

Cameroon



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	21 700
% Population under 15 (2012)	43.8
% Population over 60 (2012)	4.89
Life expectancy at birth (2012) Total, Male, Female	56 (Both sexes) 55 (Male) 57 (Female)
Neonatal mortality rate per 1000 live births (2012)	28 [15–49] both sexes
Under-5 mortality rate per 1000 live births (2012)	95 [61–151] both sexes
Maternal mortality ratio per 100 000 live births (2010)	690 [430–1200]
% DTP3 Immunization coverage among 1-year-olds (2012)	85
% Births attended by skilled health workers (2011)	63.6
Density of physicians per 1000 population (2007)	0.078
Density of nurses and midwives per 1000 population (2007)	0.487
Total expenditure on health as % of GDP (2011)	5.2
General government expenditure on health as % of total government expenditure (2011)	8.5
Private expenditure on health as % of total expenditure on health (2011)	68.9
Adult (15+) literacy rate total (2007)	70.7
Population using improved drinking-water sources (%) (2011)	95 (Urban) 74 (Total) 52 (Rural)
Population using improved sanitation facilities (%) (2011)	48 (Total) 58 (Urban) 36 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	9.6
Gender-related Development Index rank out of 148 countries (2012)	137
Human Development Index rank out of 186 countries (2012)	150

Sources of data:
Global Health Observatory, April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Cameroon's population is young, 44% being under 15 years old. The population is growing at a rate of 2.6% and life expectancy at birth was approximately 51 years in 2011. Maternal and neonatal mortality remains high, and malaria is still the leading cause of morbidity and mortality, particularly in children under 5.

HIV prevalence is estimated to be 4.3% but exhibits considerable regional variation, and also according to age and sex. In 2012, the number of persons living with HIV was estimated at 550 000, including more than 43 000 children. There have been 32 000 deaths recorded since the beginning of the epidemic, and 320 000 children have been orphaned by AIDS. Tuberculosis is in partial decline: the number of declared cases fell from 6288 in 2001 to 24 589 in 2007, before increasing slightly to 25 100 in 2012.

Communicable diseases continue to have a significant impact. Epidemic-prone diseases such as cholera, meningococcal cerebrospinal meningitis, yellow fever and measles occasionally increase morbidity and mortality in the population.

Neglected tropical diseases, ever-present in the population (Buruli ulcer, trypanosomiasis, onchocerciasis, lymphatic filariasis, schistosomiasis, etc.), are receiving increasing attention from public health professionals.

Noncommunicable diseases and injuries are on the rise as the population's lifestyles and food habits change, especially in urban areas. The principal noncommunicable diseases are high blood pressure, diabetes, blindness, cancers, oral and dental diseases, mental health problems and road traffic injuries.

Cameroon faces various major risks for emergencies and disasters, such as epidemics, flooding, volcanic activity, drought, ethnic conflict, industrial risks, road traffic injuries and other environmental risks, as well as a periodic influx of refugees from neighbouring countries. Malnutrition remains a concern, with 31.7% of children under 5 suffering from chronic malnutrition at the national level. The rate of malnutrition is particularly high (over 44%) in the North and Far North regions.

Cameroon ratified the Framework Convention on Tobacco Control in 2006, and a tobacco control bill has been drafted, but not yet adopted, by parliament. The IHR has been put in place and follow-up is being conducted through the National Public Health Observatory.

The most recent evaluations of Cameroon's progress in achieving the MDGs show that although progress has been made in several areas, Cameroon will not achieve the defined goals.

HEALTH POLICIES AND SYSTEMS

Cameroon's health policies, as part of the 2001–2015 sectoral health strategy, are intended to strengthen the implementation of reforms in the health sector. The health system adheres to the African Health Development Scenario based on the district health system, and, in accordance with this strategy, is organised into three levels: the operational level, corresponding to the district health system; the intermediate level, responsible for technical support; and the central level, responsible for health development strategies. These policies are backed up by government documentation, in particular the DSC (Growth and Employment Strategy Document) and the "Vision 2035" document detailing development goals for Cameroon in the period up to 2035.

The health system still suffers from a quantitative and qualitative shortage of human resources, despite recruitment efforts in recent years; lack of technical and managerial expertise and unethical behaviour among personnel; information deficiencies, that would otherwise facilitate improvement in the management of health services; a weak legal framework for the effective regulation of pharmaceuticals, which is essential to ensure the availability of quality medical products (including vaccines); lack of funds and low absorption of available funds.

COOPERATION FOR HEALTH

The UNDAF, the United Nations strategic framework that guides development assistance for Cameroon in the period 2013–2017, has three main areas of cooperation intervention, namely support for strong, sustainable and inclusive growth, support for the promotion of decent working conditions, and support for governance and strategic State administration.

With regard to pledging intentions, outside aid from the principal financial partners continues to represent 20% of funding for the health sector.

Assistance to the health sector is essentially technical and financial in nature. Multilateral cooperation predominates, through the main specialized agencies of the United Nations, the European Union, the World Bank, the African Development Bank, the Islamic Development Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF and the Clinton Foundation. Bilateral cooperation takes many forms, including through new partners such as PEPFAR and the Korea International Cooperation Agency (KOICA). A number of NGOs are also active, mostly in the implementation of health programmes. Cameroon is implementing the new practices for development assistance in accordance with the Paris and Rome Declarations, while prioritizing a sector-wide programme approach for the health sector.

Development areas in partnership with the Ministry of Health are, principally, budget support, institutional support (follow-up/evaluation, contracting, strengthening of health districts), the construction, equipment and maintenance of health-sector infrastructure, and implementation of priority health programmes. It should be noted that a framework for consultation between health partners has been put in place for implementation of the sectoral health strategy. The Ministry of Health has established a cooperation department to coordinate the partners.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: MDGs and post-2015 agenda	<ul style="list-style-type: none"> • Health promotion throughout the life cycle • Universal health coverage and strategic partnerships • HIV/AIDS, tuberculosis and malaria control
STRATEGIC PRIORITY 2: Noncommunicable diseases and external causes	<ul style="list-style-type: none"> • Coordination and follow-up of the multi-sector action plan • Quality response from health services • Primary and secondary prevention plans
STRATEGIC PRIORITY 3: Preparedness and emergency and disaster response	<ul style="list-style-type: none"> • Emergency preparedness (development and implementation of sector-specific plans for emergency and disaster preparedness, reinforcement of response analysis capacities, adaptation of standard operating procedures in emergencies) • Response to emergencies and disasters (training personnel in the standard operating procedures, technical and logistical assistance, real-time application of standard operating procedures) • Coordination of the health system response to emergencies and disasters (leadership of the health cluster)
STRATEGIC PRIORITY 4: Health promotion	<ul style="list-style-type: none"> • Development of nationwide initiatives to reduce health inequalities • Promotion of intersectoral action on the principal determinants of health • Promotion of an environment conducive to good health, through implementation of the Libreville Declaration
STRATEGIC PRIORITY 5: Health system strengthening	<ul style="list-style-type: none"> • Leadership and governance • Quality health-care delivery • Community participation • Human resources • Funding • Health information system • Essential technology • Operational research • Partnership for health-care development