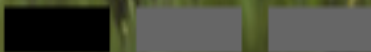


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Les manuscrits

La revue RISS ayant un caractère international, il est recommandé aux auteurs de rédiger dans le souci d'être compris de tous. Aussi doivent-ils éviter des expressions régionales ou de faire allusion à des faits situés localement. Les contributions doivent être envoyées aux responsables de la revue sous la forme électronique, en version Word uniquement à l'adresse : revueriss@gmail.com. Tout projet de texte soumis à évaluation doit présenter les informations suivantes :

- Titre de l'article en capitales d'imprimerie (20 mots maximum) ;
- Les Noms et prénoms complets des auteurs avec leurs adresses professionnelles ;
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- Le résumé de l'article en français et en Anglais (150 mots maximum).
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- Volume : 20 pages maximum
- Marges : 3 cm à gauche, 2 cm en haut, à droite et en bas
- La subdivision du texte doit se faire selon le système décimal (1., 1.1., 1.2. - 2., 2.1., 2.2. , etc.).

Structuration recommandée pour tout manuscrit

Pour les contributions **théoriques** et **fondamentales** :

- ✓ Une introduction (justification du thème, problématique, hypothèses/objectifs scientifiques, approches théoriques)
- ✓ Un développement articulé
- ✓ Une conclusion
- ✓ Une bibliographie

Pour les contributions résultant d'une **recherche de terrain**:

- ✓ Une introduction (justification du choix du thème, objectif, question principale)
- ✓ Un développement articulé (méthodologie, résultats, discussion)
- ✓ Une conclusion
- ✓ Une bibliographie

Résumé : Tout article, y compris les articles de synthèse, doit être accompagné de résumés en français et en anglais, quelle que soit la langue originale du texte. Il doit énoncer brièvement le problème et les objectifs de la recherche, la démarche méthodologique et les principaux résultats. Tout résumé est suivi d'un maximum de 5 mots clés.

Introduction : L'introduction doit poser clairement la problématique avec des citations scientifiques (au moins 5) les plus récentes et les plus pertinentes. Les objectifs de l'étude doivent être clairement énoncés. Le texte doit être rédigé dans un langage scientifique et compréhensible.

Matériel et Méthodes : Dans cette rubrique, il s'agira de décrire la démarche méthodologique suffisamment détaillée. Y figurent entre autres : le type d'étude, la description de la population de l'étude, les données et les techniques utilisées, les variables principales et secondaires étudiées, l'analyse statistique, etc.

Résultats et analyse : Les titres sont alignés à gauche, sans alinéa et en numérotation décimale : Titre de niveau 1 est en gras (6 pts avant, 6 pts après), Titre de niveau 2 est en italique gras avec 6 pts avant, 6 pts après et le Titre de niveau 3 est en italique non gras (6 pts avant, 6 pts après).

Discussions : La démarche méthodologique utilisée et les résultats obtenus doivent être discutés de façon conforme aux normes. Au moins cinq (5) auteurs devront être cités en référence dans la discussion.

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Exemples :

Cas 1 : Les femmes enceintes ont leur façon d'appréhender les différents modèles d'interprétation de la maladie (P. H. Collins, 2012 : p. 6).

Cas 2 : Selon H. Mazou (2014, p. 11), les comportements des jeunes sont socialement situés.

Références bibliographiques

Les divers éléments d'une référence bibliographique sont présentés comme suit :

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Dans la zone titre, le titre d'un article est présenté en romain et entre guillemets, celui d'un ouvrage, d'un mémoire ou d'une thèse, d'un rapport, d'une revue ou d'un journal est présenté en italique. Dans la zone Éditeur, on indique la Maison d'édition (pour un ouvrage), le Nom et le numéro/volume de la

revue (pour un article). Au cas où un ouvrage est une traduction et/ou une réédition, il faut préciser après le titre le nom du traducteur et/ou l'édition (ex : 2^{de} éd.).

Ne sont présentées dans les références bibliographiques que les références des documents cités. Les références bibliographiques sont présentées par ordre alphabétique des noms d'auteur. Par exemple :

1. Bourdieu Pierre, 1998, La Domination masculine, Paris, Éditions du Seuil, 92 p.
2. Gendron C. 2006, Le développement durable comme compromis, Paris, PUQ, 294 p.

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ÉDITORIAL

Le monde d'aujourd'hui est confronté à des phénomènes qui brouillent les distinctions habituelles : les appartenances multiples et les métissages, les rencontres interculturelles, les mélanges entre modernité et tradition, les tensions entre mondialisation et affirmations identitaires, les emprunts et les détournements d'une culture à l'autre, les impacts des nouvelles technologies de la communication et des nouveaux imaginaires culturels, les changements climatiques, etc. Toutes ces préoccupations susmentionnées invitent les Enseignants-chercheurs et Chercheurs à s'inscrire dans une démarche de découverte pour affronter la réalité sociale à travers leurs différentes investigations, échanges et contributions scientifiques. Il s'agit de comprendre et d'expliquer la réalité étudiée, dans le but de trouver la véritable explication des faits, en vue de participer au bien-être social de nos populations.

C'est dans ce contexte que la Revue Ivoirienne de Sociologie et des Sciences Sociales (RISS), du Département de Sociologie à l'Université Alassane OUATTARA (Bouaké - Côte d'Ivoire), dans une approche pluridisciplinaire, se propose de mettre à la disposition de ses fidèles lecteurs et contributeurs d'horizons divers, un espace d'échanges et de productions scientifiques, afin de contribuer au développement de nos sociétés.

Tout en vous souhaitant bonne lecture, nous espérons que les différentes contributions et échanges vous seront profitables.

Pour le comité de rédaction

Gnazégbo Hilaire MAZOU

Directeur de publication

DUAL IMPLEMENTATION OF MODERN AND TRADITIONAL MEDICINES AGAINST COVID19 IN CAMEROON

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Abstract

In December 2019, when the coronavirus emerged in Wuhan, China, the Cameroonian population showed a detachment and a lack of interest. The pandemic started making sense in Cameroon, when in early February 2020, the media reported that a Cameroonian student, living in China was contaminated with the virus. On March 06, 2020, Health Minister Manaouda Malachie stated unequivocally that “we have unfortunately just registered our first case of COVID-19 in Cameroon,” and thus opened the door to awareness¹. Questioning implementation in terms of health in Cameroon is an opportunity to explicitly demonstrate the COVID19 conventional response strategies and local traditions. This research work both emphasized on theories and empirical findings. This contribution is the sum total of interviews with health workers, academics, journalists, politicians and population. This analysis questions and challenges dual implementation against COVID19 in Cameroon which increase improvement and resilience of population.

Keywords: Implementation, Modern, Traditional, COVID19, Cameroon.

Résumé :

En décembre 2019, lorsque le coronavirus émergea à Wuhan, en Chine, la population camerounaise fit preuve de détachement et de désintérêt. La pandémie commença à prendre tout son sens au Cameroun, lorsqu'en février 2020, les médias rapportèrent qu'un étudiant camerounais, vivant en Chine, avait été contaminé par le virus. Le 6 mars 2020, le ministre de la Santé, Manaouda Malachie, déclara sans équivoque que « nous venons malheureusement d'enregistrer notre premier cas de COVID-19 au Cameroun », ouvrant ainsi la porte à la sensibilisation. Interroger la mise en œuvre sanitaire contre le COVID19 au Cameroun est l'occasion de démontrer explicitement les stratégies conventionnelles de réponse et les traditions locales. Ce travail de recherche met à la fois l'accent sur les théories et les résultats empiriques. Cette contribution est la somme totale d'entretiens avec des agents de santé, des universitaires, des journalistes, des hommes politiques et la population. Cette analyse met en lumière la mise en œuvre hybride contre le COVID19 au Cameroun qui a ainsi contribué à l'amélioration et la résilience de la population.

Mots clés : Implementation, Moderne, Traditionnel, COVID19, Cameroun.

¹ In a press release, the Minister of Health stated that the carrier of the virus is “a 58-year-old French citizen who arrived in Yaoundé on 24 February 2020.” He also emphasized that the patient had been “placed in isolation in a treatment centre” at the Yaoundé central hospital.

Introduction

“COVID-19 is for them, we have enough problems here and we would not want to have more²”. The population, skeptical at the start of the pandemic, argued that it was only for Westerners. This expression sufficiently illustrated the skepticism, even the irony, of the working class. This state of mind was matched only by the non-compliance with basic hygiene rules by the populations, who went about their daily activities. In December 2019, when the coronavirus emerged in Wuhan, China, the Cameroonian population showed a detachment and a lack of interest in geographical distance. This pandemic is starting to make sense in Cameroon, when in early February 2020, the media reported a Cameroonian student, living in China and contaminated with Coronavirus. Cameroon, like its African counterparts, was subject to a verdict of “health catastrophe”. On March 06, 2020, Health Minister Manaouda Malachie stated unequivocally that “we have unfortunately just registered our first case of COVID-19 in Cameroon,” and thus opened the door to awareness³. Faced with the alarming figures of infected people, the President of the Republic, Paul Biya, prescribed thirteen measures on March 17, 2020 likely to limit and control the spread of the virus in the country. These measures ranged from the closure of borders to the postponement of sports competitions, including the closure of schools and universities, the closure of drinking establishments and the suspension of entry visas to Cameroon. In addition, restaurants and leisure facilities were closed and gatherings of more than fifty people were prohibited. The measures also covered the restriction of urban and intercity travel and the regulation of customer traffic in markets and shopping centers. In addition to these measures, the Cameroonian government recommended that the population respect the hygiene rules and social distancing measures announced by the World Health Organization (WHO). Complementary to the first, provisions focused on infection, the care of infected people and appropriate funding thus had an impact on the health system.

At the heart of these dynamics is an essential question: «To which extent is the dual implementation of modern and traditional medicines against COVID19 in Cameroon?”. Far from being a definitional issue, this interrogation is a core of our work. Its aim is to positively evaluate the duality of using modern traditional medicine in countering the COVID-19 pandemic in Cameroon. To respond to this initial concern, we develop the hypotheses according to which the hybrid implementation perspectives of public health action are likely to be optimal. These two methods offer complementary points of view for studying the complex dynamics that influence public action. The study revolves around two *foci*. The first examines the implementation of modern medicine Against Covid19 in Cameroon; the second focus examines how, by implementing traditional medicine, was an opportunity to contribute to the dynamics of the “Sacred Union”, with the aim of eradicating the pandemic in Cameroon and promoting the resilience of populations.

This analysis was supplemented by direct observation of the behaviour of various social actors engaged in different activities, with a view to going beyond the discourse and actions of experts and politicians. It is in this specific context that the reflection on COVID19 in Cameroon opens a window on the abundant research on the subject in African countries where the emphasis is placed on the infrastructural and medical inadequacies of these weakened States. The literature on pandemy in Africa have inspected the epidemiological characteristics and transmission elements

² “It’s for them”; this expression at the start of the pandemic summed up the state of mind of the population who thought that COVID19 was for Westerners.

³ In a press release, the Minister of Health stated that the carrier of the virus is “a 58-year-old French citizen who arrived in Yaoundé on 24 February 2020.” He also emphasized that the patient had been “placed in isolation in a treatment centre” at the Yaoundé central hospital.

of COVID-19 in Africa, counting variables impacting the spread of the infection such as populace thickness, versatility designs, and healthcare foundation (Haider et al., 2020). Kavanagh et al., argues that the viability of open wellbeing mediations such as lockdowns, travel limitations, and social removing measures in relieving the spread of COVID-19 in African nations, has relevant components and usage challenges (Kavanagh et al., 2020). For Olumade and al., addressing issues related to vaccine hesitancy, vaccine access, and vaccine distribution strategies, as well as the impact of vaccination on controlling the pandemic is relevant (Olumade et al., 2021). This overview of the existing literature address emerging gaps and my contribution is relevant in the sense that it provides enriching elements on a complementary implementation of modern and traditional dynamics in the eradication of COVID19 . Questioning modern and traditional implementation, relating to the management of COVID19, in african context, finds fertile ground in Cameroon. This analysis intends to test the dynamics “from outside” and those “from within” in the management of this pandemic. The surveys were carried out in Yaoundé, Dschang, Bafoussam and Bertoua. We questioned around fifty people including civil servants, health officials from the Ministry of Health and medical staff. However, we have placed the emphasis on the municipal agents responsible for the implementation of COVID19 in the municipalities. This quantitative approach help us to highlihts the role of *Street Level Bureaucrats*⁴ (Lipsky, 2010) who have actively work in the implementation of this Health Policy in Cameroon.

1-Implementation of modern medicine Against Covid19 in Cameroon: Healthcare response

Cameroon was colonized by Germany in the late 19th century and later split into French and British mandates after World War I. French Cameroon gained independence in 1960, while British Cameroon joined Nigeria or became part of the Republic of Cameroon based on a UN plebiscite. From 1960 to 1982 the regime was characterized by a centralized government, one-party rule under the Cameroon National Union (CNU), and authoritarianism. Paul Biya succeeded Ahidjo in 1982 and has remained in power since then, making him one of the longest-serving leaders in Africa. His tenure has seen the continuation of a strong presidential system, though with some constitutional amendments and multiparty politics introduced in the 1990s under pressure from internal and external actors. The democratization process in Cameroon is “ambivalent” and hybrid balancing between pluralism and authoritarianism⁵. This « perpetual government⁶ » and other elites control administrative and political resources and thus,weakened the health governance⁷. Implementation of modern medicine Against Covid19 in Cameroon is operationalized through healthcare response and vaccination policy.

⁴ We would like to pay attention to the expression “*Street Level Bureaucrats*”, seen as the link between the government and the needy. Lipsky, M.2010. *Street Level Bureaucracy: Dilemmas of the individual in Public Service*, New York, Russell Sage Foundation.

⁵ M-E., Owona Nguini et H-L., Menthong,”Gouvernement perpétuel” et démocratisation janusienne au Cameroun(1990-2018),in F.Eboko et P.Awondo,*Cameroun:l’Etat stationnaire*, Politique Africaine, N° 150, 06/2018,p.97-114;

⁶ M-E., Owona Nguini et H-L., Menthong, *Ibid.*

⁷ Nyhala Dinga and al. argues that as of 2016, Cameroon’s health map shows 1800 health areas and 189 health districts in 10 regions, including approximately 5166 public and private health facilities spread throughout the national territory. Access to health services in the country in 2016 was estimated to be 2.19 health facilities per 10,000 inhabitants. The health service facilities are organized into seven categories: general hospitals, central hospitals, regional hospitals, district hospitals, district medical centers, Integrated health centres and ambulatory health centres (Nyhala Dinga and al.,2021).

1-1- Healthcare Response of Cameroonian Government

In late 2019, several cases of atypical pneumonia were reported in Wuhan, the capital of the Hubei Province in the People's Republic of China. A novel Coronavirus belonging to the same subgroup as SARS-CoV, was identified. It was first named 2019-nCoV by the World Health Organization (WHO), then SARS-CoV-2 by the International Committee on Taxinomy of Viruses (ICTV) and COVID19 as shortened form of Coronavirus 2019 by WHO. The first two cases of COVID19 in Cameroon were confirmed on March, 5, 2020. The first was imported from France and the second was one of their close contacts in Cameroon. The number of case increased and on March 07, 2020⁸, a interministerial press conference on the pandemic, accompanied by a joint statement made by the Minister of Public Health, the Minister of Communication, the Minister of Fisheries, of livestock and animal industries and a strong delegation from the WHO representation in Cameroon.

Faced with the alarming figures of infected people, the President of the Republic, Paul Biya, prescribed thirteen measures on March 17, 2020 likely to limit and control the spread of the virus in the country. These measures ranged from the closure of borders to the postponement of sports competitions, including the closure of schools and universities, the closure of drinking establishments and the suspension of entry visas to Cameroon. In addition, restaurants and leisure facilities were closed from 6 p.m. and gatherings of more than fifty people were prohibited. The measures also covered the restriction of urban and intercity travel and the regulation of customer traffic in markets and shopping centers. In addition to these measures, the Cameroonian government recommended that the population respect the hygiene rules and social distancing measures announced by the World Health Organization (WHO). Complementary to the first, provisions focused on infection, the care of infected people and appropriate funding thus had an impact on the health system⁹. The institutional arrangement also examines the coordination of resources allocated at the national level to respond to the crisis. This involved the mobilization of funds, the distribution of medical equipment and the mobilization of efforts between the different government agencies and international organizations. It is in this vein that an “ordering”, with variable geometry and revealing fragilities, began. on March 17, 2020, with the numerous government measures taken by the Prime Minister, Joseph Dion Ngute, during a Special Declaration relating to the pandemic. These measures implemented a partial containment system because the contrary dynamic was likely to create social and economic distress. Complementary to the first, on March 30, 2020, Paul Biya instructed the Prime Minister to create a National Solidarity Fund against COVID-19¹⁰.

⁸ The day after the confirmation of the first case of COVID19 in Cameroon.

⁹Après l'adoption des mesures du 17 mars dernier, d'autres , complémentaires, entrèrent en vigueur, le 13 Avril 2020, au rang desquelles et dans une perspective non-exhaustive : La généralisation du port du masque dans tous les lieux publics, la production locale des médicaments, test et gels hydro alcoolisés, a mise sur pied des centres spécialisés de traitement des malades du COVID-19 dans toutes les régions, l'intensification de la campagne de dépistage.

¹⁰This National Solidarity Fund, with an initial amount of one billion CFA Francs, will be supplemented in a non-exhaustive manner by companies and economic operators.

Many international actors, emblematic figures of *Global Health*¹¹, Through their financial and ideological instruments, assist the daily life, the Cameroonian government, in its response to the pandemic. As noted in the first WHO Newsletter in Cameroon

“WHO has supported the country in analysing the situation and data management across the country. This action has made it possible to identify important gaps in the availability and quality of data at all levels to meet the challenge of improving and availability of data quality, the WHO supported the Emergency Public Health Operations Centre (COUSP) Yaoundé, to the development and validation of standard operating procedures for data management”¹².

The newsletter of the representation of this international organization in Cameroon notes that in the first half of 2020, the WHO made a donation of 1.55 billion FCFA to the Cameroonian government and offered 10,8 tonnes of equipment and 13 hygiene concentrators. It should also be noted that 39 « *COVID19 experts* » were deployed on the territory and 1080 community health workers were trained by the WHO and deployed in the ten regions to raise awareness and monitor contacts of infected persons. The training and deployment of 2,589 health care personnel for the management, prevention and control of infections was also noted at the medical level. All this dynamic was carried out under the supervision of WHO international experts who had an accompanying role of local experts.

Table 2: Distribution of confirmed cases, deaths and recoveries (new and cumulative) per region as of 09/04/2023

Regions	Confirmed cases		Deaths				Recoveries		
	New	Cumulative	New	Cumulative	CFR (%)	Death proportion (%)	New	Cumulative	Recovery rate (%)
Adamawa	0	4 221	0	58	1.4	2.9	0	4 162	98.6
Centre	5	38 523	0	522	1.4	26.5	22	37 982	98.6
East	0	5 459	0	84	1.5	4.3	1	5 375	98.5
Far North	0	2 828	0	65	2.3	3.3	0	2 762	97.7
Littoral	4	35 566	1	389	1.1	19.7	21	35 153	98.8
North	2	2 221	0	43	1.9	2.2	0	2 176	98.0
North West	0	13 148	0	379	2.9	19.2	9	12 764	97.1
West	0	11 890	0	269	2.3	13.6	1	11 616	97.7
South	1	5 635	0	74	1.3	3.8	0	5 558	98.6
South West	0	5 404	0	88	1.6	4.5	3	5 316	98.4
Total	12	124 895	1	1 971	1.6	100.0	57	122 864	98.4

Source : Cameroon COVID 19 Situation Report.N.175(03-09 April 2023).¹³

¹¹ Social scientists criticize *Global Health*, whose health strategies are based on simple solutions based on figures and indicators of performance. Baxerres. C., Eboko F., (2019/4), (dir.), « Global health : et la santé ? », Politique africaine, (156), p.14.

¹² COVID19 Infos. Bulletin d'information de l'OMS Cameroun.N°001 ;Juillet 2020.p.12.

¹³ https://CMR COVID19-SITREP_175_eng.pdf. Page consultée le 06 Avril 2023.

During this period, WHO supported the 3T (Stalking, Testing and Treating) strategy of the Ministry of Health, as attested by Dr. Famne Mahamat¹⁴ which reminds that the respect of the measures barriers “*remains the safest way to protect us, our families and our environment*”¹⁵. This new approach to the response was likely to make the country’s ten regions autonomous. Dr.Léonnella M., says that

“Medically, we have prevention with mass screening... then we have the management of ambulatory patients, who are confined at home and under therapy and the serious patients who are in the major centers of fight against COVID19, such as the central hospital of Yaoundé or regional hospitals¹⁶”.

1-2-Vaccination Policy of COVID19 in Cameroon

This analysis of the vaccine policy against this pandemic in Cameroon is characterized by its complexity and the controversy surrounding its implementation. In this vein, if “To govern is to manage collective action”; (Massardier, 2003:82) the intrinsic logic of public vaccination action against COVID19 in Cameroon oscillates between the accessibility of vaccines and the resistance of populations. They have the merit of thinking about vaccination policies in Cameroon in pluralistic and polycentric terms and in process terms of «continuous flow of actions» (Muller, 1990). In this regard, on April 18, 2021, 391,200 doses of COVID-19 vaccine were shipped by COVAX¹⁷, a partnership between the Coalition for Innovations in Preparation for Epidemics (CEPI), UNICEF and WHO and arrived in Cameroon on 04/17/2021. It is not necessary to note that this delivery was part of a first wave on the first endowment of 1,752,000 Astra Zeneca-Sabin Institute of India vaccines offered by the COVAX initiative in Cameroon. The ultimate goal was to ensure equitable distribution of vaccines in all regions as indicated in this table.

¹⁴Director of Health Promotion at the Ministry of Public Health during the daily press briefing on the status of COVID19. Cf.*Cameroon Tribune* du 18 Juin 2020.

¹⁵ Cameroon Tribune, *Op.Cit.*

¹⁶ Dr. Léonnella M., General practitioner at the Yaoundé central hospital. Interview conducted in July 2020..

¹⁷ COVAX, the vaccine pillar of the COVID-19 Accelerator (ACT), is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Gavi Vaccine Alliance and the World Health Organization (WHO) - working in partnership with vaccine manufacturers in developed and developing countries, UNICEF, the World Bank, and others. It is the only global initiative that works with governments and manufacturers to ensure that COVID-19 vaccines are available worldwide, for both high-income and low-income countries.

Table 3 : Vaccination coverage by regions in Cameroon.

Regions	Eligible people (+18)	Multiple dose vaccines (AstraZeneca, Sinopharm. and. Pfizer)		Single-dose vaccine	Vaccination coverage Dose 1 (%)	Complete vaccination coverage (%)
		Dose 1	Dose 2	Dose J&J		
Adamawa	773 485	51 858	22 346	210 641	33.9	30.1
Centre	2 606 716	225 466	97 417	378 013	23.2	18.2
East	705 137	63 304	21 686	174 642	33.7	27.8
Far North	2 604 908	147 114	56 658	785 507	35.8	32.3
Littoral	2 215 667	83 939	24 681	234 474	14.4	11.7
North	1 582 587	122 769	27 863	448 540	36.1	30.1
North West	947 860	32 597	17 222	162 609	20.6	19.0
West	1 180 414	67 793	22 373	163 266	19.6	15.7
South	472 192	27 791	11 794	83 570	23.6	20.2
South West	985 401	36 644	10 394	143 236	18.3	15.6
TOTAL	14 074 368	859 275	312 434	2 784 498	25.9	22.0

Source : Cameroon COVID 19 Situation Report.N.175(03-09 April 2023).

In a correspondence of 21 October 2022, the Minister of Public Health, informed public opinion of the urgency of a 5th national campaign to intensify vaccination against COVID19 organized by the government from 17 to 27 November 2022. The Minister did not fail to highlight in this release that¹⁸

“Cameroon has already covered 12% of its population aged 18 and over with more than 1.8 million people vaccinated. These encouraging results are not enough to protect the country from a new resurgence. It therefore recommends a new national campaign to intensify vaccination against COVID19 in order to achieve collective immunity, the main objective of the government and the international community.”

However, despite its multiple dynamics related to vaccination against COVID19, the majority of the Cameroonian population opposes a refusal to the vaccine. For the director of a hospital on the outskirts of Douala ¹⁹, “Cameroonians are fleeing this vaccine like the plague” despite multiple vaccination campaigns; in 2021, 160,000 people were vaccinated for a population of 27.2 million. The populations apprehend him from the angle of conspiracy for the next generation. It is in this dynamic that Georges father of family and merchant at the Mokolo market argued that ²⁰, “for nothing in the world, I will not vaccinate against COVID19, they have found a way to kill the African population...”. In this specific health context, the modern expertise, based on the legitimacy of skills is synergically associated with traditional medicine which has been brought to the fore during the COVID19 crisis.

¹⁸ Communiqué N 31-/24/L/MINSANTE/SG/DSF/GTC-PEV/A1-SP. This communiqué specifies that three types of vaccines will be offered to beneficiaries during this campaign, including Johnson & Johnson in single doses, Pfizer and Sinopharm in two doses spaced 21 days apart..

¹⁹ Cameroon's economic capital.

²⁰One of the largest markets in Yaoundé, the capital of Cameroon.

2-Implementation of traditional medicine against COVID19 in Cameroon: A “Sacred Union” against the Pandemy

In cameroonian society, the traditional medicine despite advances in medicine conventional, has always occupied a place of choice in the health system.

2-1-“Sacred Union “ of Cameroonian living forces

Speaking on May 19, 2020, the eve of the 48th National Day²¹, Paul Biya, in a broadcast message, expressed the wish of a «*sacred union*» of all the living forces of the Nation and insisted on the respect of measures barriers and discipline. In this address to the nation, the Cameroonian president, while acknowledging the magnitude of the challenge,

“also encouraged all efforts to develop an endogenous treatment of COVID19”. In the same vein, on June 25, 2020, the parliament hosted a tripartite meeting between the government, elected officials, doctors and practitioners of traditional medicine in order to demonstrate that «traditional medicine remains an effective complement to the health supply in Cameroon²² ».

On June 20th,2020, a forum on traditional medicine, was held at the National Assembly. Many recommendations were adopted by the participants, amongst them, the integration of traditional medicine in the health care; the supervision of initiatives developed from traditional pharmacopoeia; a collaboration between the Ministry of Public Health, the Ministry of Scientific Research and Innovation, the Ministry of Higher Education and traditional healers of Health²³. The Ministry of Health, consequently, finalising the law on traditional medicine as well as establishing a national directory of traditional health therapists²⁴. A fringe of the population uses the local pharmacopoeia and promotes its virtues, as Sylvie, a housewife in Bertoua said: “ *We have our bark and COVID19 does not scare us*²⁵ ». It was in this dynamic that Archbishop Samuel Kleda of Douala revived the hope of the population, announcing that he had discovered a treatment based on medicinal plants, supposed to cure COVID-19 and which have a significative impact among the population. Since then, patients have been scrambling in the courtyard of *Codas Caritas*, the office of social-charitable actions of the Archdiocese of Douala in order to obtain *Elixir COVID* and *Adsak COVID*, treatments established by the prelate and distributed in diocesan health co-ordinations. Archbishop Kleda, said that

“Traditional medicine has helped heal thousands of patients... In our families, people have always cared for by plants, but herbal medicine does not have the place it deserves. Herbal medicine should enter our medical schools²⁶».

²¹ A Referendum was held on 20 May 1972 to adopt a new Constitution. He ended the federal system in place and gave birth to the United Republic of Cameroon. Since then, May 20 has been consecrated as the feast of the National Unity of Cameroon.

²² <http://www.crtv.cm/2020/06/pour-une-synergie-entre-les-medecines-traditionnelle-et-moderne/>.

²³ Fouakeng F., 2020, « La médecine traditionnelle au parlement ». *Bulletin d'information de la médecine traditionnelle*.001.

²⁴ Mbwe Mpoh, M. and Briand K. 2020, p. 28”La COVID19 a la rescousse de la médecine traditionnelle ? » *Bulletin d'information de la médecine traditionnelle*, 001.

²⁵ Bertoua, capital of the Eastern Region.

²⁶ <http://www.crtv.cm/2020/06/pour-unr-synergie-entre-les-medecines-traditionnelle-et-moderne>

Dewah, a traditional healer argues that

“My chains of herbal medicine clinics across Cameroon have been flooded of patients since the March outbreak of Coronavirus. The demands of herbal medicine is so high, that I could not treat some patients because I ran short of the potions made from plants I harvest from the forest²⁷”.

Dewah, a renowned traditionalist, during a conference organized by chemistry professors expressed himself in this terms: “We work on plants and no disease is above us. We have ancestral knowledge, transmitted by our parents and from generation to generation.”

This point of view is shared by the populations, as expressed by Emmanuel, a trader in Bafoussam.

“During COVID 19, we were not worried...We took lemon every morning and evening, with crushed ginger, mixed with other peels that we boiled,...None of us had COVID19... We believe in our bark²⁸ ».

2-2-Current intensification of traditional medicine against COVID19 in Cameroon

Cameroonian traditional doctors have invested in making a major contribution to the fight against the pandemic on a national scale. Several natural products have been developed by different laboratories across the country. The best known is called *Adsak-Covid* and the second called *Elixir Covid*. It is important to specify that this protocol proposed by Monsignor Kleda has an effective action on the Corona virus and it is on the basis of the postulate according to which it is made up of natural substances consumed on a daily basis by the populations that consumption has increased. Under the control of the Ministry of Health, analyzes of the natural substances used and the first results proved satisfactory. From then on, taking advantage of its vast distribution network, the two protocols were disseminated throughout Cameroon. However, two conditions were required to have access to this protocol, notably presenting symptoms associated with Covid19 and having tested positive for Covid-19. The following table is an illustration of endogenous solutions proposed by researchers and practitioners of traditional medicine in Cameroon.

²⁷ Moki E. Kindzeka, « Cameroon’s Traditional Healers See rush for Herbal Medicine to Treat COVID-19”.VOA Africa. May 13, 2020.Consulted September 20, 2021.

www.voanews.com

²⁸ Interview carried out in Bafoussam, regional capital of western Cameroon, on December 20, 2021.

Table 4: Endogenous solutions proposed by researchers and practitioners of traditional medicine in Cameroon.

<i>Product name</i>	<i>Inventor</i>	<i>Function</i>
Soudicov plus	Cheick Modibbo Halidou Ibrahim	<i>Naturopath</i>
Efu_eyoh_koh	Acha Vincent Njeck	<i>Naturopath</i>
Ngul be tara Gzxcvbn.	Dr Peyou Ndi Marlyse	<i>Researcher</i>
Viro-green F.4	Dre Joséphine Briand K	<i>Naturopath</i>
Elixir-COVID Adsak- COVID	Mgr Samuel Kleda	<i>Archibishop</i>
Tucloxine	Dharous Salam	<i>Naturopath</i>
Bio covax	Mme Njikam, la reine des abeilles	<i>Naturopath</i>
Jatrophicine	Dr Temfack Voipe	<i>Researcher</i>

Source : Mbwe Mpoh, M. and Briand K. 2020, p. 28.

It is in this perspective that Kuete and al²⁹ (2021) carried out a mixed study from May to September 2020 with around a hundred actors during the African Traditional Medicine Day. Monitoring and multiple interviews with traditional practitioners Cameroonian allowed them to classify them into two groups, namely those having developed protocols on COVID19 and those treating other pathologies. This research was carried out on naturopaths (unions, laboratory workers, NGOs, Independent actors, traditional practitioners) practicing in Cameroon. The study was carried out on a sample of 20 Traditional medicine laboratory, 42 traditional medicine agents, 15 trade unionists and eight NGOs. This investigation has been completed by a household questionnaire based on a representative sample of 1500 households. Kuete and al (2021) in the following table, provide a summary of the therapeutic protocols used by Cameroonian naturopaths during the pandemic.

²⁹ Kuete Sezine Cedric, Banen Jean Baudelaire, foka-nkwenti Christopher, Bedziga Bedziga Sylvestre and *nguendo-yongsi H. Blaise, « Médecine traditionnelle et lutte contre la covid-19 au Cameroun » *International Journal of Science Academic Research* Vol. 02, Issue 02, pp.1051-1057, February, 2021 <http://www.scienceijsar.com>»

Table 5. Therapeutic protocols against COVID19 in Cameroon

Therapeutic protocol	Composition	Number of patients	Number of patients cured with testimonials	Source
Protocole of Archbishop Samuel Kleda	Elixir Covid	+10225 (Consommation nationale et internationale)	+10225 (Consommation nationale et internationale)	Dr. Engelbert Kameni, coordonnateur Diocésain de l'Archidiocèse de Douala.
	Adsak Covid			
Artequinidine Tincture	Equinaxe	+100	+20	Laboratoire Valie & You 31 aout 2020
	Artemesia			
	Quinine Bark			
Pression and miracle power	Pression miracle	45	12	Prophète Abraham Pochi
	Puissance miracle			
-	Cocktail Ail	48	10	Laboratoire Bioside par le Dr.Telong
	Puissance 4			
	Merveille de Dieu			
	Argile verte			
Afritchoum COVID19	Poudre	+20	5	Journée de la médecine africaine 31 aout 2020
	Ecorce			
Dtzi et baume	Dtzi	6	6	Président national des tradi-praticiens Cameroun
	Baume			

Source³⁰ : Kuete Sezine Cedric, Banen Jean Baudelaire, foka-nkwenti Christopher, Bedziga Bedziga Sylvestre and *nguendo-yongsi H. Blaise, 2021.

As shown in this table, several factors account for the current intensification of traditional medicine against COVID19 in Cameroon; the most prominent include difficulties in accessing modern

³⁰ Kuete Sezine Cedric, Banen Jean Baudelaire, foka-nkwenti Christopher, Bedziga Bedziga Sylvestre and *nguendo-yongsi H. Blaise, « Médecine traditionnelle et lutte contre la covid-19 au Cameroun » *International Journal of Science Academic Research* Vol. 02, Issue 02, pp.1051-1057, February, 2021. Enquêtes de terrain. Aout-Octobre 2020.

healthcare. The high incidence of Covid-19 has only increased people's recourse to this type of medicine.

Conclusion

At the end of this reflection, we can say that dual implementation of modern and traditional medicines in Cameroon are more relevant than ever. These two logics of public policies, that arise in opposing on under skies, have shown through their complementarity in Cameroon and have enabled actors with multiple and different rationalities to act in synergy. Cameroon, like many African countries and despite the prevailing catastrophic theories, has been forced to solve the complex equation of the issues raised by this pandemic, whose exponential spread has weakened the government. The perspectives of implementation, matrices of our analysis, of which we have tried to extract the contingencies inherent in any scientific reflection, constitute the modality of this multi-level action. In short, the problems of dual implementation of modern and traditional medicines against Covid19 is at a crossroads in Cameroon. The phenomena has deepened the process of resilience of populations because years after its appearance in Cameroon, the "health chaos" so feared by many officials has, to date, not occurred. This study is more than ever part of future prospects in terms of resilience of population and it is necessary to bring to this issue all the visibility it deserves.

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