Documenting the Political Divide

Health Crisis, Government Communication, and Political Legitimacy in Cameroon

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Abstract[1]

The reception given to the various government measures to combat Covid-19 in the midst of the health crisis between 2021 and 2022 illustrates the political divide between the Cameroonian State and its population. This article analyzes the mechanisms behind this lack of trust, on the basis of a sociology of public action that combats Covid-19 and a sociology of the State. Our analysis highlights several structural elements that undermine the legitimacy of the Cameroonian State in the eyes of its population: centralized decision-making logics that resist any form of openness likely to give more room to the dialogue and consensus required by the health emergency; the instrumentalization of public action for presidential marketing purposes, and a great lack of flexibility and proximity in government communication. All this takes place within a context of technological evolution (the weight of social networks) that calls for a rethinking of the content, form, channels and carriers of information and communication.

Keywords

Covid-19, government communication, public action, political trust, Cameroon

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Introduction

T he Covid-19 pandemic had significant implications for the legitimacy of governmental actors in many parts of the world. The reception of restrictive measures to control the spread of the epidemic, and the public's perception of the effectiveness of the responses proposed by their leaders, help to assess this legitimacy.

In the Cameroonian context, there was little public support for preventive measures. This is certainly not unique to Cameroon, as confirmed by a socio-anthropological survey carried out during the first wave of the epidemic in West Africa (Seytre et al., 2021). Indeed, how can Covid-19 be considered a serious threat when the number of deaths is extremely low compared to European countries, for example? When the symptoms are nothing new and easily resemble those of malaria? Why should the population adhere to preventive measures that seem unrealistic given these contexts? Over and above the technical, practical and economic difficulties involved in complying with most of these measures (barrier measures, quarantine, containment, death management, etc.), the management of the health crisis comes at a time of crisis in the healthcare system, marked by a significant drop in confidence in institutions and political personnel (Chabrol, 2018 ; Israr et al., 2001).

The hypothesis we defend here is that, over and above the communicational and technical issues at stake, the reticence observed in the face of government directives reflects a profound sense of mistrust, due to a systemic dissatisfaction with the policies and authorities managing the crisis. The severity of the epidemic, as well as the content and tone of government communications, failed to change this attitude.

It is the mechanisms and issues at stake in this lack of trust that we are going to examine, based on a sociology of public action and a sociology of the State in Cameroon. To do this, we draw on qualitative material compiled from a survey conducted in the city of Yaoundé between April and July 2021. Three modes of data collection were privileged: an analysis of online reactions on social networks (Facebook and X) and on the websites of the most important generalist media in French such as CRTVweb, Cameroun Tribune and La Nouvelle Expression, or The Guardian Post and Mimi Mefo Info for data in English. We searched the sites using keywords and hashtags[2]. The aim of the social media research was to identify and analyze, on the one hand, the diversity of communicative registers used by the government to circulate information on Covid-19 and, on the other, to highlight the "blame figures" or "hero figures" likely to influence political decisions and strategies. A dozen semi-structured interviews were conducted with various players involved in the national response at decision-making, scientific, media and community levels. The interviews focused as much on their perception of the epidemic in Cameroon, as on their role and involvement in the national response. Ethnographic observations were also carried out in various public spaces (health centers, markets, public transport) around the vaccination campaign, between March and July 2021.

The results of this study show the extent to which the importance of social media, and above all of local communication by health information professionals, has not been sufficiently anticipated or sufficiently mobilized. Some strategic and political choices have even added to the tension and confusion in a context of epidemic urgency conducive to manipulation and misinformation.

Features of the Government communications plan

In this section, we will discuss the main features of political communication, particularly government communication in the context of a health crisis. In moments of crisis, when equilibrium is disrupted and the balance is tipped, political communication is tasked with reassuring people, and even restoring their confidence in decision-makers. For Philippe Riutort (2020), political communication is understood as the set of practices aimed at establishing links between political professionals

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2   Examples of keywords used together or separately with the hashtag: #Covid19+Cameroun, #Vaccin+COvid+Cameroun, #ORCA+Covid, #Covidgate#, #Cousp+Covid, #Covid+Tchuienté.

and their constituents, using the channels offered by the media. Here, we are talking about the information, recommendations and official statements produced by members of the government, with the aim of curbing the spread of the epidemic. In fact, although it would be more appropriate to speak of public health communication, our analysis goes beyond public health promotion messages to focus as much on the actions and strategies put in place, as on the discourses, postures and initiatives of the various political decision-makers in the context of the health crisis.

A dynamic communication strategy

Although it is difficult to pinpoint the existence of a government communications plan in the fight against Covid-19, observations show that the Cameroonian government communicated extensively on the epidemic, and in a relatively unprecedented way (crisis situation obliges), from the first reported cases, on March 7, 2020. The announcement was made by the Minister of Communication, the government spokesman, at a press conference on the same day. Given the global state of health emergency, the government will be pulling out all the stops to inform the public, in order to prevent the spread of the virus, which, given the context and the capacities of the health system, looks set to be disastrous. Unprecedented measures will be taken, such as the organization of special "Covid-19" broadcasts on radio and television. Covid-19 will be featured on the front pages of the private and public press, and visual communication (banners, large banners and posters) will also be used to encourage people to adopt barrier measures. The government will also be focusing on digital communication, sending SMS messages to all cell phone users, and multiplying messages on social networks, with the help of bloggers.

The tools mobilized by the government are press conferences, press briefings, press releases and Tweets. While these tools are not new, they are rarely used so concomitantly and regularly. Above all, the government gives the impression of speaking with a single voice, which contrasts with observed patterns of ordinary communication where the spokesperson is not the only one to carry the executive's word (Kemayou, 2012).

For example, it was during a press conference attended by the Prime Minister that the government action plan against Covid-19 was presented, a plan of 13 measures against Covid-19 signed by the Head of State and presented by the Head of Government. These measures include closing borders (land, air and sea), suspending the issue of visas, closing public and private establishments, and banning gatherings of more than 50 people for a period of fifteen days[3]. These measures will be extended by press release on April 1, 2020.

The Minister of Public Health occupies media space on a daily basis, sharing information on the progress of the epidemic on social networks. The Health Minister's Tweets, which appear to be a personal initiative, focus mainly on counting the number of new cases and advising people to take precautions (wash their hands with soap, sneeze into their elbow, wear a mask in public places, keep a distance of one meter in queues, avoid gatherings, stay at home, etc.)[4]. These Tweets are liked and shared several hundred times[5] (fig. 1).

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3   https://www.spm.gov.cm/site/?q=fr/content/strategie-gouvernementale-de-riposte-face-la-pandemie-de-coronavirus-covid-19

4   https://www.minsante.cm/site/sites/default/files/Dossier-de-presse-COVID--10-1.pdf

5   Dr Manaouda Malachie on X: "Cameroon has 99 confirmed cases of Covid-19 as of this afternoon. Let us be vigilant and observe the rules of hygiene prescribed to keep this virus at bay. Wash your hands regularly with soap and water. Get within 1.5 m of each other, otherwise stay at home."
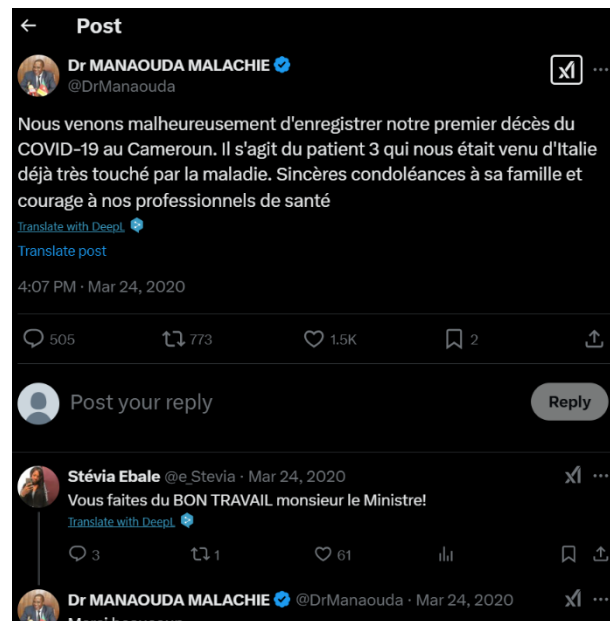
Figure 1: Example of a Tweet from the Minister of Public Health on March 24, 2020.

Hailed by the population for this effort at transparency[6], the Minister's image is close to that of a hero, understood here as a man of the front line, strong in his expertise and concerned with the well-being of Cameroonians. As anthropological research on behavior in times of crisis has shown, people's perceptions of themselves through the figures of the hero or the blamer are likely either to promote acceptance, adoption and adherence to health measures in a crisis context, or to create the opposite effect (Atlani-Duault et al., 2013, 2020). The Minister of Public Health's initiatives are all the more significant in a context where accountability for political authorities is an unusual exercise (Gwaibi, 2022). The comments are therefore highly complimentary, and the population is sensitive to these messages.

However, this relationship with the hero figure was quickly blunted by the Minister's change of communication strategy a few weeks later, when he chose to focus solely on the good news. From now on, it will be difficult to know which regions are most affected, where the outbreaks are occurring and what measures are being taken as the number of cases increases. This move is likely to attract a great deal of criticism, and will be interpreted by the public as an attempt to hide the reality of a situation that is probably out of control.

Malfunctions, contradictions and consequences of government communication

The communication strategy of providing information through press briefings seems more collective and concerted than the Minister's Tweets. In addition to providing an update on the epidemic, information is also shared on the number of deaths, the number of cured cases, reception facilities and measures underway. Although much appreciated and picked up by many media outlets, these press briefings would have had greater impact if they had been accompanied by precise details responding to people's concerns: what to do when far from screening centers? How to organize quarantine in crowded family homes? How long should masks be worn[7]? What happens when a loved one dies of Covid-19? Furthermore, the government's messages are delivered mainly in French and occasionally in English, making them difficult to understand for most people, especially in rural areas.

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6   As evidenced by press articles and comments on social media. https://nkowa.com/gouvernement-du-cameroun-doit-prendre-lexemple-sur-son-ministre-de-la-sante-publique/; https://www.cameroon-tribune.cm/article.html/32276/fr.html/prise-en-charge-autres-pathologies-le-minsante-verifie-leffectivite

7   In Cameroon, the term "cache-nez" is often preferred.

Analysis of the standard health messages formulated by the government therefore reveals significant information deficits. As Dorothée Ndoumbé (2020) points out, the government's communication during the crisis was copied on a Western model, where the population had neither difficulty in accessing information (internet and mobile telephony) nor language problems. The government's recommendations on barrier measures, mandatory masking in public places, and confinement or semi-confinement are certainly standard messages issued by the World Health Organization, but they lack context-specific anchoring and translation. Furthermore, they overlook the many rumors and conspiracy theories circulating about the origin of the virus ("intentionally created virus"), the denial of the seriousness of Covid-19 ("Covid does not kill, it is another form of malaria"), or the efficacy of alternative treatments and vaccine trials (Dinga et al., 2022 ; Fouda Bita et al., 2024). We can also note the marginal place of community players, who were little solicited during the first wave of the health crisis between February and April 2020 (Lefort-Rieu et al., 2023).

As a result, many people have chosen to stay away from health facilities when they or their loved ones are asymptomatic, for fear of being hospitalized or forced to leave their patients with health staff, with no possibility of looking after them or accompanying them in the event of death. There are several accounts of families trying at all costs to avoid certain hospitals, even when their patients develop serious symptoms. In a communication from a close family[8], the interlocutor talked of the death and burial of her elder brother a few weeks earlier: "We did everything to avoid going to x. [...] There, they confiscate the corps. You are not allowed to see the body of your relatives. [...] You need a special authorization to bury them in the village."

The management of cases of death linked to Covid-19 has been the subject of fierce criticism and reluctance on the part of the population, sometimes resulting in physical attacks on healthcare personnel. Very often linked to misunderstanding due to lack of communication, similar acts of resistance on a larger scale were documented in Guinea, Sierra Leone and Liberia during the fight against Ebola, where there were, indeed, street demonstrations, road blockades and even murders of healthcare staff to protest against the installation of treatment centers, considered to be high places for trafficking the bodies of the deceased (Carrión et al. 2016, Marcis et al., 2019, Ouatarra & Arhem, 2021).

In Cameroon, these communication shortcomings reinforced incomprehension and a feeling of disconnection between government measures and the context: "I saw how people who died of Covid were buried. It was inhuman" (Mrs P., journalist)[9]. According to some bloggers, obtaining official information to counter *fake news* was particularly difficult, despite the fact that they were invited to relay government messages and action strategies. This prompted the late Professor Mpoudi Ngollé[10] to say: "We need experts in medical communication. It is something we need to develop, and it is very important." (Colonel Mpoudi Ngollé, ANRS Yaoundé)[11].

"People tell you it is better to die of Covid-19 than of starvation" (Prof. E. T., scientific advisor). This attitude to the epidemic is not only linked to the low number of deaths reported (the 1,000 mark will only be passed after just over a year, in May 2021), at a time when some countries, mainly in Europe, are recording thousands of hospitalizations and hundreds of deaths a day. The low rate of reported deaths in Cameroon, the absence of stigma and the social rejection associated with Covid-19, as in the case of Ebola or HIV/AIDS, have largely contributed to its being regarded as a "simple flu" or "ordinary malaria", despite the various peaks in contamination and drastic measures to close public places, ban gatherings and so on. Relying on community organizations, deliberately from the very first cases and over a long period of time, would undoubtedly have improved awareness of the epidemic and reception of government instructions.

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8   May 13, 2021, Etoug-ébé district, Yaoundé

9   Interview conducted on October 5, 2021, by telephone.

10   Colonel Mpoudi Ngollé was a researcher and physician, Deputy Director of the ANRS site in Yaoundé, and Director of the Institut de recherches médicales et d'études des plantes médicinales (Cremer/IMPM). He passed away in September 2021, two months after this interview. We take this opportunity to salute his contribution to the development of scientific research in Cameroon.

11   Interview conducted on July 15, 2021 in Yaoundé.

Among the dysfunctions observed, the question of "Who communicates?" also created a great deal of confusion. After discordant decisions and statements by certain ministers, including the announcement of the resumption of classes by the Ministers of Education and Secondary Education, or the confusion caused by the Minister of Research and Scientific Innovation on the risks of transmission of the virus by bats, the head of government had to call the members of his team[12] to order. In a press release signed by the General Secretariat of the Government on April 9, 2020, he reiterated the imperative of respecting the necessary canons and authorizations to avoid dissonance in political communication. The Minister's statements on bats had provoked mockery on social networks, reinforcing one of the most popular figures of blame. Like hero figures, blame figures can indeed help decision-makers craft more robust responses and more targeted health communication messages (Atlani-Duault, 2020).

The trend towards blame observed online is confirmed offline. It has completely supplanted that of heroisation and is proving to be directed against the authorities, with the population already feeling frustrated. So, beyond the "cacophony" (Ndoumbé, 2020 ; Mandé, 2020, Atangana, 2021) and contradictions observed in government communication, the quality of government communication also depends on its legitimacy. The health crisis is occurring against a backdrop of deep social discontent.

The sources of mistrust and lack of political trust in times of health crisis

Theoretical aspects of political trust

As numerous studies on the links between State and society have shown, trust is a central value in politics. Particularly in so-called democratic contexts, it is an indicator of the legitimacy of government institutions, their acceptance and respect. Numerous studies underline the fact that its erosion is symptomatic of a profound political crisis affecting both institutions and political personnel (Hardin, 2004; Lalot & Quiamzade, 2021). The mainsprings of political trust, or of its erosion, are mostly – but not exclusively[13] –based on political interactions between those who govern and those who are governed. The rational approach sees trust as a situation in which the actors (rulers and ruled) know that their interests are intertwined. Russel Hardin speaks of this in terms of "*encapsulated interest*" (Hardin, 2004). These interests are not only material: they may also be concerned with satisfying or reinforcing certain moral convictions. In the former case, the relationship of trust is based on the match between citizens' preferences and the public action taken by political staff; in the latter, questions of values and conviction take precedence over government performance. It is when one's interests are harmed that trust breaks down and is withdrawn, usually in the form of rejection, refusal or distrust. Gaining trust, on the other hand, translates into strong support and stronger ties.

Although it is difficult to measure political trust in Cameroon on the basis of this study, a number of analyses have already concluded that, since the early 1980s, the social contract has broken down, and political trust has been increasingly eroded. Two decades after the hopes raised by independence, the country's economic situation began to unravel with the gradual and continuing deterioration of economic conditions (falling commodity prices, declining foreign investment, falling wages for civil servants, the end of systematic recruitment to the civil service, etc.). This situation will aggravate corrupt practices[14] and accentuate the domination of a political power forced to play for its survival through various maneuvers of control, coercion, show of force and use of violence (Sindjoun, 1996; Pommerolle, 2008; Keutcheu, 2013; Eboko & Awondo, 2018; Kojoué, 2020). This disintegration is compounded by structural difficulties in the functioning of the State apparatus, which has been unable or unwilling to initiate economic growth. Added to this is the non-renewal of the ruling

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12 https://www.cameroon-tribune.cm/article.html/31745/en.html/travail-gouvernemental-le-rappel-l-ordre
13 Social determinants such as level of education and family or social environment also need to be taken into account when analyzing political trust.
14 Early studies of the postcolonial State spoke of the "politics of the belly" (Bayart, 1989) or the "patrimonialized State" (Médard, 1990).

class, the presidential party's monopoly on public institutions, and the impunity that surrounds this ruling class. A background of permanent distrust therefore persists, hence the readiness to turn members of the government into figures of blame. In this context, the management of the epidemic was experienced as an extension of ordinary political violence.

Crisis management and centralized public action

The majority of players involved in the response to Covid-19 in Cameroon are unanimous about the highly centralized nature of decision-making processes, despite the consultation and coordination mechanisms already in place or created for this purpose. Although the need for coherence and follow-up were the government's primary concerns in the context of the health crisis, the secondary, or even marginal, place given to other players such as the scientific council or the *Centre de Coordination des Opérations d'Urgence de Santé Publique* (CCOUSP) considerably limited the scope and effectiveness of health policies. Furthermore, the scandal surrounding the misappropriation of funds earmarked for the fight against Covid-19 has only served to exacerbate resistance and communication barriers between the government and citizens.

In the first case, the Ministry of Health, and in particular the *Direction de lutte contre la maladie* (DLM), monopolized management of the crisis, despite the fact that there is an entire administration in charge of managing health emergencies. Indeed, long before the first case was reported, CCOUSP agents were already hard at work trying to identify potential cases, isolate them and treat them: "We already had a little experience with cholera. Even if it was not on this scale (Dr. S., CCOUSP)[15]. With the arrival of Covid-19, we very quickly had to set up a coordinated incident management plan, create a call center, open telephone lines and train additional teams. Despite its deployment, resources and intervention capabilities, CCOUSP agents regret that this expertise was little or under-utilized during the first wave. One regret persists: "Managers were slow to understand the system adopted to manage the situation. [...] Sometimes we read about the government's decisions in the newspaper like everyone else, even though we had been at a consultation meeting just a few hours before." (Dr. S., CCOUSP). At the operational level, the regions took over late and with great difficulty, due to this centralization. Several members of the Scientific Advisory Board confirm this centralization:

> The government only listened to us once about the vaccine [...]. That is really the only time. We advised against reopening bars [...] we advised against starting school [...] we asked the government not to exceed 20% spectators during the CHAN[16] but they did not listen. (Prof. E. T., scientific council)

This verticality in decision-making, despite the coordinating and consultative bodies that are supposed to guide, support and sustain political decisions, bears witness to a participatory formalism, outside any real collective, or even democratic, mobilization. Even if we know that the offer of participation (or even pluralism) does not overturn established powers or prevent decisions from being carried out (Kojoué, 2013; Mazeaud et al., 2012; Rui, 2016), the poor compliance with health regulations such as the wearing of masks within State administrations, or the low vaccination rate, especially among health personnel and civil servants, can be analyzed as consequences of this participatory defect. If the administrators themselves do not feel that their voice is heard, how can they relay it to their constituents? How can we alleviate the strong suspicions *from below* generated by communication shortcomings and the long history of non-redeemability of political leaders? What is at work in the management of the Covid-19 crisis is nothing other than a strategy for legitimizing the mechanisms of domination.

Crisis management and the instrumentalization of public action

As part of the fight against Covid-19, the Head of State is said to have made a "special donation" of 2 billion FCFA (around 3 million euros). On the basis of this donation, the State administration will mobilize around a major social support scheme for the most vulnerable households across the country. The deployment of this scheme has been publicized by the President of the Republic, whose

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15   Interview conducted on June 15, 2021 in Yaoundé.
16   The African Nations Championship (CHAN) is a football tournament reserved for local players..

immense generosity (and immense portraiture, in the absence of his physical presence) has been widely publicized at each distribution. The attempt by a village chief to contest this "gift" during a redistribution, but above all the threat to dismiss the senior administrator who was carrying out the distribution, illustrate the paternalistic domination that characterizes relations between rulers and ruled in Cameroon (Bigombé Logo & Menthong, 1996). While at the start of the Covid-19 crisis, in March 2020, several African heads of State put themselves forward by inviting the population to calm down and respect barrier gestures[17], President Biya's absence for almost two months had given rise to many rumors about his health, to the point that the opposition had asked the National Assembly to declare that power was vacant[18]. The distribution of this "special gift" will serve as political marketing for the Head of State, who has paradoxically been invisible for almost two months.

In Cameroon, the rhetoric of gifts and generosity on the part of the Head of State has strongly influenced the frame of reference for government action[19]. These gifts merge with and even supplant government action. Yet the significance of the gift is not insignificant; it is part of a strategy to legitimize power and strengthen ties of recognition with the authority offering it. Béatrice Hibou notes that one of the logics of the political economy of gifts in authoritarian situations is not only to "hold" or "buy", but also to "force" permanent recognition (Hibou, 2011). In Cameroon, even when they do not belong to the government, the political authorities involved in public action never fail to recall the generosity of the Head of State (and his wife). This is also the case when infrastructure is built (roads, schools, hospitals, etc.) or when social plans are developed, as here, as part of the fight against Covid-19. According to Patrick D. Belinga Ondoua (2018, p. 67):

> This logic of giving is a political strategy, a ruse designed to "whitewash" the State's inability to assume its financial responsibilities, especially in times of crisis. Above all, it is an opportunity to assert the central position occupied by the Head of State, *supreme provider* for vulnerable populations.

Other public figures also took part in this display of material prosperity, with a great deal of political communication in favor of President Biya. However, the survival initiative, led by opponent Maurice Kamto (unsuccessful candidate in the last presidential election in 2018), did not receive the same treatment. On his Facebook[20] and Twitter[21] accounts (@cameroonsurvival), this initiative presents itself as a popular and non-partisan initiative, aimed at accompanying the Cameroonian people in their fight against the pandemic. Calls for donations are said to have raised over 700 million FCFA (over one million euros) in six months. But just a few days after its launch in April 2020, the Minister of Territorial Administration, Paul Atanga Nji, ordered mobile operators MTN and Orange Cameroun to immediately close mobile money accounts[22] and freeze the initiative's funds. In the context of a health and social emergency, such a stance was interpreted as a political calculation (to prevent political recuperation by the opposition) rather than a desire to help the population.

Covid-19 management and embezzlement

In June 2021, at the request of the International Monetary Fund (which had released a 214 billion FCFA envelope to reinforce the national Covid-19 response plan), the Supreme Court's Audit Chamber revealed, in an official report, mismanagement of funds allocated to combat the pandemic. Some of the report's conclusions had already been leaked in May, prompting the government to set up a special *Covid-19 Task Force* headed by the Secretary General of the Presidency of Cameroon. Until then,

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17 Some, including Macky Sall and Paul Kagamé, even took part in the SafeHandsChallenge launched by the WHO on social networks.

18 The issue of the President of the Republic of Cameroon's absences, notably for repeated and lengthy stays in Switzerland, is not a new phenomenon and has earned him a reputation as an "absent president".

19 Pierre Muller uses the term "collective action frame of reference" to mean that public policy is not just a confrontation between players, but also the place where a certain relationship with the world is constructed. In fact, the representations that a society gives itself in order to understand and act on reality as it is perceived. The definition of a public policy is based on a representation of reality that constitutes the frame of reference for that policy (Muller, 2010, p. 555).

20 https://www.facebook.com/cameroonsurvival/

21 https://twitter.com/SurvieCameroun

22 Mobile money enables people to receive, store, send or spend money using their cell phone.

management of the health crisis had been under the authority of the Prime Minister. This decision, which according to some political and scientific figures was simply an internal political maneuver (against a backdrop of conflict between the Secretary General of the Presidency and the Prime Minister), is no less the consequence of catastrophic management which led to the misappropriation of 180 billion FCFA (275 million euros), as the report indicates. The report highlights malfunctions and embezzlement, budget overruns, overbilling, fictitious services, dubious services and much more. Several members of the government are implicated, including the Minister of Public Health and the Minister of Research and Scientific Innovation, who are still in the same positions. Despite the damning conclusions of this report, no member of the government has been questioned, and no sanctions have (yet) been taken. At the same time, the government launched its first vaccination campaign against Covid-19. At the end of 2021, after four vaccination campaigns, less than 5% of people will have been vaccinated, far from the 40% target announced by the Ministry of Health. Admittedly, there can be no doubt that reluctance to vaccinate against Covid-19 is due to: 1) the epidemic's lack of severity – "Given the impact of the disease here, it is easy to see why, whatever the government says, it is not a priority, people are not interested" (Prof. M., international partner)[23]; and 2) certain preconceived ideas and conspiracy theories amplified by social networks[24]. But there is no doubt that this reticence is also the consequence of a breakdown in political trust in leaders. The long history of embezzlement, of which "Covidgate" is emblematic, the lack of transparency and above all the absence of social and economic safety nets explain this lack of trust.

This situation is similar to that documented by Syna Ouattara (2020) in Guinea in 2015. Using a mixed ethnographic methodology combining rapid and targeted ethnography[25], he was able to highlight three factors that contributed to reluctance and acts of resistance to measures to combat the Ebola epidemic, namely: a lack of appropriate information about treatment centers, a lack of transparency and a lack of trust in local authorities and intervention teams. It is by taking into account the concerns of the population that we have been able to improve our interventions. Indeed, the credence so quickly given to conspiracy theories and the reticence observed in the fight against Covid-19 are the sign of a generalized lack of trust in those who govern, both through doubt concerning their abilities and the difficulty of ascribing honest intentions to them. *Historical violence and regimes of doubt* persist, as Mathieu Fribault shows in the case of Guinea (Fribault, 2015).

In the absence of administrative routines and open, appropriate and transparent communication strategies, support for the measures taken is totally uncertain. Professor N. T.[26], a member of the Scientific Advisory Board, makes this clear:

> Paradoxically, the areas with the least education are the areas where there is the least reluctance, where people listen to their elites. The Far North is the most inoculated region for the same reasons. However, in areas where school enrolment is high, such as Yaoundé, Douala and Bafoussam, refusal rates are impressive. [...] The mistrust is there. [...] The challenge is for the government to keep the trust of its people, and that is no easy task with Covidgate.

Conclusion

The analysis of public action enables a sociological analysis of the State. This analysis has highlighted several structural elements characteristic of a *stationary State* (Eboko & Awondo, 2018, p. 7). What allows us to speak of a political fracture in the present case is the weight of the decision-making logics of public action, which resist any form of autonomy likely to give more room to dialogue, consultation and compromise, and this undermines the pragmatism demanded by the health emergency; it is the weight of a dominant elite whose actions have reinforced perceptions of an elite that is corrupt and deaf to the needs of the populations; finally, in a digital context that calls for a

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23 Interview conducted on July 12, 2021 in Yaoundé.
24 In particular, the idea of vaccines used as a lethal biomedical weapon over the long term.
25 These two ethnographic survey methods stand out from the classic method for their practical scope, facilitating rapid intervention in crisis situations within a short timeframe.
26 Interview conducted on July 14, 2021 in Yaoundé.

rethink of local communication, political apathy is marked by a lack of responsiveness and creativity in the transmission of information and communication on Covid-19. So, it would be wrong to think that social networks alone have fueled reluctance, or even distrust, of prevention instructions and other measures to combat Covid-19. On the contrary, dissatisfaction and lack of confidence in the ruling class, as well as internal contradictions within the State apparatus, have given equal weight to conspiracy theories and *fake news*, explaining Cameroonians' distrustful attitude in a period that calls for synergy. This poses a central challenge for the management of political power, and calls for a rethinking of State-society relations, both in Cameroon and in other countries with similar profiles, with a view to effective, encouraged and privileged decentralization.

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