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RESPONSE TO COVID-19 AND HUMAN RIGHTS PROTECTION IN CENTRAL AFRICA: THE CASE OF CAMEROON

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Abstract

The introduction of state of emergency regimes and emergency measures adopted by Central African countries as a first response to prevent and/or contain the spread of the COVID-19 pandemic have, for the most part, been consistent with constitutionalism and the rule of law. This is demonstrated both procedurally (proclamation, consultation and/or intervention of constitutional bodies such as parliaments and constitutional courts, and time limitation) and substantively (compliance with constitutional provisions, existing national, regional and continental legal frameworks, but also relevant international and regional human rights conventions. These matters include as many instruments that set strict guidelines for the implementation and deployment of such exceptional measures). These measures, some of which are similar to those taken during terrorist crises, have been justified by the priority given to the right to health. They have been of different kinds but are relatively similar, for example, declarations of states of emergency, disaster declarations, curfews, mass fumigation and disinfection of public spaces, streets, markets as well as railway, bus and taxi stations, imposition of social distancing, partial or total containment, support for the most vulnerable groups (namely, the elderly, refugees, homeless, and the like), closure of borders (land, sea and air), and deployment of security forces, including police and the army. These provisions, which very clearly restrict certain civil and political rights of citizens of Central African countries and Cameroon in particular, nevertheless raise several problems.

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1 Introduction

The introduction of state of emergency regimes and emergency measures adopted by Central African countries as a first response to prevent and/or contain the spread of the COVID-19 pandemic have, for the most part, been consistent with constitutionalism and the rule of law.

This is demonstrated both procedurally – in the form of proclamation, consultation and/or intervention of constitutional bodies such as parliaments and constitutional courts, and time limitation – and substantively, through compliance with constitutional provisions, existing national, regional and continental legal frameworks, but also relevant international and regional human rights conventions. These matters include many instruments that set strict guidelines for the implementation and deployment of such exceptional measures.

These measures, some of which are similar to those taken during terrorist crises, have been justified by the priority given to the right to health. They have been of various kinds but are relatively similar, for example, declarations of states of emergency or disaster, curfews, mass fumigation and disinfection of public spaces, streets, markets as well as railway, bus and taxi stations, imposition of social distancing, partial or total containment, support for the most vulnerable groups (for example, the elderly, refugees and the homeless), closure of borders (land, sea and air), , and deployment of security forces, including police and the army.

These provisions, which very clearly restrict certain civil and political rights of citizens of Central African countries and Cameroon in particular, nevertheless raise several practical and legal problems.

At the practical level, we may consider their adaptability to the social specificities of these countries in the context of uncertainties regarding the development of the pandemic. How, for example, can social distancing be imposed and containment organised in environments where proximity is as much as a cultural element as constraint, both difficult to circumvent, particularly for economic reasons, by the majority of citizens? There are also risks of exacerbating corruption in the implementation of exceptional measures in contexts of generalised fragility of control mechanisms and institutions.

From a legal perspective, questions on their proportionality to the threat and their possible extension is raised, such as: should new restrictions be envisaged if the crisis is prolonged? What kind of

restrictions would they be? Would they not risk fuelling the violence and security incidents reported in several countries? How would they be adjusted to the deconfinement that will inevitably be undertaken in the medium term? Beyond the possible postponement of elections, what about, in some countries, the strengthening of controls on freedom of expression and communication, and freedom of the press, in particular to avoid the circulation of false rumours? The possibility of establishing electronic monitoring of patients to combat the spread of the virus is also being considered. What would happen to the protection of their personal data? If such measures are adopted, it is important that they are discussed in parliament by the various political forces. Moreover, their compliance with the constitutional provisions regulating the operation of the state of emergency must be subject to review by the constitutional court.

Hence, the general question of the necessary respect for public liberties in situations of states of emergency and exception, which do not put an end to constitutionalism and the rule of law but must imperatively be exercised within these frameworks. The example of Cameroon will be used as a case study to analyse the consideration of human rights in the response to COVID.

Human rights are the compass by which states exercise their power in the service of the people, not to their detriment. In this crisis context, they can help governments rebalance their response measures to maximise their effectiveness in combating the disease while minimising their harmful impacts. The notion of protection is central to the management of a pandemic, as it is to all humanitarian action, as a means of collectively preserving our common humanity and dignity.

International human rights law provides for the restriction of certain human rights in the event of a national emergency. Given the scale and severity of the COVID-19 pandemic, such restrictions are now justified on public health grounds. This contribution is not intended to paralyse the State of Cameroon in the development of their response. It is only intended to alert them to potential pitfalls in this regard and to suggest ways in which they can take human rights into account in order to improve their response.

2 International law applying to health emergencies

The International Covenant on Economic, Social and Cultural Rights (ICESCR), which most countries have adopted, emphasises that everyone has the right to the 'highest attainable standard of physical and mental health'. Governments are required to take the necessary measures to

‘prevent, treat and control epidemic, endemic, occupational and other diseases’.

The UN Committee on Economic, Social and Cultural Rights, which monitors state compliance with the Covenant, has stated that :

The right to health is closely linked to and dependent on the realisation of other human rights: these are the rights set out in the International Bill of Human Rights, namely the rights to food, housing, work, education, human dignity, life, non-discrimination and equality, freedom from torture, privacy, access to information, and freedom of association, assembly and movement. These and other rights and freedoms are intrinsic components of the right to health.¹

The right to health provides that health facilities, goods and services must be:

- (i) available in sufficient quantity;
- (ii) accessible to all without discrimination and affordable to all, including marginalised groups;
- (iii) acceptable, that is, medically ethical and culturally appropriate; and
- (iv) scientifically and medically appropriate and of good quality.

The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights,² and the UN Human Rights Committee’s General Comments on States of Emergency³ provide authoritative guidance on government responses to limiting human rights for reasons of public health or national emergency. Any measures taken to protect the population that restrict the rights and freedoms of individuals must be prescribed by law, necessary and proportionate. States of emergency must be limited in time and any restriction of rights must take into account the disproportionate impact on specific populations or marginalised groups.

1 Source, please provide full citation.

2 UN Commission on Human Rights, The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, 28 September 1984, E/CN.4/1985/4 (1984).

3 UN Human Rights Committee (HRC), CCPR General Comment 29: Article 4: Derogations during a state of emergency, 31 August 2001, CCPR/C/21/Rev.1/Add.11 (2001).

On 16 March 2020, a UN panel of human rights experts stated that :

Declarations of emergency based on the COVID-19 epidemic should not be used as a basis for targeting particular groups, minorities or individuals. They should not be used as a cover for repressive actions under the guise of health protection ... nor should they be used to stifle dissent.⁴

The Siracusa Principles specifically state that such restrictions must at a minimum:

- (i) be intended and carried out in accordance with the law;
- (ii) have a legitimate aim that is in the public interest;
- (iii) be strictly necessary in a democratic society to achieve the legitimate aim;
- (iv) be the least intrusive and least restrictive possible to achieve the legitimate aim;
- (v) be based on scientific evidence and be neither arbitrary nor discriminatory in their application; and
- (vi) be time-limited, respectful of human dignity and subject to review.

3 The Cameroonian Government's response strategy against COVID

In Cameroon, the first case of COVID-19 infection was recorded on 6 March 2020. As of 2 May 2020, the number of officially infected persons was 2 069 cases and 61 deaths. However, these figures⁵ are believed to have been greatly underestimated.⁶

Initially concentrated in the main cities of Yaoundé and Douala, the pandemic now affects all ten regions of the country. The government's response strategy, presented by the Prime Minister in a special statement on 17 March 2020, is organised along four lines. These are active and early case-finding through generalised screening, case management with capacity expansion, social regulation to prevent the spread, and governance and accountability.⁷

4 'COVID-19: States should not abuse emergency measures to suppress human rights – UN experts' *OHCHR Media Centre* 16 March 2020 [https://www.ohchr.org/en/press-releases/2020/03/covid-19-states-should-not-abuse-emergency-measures-suppress-human-rights-un#:~:text=GENEVA%20\(16%20March%202020\)%20%E2%80%93,be%20used%20to%20quash%20dissent](https://www.ohchr.org/en/press-releases/2020/03/covid-19-states-should-not-abuse-emergency-measures-suppress-human-rights-un#:~:text=GENEVA%20(16%20March%202020)%20%E2%80%93,be%20used%20to%20quash%20dissent) (accessed 19 September 2023).

5 'Coronavirus: Government caught in lies' *CameroonWeb* 25 March 2020 <https://www.camerounweb.com/CameroonHomePage/NewsArchive/Coronavirus-le-gouvernement-pris-en-d-lit-de-mensonge-500911> (accessed 13 April 2021).

6 *Quotidien Emergence Mensonge d'Etat sur le nombre de morts*, 2020, n° 1676.

7 *Stratégie gouvernementale de riposte face à la pandémie de coronavirus (COVID-19)*

In the field, the new nature of COVID-19 and the reconfiguration of the operational teams for the fight against epidemics are causing delays due to the time needed to adapt and train the new teams. Logistical difficulties and the lack of protective equipment add to this gloomy picture.

It is true that commendable efforts have been made, such as the creation of care centres, the decentralisation of the biological test for the detection of SARS-COV-2, the provision of medicines to the regions, including hydroxychloroquine and azithromycin, the setting up of Regional Incident Management Systems (RMS), the sensitisation of the population and the various actors in the response, and the implementation of hand-washing and the wearing of masks in the public space.⁸

The Government's response strategy 17 March 2020 is as follows:⁹

- (1) The closure of Cameroon's land, air and sea borders: all passenger flights from abroad are suspended, with the exception of cargo flights and ships transporting everyday consumer goods as well as essential goods and materials, whose stopover time will be limited and supervised; Cameroonians wishing to return to their country should contact our various diplomatic representations;
- (2) The suspension of the issuance of entry visas to Cameroon at the various airports is suspended;
- (3) The closure of all public and private training establishments of the different levels of education, from nursery school to higher education, including vocational training centres and grandes écoles;
- (4) A nationwide ban on gatherings of more than fifty (50) people;
- (5) The postponement of school and university competitions, such as the FENASSCO games and the university games;
- (6) The systematic closure of drinking establishments, restaurants and places of entertainment from 6pm onwards, under the control of the administrative authorities;
- (7) The establishment of a system to regulate consumer flows in markets and shopping centres;
- (8) The control of urban and interurban travel only in cases of extreme necessity;

<https://www.spm.gov.cm/site/?q=fr/content/strategie-gouvernementale-de-riposte-face-la-pandemie-de-coronavirus-covid-19> (accessed 13 April 2021).

8 JVF Fogha & JJ Noubiap 'La lutte contre la COVID-19 au Cameroun nécessite un second souffle' [*The fight against COVID-19 in Cameroon needs a second breath*]. *Pan Afr Med J.* (2020 Sep 18); 37 (Suppl 1):14. <https://www.panafrican-med-journal.com/content/series/37/1/14/full/#ref1> (accessed 19 September 2023).

9 Déclaration spéciale du Premier Ministre, Chef du Gouvernement le 17 mars 2020.

- (9) The invitation to bus, taxi and motorbike drivers to avoid overloading on public transport: the law enforcement agencies will pay particular attention to this;
- (10) Private health facilities, hotels and other accommodation, vehicles and specific equipment required for the implementation of the COVID-19-19 pandemic response plan in Cameroon may be requisitioned as necessary, at the discretion of the competent authorities;
- (11) The use by public administrations of electronic communications and digital tools for meetings likely to involve more than ten (10) people;
- (12) The suspension of missions abroad by members of the Government and agents of the public and semi-public sector;
- (13) The invitation to the population to strictly observe the hygiene measures recommended by the World Health Organisation, namely regular hand washing with soap, avoiding close contact such as shaking hands or kissing, covering the mouth when sneezing.

On 30 April 2020, the Cameroonian Prime Minister prescribed additional measures to the first 13, namely: compulsory wearing of masks, closure of borders, schools, colleges and universities, social distancing, closure of restaurants and bars, hand washing, and the creation of specialised centres to house those suffering from the disease. Having noted the economic and social distortions caused by these measures, the Government of Cameroon has taken a series of measures to ease the situation.

Indeed, a circular¹⁰ from the Minister of Finance announced the following measures:

- (i) The suspension of accounting audits for the second quarter, except in cases of suspicious tax behaviour;
- (ii) The extension of the deadline for filing statistical and tax returns without penalties in case of payment of the corresponding balance;
- (iii) Suspension of the application of collection measures for businesses directly affected by the crisis;
- (iv) Support for the cash flow of businesses through a special allocation of 25 billion euros to clear the stock of value added tax credits awaiting reimbursement;
- (v) The postponement to 30 September 2020 of the deadline for payment of property tax for the 2020 financial year;
- (vi) The total deductibility for the determination of corporate tax of donations and gifts made by companies for the fight against COVID-19;

10 Circulaire N° 20/169/CF/MINFI/DGI/DLR/L du 13 Mai 2020 précisant les modalités d'application des mesures fiscales de riposte au COVID-19.

- (vii) Exemption from the tourist tax for the remainder of the 2020 financial year;
- (viii) Exemption from the final tax and parking tax for taxis and motorbike taxis as well as the axle tax for the second quarter of 2020; exemption from the final tax and communal taxes for food retailers for the second quarter.

Hence, faced with the challenge of the coronavirus, Cameroon has put in place a detection system that follows a procedure in line with the guidelines proposed by the World Health Organisation (WHO). Through the Ministry of Public Health, Cameroon has put in place several strategies to prevent and detect cases of COVID-19, particularly at health posts at the country's borders and at port (Kribi Autonomous Port) and airport (Douala and Yaoundé-Nsimalen international airports) entry points. Passengers coming from countries in epidemic or having transited during their journey in a country in epidemic are subject to COVID-19 detection.

The first step is for travellers at ports and airports to complete the health declaration form to record basic information to identify a person at risk who has been exposed to COVID-19 or a person suspected of having the disease for follow-up or management as directed.

Upon disembarkation, all passengers are required to undergo a body temperature test using a thermoflash device. Passengers with high temperatures (body temperature of 38 degrees Celsius or higher) are separated from other passengers for further investigation. This is how the fourth case was identified on 14 March 2020. Since 16 March, there has been a 15-day renewable ban on air travel.

Once on Cameroonian territory, people at risk of developing the disease are subject to movement restrictions, including voluntary quarantine at home for a period of 14 days which corresponds to the incubation period of the virus. Daily monitoring is carried out to detect as soon as possible any symptoms that might suggest a case of COVID-19.

Citizens who have signs or symptoms similar to those of COVID-19 can contact a toll-free number to report their health condition. After a remote assessment, a team will visit the person if the alert is validated and the person is considered to be a suspect. The team then conducts a thorough investigation and, if necessary, takes respiratory samples which are securely transmitted to the Centre Pasteur du Cameroun in Yaoundé, the reference laboratory for the country. The coronavirus is detected by a technique called PCR (Polymerase Chain Reaction), in accordance with

WHO recommendations. If the test is positive, a second test will be carried out by one of the WHO's international reference laboratories.¹¹

One of the measures of the response against COVID-19 in Cameroon was the establishment of a state of emergency which manifested itself among others by the closure of schools, colleges and universities in Cameroon, the government adopted teleworking and distance learning. However, it is well known that access to the internet and social networks is not the most widely shared thing in the world. As a result, the rich have welcomed these measures to digitalise work and schooling, while the poor, the majority of whom are in the hinterland, have felt that their children's future has been compromised.

Not all schoolchildren in the Republic have benefitted from the television lessons, as not all parents in the hinterland have a television set, and for those who do, they face the obstacle of a lack of electricity.¹²

4 The government's response strategy to COVID-19 through a human rights lens

4.1 Cultural rights

In Cameroon, while the Prime Minister's Declaration of 17 March 2020 on the government's response strategy against the spread of COVID-19 did not include any provision relating to the treatment of corpses; the very next day, it was observed that the remains of the disease or supposedly of the disease were taken, sometimes violently, from their families, on the orders of the administrative or judicial authorities by elements of the forces of law and order, and buried in public cemeteries, without the performance of any customary funerary rites.¹³ It was not until 23 April 2020 that the Prime Minister finally issued another communiqué instructing the Minister of Territorial Administration, in conjunction with the Minister

11 Y Boum et al 'Cameroun: la riposte contre le COVID-19 s'organise' *Le Point Afrique* https://www.lepoint.fr/afrique/cameroun-la-riposte-contre-le-covid-19-s-organise-27-03-2020-2368997_3826.php# (accessed 19 September 2023).

12 JC Atangana 'Les conséquences des atteintes aux droits de la personne et libertés fondamentales dans la lutte contre la COVID-19' (2020) 3 *VigieAfriques* 30.

13 See the Call of the Human Rights and Freedoms Commission of the Cameroon Bar for the relaxation of funeral measures during the COVID-19 period of May 28, 2020. 'Avis de la Commission des Droits de l'Homme et des Libertés du Barreau sur la pandémie COVID-19' *Barreau Cameroun* 19 March 2020 <https://barreaucameroun.org/fr/fr/2020/03/19/avis-de-la-commission-des-droits-de-lhomme-et-des-libertes-du-barreau-sur-la-pandemie-covid-19/> (accessed 19 September 2023).

of Public Health, to ensure that people who have died as a result of the coronavirus are buried in the localities where they died.¹⁴

The literal interpretation of this communiqué simply required that no transfer of the remains be allowed and that they not be left lying around in morgues as is customary; on the contrary, that all measures be taken to ensure that the bodies are buried without delay. This could very well be reconciled with the rites that are usually observed to allow families to pay a last deserved tribute to their deceased, as is customary for Muslim communities,¹⁵ on the sole condition that the necessary sanitary precautions be taken to avoid any contamination, if necessary with the support of the health authorities.¹⁶ The measure ordering the immediate burial of the remains of COVID-19 victims does not go down well with public opinion.¹⁷ The families comply with it with great difficulty. Some families do not hesitate to use violence to try to recover the remains of their family members at all costs, in order to bury them themselves, as is customary. The confiscation of the remains is experienced as ‘a fearsome psychological drama’,¹⁸ insofar as among Africans, the family needs to mourn with the body of the deceased.

As a result, when remains are not returned to families, people will find it difficult to grieve, especially if they do not know how the remains were buried. Beyond the social and psychological problems associated with this contested treatment of coronavirus decedents, there are also legal issues. The first concerns the identification of the basis for this measure and its legal value. The second questions the appropriateness and relevance of

14 Communiqué of 23 avril 2020 available at www.spm.gov.cm (accessed 14 April 2021).

15 Traditionally, these communities do not keep their dead. As soon as the death is confirmed, the burial is immediately scheduled, but with the performance of religious rites.

16 Recent news in Cameroon has been animated by the so-called Clinique Marie O episode, where a family, disputing the cause of death by COVID-19 attributed to their relative whose body tended to be confiscated, did not hesitate to enter by force the premises of the health facility to extract the body which was dragged in the street for a long distance before finally being loaded into a makeshift vehicle to be taken to his village. See ‘Cameroun: Bagarre autour d’un corps à douala: Cameroon’ *Camer.be* 14 May 2020 <https://www.camer.be/80335/11:1/cameroun-bagarre-autour-dun-corps-a-douala-cameroon.html> (accessed 19 September 2023).

17 At the end of its extraordinary session of 15 May 2020, the Council of the National Order of Physicians of Cameroon noted, in the 7th resolution having sanctioned this session that ‘the burials of the COVID-19 remains (are) at the origin of most cases of violence observed in recent times’.

18 J-P Messina ‘Au Cameroun, les chrétiens dénoncent le traitement des dépouilles des victimes de COVID-19’ *La Croix Africa* <https://africa.la-croix.com/au-cameroun-des-chretiens-denoncent-le-traitement-des-depouilles-des-victimes-du-covid-19/> (accessed 19 September 2023).

this measure: do health issues authorise the exclusion of families from the process of burying their members in a society where the relationship between the living and the dead would have required adjustments to reconcile the concern to protect the health of the population with the minimal homage that the deceased deserve in Africa, in general, and in Cameroon, in particular ?¹⁹

4.2 The right to education

In support of international efforts to counter the rapid spread of the COVID-19 pandemic, the Government of Cameroon has put in place several restrictive measures on the gathering and movement of people including the closure of all schools and universities. The entry into force of this important government decision on 18 March 2020 affected the enrolment of 7.2 million pupils and students in public and public schools in the national territory, including about 4.5 million primary school children, 47 per cent of whom are girls. This measure also affects 1.8 million pupils in general and technical secondary education and 40 000 learners in vocational training.

Higher education has not been immune to the impact of the COVID-19 crisis, which has disrupted the university studies of over 347 000 students. Moreover, the relatively limited impact of the crisis on higher education risks exacerbating inequalities in Cameroonian society. This is because children from the relatively well-off strata who are in the majority in the terminal levels of the system are preserved, while those from the most vulnerable strata suffer in the early years of education at primary or secondary level. In addition, the learning opportunities of vulnerable children in the conflict-affected North-West, South-West and Far-North regions are disrupted by the closure of non-formal education facilities. The interruption of classroom teaching has significant consequences for children's learning capabilities and the quality of education. Children from the poorest families are at a greater risk of being out of school than those from more affluent households.²⁰

19 M Timtchueng 'La mise à l'écart des familles du processus d'inhumation des victimes de la COVID-19 au Cameroun: analyse sociojuridique d'une mesure excessive de riposte à la propagation de la pandémie' (Avril/Juin 2020) 32 *Revue trimestrielle de droit économique*, *Le Nemro* 23.

20 T Francis 'Armed conflict and COVID-19: the Ramifications on the educational sector in the NW/SW Regions of Cameroon' *Nkafu Policy Institute* (November 2020) <https://nkafu.org/wp-content/uploads/2020/11/Armed-Conflict-and-COVID-19-article.pdf> (accessed 19 September 2023).

The longer schools are closed, the more it impacts on children in general, but particularly on the most vulnerable, especially girls, who will see their chances of returning to the education system diminish considerably. The impact of school closures goes far beyond the school spectrum and exposes children and adolescents to multiple risks related to child labour, early marriage, unwanted pregnancies, sexual exploitation and abuse, violence against girls, domestic work, recruitment of children by armed groups, economic shocks and the like. In addition, it is estimated that more than one million students enrolled in examination classes face serious concerns and uncertainty about successfully completing the current school year and the next year depending on the dynamics of the evolving COVID-19 pandemic.

The impact of COVID-19 is exacerbated in areas already affected by the security crises in the North-West, South-West, Far-North, East, Adamaoua and North regions. In these regions, nearly 1.8 million school-age children are in need of emergency support to access education, against backdrop of armed conflict, violence, floods, cholera and measles outbreaks.

These multiple crises have considerably weakened the education system, which is facing structural challenges, and increased the vulnerability of girls, young women, displaced and disabled children, increasing the risk of dropping out of school and exposing children to further protection risks such as child labour, early marriage, unwanted pregnancies, recruitment by armed groups, and the like. In view of the many consequences of the closure of schools, which go far beyond the school spectrum, it is essential to provide an appropriate multi-faceted response to reduce the impact of COVID-19 on the education system.²¹

To this end, the government, in collaboration with its partners, has developed and adopted a national plan to respond to the impact of COVID-19 in the education and training sector. The primary goal of this plan is to ensure the completion of the school year, the organisation of end-of-year examinations and the preparation for the reopening of schools in a safe and protective health environment. Additionally, the national response plan aims to strengthen the multi-hazard resilience of the education system to crises.²²

21 E Béché 'Cameroonian responses to COVID-19 in the education sector: Exposing an inadequate education system' (2020) 66 *International Review of Education* 755.

22 GE Moluayonge 'The use of modern educational technologies in remote learning in higher education during a pandemic: The case of COVID-19 in Cameroon' (2020) 7 *Journal of Learning for Development* 479.

On 30 April 2020, the country decided to relax the restrictive measures taken as part of the fight against the COVID-19 epidemic, with compulsory compliance with barrier measures, in particular the wearing of protective masks and social distancing, including in schools and universities whose partial reopening is scheduled for 1 June 2020. Distance education is one of the recommendations that emerged from the household survey.²³

4.3 Stigmatisation and marginalisation

The lack of awareness and information about COVID-19 can also affect and weaken social cohesion and stimulate violence, discrimination, marginalisation and xenophobia. Peaceful coexistence between different groups and individuals such as refugees, internally displaced persons (IDPs), returnees and host communities has been a challenge in humanitarian situations. The COVID-19 pandemic is likely to aggravate and increase the number of episodes of stigma and discrimination among host and refugee communities, IDPs and returnees.

The COVID-19 pandemic in the eastern ridge regions hosting Central African refugees, which occurred in a context of reduced assistance, has had a major impact on refugees and the local population due to the slowdown in economic activities resulting from restrictions on the free movement of people and goods imposed as part of the barrier measures (limitations on unnecessary travel, border closures, and the like). This crisis affecting both communities is likely to amplify the competition for scarce resources and to increase the feeling of rejection of the refugees, which could have a major impact on the cohesion between the refugee communities and the local population sheltering them in the sites and villages.

The risk of crime for survival will also affect peace and security in the villages. In such a context, the support of the local authorities in sensitising and supervising the populations and the mixed committees – which are mixed governance structures put in place upon the arrival of refugees – will be very important in order to regulate the relations and manage the cohabitation crises between the two communities for peace and security in their villages and settlement sites.

23 P Lukong 'Cameroon relaxes lockdown despite rise in Coronavirus cases' *Bloomberg* 1 May 2020 <https://www.bloomberg.com/news/articles/2020-05-01/cameroon-relaxes-lockdown-despite-rise-in-coronavirus-cases#xj4y7vzkg> (accessed 19 September 2023).

As the pandemic lingers, it's essential not only to consolidate achievements but also to offer support. This could come in the form of financing projects of shared economic interest to reinforce peace, security, and social cohesion between refugees and the host population, and facilitate refugee integration. In this way, they would be seen as agents of peace and development within the communities, rather than as a burden or potential vector of the pandemic in the villages.

4.4 Gender and vulnerability

As men, women, boys and girls have different roles within their communities, including those in situations of forced displacement in Cameroon, the COVID-19 pandemic affects them differently. Women and girls appear to be more at risk because they are usually the ones who are involved in caring for family members, including the sick and elderly, and are therefore more likely to be infected with HIV. Due to the fact that many women work in the informal sector, especially among refugee and asylum-seeking women, they are more likely to experience a decline in income and engage in activities such as survival sex. Indeed, according to a rapid assessment conducted by UN Women and *Bureau central de recensement et des études population (BUCREP)*, 63% of women have experienced a decline or loss of income as a result of the prevention measures. Also, as the main caregivers in households, women have spent more time on unpaid household work.

In addition, sexual and gender-based violence, particularly domestic violence, tends to increase due to lockdown (36%),²⁴ affecting primarily women and children. People living with disabilities, the elderly, groups of children such as unaccompanied children or those in street situations, nomadic or highly mobile populations such as a number of refugees, asylum seekers and internally displaced persons, and the like, are also among the groups whose vulnerability has increased as a result of the COVID-19 pandemic.

As the household and business survey showed, households and populations that were already vulnerable prior to the health crisis were, overall, more severely affected by the socio-economic effects of the crisis.

Among them, migrant populations (refugees, IDPs, returnees) were particularly affected.

4.5 Economic rights

On the budgetary front, violations of human rights and fundamental freedoms are taking place. In response to the health crisis caused by COVID-19, many African governments have adopted corrective or adaptive measures. Cameroon's state budget has been reoriented to cope with the constraints caused by COVID-19; more than 70 billion francs have been taken from the budgetary envelopes of some ministries, particularly those in charge of development projects, which will, therefore, have to wait. Similarly, some national activities such as symbolic ceremonies commemorating the unity of Cameroon have been postponed; instead, Cameroonians have been piously listening to the speech of their President.

In public institutions, especially the state universities, the university games bringing together young people from the eight state universities and those from the Private Institutes of Higher Education, although provided for in their respective budgets, were postponed and the budgets previously allocated to them were devoted to measures to contain COVID-19.²⁵

5 Recommendations

Under international human rights law, all governments, including the Cameroonian government, have an obligation to protect the right to freedom of expression, including the right to seek, receive and impart information of all kinds, within and across borders. Any limitations on freedom of expression for public health reasons, as previously mentioned, must not impede this fundamental right.

Governments are obliged to provide the information necessary for the protection and promotion of rights, including the right to health. To be rights-based, the response to the COVID-19 epidemic must ensure and facilitate access for all to accurate and up-to-date information about the virus, about services or their interruption, and about other aspects of the response to the epidemic.

The government should ensure that the information it provides to the public about COVID-19 is accurate, timely, and consistent with human

25 E Béché 'Cameroonian responses to COVID-19 in the education sector: Exposing an inadequate education system' (2020) 66 *International Review of Education*. 755.

rights principles. This is important in order to combat the dissemination of false or misleading information.

All information about COVID-19 must be available and easily accessible in various languages, including for individuals with low literacy levels, as well as for those who are deaf or hard of hearing who may take advantage of telephone services that offer text messaging options. Additionally, websites should be designed to cater to the needs of those who have visual, hearing, or learning disabilities. Moreover, television announcements in sign language presented by qualified professionals such as those in Taiwan should be made available.

Health data is particularly sensitive and the publication of health information online can pose a significant risk to those affected, especially those who are already in a vulnerable or marginalised position in society. Legal safeguards based on the rights of the individual should guide the way personal health data are used and processed.

With regard to freedom of movement, restrictions such as mandatory quarantines or isolation of symptomatic persons must, at a minimum, be applied in accordance with the law. They must be strictly necessary to achieve a legitimate objective based on scientific evidence, proportionate to achieving that objective, and neither arbitrary nor discriminatory in their application. Their application must be limited in time, respectful of human dignity and subject to possible review.

Large-scale quarantines and indefinite confinements rarely meet these criteria and are often imposed hastily, without ensuring the protection of those in quarantine – particularly populations at risk.

Freedom of movement under international human rights law protects in principle the right of all persons to leave a country, to enter the country of their nationality and the right of all persons lawfully present in a country to move freely throughout the territory of that country. Restrictions on these rights can only be imposed where they are put in place within a legal framework, with a legitimate aim and if they are proportionate, particularly in their impact. Travel bans and restrictions on freedom of movement must not be discriminatory or have the effect of depriving persons of the right to seek asylum, or violate the absolute prohibition on returning such persons to places where they risk persecution or torture.

International law gives governments broad powers to deny access to their territory to visitors and migrants from other countries. However,

travel bans,²⁶ whether national or international, are often only marginally effective in preventing disease transmission, and may instead accelerate the spread of disease if people flee quarantine zones before they are imposed.

The government of Cameroon should avoid imposing overly broad restrictions on freedom of movement and personal liberty, and should only consider mandatory restrictions when scientifically justified and necessary and when support mechanisms for those affected by the measures can be guaranteed. In a letter published in the United States, more than 800 legal and public health experts explain:

Voluntary self-isolation measures²⁷ [combined with education, widespread screening and universal access to treatment] are more likely to encourage public cooperation and protect trust and are more likely to prevent avoidance of contact with the health system.

When quarantines or lockdowns are imposed, governments have an obligation to ensure access to food, water, healthcare and caregiving. Many older and disabled people depend on ongoing home and community-based support services. Ensuring the continuity²⁸ of these services and operations implies that public agencies, community-based organisations, healthcare providers and other essential service providers can continue to perform functions essential to the needs of older persons and persons with disabilities. Government strategies should minimise disruption of services and develop alternative sources of comparable services. Interruption of community-based services can lead to the institutionalisation of disabled and older people and have negative consequences for their health, even resulting in their death, as outlined below.

In places of detention, but also in detention or crowded places, it must be said that COVID-19, like other infectious diseases, presents a higher risk for crowded populations. It disproportionately affects the elderly and those with underlying diseases such as cardiovascular disease, diabetes,

26 NA Errett, LM Sauer & L Rutkow 'An integrative review of the limited evidence on international travel bans as an emerging infectious disease disaster control measure' (2020) 18 *Journal of Emergency Management* 7.

27 'Achieving a fair and effective COVID-19 response: An open letter to Vice-President Mike Pence, and other federal, state, and local leaders from public health and legal experts in the United States' https://law.yale.edu/sites/default/files/area/center/ghjp/documents/march6_2020_final_covid-19_letter_from_public_health_and_legal_experts_2.pdf (accessed 19 September 2023).

28 The Partnership for Inclusive Disaster Strategies 'National call to action: 3 March 2020' <https://mailchi.mp/disasterstrategies/covid19-disability-inclusion-call-to-action> (accessed 19 September 2023).

chronic respiratory disease and hypertension. In China, 80 per cent of people who died from COVID-19 were over 60 years old.²⁹

This risk is particularly acute in places of detention such as prisons or detention centres, or in homes for the disabled and care facilities for the elderly, where the virus can spread rapidly, especially if access to healthcare is already limited. States have an obligation to ensure that persons in their care receive healthcare at least equivalent to that available to the general population and must not deny or restrict equal access to preventive, curative or palliative health care for all detainees, including asylum seekers and undocumented migrants. Asylum seekers, refugees living in camps, and homeless persons may also be at increased risk due to difficulties in accessing water and sanitation facilities.

Therefore, government agencies with authority over detainees in prisons and immigration detention centres should consider reducing their populations with supervised or early release of certain categories of low-risk detainees, including, for example, those scheduled for release in the near future, those on remand for non-violent and lesser offences, or those whose prolonged detention is either unnecessary or unjustified. If deportations are suspended for security and legal reasons because of the virus, the legal grounds for detention of persons awaiting deportation may no longer exist. In such cases, the authorities should release the detained persons and put in place alternatives to their detention.

Authorities running prisons and detention centres should make public their action plans to reduce the risk of coronavirus infection in the facilities under their control and the measures they intend to take to contain infection and protect prisoners, prison staff and visitors, if cases of the virus or exposure to it are found.

Authorities should take steps to ensure appropriate co-ordination with public health services and open communication with prisoners and prison staff. They should also screen and test for COVID-19 in accordance with the most recent recommendations of the health authorities. Any containment or isolation plans should be limited in scope and duration based on the best available scientific evidence, and should not be, or appear to be, punitive, as the fear of being confined or isolated may delay informing medical staff that they have symptoms of the infection. Detention centres should

29 'Studies confirm risks to older people from coronavirus' *Help Age International* 2 March 2020 <https://www.helpage.org/newsroom/latest-news/studies-confirm-risks-to-older-people-from-coronavirus/> (accessed 19 September 2023).

consider adopting alternative strategies such as video-conferencing so that individuals can have contact with their family or a lawyer.

In the absence of adequate state support, the UN and other intergovernmental organisations should lobby for access to formal or informal detention centres to provide detainees with the vital assistance they need.

Governments hosting refugees and asylum-seekers on their soil should ensure that their response to COVID-19 includes preventive and treatment measures, with particular attention to measures to address overcrowding in detention centres and camps, to improve sanitation and access to health care, and to temporary quarantine and lockdown measures only when necessary.

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