intégrés (CSI) to utilize real-time, encrypted telemetry for tracking bed capacities, oxygen availability, and vaccine distributions. If a spike occurs in a remote locality, the state can instantly re-route medical assets before the local system becomes overwhelmed.

Reliable Delivery Networks via Public-Private Partnerships (PPPs): Secure pre-negotiated logistical agreements with Cameroon's prominent private transport and logistics providers. This ensures that when vaccines or therapeutics land at international airports in Douala or Yaoundé-Nsimalen, they are distributed to regional cold-storage facilities within 24 hours using verified private networks to augment state capacity.

Two-Way Civic and Community Engagement: Public communications must reach beyond urban centers. Build an interactive crisis public relations strategy that delivers critical health guidance in both official languages (English and French) and across major local languages. Use community radio stations, direct SMS broadcasts, and collaborations with traditional rulers (Chefferies) and religious leaders to distribute factual updates, address vaccine hesitancy, and gather direct feedback from rural communities.

Strategic Emergency Alignment Blueprint

Strategic Recommendation	**Primary SND30 / HSS Alignment Pillar**	**Concrete National Action**
Permanent PHEOC & Local Ring-Fenced Budgets	Governance, Decentralization & Disease Prevention	Permanent epidemiological surveillance; funding deployed directly to Health Districts.
Senate Emergency Act & Mobile Financial Integration	Human Capital Development & Social Protection	Direct cash transfers linked to the national UHC database to support compliance with lockdowns.
DHIS2 Optimization & Inter-Sectoral PPP Logistics	Structural Transformation & Digital Health Strategy (2026-2030)	Real-time tracking of medical resources; rapid supply chain deployment to remote regions.

SUMMARY AND CONCLUSION

As a summary, COVID-19 is an unprecedented global crisis that has brought immense suffering, deeply affecting both individuals and nations like Cameroon. The pandemic triggered severe consequences, including tragic loss

of life, rising poverty, widespread psychological trauma, and a massive economic downfall. While the environment experienced a brief, positive respite through the lowering of toxic carbon emissions during lockdowns, the economic toll was devastating. Notably, airline companies bore the brunt of the crisis, paying a heavy price as global travel ground to a near-total halt, crippling the aviation industry for years.

Strategic Leadership and Future Prevention

To navigate this damage and prevent future catastrophes, strategic leaders must adopt proactive, resilient measures. First, governments must overhaul their financial structures by reviewing policies of fund allocation, shifting priorities to focus heavily on critical social needs—such as healthcare and education—rather than politics and war. Furthermore, sustainable recovery requires actively accompanying vulnerable populations with daily relieving assistance to mitigate systemic inequality. Ultimately, future leadership demands a shift in crisis management tactics: leaders must learn to decide with speed over precision, adapt boldly to rapidly changing environments, reliably deliver on promises, and engage deeply for long-term impact.

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