

Cameroon



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WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2014)	28.2
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	85
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	57.3 (Both sexes) 58.6 (Female) 55.9 (Male)
Population (in thousands) total (2015)	23344.2
% Population under 15 (2015)	42.5
% Population over 60 (2015)	4.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2007)	9.6
Literacy rate among adults aged >= 15 years (%) (2007-2012)	71
Gender Inequality Index rank (2014)	132
Human Development Index rank (2014)	153
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.10
Private expenditure on health as a percentage of total expenditure on health (2014)	77.13
General government expenditure on health as a percentage of total government expenditure (2014)	4.26
Physicians density (per 1000 population) (2010)	0.083
Nursing and midwifery personnel density (per 1000 population) (2010)	0.52
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	23.9 [17.3-32.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	79.7 [61.9-102.9]
Maternal mortality ratio (per 100 000 live births) (2015)	596 [440 - 881]
Births attended by skilled health personnel (%) (2014)	64.7
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

HEALTH SITUATION

Cameroon has a population that is estimated at 22 million with 44% below 15 years of age, a population growth rate of 2.6% and life expectancy at birth of about 51 years in 2011. With a human development index (HDI) of 0.504, Cameroon was 152nd out of 187 countries evaluated in 2013. In 2014, 37.5% of the population lived below the monetary poverty line.

The epidemiological profile remains dominated by communicable diseases. HIV/AIDS, malaria and tuberculosis represent about 23.7% of total morbidity and 25% of deaths. The prevalence of HIV is estimated at 4.3% with numerous differences between regions, age groups and sexes. For youths from 15 to 24 years, it stood at 1.7% in 2011. In 2012, the number of people living with HIV is estimated at 550 000. The evolution of tuberculosis is in partial drop with a decreasing number of declared cases of HIV since 2001. Malaria remains the main cause of morbidity and mortality in children below 5 years. Non-communicable diseases are emerging strongly because of changes in people's life style and eating habits, especially those of people in urban areas. The disease table is dominated by cardiovascular diseases, cancers, accidents, and traumas. These diseases represent about 14% of the illness weight and 23.3% of general mortality.

As concerns mother and child health, infant and juvenile mortality rate has gone from 144‰ to 103‰ living births between 2004 and 2014, while maternal mortality has gone from 430 to 782 deaths per 100 000 living births between 2004 and 2011.

Potentially epidemic diseases (cholera, meningococcal cerebrospinal meningitis, yellow fever, measles), worsen the morbidity and mortality of the population from time to time, even though some of them have decreased over the 2011-2015 period.

The upsurge of health emergencies is generally related to epidemics, traumas, movements of populations, and floods. Food insecurity due to the Sahel crisis, armed conflicts and terrorist attacks in the Far North region, and the influx of refugees running away from armed conflicts in the CAR and Nigeria, also constitute other humanitarian crises.

HEALTH POLICIES AND SYSTEMS

To achieve national and international objectives in matters of health (MDGs, GESP) and progress towards Universal Health-care Coverage, Cameroon has equipped itself with a Strategy for the Health Sector (SSH) 2016-2027. Its vision is as follows: "A country wherein universal access to quality health services is guaranteed for all social groups by 2035 with the full participation of communities". It will be translated in the strengthening of the health system and the implementation of essential basic and specialised priority health intervention packages. This policy relies on government documents, especially GESP and the 2035 vision for the emergence of the country by 2035.

The health system is organised at three levels: the operational level (health district), the intermediary level of technical support and the central level in charge of the design of strategies of health development. The health system has a certain number of problems. The needs in quality health care and services remain unsatisfied, the coverage of minimum packages and complementary packages of health activities remaining poor, and specialised care remaining expensive. Despite efforts to recruit staff, quantitative and qualitative deficit in health-related human resources remains very important. This problem is aggravated by a non-optimal management of personnel, with low rationalisation of the use of personnel, retention in areas with difficult access and motivation (sources of unethical behaviour of personnel). The institutional and organisational framework of the national health information system for the management of health services remains poor, and is translated in the nonexistence of a document on management procedures and the multiplicity of sub-systems of information and data collection tools. The National Board of Supply in Essential Drugs witnesses a loss of steam for which an evaluation is necessary, and there is no autonomous system for the regulation of the pharmaceutical sector permitting to have quality medical products (including vaccines). Households continue to be the main source of funding of health, followed by the government and technical and financial partners (TFP). The sharing of the disease risk is still embryonic. Health expenditures of households are constituted by about 97% of direct payments at contact points. The health sector witnesses insufficient funding, as well as a poor use of funds made available. There is no national strategy for the funding of health. The strategic and operational piloting of the health sector has weaknesses in planning, coordination, supervision, monitoring and evaluation.

COOPERATION FOR HEALTH

The health sector benefits from technical and financial assistance from several development partners whose actions vary in different domains. Several of those partners wish the improvement of cooperation with WHO. The interventions of WHO and partners are aligned with the orientations of national strategic and/or operational plans (SSH, NHDP)

UNDAF, the United Nations development assistance framework for Cameroon which is on-going for the 2013-2017 period, has selected three intervention areas for assistance: support for strong, sustainable and inclusive growth, support for the promotion of decent employment, and support to governance and the strategic management of the State. Foreign aid from the main financial partners represents 20% of the funding of the health sector. Multilateral cooperation is predominant and is done through the main specialised agencies of the United Nations System, the European Union, the World Bank, the African Development Bank and the Islamic Development Bank, the Global Fund for the Fight against ADIS, tuberculosis and Malaria, UNITAID and the Clinton Foundation. Several NGOs also intervene, essentially in the implementation of health programmes. A concertation framework of health partners for the implementation of the health sectoral strategy has been set up.

The Minister of Public Health has created a directorate of cooperation for the coordination of partners.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Support to the fight against communicable and non-communicable diseases	<ul style="list-style-type: none"> • Improvement of access to interventions contributing to the morbidity and mortality of priority communicable diseases (HIV-AIDS, tuberculosis, malaria, hepatitis) following the indications of world strategies for the fight against those diseases • Improvement of support to the implementation and monitoring of interventions for the fight against neglected tropical diseases (NTD) • Improvement of access to systematic vaccination for populations with low vaccination coverage, and implementation and monitoring of activities for the elimination of measles and rubella • Improvement of access to interventions aiming at preventing and taking care of non-communicable diseases and traumas (including mental disorders and problems related to the consumption of psychoactive substances), as well as the risk factors of those illnesses (including nutritional ones)
STRATEGIC PRIORITY 2: Improvement of health indicators at all stages of life and promotion of safe behaviour	<ul style="list-style-type: none"> • Broadening of access to interventions aiming at improving the health of women • Broadening of access to interventions aiming at improving the health of the newly born baby, the child and the adolescent • Promotion of safe behaviour and environment for the conservation of health at all the stages of life, including ageing in good health
STRATEGIC PRIORITY 3: Improvement of health security	<ul style="list-style-type: none"> • Surveillance of epidemiologic tendencies at the different levels of the health pyramid • Implementation of the 2015 International Health Regulation • Implementation of the WHO programme for the management of health emergency situations at country level • Support to the country for the effective implementation of the plan for the eradication of polio
STRATEGIC PRIORITY 4: Strengthening of the health system	<ul style="list-style-type: none"> • Support to the country for the design of strategic documents, norms and criteria to make the health system viable and procedures for the management of health programmes • Support to the country for the improvement of service and care packages targeting the person at peripheral level of the health system • Support for the integration of the different health information systems for the harmonisation of the collection and treatment of health data • Improvement of the supply of essential medicines, vaccines, blood products and other safe, efficient and adapted health technologies • Improvement of communication in matters of public health
STRATEGIC PRIORITY 5 : Efficient and results oriented WHO team	<ul style="list-style-type: none"> • Improved coordination of health partners • Training of WHO staff in the framework of the transformation programme, the mobilisation of funding, the new policy for the management of emergencies and other topics permitting the improvement of their performances • Improvement of the system for the evaluation of the performances of staff • Improvement of measures for the monitoring of the management of programmes, logistics, equipment and different materials, ICT and finances • Elaboration of security measures within the premises and during WHO interventions