







## Public Health Situation Analysis (PHSA)

| Typologies of emergency  | Main health threats                       | WHO grade | Security level (UNDSS) <sup>1</sup>                           | INFORM (2025) <sup>2</sup>                            |
|--|---|-----------|---|---|
| <br>Conflict      | Malaria                                   | Grade 2   | <b>Substantial (4):</b> Far North, North-West and South-West. | <b>INFORM Risk</b><br>6.5 (High)                      |
| <br>Food security | Acute Respiratory Infections and COVID-19 |           |   |   |
| <br>Displacement  | Tuberculosis                              |           | <b>Low (2):</b> North-Adamawa-East and South                  | <b>Global Risk Ranking</b><br>18 out of 191 countries |
| <br>Epidemics     | Cholera and Acute Watery Diarrhoea (AWD)  |           |   |   |
| <br>Nutrition     | Non-communicable Diseases                 |           |   |   |
| <br>Flooding      | Trauma, Injury and Rehabilitation         |           |   |   |

### SUMMARY OF CRISIS AND KEY FINDINGS

In 2025, there are 3.3 million people in need in Cameroon, with 2.1 million people to be targeted as part of the Humanitarian Response Plan 2025.<sup>3</sup>

Some 3.4 million people in Cameroon needed humanitarian assistance and protection in 2024 because of conflict and violence, climate shocks, and outbreaks, on their lives and living conditions.<sup>4</sup> Populations in nine out of ten regions of Cameroon continue, to various extents, to be impacted by three complex and prolonged humanitarian crises: the Lake Chad basin conflict, the North-West and South-West (NWSW) socio-political crisis and the impact of influx of Central African Republic (CAR) refugees in the eastern regions.<sup>5</sup> Approximately, 1.8 million people in the North-West and South-West regions were estimated to need humanitarian assistance in 2024 by the HNO, with 991 000 were targeted for assistance.

The country has experienced the most devastating floods in recent years in 2024 due to a combination of factors, include heavy rainfall, climate variability, urbanization, deforestation, and poor drainage systems. Since early August, torrential rains have significantly impacted four regions in Cameroon, with the Far North and West being the hardest hit.<sup>6</sup> The flooding impacted over 448 000 people, including 152 376 children.<sup>7</sup>

Thousands of people in Cameroon are affected by increased mortality and morbidity due to communicable diseases and other public health threats and a lack of access to minimum food, nutrition, water, sanitation, and hygiene (WASH).<sup>8</sup> In November 2024, a cholera outbreak was declared in Maroua Health District in Far North Region, with 130 suspected cases, 5 confirmed cases, and 1 death (CFR 0.7%).<sup>9</sup>

Humanitarian needs are compounded by structural development weaknesses and chronic vulnerabilities.<sup>10</sup> Over 2.5 million people were projected to face acute food insecurity in 2024.<sup>11</sup> Only 40% of the population has access to safe drinking water and more than 600 000 people lack adequate shelter.<sup>12</sup> Over 23% of Cameroonians live below the international poverty line. Rates are particularly high in rural parts of the northern regions, where structural underdevelopment and recurring climatic shocks, including floods and prolonged dry spells, limit people's ability to thrive.<sup>13</sup>

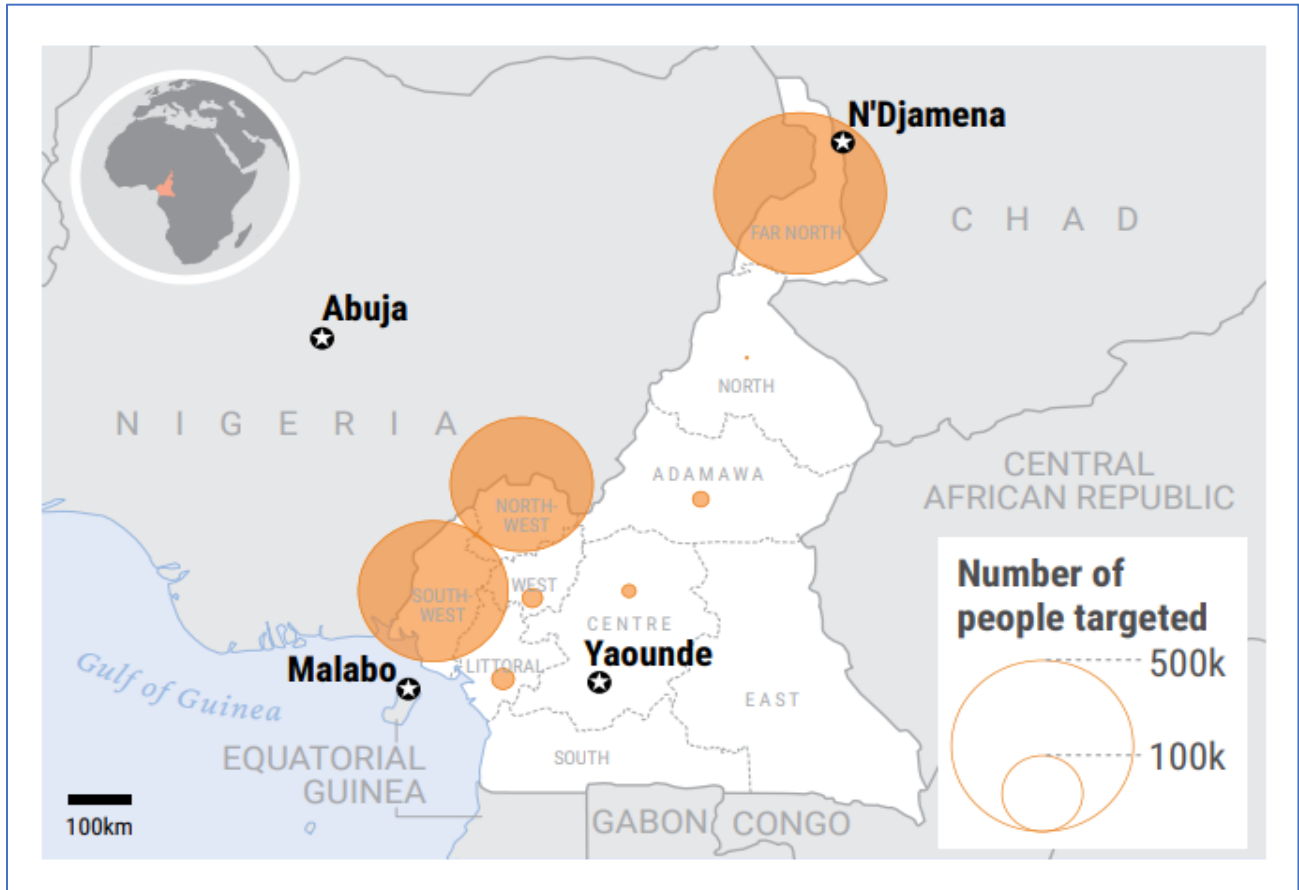


Figure 1- Health Sector: Number of People Targeted by Region (HRP, 2024) <sup>14</sup>

## HUMANITARIAN PROFILE



### Humanitarian Response To Date

In 2024, 3.4 million people needed humanitarian assistance, out of which 2.3 million are targeted by the Humanitarian Response Plan (HRP) with projects aiming to support internally displaced persons (IDP), returnees, refugees, host communities and those left behind.<sup>19</sup> The HRP 2024 has prioritized the epicentres of the emergencies with higher severity needs in affected areas.<sup>20</sup>

As of September 2024, humanitarian assistance reached 1.5 million people (67%), with the HRP only 38% funded as of October 2024.<sup>21</sup> Since the beginning of the year, 168 organizations reported implementing activities, the majority of which are national organisations (75%).<sup>22</sup>

Cameroon's humanitarian response has been underfunded for several years, leaving humanitarian organizations lacking the human, financial and material resources which would be necessary to respond adequately to all the needs.<sup>23</sup> Limited funding also reduces the capacity to plan interventions with a medium- to longer-term approach aiming at sustainable solutions, since there is no guarantee that funding for these interventions will continue. Advocacy to increase donor commitment to enable the humanitarian community to respond to the needs in Cameroon was a key priority in 2024.<sup>24</sup>

### Flooding

From July to October 2024, heavy rainfall in the Far North region of Cameroon caused significant flooding, particularly in Mayo-Danay and Logone-and-Chari divisions.<sup>25</sup> Over 98% of those affected are in the Logone et Chari and Mayo-Danay divisions.<sup>26</sup>

The flooding impacted over 448 000 people, including 152 376 children. The floods damaged or destroyed 56 084 houses and 262 schools.<sup>27</sup> Furthermore, 65 health centers were destroyed, further limiting access to health services notably primary health care, and sexual and reproductive health services for women and girls. A total of 847 water points were flooded, limiting access to clean water in an area already characterized by water scarcity, and increasing the risk of propagation of water borne diseases like cholera.<sup>28</sup> Food security was also impacted with 5510 heads of livestock lost, and 85 253 hectares of agricultural land flooded.<sup>29</sup>

### Displacement

There are nearly one million IDPs and half a million returnees. The country is also generously hosting nearly half a million refugees and asylum seekers. New or repeated displacement contribute to enduring humanitarian needs and to the considerable erosion of the already limited resilience of the affected population.<sup>30</sup> In the Far North, 573 263 people are displaced due to violence and natural disasters including IDPs, and refugees from Nigeria. There are also nearly 200 000 returnees.<sup>31</sup>

Islamist militants in northern Cameroon carried out a series of abductions in December, highlighting a concerning trend for civilians, as insurgents increasingly used kidnapping for ransom to generate revenue and resources for their operations in 2024.<sup>32</sup> In late November 2024, the locality of Darak was impacted by an incursion resulting in one death, two injuries and several kidnappings. As a result, there were approximately 1040 households, including 8009 individuals, displaced to host families and spontaneous sites.<sup>33</sup>

### **Food Security**

In 2024, there were 2.5 million people who were food insecure in Cameroon.<sup>34</sup> According to the November 2024 Cadre Harmonisé food security analysis over 2.7 million people are projected to experience acute hunger between June and August 2025.<sup>35</sup>

Food security was impacted by flooding in late 2024, when 5510 heads of livestock lost, and 85 253 hectares of agricultural land flooded.<sup>36</sup> This climate shock exacerbates food insecurity in a region already in the grips of a dire humanitarian situation due to ongoing conflict, population displacements, and rising food prices. Since July 2024, high food prices have soared by 20–30%, leaving many families in rural areas unable to meet their food and nutrition needs.<sup>37</sup> Despite the efforts of the Government and humanitarian partners, access to food remained one of the main concerns of vulnerable communities.<sup>38</sup>

### **Conflict and Humanitarian Access**

Insecurity persisted throughout December in both the Far North and Anglophone regions of Cameroon. Boko Haram continued attacks in the Far North, notably increasing hostage-taking tactics with multiple kidnappings in some villages. Clashes between government forces and separatists continued in the North West and South West, with casualties reported on both sides.<sup>39</sup>

The floods have further complicated the humanitarian response, hindering access to those in need, exacerbating existing vulnerabilities, and causing a cholera outbreak in Maroua.<sup>40</sup> Despite these challenges, the government, local authorities, and humanitarian actors are providing essential assistance, including shelter, food, water, and health care.<sup>41</sup> However, ongoing response to address the immediate impacts of the floods is limited and strategies to build long-term resilience in the face of recurring climate shocks and insecurity are much needed. In the North West and South West regions, separatists and government forces clashed repeatedly, resulting in casualties among security entities.<sup>42</sup>

Nigerian Biafra rebels also engaged in cross-border hostilities in the Bakassi peninsula, and the fate of a Cameroonian official kidnapped in October 2024 remains unknown. Meanwhile, the government intensified its crackdown on civil society, suspending non-governmental organizations (NGOs) and summoning a prominent human rights activist, raising concerns about shrinking civic space ahead of the 2025 elections.<sup>43</sup>

There are several constraints to humanitarian access in Cameroon including underfunding, insecurity, road conditions, natural hazards, such as floods, and restrictions imposed by parties on movements of people, goods, and services as well as other bureaucratic access impediments. Access constraints often translate into delays, partial response to humanitarian needs, and increased operational costs for humanitarian partners.<sup>44</sup>

In the North-West and South-West, the humanitarian response is hampered by insecurity from the ongoing socio-political crises and intertribal conflicts, attacks on health and education, physical inaccessibility in some areas, lack of funding and prolonged lockdowns imposed by non-State Armed Groups (NSAGs).<sup>45</sup> In the departments of Mayo-Sava, Mayo-Tsanaga and Logone et Chari in the Far North, humanitarian access has been disrupted by insecurity in the localities. Some areas in the Logone and Chari are also hardly accessible due to the non-existence or bad state of roads, some areas are only accessible by boats. Between January and October 2024, at least twenty-three IED incidents were recorded, eight of which occurred in the first half of the year.<sup>46</sup>

In the Far North, the main obstacle to humanitarian access remains the insecurity generated by NSAG activities and impassable roads, especially during the rainy season. Most attacks by NSAGs target civilian populations and State Security Forces (SSF). Partners continue to promote acceptance as a security management strategy, rely on the strict implementation of their security protocols and mitigation measures, and maintain permanent dialogue with local authorities and communities. Meanwhile, UN agencies rely on armed escorts, as a last resort, to access particularly insecure areas. Alternatives to the use of armed escorts are reviewed on a continuous basis.<sup>47</sup>

### Vulnerable Groups

- **Women and Girls:** Humanitarian challenges are aggravated by structural factors and chronic vulnerabilities that hinder the long-term recovery of affected people. The limited accessibility of sexual reproductive health (SRH) services leads to a maternal mortality and morbidity of 989, being one of the highest globally. Discrimination between girls and boys, and women and men remain a major obstacle to human development in Cameroon. Gender inequalities represent an important factor influencing adaptation strategies and affecting the recovery capacities of women and girls. The fact that they are socially and economically disadvantaged and that they are largely excluded from public decision-making spheres, including conflict resolution processes and peacebuilding more generally, greatly hampers the resilience and recovery of women.<sup>48</sup>
- **Men and Boys:** Protection needs are widespread, with men and boys are more exposed to death, injury, arbitrary arrest and detention and recruitment to NSAGs.<sup>49</sup>
- **Children:** Hundreds of thousands of children are exposed to critical protection risks, including family separation and school dropout, among others.<sup>50</sup>
- **Older People:** Of the people in need in Cameroon, 168 000 of them are older people (59+), of which 115 000 are targeted for assistance.<sup>51</sup>
- **People with Disabilities:** Of the people in need in Cameroon, 505 400 are people with disabilities, of which 345 100 are targeted for assistance.<sup>52</sup>

## HEALTH STATUS AND THREATS

**Population mortality:** The population in 2023 was 28.3 million, with a projected increase of 80% to 51 million by 2050.<sup>53</sup> In Cameroon, life expectancy at birth (years) has improved by 8.81 years from 53 [52.1 - 53.8] years in 2000 to 61.8 [61 - 62.7] years in 2021.<sup>54</sup> The leading causes of death in Cameroon in 2019 were lower respiratory infections, stroke, COVID-19, malaria, and tuberculosis.<sup>55</sup>

| MORTALITY INDICATORS   | CAMEROON |
|--|----------|
| Life expectancy at birth (2021) <sup>56</sup>                                | 62       |
| Death rate, crude, per 1000 people (2021) <sup>57</sup>                      | 9        |
| Infant mortality rate (deaths < 1 year per 1000 births) (2021) <sup>58</sup> | 47       |
| Child mortality rate (deaths < 5 years per 1000 births) (2021) <sup>59</sup> | 70       |

**Vaccination coverage:** Despite years of stability, the country has seen a stark decline in security since 2014, hindering access to health services, including essential immunization. Thousands of people are internally displaced, alongside refugees and asylum seekers. The health system is fragile, leaving many without basic healthcare access. Despite great efforts by the Government to commit increased domestic financing for healthcare, achieving sustained high immunization coverage to retain Cameroon's polio-free status is challenging.<sup>60</sup>

Cameroon is also grappling with a resurgence of some vaccine-preventable illnesses after the COVID-19 pandemic.<sup>61</sup> Between 130 000 and 150 000 zero-dose children have been recorded in Cameroon every single year since 2019. As a result, the country currently harbours more than 600 000 zero-dose children

and more than 700 000 under-immunised children.<sup>62</sup> As of 2022, only 1.63% of the Ministry of Public Health’s budget was allocated for vaccination. A decentralization process is currently ongoing, representing an important area of opportunity for the health sector through the possibility of funding directly by decentralized territorial communities.<sup>63</sup>

| VACCINATION COVERAGE DATA (2023) <sup>64</sup> | Cameroon |
|--|----------|
| DTP-containing vaccine, 1st dose               | 81%      |
| DTP-containing vaccine, 3rd dose               | 75%      |
| Polio, 3 <sup>rd</sup> dose                    | 74%      |
| Measles-containing vaccine, 1st dose           | 71%      |

**COVID-19 Vaccination Coverage:** Across the Sahel, the population are reluctant to be vaccinated, partly due to the phenomena of misinformation and conspiracy theories, but also because most individuals do not consider themselves exposed to the disease.<sup>65</sup> A total of 3 646 741 (25.9%) persons have received the first dose of vaccine and 3 104 141 (11.5%) persons are completely vaccinated.<sup>66</sup>

## OVERVIEW OF KEY DISEASE RISKS

| KEY HEALTH RISKS IN COMING MONTH                 |                              |   |
|--|------------------------------|---|
| Public health risk                               | Level of risk <sup>***</sup> | Rationale   |
| <b>Malaria</b>                                   |                              | Cameroon’s malaria incidence rate has been steady since 2015 and the country is off track to meet the targets set by the Global Technical Strategy for Malaria. <sup>67</sup> Cameroon is one of the 11 countries with a high malaria burden. <sup>68</sup>   |
| <b>Acute Respiratory Infections and COVID-19</b> |                              | In 2021, lower respiratory infections and COVID-19 were two of the most common causes of death for people in Cameroon. <sup>69</sup> A total of 3 646 741 (25.9%) persons have received the first dose of vaccine and 3 104 141 (11.5%) persons are completely vaccinated. <sup>70</sup>  |
| <b>Tuberculosis</b>                              |                              | TB was one of the leading causes of death in Cameroon in 2021. <sup>71</sup> According to WHO estimates, 46 000 people in Cameroon newly developed TB in 2020 (Global TB report, 2021), out of which 22 492 cases were notified. <sup>72</sup>  |
| <b>Cholera and Acute Watery Diarrhoea (AWD)</b>  |                              | Cameroon is among several countries in West and Central Africa experiencing recurrent cholera outbreaks. In November 2024, a cholera outbreak was declared in Maroua Health District in Far North Region with a total of 38 cases and 1 death reported. Several risk factors can be attributed to the ongoing cholera outbreaks in Cameroon, including wide circulation of <i>Vibrio cholerae</i> in the country, limited access to safe drinking water in some areas, a seasonal pattern of cholera occurrence and inadequate WASH conditions. <sup>73</sup> |
| <b>Non-communicable Diseases</b>                 |                              | Cameroon has a high burden of non-communicable disease (NCDs), making up 38% of deaths in 2019. <sup>74</sup> The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 841 per 10 000 in males and 652 in females in 2021. <sup>75</sup>   |

|   |  |  |
|---|--|--|
| <b>Trauma, Injury and Rehabilitation</b>  |  | Civilians in conflict-affected areas continue to be killed, injured, and kidnapped and their belonging and livelihoods damaged or destroyed and looted. <sup>76</sup>  |
| <b>Maternal and Child Health</b>          |  | Of the 3.4 million people who need humanitarian assistance in Cameroon, 816 000 of them are reported to be women of reproductive age. Of these, 88 600 are estimated to be pregnant women. <sup>77</sup> In 2024 maternal mortality and morbidity increased from 515 to 989 (IDSR week 44 2024). Cameroon's maternal mortality rate (MMR) is among the highest worldwide. <sup>78</sup>  |
| <b>Mental Health Conditions</b>           |  | Cameroon has a high prevalence of mental health conditions. In 2017, mental health conditions in Cameroon accounted for over 2360 DALYs per 100 000 populations. Also, the global burden of disease reported that about 704, 874 and 48 thousand people in Cameroon were living with major depressive disorder, anxiety disorder and schizophrenia, respectively, in 2019. <sup>79</sup>   |
| <b>Malnutrition</b>                       |  | Between November 2023 to October 2024 nearly 400 000 children aged 6 to 59 months were facing or expected to face acute malnutrition, including nearly 147 000 cases of severe acute malnutrition, and 248 000 cases of moderate acute malnutrition. It is also estimated that more than 12 000 pregnant and breastfeeding women are facing or expected to face acute malnutrition over the same period. <sup>80</sup>   |
| <b>HIV (human immunodeficiency virus)</b> |  | Cameroon was estimated to be home to 480 232 people living with HIV in 2022, with 9905 new cases recorded that year. <sup>81</sup> A major challenge that remains is the stigma and discrimination surrounding the disease. <sup>82</sup>  |
| <b>Measles</b>                            |  | An active outbreak of measles is ongoing in four districts in Cameroon. In the first four weeks of 2025, 80 cases have been reported from Japoma (Littoral region), Olamze and Lolodorf (South region) and Ndelele (East region). Of these, 10 were laboratory-confirmed as IgM-positive for measles virus. <sup>83</sup>  |
| <b>Protection Risks, including GBV</b>    |  | With limited recent data available for Cameroon, across West and Central Africa, 10 to 30% of ever partnered women aged 15–49 have experienced physical and/or sexual violence in the last year. Violence starts young, with a 1 in 4 prevalence for young women aged 15–24. <sup>84</sup> Displacement and conflict exacerbates protection risks including gender based violence (GBV), and child protection.   |
| <b>Meningitis</b>                         |  | Cameroon, situated within the African meningitis belt, is regularly confronted by localized epidemics in the Far North, North, and Adamawa regions. By the end of January 2024, Cameroon had recorded 89 suspected meningitis cases and three deaths, representing a case fatality rate of 3.3%. A preventive meningitis vaccination campaign was conducted, targeting children aged 2 to 15 years in 24 health areas in the North region (Lagdo and Ngong). <sup>85</sup> |
| <b>Yellow Fever</b>                       |  | From week 1 to week 28 of 2024, Cameroon reported 11 plaque reduction neutralization test (PRNT) positive yellow fever cases across seven regions. Among these PRNT positive cases, five have been classified as confirmed cases in four regions: Adamawa, Centre, Littoral, and Nord Regions. Additionally, 11 cases are currently awaiting PRNT results. <sup>86</sup>   |

|  |  |   |
|--|--|---|
| <b>Poliomyelitis (cVDPV2)</b>  |  | Cameroon's last reported wild poliovirus case was on July 9, 2014, and the country was certified as wild polio-free in August 2020, along with the rest of the African region. <sup>87</sup> The national polio eradication programme has established a strong legacy, adopting lessons learned in advocacy, social and political mobilization, policy development and strategic planning, partner management and donor relations, and programme delivery and monitoring. Until eradication, external funding accounted for 95% of the polio eradication programme budget. <sup>88</sup>      |
| <b>Neglected tropical diseases (NTD), including Leishmaniasis</b>  |  | Cameroon was endemic for five of the NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, and trachoma. <sup>89</sup> Leishmaniasis causes the ninth largest disease burden among infectious diseases but remains a very neglected tropical disease. Although the disease is endemic in Cameroon, Chad and Nigeria, there is limited data available on its epidemiology. <sup>90</sup> Human behaviour, such as sleeping outside or on the ground, may increase risk. <sup>91</sup> |
| <b>Mpox</b>  |  | From January to December 2024, a total of 150 cases of Mpox were suspected and 9 were laboratory-confirmed giving a positivity rate of 9%. Two deaths (CFR: 22.2%) were also reported. <sup>92</sup> In 2023, 113 suspected cases of Mpox, including 27 laboratory-confirmed and no death were reported. In 2022, 18 confirmed cases and three deaths were reported in the country. <sup>93</sup> The outbreak has affected countries in the region. <sup>94</sup>  |
| <p><b>Red:</b> <b>Very high risk.</b> Could result in high levels of excess mortality/morbidity in the upcoming month. <b>Orange:</b> <b>High risk.</b> Could result in considerable levels of excess mortality/morbidity in the upcoming months. <b>Yellow:</b> <b>Moderate risk.</b> Could make a minor contribution to excess mortality/morbidity in the upcoming months. <b>Green:</b> <b>Low risk.</b> Will probably not result in excess mortality/morbidity in the upcoming months.</p> |  |   |

**Malaria:** Cameroon's malaria incidence rate has been steady since 2015 and the country is off track to meet the targets set by the Global Technical Strategy for Malaria.<sup>95</sup> Cameroon is one of the 11 countries with a high malaria burden. The disease is widespread and endemic and is the leading cause of morbidity and mortality in children under five years of age. In 2022, Cameroon reported 5.7 million suspected malaria cases, including 3.3 million confirmed cases and 2481 related deaths.<sup>96</sup>

Cameroon introduced the malaria vaccine in its routine immunization program on 22 January 2024 in the 42 districts out of 200 that are among the most at risk of malaria.<sup>97</sup> As of 31 December 2024, approximately 366 000 doses had been administered to infants.<sup>98</sup> To ensure high vaccine uptake, Cameroon has implemented continuous monitoring and parent mobilization strategies. However, in August, the Expanded Programme on Immunization (EPI) conducted a post-introduction mini-assessment and found that immunization coverage was below target.<sup>99</sup>

In response, the country launched catch-up campaigns in September and December to immunize all children.<sup>100</sup> These campaigns significantly increase immunization coverage of children who have received all three doses from 25% in April 2024 to 40% in September and 48% by the end of December.<sup>101</sup> Meanwhile, first-dose immunization coverage stood at 65% by the year-end. In 2024, 13 African countries in the African Region introduced the malaria vaccine into their routine immunization programmes.<sup>102</sup>

**Acute Respiratory Infections and COVID-19:** In 2021, lower respiratory infections and COVID-19 were two of the most common causes of death for people in Cameroon.<sup>103</sup> Cameroon recorded its first case of COVID-19 on 6 March 2020 and experienced five waves of resurgence each dominated by the circulation of a variant of concern of the SARS-CoV-2 virus. Statistical data as of April 30th, 2023 can be summarized

as follows: a cumulative total of 125 036 confirmed cases (case fatality rate: 1.6%) and 123 010 cured cases (cure rate: 98.4%).<sup>104</sup>

A total of 4791 health workers were infected, including 61 deaths, and 916 pregnant women were infected, with 8 deaths. A total of 3 646 741 (25.9%) persons have received the first dose of vaccine and 3 104 141 (11.5%) persons are completely vaccinated.<sup>105</sup>

**Tuberculosis:** TB was one of the leading causes of death in Cameroon in 2021.<sup>106</sup> According to WHO estimates, 46 000 people in Cameroon newly developed TB in 2020, out of which 22 492 cases were notified. With over 11 000 of all people with TB are also infected with HIV, Cameroon is included in the list for the top 30 TB/HIV high burden countries. Children account for nearly 5% of all cases, and many also suffer from TB-HIV coinfection.<sup>107</sup>

These numbers have been on the decline for the last decade (2021)]. In line with WHO's End TB strategy, Cameroon has achieved a treatment coverage of 48% of all people living with TB in 2020 (for reference, the target is 90% by 2030) and the TB case fatality ratio stands at 37%. A proportion of 43% of the children (aged <5 years) that are household contacts of bacteriologically confirmed TB cases have been put on preventive treatment.<sup>108</sup>

WHO reported that 50% of expected patients (called missing cases) in 2021 were not screened by the Program. Furthermore, the therapeutic success rate in new cases and relapses is 87% for the 2021 cohort of new cases and relapses (for a WHO target >90%) with significant rates of loss to follow-up/not assessed (7%). This therapeutic success rate was 88% in 2022 (PNLT annual reports).<sup>109</sup>

**Cholera and Acute Watery Diarrhoea (AWD):** Cameroon is among several countries in West and Central Africa experiencing recurrent cholera outbreaks. Between 2021 and 2023, Cameroon faced its longest cholera epidemic, with a total of 21 299 suspected cases including 508 deaths (case fatality ratio 2.3%) reported.<sup>110</sup>

Since then, a few cholera outbreaks have been recorded which are quickly controlled by actors on the ground. The last outbreak occurred in the Far North region in November 2024, from week 48-52, 130 suspected cases and 5 confirmed cases, 1 death (CFR 0.7%).<sup>111</sup> These results were achieved thanks to a strong commitment in Cameroon at the highest level, to the implementation of the elimination roadmap by 2030 in accordance with the guidelines of the Global Cholera Control Taskforce (GTFCC). The increase rate stands at 7% with 6.29 per 100 000 inhabitants.<sup>112</sup>

Cameroon remains a cholera-high-burden country with several risk factors, including wide circulation of *Vibrio cholerae* in the country, limited access to safe drinking water in some areas, the humanitarian context increasing population displacement and vulnerability, climate disasters including floods, a seasonal pattern of cholera occurrence and inadequate WASH conditions.<sup>113</sup>

**Non-communicable Diseases (NCD):** Cameroon has a high burden of non-communicable disease (NCDs), making up 38% of deaths in 2019.<sup>114</sup> The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 841 per 10 000 in males and 652 in females in 2021. Cameroon has implemented initial efforts on the NCD progress indicators related to NCD policy and plans tobacco taxes, tobacco smoke free/pollution and tobacco health warnings, however progress has been more limited on NCD guidelines.<sup>115</sup>

**Trauma, Injury and Rehabilitation:** Civilians in conflict-affected areas continue to be killed, injured, and kidnapped and their belonging and livelihoods damaged or destroyed and looted.<sup>116</sup> The population continues to suffer the consequences of violent incidents, either as direct targets or caught in hostilities/crossfire, or improvised explosive devices (IED) explosions.<sup>117</sup> Between January and October 2024, at least twenty-three IED incidents were recorded, eight of which occurred in the first half of the year in the departments of Mayo-Sava, Mayo-Tsanaga and Logone et Chari.<sup>118</sup> The crisis in the North-West and South-West remains characterized by human rights violations and abuses, multiple and short-term displacements as well as pendular movements because of violence, fear of attacks, and hostilities between parties.<sup>119</sup> There is continuous destruction of houses and farms as well as looting of properties.<sup>120</sup>

**Maternal and Child Health:** The maternal mortality rate (MMR) which is among the highest worldwide. In 2024, there was an increase in maternal and neonatal mortality and morbidity: more than half (515 out of 989) of all reported institutional maternal deaths occurs in areas affected by the crises. Community maternal deaths remain under reported.<sup>121</sup> In Cameroon, lack of healthcare access, distance to health facilities, and shortage of healthcare staff and medical equipment are structural level barriers that have been identified.<sup>122</sup>

Of the 3.4 million people who need humanitarian assistance in Cameroon, 816 000 of them are reported to be women of reproductive age. Of these, 88 600 are estimated to be pregnant women.<sup>123</sup>

The region and the ethnic group with the highest prevalence of female genital mutilation (FGM) are Extrême-Nord, at 5.4%, and the Arabe-Choa/Peulh/Maoussa/Kanuri, at 12.7%, although the low numbers of women in the survey who have undergone. The majority of men (70.4%) and more than half of women who have heard of FGM see no benefit in it.<sup>124</sup>

**Mental Health Conditions:** Cameroon has a high prevalence of mental health conditions. In 2017, mental health conditions in Cameroon accounted for over 2360 DALYs per 100 000 populations. Also, the global burden of disease reported that about 704, 874 and 48 thousand people in Cameroon were living with major depressive disorder, anxiety disorder and schizophrenia, respectively, in 2019. These numbers are expected to have increased in the last few years, especially in regions facing humanitarian crisis, partly due to COVID-19, the ongoing armed conflict, and a lack of adequate and accessible mental healthcare services.<sup>125</sup>

**Malnutrition:** Between November 2023 to October 2024 nearly 400 000 children aged 6 to 59 months were facing or expected to face acute malnutrition, including nearly 147 000 cases of severe acute malnutrition, and 248 000 cases of moderate acute malnutrition. It is also estimated that more than 12 000 pregnant and breastfeeding women are facing or expected to face acute malnutrition over the same period. For the second projected period (July to October 2024), it was expected that the nutritional situation would degrade further, reflecting the seasonality of acute malnutrition, particularly in the north (Far North and North).<sup>126</sup>

**HIV (human immunodeficiency virus):** Although still a major public health problem, recent encouraging progress includes a 50% decrease in HIV prevalence among people aged 15 to 64 in the past 14 years, according to the most recent Demographic Health Survey 2018 (DHS). Prevalence fell from 5.4% in 2004, to 4.3% in 2011, and 2.7% in 2018.<sup>127</sup>

A major challenge that remains is the stigma and discrimination surrounding the disease.<sup>128</sup> Cameroon was estimated to be home to 490 484 people living with HIV in 2023, with (report of estimates and HIV projection 2024), including 27 960 (5.7%) children under 15 years old and 317 108 (66.8%) women. In 2023, Cameroon made some progress in the response to HIV/AIDS. Among other things, the number of new infections has decreased by 26% compared to 2022 and the number of AIDS-related deaths has decreased by 16%.<sup>129</sup>

However, considerable efforts remain to be made in the field of pediatric and adolescent HIV care. Children under 15 years old constitute 5.7% of all PLHIV but 25% of HIV-related deaths are recorded in this age group. Mother-to-child transmission remains the main cause of HIV infection among children in Cameroon. ARV coverage for HIV+ pregnant women increased from 85.1% in 2022 to 83.3% in 2023 for a target of 95%. Also improving the environment for the human rights and gender aspect, as well as community engagement require particular attention.<sup>130</sup>

**Measles:** An active outbreak of measles is ongoing in four districts in Cameroon. In the first four weeks of 2025, 80 cases have been reported from Japoma (Littoral region), Olamze and Lolodorf (South region) and Ndelele (East region). Of these, 10 were laboratory-confirmed as IgM-positive for measles virus.<sup>131</sup>

There have been measles outbreaks in Cameroon with the most recent occurring between October 2022 and September 2023. In 2023, 6 088 confirmed measles cases and at least 75 related deaths were reported in Cameroon.<sup>132</sup> Complications of measles include pneumonia, tracheitis, diarrhoea, superimposed bacterial infections, subacute sclerosing panencephalitis and death. These complications are most common in young infants who are immunocompromised or undernourished particularly children with vitamin A deficiency.<sup>133</sup>

**Protection Risks (including GBV):** Protection risks are detailed in the section *Determinants of Health*.

**Meningitis:** Cameroon, situated within the African meningitis belt, is vulnerable to meningitis outbreaks in the Far North, North, and Adamawa regions. Meningitis outbreaks pose a major public health problem due to their scale, severity, and frequency. Factors such as population movements, limited healthcare access, lack of quality human and material resources, and shortcomings of the meningitis surveillance system increase the vulnerability of communities.

In 2024, 856 suspected cases were reported including 17 deaths. In 2023, Bourha health district crossed the epidemic threshold with 66 suspected cases and 11 deaths (10 community deaths and 1 hospital death). Ten other Health Districts have crossed the alert threshold. Additionally, 908 Cerebral Spinal Fluid (CSF) samples were analyzed, and 37 were culture positive. The germs identified were *N. meningitidis* C, *S. pneumoniae* and other germs (*C. neoformans*, *Salmonella* spp, and *P. aeruginosa*, etc.). Preventive vaccination campaigns against meningitis were conducted, targeting children aged 2 to 15 years 117 health areas of the Far North in 2023<sup>134</sup> as well as in 24 health areas in the North region (Lagdo and Ngong) resulting in respectively in 1 446 516 and 227,647 people immunised against meningitis in the two regions.<sup>135</sup>

**Yellow Fever:** From week 1 to week 28 of 2024, Cameroon reported 11 plaque reduction neutralization test (PRNT) positive yellow fever cases across seven regions. Among these PRNT positive cases, five have been classified as confirmed cases in four regions: Adamawa, Centre, Littoral, and Nord Regions. Additionally, 11 cases are currently awaiting PRNT results.<sup>136</sup>

**Poliomyelitis (cVDPV2):** Cameroon's last reported wild poliovirus case was on July 9, 2014. The country's efforts in the final phase of polio eradication between 2016 and 2020 led to the interruption of the circulation of wild poliovirus and the certification of the WHO African region as "polio free" in 2020 along with the rest of the African region<sup>137</sup>.

However, the country remains faced with the threat of variant polioviruses, with the country having recorded several outbreaks since 2019. The introduction of the new type 2 oral polio vaccine (nVPO2) following the IMEP recommendations was carried out successfully. Routine OPV and IPV vaccination coverage remains challenging, with suboptimal coverage over the entire period 2017 – 2023.<sup>138</sup>

**Neglected tropical diseases (NTD), including Leishmaniasis:** Cameroon was endemic for five of the NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, and trachoma.<sup>139</sup> In 2022, 78.2% of the 24.9 million people targeted were reached with MDA. Other notable NTDs that remain endemic are Buruli ulcer, human Africa trypanosomiasis (gambiense), leishmaniasis (cutaneous and visceral), leprosy, taeniasis and cysticercosis, and rabies. yaws, snakebite envenomation, mycetoma and ectoparasites.<sup>140</sup>

Leishmaniasis causes the ninth largest disease burden among infectious diseases but remains a very neglected tropical disease. Although the disease is endemic in Cameroon, Chad and Nigeria, there is limited data available on its epidemiology.<sup>141</sup> Conflicts and other causes of migration have been reported to influence the spread of leishmaniasis.<sup>142</sup> Poverty increases the risk for leishmaniasis. Poor housing and domestic sanitary conditions (lack of waste management or open sewerage) may increase sandfly breeding and resting sites, as well as their access to humans. Sandflies are attracted to crowded housing because it is easier to bite people and feed on their blood. Human behaviour, such as sleeping outside or on the ground, may increase risk.<sup>143</sup>

**Mpox:** From January to December 2024, a total of 150 cases of Mpox were suspected and 9 were laboratory-confirmed giving a positivity rate of 9%. Two deaths (CFR: 22.2%) were also reported.<sup>144</sup> In 2023, 113 suspected cases of Mpox, including 27 laboratory-confirmed and no death were reported. In 2022, 18 confirmed cases and three deaths were reported in the country.<sup>145</sup> The outbreak has affected countries in the region.<sup>146</sup>

## DETERMINANTS OF HEALTH

### Poverty

Cameroon is a lower-middle-income country, ranking 151st out of 193 countries in the 2023/2024 Human Development Index. Poverty levels have remained high due to weak economic growth against a faster population growth, combined with the rising cost of living. Over 23% of Cameroonians live below the international poverty line (US\$2.15 per person per day), and extreme poverty could reach 25% by 2026 – affecting 8 million people. Rates are particularly high in rural parts of the northern regions, where structural underdevelopment and recurring climatic shocks, including floods and prolonged dry spells, limit people's ability to thrive.<sup>147</sup>

### Water Sanitation and Hygiene (WASH)

The population in the north west and south west regions continue to suffer the consequences of violent incidents, which are increasing pressure on the already inadequate WASH infrastructure and further increases the risk of water relate disease outbreaks. The 2023 MSNA round 9 shows that access to safe drinking water remains the first top priority in these regions; with more than 46% of the assessed population dependent on unsafe sources of water for drinking, cooking, and hygiene.<sup>148</sup>

In the Far North, only 40% of the population has access to safe drinking water and more than 600,000 people lack adequate shelter. This situation was exacerbated by flooding in the Far North region as 847 water points were flooded, further limiting access to clean water.<sup>149</sup>

### Protection Risks





Thousands of people suffer from abuses, such as targeted violence, killings, GBV, kidnapping, arbitrary arrest and detention. As a direct consequence of attacks on their villages, family members are forced to flee to safety, while becoming children get separated from their families.<sup>150</sup>

- **Gender Based Violence (GBV):** With limited recent data available for Cameroon, across West and Central Africa, 10 to 30% of ever partnered women aged 15–49 have experienced physical and/or sexual violence in the last year. Violence starts young, with a 1 in 4 prevalence for young women aged 15–24.<sup>151</sup> Additionally, approximately 77% of Sahelian women are often tasked with securing essential resources such as water and firewood – a responsibility that becomes increasingly dangerous as these resources become scarce. The need to travel long distances for resource collection exposes women and girls to heightened risks of gender-based violence, including abduction by extremist groups.<sup>152</sup> In 2011, Cameroon adopted a national strategy to combat violence against women. The strategy was revised in 2016 and again in 2022, with an aim to halve the prevalence of violence by 2020 and 2026, respectively.<sup>153</sup> However, in practice, Cameroon has not put in place sufficient resources, including services, to reduce gender-based violence and address the needs of survivors across the country.<sup>154</sup>
- **Child Protection:** The presence of unexploded ordnances of war results in safety risks for children. Girls are exposed to various forms of sexual violence, child marriage, and early pregnancy, often as negative coping mechanisms and because of traditional social and cultural practices.<sup>155</sup> Unwanted pregnancies are resulting from sexual assault by members of armed groups or community members. Incidents of GBV, physical violence, negligence, and abuse also define the child protection risks that humanitarian actors will respond to.<sup>156</sup> Despite a drop in under age marriage, 12% of girls still marry under the age of 15 (2020).<sup>157</sup>
- **Mine Risks:** In February 2024, Cameroon reported for more than a decade, fighting in the Far North region bordering Nigeria has included use of Improvised Explosive Devices (IEDs), some of which are improvised AP mines banned under the Anti-Personnel Mine Ban Convention (APMBC). Cameroon also reported that its North-West and South-West (NWSW) regions have been facing a separatist Anglophone movement that has extensively used IEDs since 2018, some directly targeting civilians. A significant number of incidents were reported

in 2023.<sup>158</sup> The total number of ERW casualties in recent years in Cameroon is not known. Between 2014 and 2021, there were a total of 207 casualties; including 87 killed and 120 injured.<sup>159</sup> The population continues to suffer the consequences of violent incidents, either as direct targets or caught in hostilities/crossfire or improvised explosive devices (IED) explosions.<sup>160</sup>

### Education

A total of 36% of schools are not functional. Educational facilities, staff and school children continue to be targeted by non-State Armed Groups (NSAGs).<sup>161</sup>

| HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS  |   |  |  |
|---|---|--|--|
| Key information on disruption of key health system components   |   |  |  |
| ACCESS TO HEALTHCARE  | DISRUPTION TO SUPPLY CHAIN  | DAMAGE TO HEALTH FACILITIES  | ATTACKS AGAINST HEALTH   |
|    |  |  |   |
| As of 2021, Universal health coverage (UHC) service coverage in Cameroon is <b>considered medium, scoring 44</b> (medium coverage is 40–59). <sup>165</sup> | <i>Limited information available</i>  | <i>Limited information available</i>   | At least <b>31 incidents of violence against or obstruction of health care</b> were reported in Cameroon in 2023, according to a report the Safeguarding Health in Conflict Coalition. |

### HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Despite decades of attention from international agencies focused on improving health indicators, outcomes are yet to significantly improve. Moreover, since 2016, civil unrest worsened, with civil disorder and disruptions of the health system resulting.<sup>162</sup>

The Ministry of Public Health in Cameroon is responsible for the maintenance and implementation of all public health services. The health structure in Cameroon is divided into 3 levels: central, intermediate and peripheral.<sup>163</sup>

Cameroon aspires to achieve universal health coverage by 2035. Currently, however, only 6.4% of the population is covered by a community health insurance scheme and the burden of healthcare financing is on households. It is estimated that households contribute 70% of total health expenditure and 64% of households do not have access to healthcare because of high costs. There are limited public resources allocated to health leaving the public health sector not fit for purpose despite providing the majority of healthcare. The private sector in Cameroon includes non-profit religious associations, NGOs and for-profit providers. Traditional medicine is an additional – but unregulated – sector.<sup>164</sup>

**Healthcare Workers:** According to data from the third general census, the ratio of health personnel to population is 1.07 per 1000 inhabitants in Cameroon.<sup>166</sup> The differential analysis confirms that the large deficit of specialists in medicine, maternal health, obstetrics, and child care contrasts with the self-sufficiency in nurses and the inadequate absorption by the public and private sectors. Inadequate distribution of staff is a bottleneck, with the very high concentration of human resources in urban areas

contrasts with the shortage in rural areas. The 2014 personnel census revealed that 147 districts out of 181 had less than 50% of the staff required.<sup>167</sup> The poor coverage rate of health insurance schemes partially explains the amount of expenditure in the informal health sector, estimated at 27%.<sup>168</sup> In addition, insecurity and attacks on healthcare contribute to worsening the shortage of health personnel in humanitarian regions (Far North, South-West and North-West). More broadly, the shortage of health workers in Africa is projected to reach 6.1 million by 2030 (WHO 2023). These shortages are threatening African countries' chances of achieving universal healthcare by 2030.<sup>169</sup> Africa's public health sector has seen shortages in healthcare worker numbers for many years, and this problem was exacerbated by the COVID-19 crisis.<sup>170</sup>

**Attacks Against Healthcare:** At least 31 incidents of violence against or obstruction of health care were reported in Cameroon in 2023, according to a report the Safeguarding Health in Conflict Coalition.<sup>171</sup>

The report highlights an escalation in political violence in Cameroon, with a nearly 30% increase. Armed clashes in the anglophone North West and South West regions, have contributed to this surge. These conflicts, in addition to kidnappings, have claimed the lives of over 1 000 people in the past year. The majority of attacks on health care in Cameroon were concentrated in the anglophone regions, mirroring the geographical patterns of previous years. Health centres were frequently targeted, particularly in the Far North.<sup>172</sup>

In the NWSW alone in 2024, the health cluster recorded 25 attacks on healthcare, ranging from direct attacks on staff (2 staff killed in the NWR), to seizure and destruction of materials and equipment.

## HUMANITARIAN HEALTH RESPONSE

As part of the Humanitarian Response Plan 2024, the Health Cluster has identified 1.7 million people in need of health services, while targeting 1.1 million people for assistance.<sup>173</sup> As of 30 September 2024, the Health Cluster was 28% funded.<sup>174</sup>

| Information Gaps / Recommended Information Sources  |   |  |
|---|---|--|
| Health status & threats for the affected population | Gap   | Recommended tools/guidance for primary data collection                         |
|   | Surveillance data in remote areas   | WHO Early Warning Alert and Response (EWAR)                                    |
|   | Recent and up-to-date nutrition data  | Emergency Assessment Nutrition   |
|   | Data on NCDs and their risk factors   | Community- and hospital-based studies (STEPS approach)                         |
|   | Health needs information is limited   | Health needs assessments   |
| <b>Health Resources &amp; Services Availability</b> | Availability of health services and distribution and functionality of health care facilities                                    | Expanded Health Resources and Services Availability Monitoring System (HeRAMS) |
|   | Scarce or lack of data on attacks on healthcare   | Surveillance System for Attacks on Health Care (SSA)                           |
| <b>Humanitarian Health System Performance</b>       | Lack of data on utilisation of humanitarian health services, including mobile clinics   | Health Cluster and partners  |
|   | Lack of data on quality of humanitarian health services   | Health Cluster and partners  |
|   | Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP)) | Beneficiary satisfaction survey  |

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## ENDNOTES

- <sup>1</sup> UNDSS (2024), Security Travel Advisory, available at: <https://dss.un.org/Welcomes-to-UNDSS?returnurl=%2f>
- <sup>2</sup> Inform Risk Index 2025 (2024), available at: <https://drmkc.jrc.ec.europa.eu/inform-index>
- <sup>3</sup> OCHA (2025), Cameroon, available at: <https://humanitarianaction.info/plan/1266> [accessed 6/12/25]
- <sup>4</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>5</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>6</sup> IFRC (2025), Cameroon | Floods 2024 Emergency Appeal Operation Update 1: MDRCM039
- <sup>7</sup> UNICEF (2025), UNICEF Cameroon Humanitarian Flash Update No. 7 (Floods - Far North) - 31 January 2025
- <sup>8</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>9</sup> Reference Rapport SIMR SE52
- <sup>10</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>11</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>12</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>13</sup> WFP (2025), Cameroon, available at: <https://www.wfp.org/countries/cameroon> [accessed 6/2/25]
- <sup>14</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>15</sup> OCHA (2025), Cameroon, available at: <https://humanitarianaction.info/plan/1266> [accessed 6/12/25]
- <sup>16</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>17</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>18</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>19</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>20</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>21</sup> OCHA (2024), CERF grants \$7 million to Cameroon for underfunded emergencies
- <sup>22</sup> OCHA (2024), Cameroon: Humanitarian Dashboard (as of 30 September 2024)
- <sup>23</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>24</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>25</sup> UNFPA (2024), UNFPA Cameroon Situation Report #25 - November 2024
- <sup>26</sup> UNICEF (2024), UNICEF Cameroon Floods Flash Update No. 6 (Far North) - 29 November 2024
- <sup>27</sup> UNICEF (2025), UNICEF Cameroon Humanitarian Flash Update No. 7 (Floods - Far North) - 31 January 2025
- <sup>28</sup> UNFPA (2024), UNFPA Cameroon Situation Report #25 - November 2024
- <sup>29</sup> UNICEF (2024), UNICEF Cameroon Floods Flash Update No. 6 (Far North) - 29 November 2024
- <sup>30</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>31</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>32</sup> ACLED (2024), ACLED Regional Overview Africa: January 2025
- <sup>33</sup> IOM (2024), Cameroun : Suivi des urgences - Mouvements de populations - Synthèse des déplacements dans le département du Logone et Chari, Tableau de bord #115 (25 au 28 novembre 2024) | Date de publication : 06 décembre 2024
- <sup>34</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>35</sup> WFP (2025), Japan and WFP join forces to strengthen food security of vulnerable populations in Cameroon
- <sup>36</sup> UNICEF (2024), UNICEF Cameroon Floods Flash Update No. 6 (Far North) - 29 November 2024
- <sup>37</sup> WFP (2025), AfDB and WFP support families affected by flooding in Cameroon's Far North
- <sup>38</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>39</sup> UNFPA (2025), UNFPA Cameroon Situation Report #27 - January 2025: The humanitarian crisis remains a critical concern
- <sup>40</sup> UNFPA (2025), UNFPA Cameroon Situation Report #26 - December 2024: The humanitarian crisis remains a critical concern
- <sup>41</sup> UNFPA (2025), UNFPA Cameroon Situation Report #26 - December 2024: The humanitarian crisis remains a critical concern
- <sup>42</sup> UNFPA (2025), UNFPA Cameroon Situation Report #26 - December 2024: The humanitarian crisis remains a critical concern
- <sup>43</sup> UNFPA (2025), UNFPA Cameroon Situation Report #27 - January 2025: The humanitarian crisis remains a critical concern
- <sup>44</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>45</sup> OCHA (2024), SITREP NW SW September 2024
- <sup>46</sup> OCHA (2024), Cameroun : Extrême-Nord - Aperçu de l'accès humanitaire, janvier - octobre 2024

- <sup>47</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>48</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>49</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>50</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>51</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>52</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>53</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>54</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>55</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>56</sup> WHO (2023), Global Health Observatory- Country Profiles. Available at: <https://data.who.int/countries/> [Accessed 25/8/23]
- <sup>57</sup> World Bank (2021), Demographics- Death Rate Crude, per 1000 people, Available at: <https://data.worldbank.org/indicator/SP.DYN.CDRT.IN> [Accessed 28/08/23]
- <sup>58</sup> UNICEF (2023), *Key Demographic Indicators UNICEF Country Profiles*, Available at: Key demographic indicators [Accessed on 25/08/23]
- <sup>59</sup> UNICEF (2023), *Key Demographic Indicators UNICEF Country Profiles*, Available at: Key demographic indicators [Accessed on 25/08/23]
- <sup>60</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>61</sup> GAVI (2024), Cameroon's Big Catch-up is a mountain to climb
- <sup>62</sup> GAVI (2024), Cameroon's Big Catch-up is a mountain to climb
- <sup>63</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>64</sup> WHO (2024), Cameroon data, available at: <https://immunizationdata.who.int/dashboard/regions/african-region/CMR> [accessed 12/12/24]
- <sup>65</sup> OECD (January 30th, 2023), COVID-19 and West African Countries, Available at: <https://www.oecd.org/swac/coronavirus-west-africa/> <https://www.oecd.org/swac/coronavirus-west-africa/> [Accessed 28/08/23]
- <sup>66</sup> WHO (2023), COVID-19 Response April 2023
- <sup>67</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>68</sup> Ndoula ST, Mboussou F, Njoh AA, Nembot R, Baonga SF, Njinkeu A, Biey J, Kaba MI, Amani A, Farham B, Kouontchou Mimbe JC, Kouakam CA, Volkman K, Dadjo CH, Habimana P, Impouma B. Malaria Vaccine Introduction in Cameroon: Early Results 30 Days into Rollout. *Vaccines (Basel)*. 2024 Mar 22;12(4):346. doi: 10.3390/vaccines12040346. PMID: 38675729; PMCID: PMC11055092.
- <sup>69</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>70</sup> WHO (2023), COVID-19 Response April 2023
- <sup>71</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>72</sup> StopTB (2024), Cameroon, available at: <chrome-extension://efaidnbmninnkcbpcjpcglclefindmkaj/https://tbassessment.stoptb.org/assets/docs/Digital%20TB%20Surveillance%20System%20Assessment%20All%20Country%20Reports/Cameroon%20Digital%20TB%20Surveillance%20System%20Assessment%20Report.pdf>
- <sup>73</sup> WHO (2022), Cholera - Cameroon
- <sup>74</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>75</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>76</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>77</sup> UNFPA (2024), UNFPA Cameroon Situation Report #25 - November 2024
- <sup>78</sup> Harsono, A.A.H., Bond, C.L., Enah, C. et al. Structural barriers to maternity care in Cameroon: a qualitative study. *Reprod Health* 21, 108 (2024). <https://doi.org/10.1186/s12978-024-01834-w>
- <sup>79</sup> Che Henry Ngwa, Limkile Mpofo, Tchokokam Patricia, John Njuma Libwea, Rejoice Uche Obiora, Marion Keinamma, Danga Aoleko Ines, Ngo Valery Ngo, Egbe Henrieta Oneke, Crayton E Bessong, Ngozi Margaret Oguuah, Emmanuel Kah, Frankline Sevidzem Wirsiy, Eman Sobh - Prevalence, risk factors and management of common mental health disorders in Cameroon: a systematic review: *BMJ Public Health* 2024;2:e000224.
- <sup>80</sup> IPC (2024), Cameroon: Acute Malnutrition Situation November 2023 - February 2024 and Projections for March - June 2024 and July - October 2024
- <sup>81</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>82</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>83</sup> WHO (2025), Weekly Bulletin on Outbreak and other Emergencies: Week 05: 27 January - 02 February 2025
- <sup>84</sup> UNFPA (2025), Toward Zero Gender-Based Violence and Harmful Practices in West and Central Africa
- <sup>85</sup> UNICEF (2024), Reporting Period 1 January to 30 June 2024
- <sup>86</sup> WHO (2024), Weekly Bulletin on Outbreak and other Emergencies: Week 45: 04 - 10 November 2024
- <sup>87</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>88</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>89</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>90</sup> Ngouateu OB, Dondji B. Leishmaniasis in Cameroon and neighboring countries: An overview of current status and control challenges. *Curr Res Parasitol Vector Borne Dis*. 2022 Jan 22;2:100077. doi: 10.1016/j.crvbd.2022.100077. PMID: 36589871; PMCID: PMC9795355.
- <sup>91</sup> WHO (2023) Leishmaniasis Update -12 January 2023
- <sup>92</sup> SIMR weekly report for week 52 2024.
- <sup>93</sup> WHO (2024), Weekly Bulletin on Outbreak and other Emergencies: Week 45: 04 - 10 November 2024
- <sup>94</sup> Africa CDC (2024), South Sudan's Mpox Readiness Assessed Amid Raging Outbreak
- <sup>95</sup> WHO (August 2023) Cameroon: Country Disease Outlook

- <sup>96</sup> Ndoula ST, Mboussou F, Njoh AA, Nembot R, Baonga SF, Njinkeu A, Biey J, Kaba MI, Amani A, Farham B, Kouontchou Mimbe JC, Kouakam CA, Volkmann K, Dadjo CH, Habimana P, Impouma B. Malaria Vaccine Introduction in Cameroon: Early Results 30 Days into Rollout. *Vaccines* (Basel). 2024 Mar 22;12(4):346. doi: 10.3390/vaccines12040346. PMID: 38675729; PMCID: PMC11055092.
- <sup>97</sup> Ndoula ST, Mboussou F, Njoh AA, Nembot R, Baonga SF, Njinkeu A, Biey J, Kaba MI, Amani A, Farham B, Kouontchou Mimbe JC, Kouakam CA, Volkmann K, Dadjo CH, Habimana P, Impouma B. Malaria Vaccine Introduction in Cameroon: Early Results 30 Days into Rollout. *Vaccines* (Basel). 2024 Mar 22;12(4):346. doi: 10.3390/vaccines12040346. PMID: 38675729; PMCID: PMC11055092.
- <sup>98</sup> WHO (2025), Child health improves in Cameroon one year after malaria vaccine introduction
- <sup>99</sup> WHO (2025), Child health improves in Cameroon one year after malaria vaccine introduction
- <sup>100</sup> WHO (2025), Child health improves in Cameroon one year after malaria vaccine introduction
- <sup>101</sup> WHO (2025), Child health improves in Cameroon one year after malaria vaccine introduction
- <sup>102</sup> WHO (2025), Child health improves in Cameroon one year after malaria vaccine introduction
- <sup>103</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>104</sup> WHO (2023), COVID-19 Response April 2023
- <sup>105</sup> WHO (2023), COVID-19 Response April 2023
- <sup>106</sup> WHO (2024), Cameroon, available at: <https://data.who.int/countries/120> [accessed 12/12/24]
- <sup>107</sup> StopTB (2024), Cameroon, available at: chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://tbassessment.stoptb.org/assets/docs/Digital%20TB%20Surveillance%20System%20Assessment%20All%20Country%20Reports/Cameroon%20Digital%20TB%20Surveillance%20System%20Assessment%20Report.pdf
- <sup>108</sup> StopTB (2024), Cameroon, available at: chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://tbassessment.stoptb.org/assets/docs/Digital%20TB%20Surveillance%20System%20Assessment%20All%20Country%20Reports/Cameroon%20Digital%20TB%20Surveillance%20System%20Assessment%20Report.pdf
- <sup>109</sup> National Tuberculosis program, Annual report 2022
- <sup>110</sup> WHO Cameroon Cameroon cholera INfos-Retrospective number  
[https://www.afro.who.int/sites/default/files/2024-03/Chole%CC%81ra\\_Infos\\_-\\_N001-English\\_version%5B1%5D.pdf](https://www.afro.who.int/sites/default/files/2024-03/Chole%CC%81ra_Infos_-_N001-English_version%5B1%5D.pdf) [accessed 6/2/25]
- <sup>111</sup> Reference Rapport SIMR SE52
- <sup>112</sup> IFRC (2025), Cameroon | Floods 2024 Emergency Appeal Operation Update 1: MDRCM039
- <sup>113</sup> WHO (2022), Cholera - Cameroon
- <sup>114</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>115</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>116</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>117</sup> OCHA (2024), Cameroon: North-West and South-West - Situation Report No. 70 (October 2024)
- <sup>118</sup> OCHA (2024), Cameroon : Extrême-Nord - Aperçu de l'accès humanitaire, janvier - octobre 2024
- <sup>119</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>120</sup> OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- <sup>121</sup> IDSR week 44, 2024
- <sup>122</sup> Harsono, A.A.H., Bond, C.L., Enah, C. et al. Structural barriers to maternity care in Cameroon: a qualitative study. *Reprod Health* 21, 108 (2024). <https://doi.org/10.1186/s12978-024-01834-w>
- <sup>123</sup> UNFPA (2024), UNFPA Cameroon Situation Report #25 - November 2024
- <sup>124</sup> FGM/C Research Initiative (2024), Cameroon, available at: <https://www.fgmcric.org/country/cameroon/>
- <sup>125</sup> Che Henry Ngwa, Limkile Mpofo, Tchokokam Patricia, John Njuma Libwea, Rejoice Uche Obiora, Marion Keinamma, Danga Aloleko Ines, Ngo Valery Ngo, Egbe Henrieta Oneke, Crayton E Bessong, Ngozi Margaret Oguguah, Emmanuel Kah, Frankline Sevidzem Wirsiy, Eman Sobh - Prevalence, risk factors and management of common mental health disorders in Cameroon: a systematic review: *BMJ Public Health* 2024;2:e000224.
- <sup>126</sup> IPC (2024), Cameroon: Acute Malnutrition Situation November 2023 - February 2024 and Projections for March - June 2024 and July - October 2024
- <sup>127</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>128</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>129</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>130</sup> WHO (2023), Cameroon making progress in the fight against HIV
- <sup>131</sup> WHO (2025), Weekly Bulletin on Outbreak and other Emergencies: Week 05: 27 January - 02 February 2025
- <sup>132</sup> WHO (2024), Weekly Bulletin on Outbreak and other Emergencies: Week 45: 04 - 10 November 2024
- <sup>133</sup> Annick, S., Dominique, E., Diomède, N., Christine, A., Haoua, A., Jeannette, E., Armand, K., Brice, T., Ines, T. and Félicité, N. (2024) Epidemiological, Clinical Aspects and Outcome of Measles in a Low-Income Country in 2023. *Open Journal of Pediatrics*, 14, 139-148. doi: 10.4236/ojped.2024.141015.
- <sup>134</sup> SDV, 2023 rapport de vaccination préventive contre la méningite, Extreme-Nord
- <sup>135</sup> UNICEF (2024), Reporting Period 1 January to 30 June 2024
- <sup>136</sup> WHO (2024), Weekly Bulletin on Outbreak and other Emergencies: Week 45: 04 - 10 November 2024
- <sup>137</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>138</sup> WHO (2024), Cameroon Polio Transition Snapshot
- <sup>139</sup> WHO (August 2023) Cameroon: Country Disease Outlook
- <sup>140</sup> WHO (August 2023) Cameroon: Country Disease Outlook

- 141 Ngouateu OB, Dondji B. Leishmaniasis in Cameroon and neighboring countries: An overview of current status and control challenges. *Curr Res Parasitol Vector Borne Dis*. 2022 Jan 22;2:100077. doi: 10.1016/j.crvbd.2022.100077. PMID: 36589871; PMCID: PMC9795355.
- 142 Ngouateu OB, Dondji B. Leishmaniasis in Cameroon and neighboring countries: An overview of current status and control challenges. *Curr Res Parasitol Vector Borne Dis*. 2022 Jan 22;2:100077. doi: 10.1016/j.crvbd.2022.100077. PMID: 36589871; PMCID: PMC9795355.
- 143 WHO (2023) Leishmaniasis Update -12 January 2023
- 144 SIMR weekly report for week 52 2024.
- 145 WHO (2024), Weekly Bulletin on Outbreak and other Emergencies: Week 45: 04 - 10 November 2024
- 146 Africa CDC (2024), South Sudan's Mpox Readiness Assessed Amid Raging Outbreak
- 147 WFP (2025), Cameroon, available at: <https://www.wfp.org/countries/cameroon> [accessed 6/2/25]
- 148 WASH Cluster (2024), Cameroon: North - West and South - West WASH Cluster Updates and Operational Presence Mapping (March 2024)
- 149 UNFPA (2024), UNFPA Cameroon Situation Report #25 - November 2024
- 150 HRP (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- 151 UNFPA (2025), Toward Zero Gender-Based Violence and Harmful Practices in West and Central Africa
- 152 HPN (2025), The gendered impacts of the climate crisis in the Sahel: an urgent call for climate-resilient livelihoods
- 153 HRW (2025), Cameroon Suspends NGOs, Harming Gender-Based Violence Survivors
- 154 HRW (2025), Cameroon Suspends NGOs, Harming Gender-Based Violence Survivors
- 155 HRP (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- 156 HRP (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- 157 AfroBarometer (2024), Cameroonians see gender-based violence as a key women's-rights issue but tolerate use of physical force against wives
- 158 Mine Action Review (2024), Cameroon- <https://www.mineactionreview.org/country/cameroon/anti-personnel-mines>
- 159 Landmine Cluster Monitor (2024) Country Profiles, available at: <https://www.the-monitor.org/en-gb/reports/2023/burkina-faso/impact.aspx> [accessed 30/4/24]
- 160 OCHA (2024), Cameroon: North-West and South-West - Situation Report No. 70 (October 2024)
- 161 OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- 162 Harsono, A.A.H., Bond, C.L., Enah, C. et al. Structural barriers to maternity care in Cameroon: a qualitative study. *Reprod Health* 21, 108 (2024). <https://doi.org/10.1186/s12978-024-01834-w>
- 163 LSTM (2024), Ministry of Public Health Cameroon
- 164 World Obesity (2020), Health System Cameroon available at: <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://data.worldobesity.org/country/cameroon-35/health-systems.pdf>
- 165 WHO (2023), Tracking universal health coverage 2023 global monitoring report
- 166 Primary health care systems (PRIMASYS): case study from Cameroon, abridged version. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
- 167 Primary health care systems (PRIMASYS): case study from Cameroon, abridged version. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
- 168 Primary health care systems (PRIMASYS): case study from Cameroon, abridged version. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
- 169 Taking Stock of the Healthcare Workforce in the Public Health Sector of South Africa During Covid-19: Implications for Future Pandemics Motlagabo Gladys Matseke  
Published Online:1 Dec 2023<https://doi.org/10.55390/ajpsdg.2023.6.1.5>
- 170 Taking Stock of the Healthcare Workforce in the Public Health Sector of South Africa During Covid-19: Implications for Future Pandemics Motlagabo Gladys Matseke  
Published Online:1 Dec 2023<https://doi.org/10.55390/ajpsdg.2023.6.1.5>
- 171 Insecurity Insight (2024), Cameroon: Violence Against Health Care in Conflict 2023
- 172 Insecurity Insight (2024), Cameroon: Violence Against Health Care in Conflict 2023
- 173 OCHA (2024), Cameroon 2024 Humanitarian Response Plan (April 2024)
- 174 OCHA (2024), Cameroon: Humanitarian Dashboard (as of 30 September 2024)