



Cameroon – Researched and compiled by the Refugee Documentation Centre of Ireland on 10 October 2016

Whether there is adequate healthcare in Cameroon for the treatment and care of people with HIV/AIDS.

A document published by the World Bank comments on the health system in Cameroon as follows:

“Even though Cameroon’s proportion of doctors (1.9 per 1,000 inhabitants) is twice the minimum recommended by the World Health Organization, the country’s health statistics are paradoxically behind the curve. Life expectancy for Cameroonians has decreased by about two years since 1990, while it has increased by an average of five years in the rest of sub-Saharan Africa. Worldwide, Cameroon is also among the countries where the mortality rate for children under five years of age (122 deaths per 1,000 live births) has decreased the least. Yet Cameroon spends more money on health than any other sub-Saharan country (except South Africa): US\$61 per capita, as opposed to US\$51 on average. It is Cameroonians themselves, however, who shoulder the majority of this financial burden. ‘Out of those \$61, the State finances only \$17; and out of that sum, \$8 comes from international donors,’ notes Raju Jan Singh, the World Bank lead economist for Central Africa and the main author of the report. ‘This means there is a strong correlation between health statistics and revenue statistics,’ he adds, ‘with well-off households and wealthy regions having better access to health services.’”
(World Bank (26 September 2013) *Better Access to Health Care for all Cameroonians*)

In a paragraph headed “An inequitable system” this document states:

“The implications of these statistics, the report says, is that the more money a woman has, the more likely she is to have qualified professional assistance during childbirth, whereas in poor and rural communities, women and children will have a much higher risk of dying. The geographic disparities are striking: 40% of the country’s doctors practice in the Centre region (which includes Yaoundé, the capital), where only 18% of the population lives. On the other hand, the Far North region, which also holds 18% of the population, employs only 8% of Cameroon’s doctors. Why are the disparities among geographic regions and economic sectors so stark? Direct payment for on-demand health services will be a factor of inequality to the extent that it depends on the patient’s own financial means, as noted in Cameroon Economic Update’s latest issue. ‘It is in the self-interest of health care personnel to work in an urban setting, where their clients have higher salaries and their own chances for professional advancement are greater than in rural areas,’ explains Gaston Sorgho, a World Bank health specialist and co-author of the report. ‘Whatever their social condition, Cameroonians pay a high price for care that is often deficient,’ he adds, ‘and the country has no risk-sharing mechanisms

such as health insurance, a situation that perpetuates the cycle of poverty.”
(ibid)

A report published by the Joint United Nations Programme on HIV/AIDS (UNAIDS), in a paragraph headed “Progress”, states:

“Efforts in recent years have led to more than 145 000 people living with HIV receiving antiretroviral therapy by December 2014, and about 158 000 by the end of July 2015. Important achievements have been made in reducing the number of new HIV infections in Cameroon through outreach to sex workers and other vulnerable populations, such as truck drivers. In its latest national strategic plan, proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria and Country Operational Plan of the United States President's Emergency Plan for AIDS Relief (PEPFAR), Cameroon incorporated the geographical disparity in the HIV epidemic to adjust the services and resources appropriately.” (Joint United Nations Programme on HIV/AIDS (UNAIDS) 24 November 2015) *On the Fast-Track to end AIDS by 2030: Focus on location and population [Part 02 - Cameroon excerpt]*

An IRIN report states:

“Around 600,000 Cameroonians are infected with HIV, the prevalence of which stands at 4.5 percent, according to UNAIDS statistics. In 2007, the country made antiretroviral (ARV) treatment free, in part to fight a common belief that people with HIV were condemned to death, said David Kob of the National AIDS Control Committee. Despite the government’s efforts to make ARV treatment free, decentralize treatment centres and establish HIV/AIDS support programmes for patients, there are still widespread myths and discrimination associated with the disease, said Bissala. He noted that there are no laws protecting people living with HIV from discrimination.” (IRIN (23 January 2014) *Enduring HIV stigma in Cameroon*)

A report from the UN Committee on the Rights of the Child, in a section titled “HIV/AIDS” (paragraph 159), states:

“Significant progress has been made in controlling HIV/AIDS. Cameroon has set up a system for controlling HIV/AIDS and medical and psychosocial care programmes have been drawn up which provide patients with free access to ARVs and certain drugs at reduced prices. Awareness-raising among communities on the prevention and management of this pandemic, the organization of free screening campaigns have contributed to the reduction of the prevalence rate. Despite this remarkable progress, there are still new infections and the sustainable management of ARVs remains questionable.” (UN Committee on the Rights of the Child (CRC) (5 September 2016) *Consideration of reports submitted by States parties under article 44 of the Convention, Combined third to fifth periodic reports of States parties due in 2015 : Cameroon*, p.26)

In paragraph 160 this report states:

“The difficulties are mainly the low mobilization of funds allocated for the purchase of ARVs, the management system of the stock of these ARV and the still insufficient number of the Management Units of HIV.” (ibid, p.27)

A Voice of America news report states:

“Sidibe visited Cameroon as people living with AIDS complained of shortages in antiretroviral treatment. Minyim Jean, who has been living with AIDS for 15 years, said some medical staff have been changing treatment protocols. Jean said having access to complete treatment is very difficult as some of the supplies needed for their treatment are not always available. He said some doctors even change treatment for some patients when they run short of supplies.” (Voice of America News (2 June 2015) *UNAIDS: 95% of African Children With AIDS Lack Access to Treatment*)

A World Health Organization country cooperation strategy brief for Cameroon, in a paragraph headed “Health Policies And Systems”, states:

“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.” (World Health Organization (May 2014) *Country Cooperation Strategy – Cameroon*)

An article published by the Global Press Journal states:

“Paul is among an estimated 58,000 children under 14 living with HIV in Cameroon, according to 2014 U.N. numbers. In 2013, just 6 percent of Cameroonian children with HIV had access to antiretroviral treatment, UNAIDS reports. That’s far lower than the already-dismal treatment rate of just 23 percent of the estimated 3.2 million HIV-positive children around the world – the number noted in a 2014 World Health Organization report.” (Global Press Journal (26 August 2015) *In Cameroon, Where Most Children With HIV Go Untreated, Program Provides Care, Support*)

This article also states:

“Some adults try to treat sick children with medication from illegal or unauthorized pharmacies, which are sometimes run by people with no medical knowledge, says Vitalis Keng, a northwest regional monitoring and evaluation supervisor for mother-to-child HIV transmissions for the Cameroon Baptist Convention. The practice has left HIV-infected children suffering in their homes, without proper care. The adults who care for chronically ill children often fear learning they are HIV-positive, thinking they would surely suffer and die if they are infected, he says.” (ibid)

An article published by Borgen Magazine states:

“Over 1,000 illegal health facilities and private clinics have sprung up in the capital of Cameroon, Yaoundé, and in the coastal city of Douala. With the country’s 22 million people facing high rates of HIV, malaria, tuberculosis and infant mortality, the health care crisis has led many to seek help from unauthorized clinics. But the government, which views these illegal health clinics as a threat to public health, has kicked off a campaign to shut down

more than 524 medical training centers and 600 private clinics operating illegally in the nation. According to Biwolé Sida, the national health inspector in the Ministry of Public Health, 'Most of the illegal medical institutions lack the training, appropriate staff, equipment and infrastructure to operate either as a medical training institution or a clinic,' adding that, 'the uncontrolled number of clinics and training institutions are responsible for the death and worsening medical conditions of many innocent Cameroonians.'" (Borgen Magazine (27 September 2014) *Illegal Health Clinics in Cameroon*)

This response was prepared after researching publicly accessible information currently available to the Research and Information Unit within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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