LIGHTINGS

Strategic Health Information Bulletin in Cameroon: Volume 1, N°1; October 1st, 2009

Editorial

With this edition, the Centre for Development of Best Practices in Health (CDBPH) launches a series of health strategic information bulletins aiming at providing a user-friendly format of routine health information as well as results from population studies. "Lightings" is a strategic health information bulletin for health stakeholders in Cameroon and its objective is to serve evidence informed decision making.

This initiative is made a reality with the financial support from a grant (ID49) from the Alliance for Health Policy and Systems Research – World Health Organization in Geneva- Switzerland. Every issue of Lightings will provide more clarity on a theme of interest for stakeholders of social and health development in Cameroon

Inside

MAIN TOPIC: POPULATION HEALTH STATUS IN CAMEROON

Cameroun is a middle low income country with a population estimated at 18.674.600 inhabitants in 2007 (National Institute of Statistics) with a mean age of 19 years and less than 4% of the old population over 65 years. The life expectancy at birth moved from 54.3 years in 1987 to 61.2 years in 2007. The country counts 10 administrative regions. The Government worked out a vision for development aiming at transforming Cameroon into an emergent country by the year 2035. The Strategic Paper for Growth and Employment (DSCE) recently adopted aims at reducing monetary poverty rate from 39,9% to 28,7% in 2020.

With a high population growth rate and migrations especially from rural areas to cities, more than 50% of Cameroonian citizens are now living in an urban environment thus transforming the population health problems in an unexpected and unforeseen way difficult to always control.

Risk factors, social representation and beliefs related to ill health contribute to the rapid propagation of communicable diseases, and the steadily increase burden of chronic diseases and non communicable diseases.

To appreciate the nutritional status, overall burden of diseases and the epidemiologic profile "LIGHTINGS" proposes to analyze the indicators of morbidity and mortality based on the studies and surveys carried out during years 2000: Investigations on Households Consumption and expenditures (ECAM II and III), Demographic and Health Surveys in Cameroon (EDSC II and III), Multiple Indicators Cluster Survey (MICS 3, 2006), a National study on healthcare seeking and access to drugs and medicines (RSM 2004) and the World Health Statistics Report (WHS 2009) published by WHO.

The strategic information presented and discussed here is articulated around the structure of the population, the risk factors, and the nutritional status of the children, general morbidity and the epidemiologic profile of communicable diseases. Chronic diseases, non communicable diseases and the neglected tropical diseases will be the topic of the next bulletin.

Continuation on pages 2, 3 and 4

FORUM: QUESTIONS ON THE ASSESSMENT OF HEALTH STATUS

R.C Bonono

Sickness Nature : « Simple » disease or « Complex » disease

A MD receives in his cabinet, a gentleman complaining about several illnesses: headache, abdominal ache, pain in the joints... All parts of his body are concerned. After clinical examination, the doctor found neither fever nor any kind of clinical signs to confirm patient's complaints. Nevertheless, he prescribes a list, as long as his arm, of laboratory tests. The patient, comforted in his beliefs of being severely sick by the large number of lab tests, went to the laboratory and get back a few days later with all the tests being negative. After seeing the lab results, the doctor prescribed deworming pills and bid farewell to the patient.

The patient then after decided to go back to his village to inform the whole family and the relatives that since he has been competing with a colleague for a higher position, he is very seek and the Doctor has done all his best with almost all tests returning negative. The village and the family then diagnosed that the disease suffered by their son and brother is not that simple and....

Is the man really sick? And what disease is he suffering from? Real or fictitious, 'the patient disease' needs care, but which type of care? For the patient, a comprehensive assessment of the health status does not concern only a test result but encompasses beliefs, prerequisites, "original" fears, social referrers, etc.

Health as all life components takes on meaning to the context; hence the questions about the real nature of a disease and the duality of representations and beliefs that surround the diseases. People's thinking differentiates two main groups of diseases: the so-called «hospital» diseases, "simple diseases" and "local" diseases, "complicated diseases" that modern medicine cannot diagnose or treat. "Complex" diseases may take masks i.e. a modern appearance but be a cover-up for a witch attack. For biomedical thinking, interpreting clinical and biological signs and symptoms is sufficient to classify affections. This is not always enough for the individual and health is constantly a concern because the absence of pain and/or symptoms is not necessarily synonymous of good health. Even the smallest discomfort require different approaches to south out the problem

1. STRUCTURE OF THE POPULATION

Tab 1: Pourcentage de la population par groupe d'ages

âges(ann	1997 (I	2002 (	2007 (
< 5ans	16,83	16,41	16,74
5-9 ans	14,63	14,11	13,70
10-14 ans	13,17	12,53	12,03
15-19 ans	11,13	11,29	10,70
20-24 ans	8,83	9,50	9,60
25-29 ans	7,18	7,51	8,05
30-34 ans	5,88	6,10	6,55
35-39 ans	4,87	4,98	5,14
40-44 ans	3,97	4,10	4,18
45-49 ans	3,32	3,33	3,42
50-54 ans	2,80	2,75	2,74
55-59 ans	2,31	2,28	2,33
60-64 ans	1,84	1,83	1,81
65 ans et plus	2,23	3,29	3,31

Source: INS 2008 P= projections

Tableau 2: Indicateurs démographiques de base

	1997 ®	2002 ®	2007 (P)
Population	14 044 100	16 163 600	18 674 600
Densité (Km2)	**30,13**	**34,68**	**40,07**
Taux de croissance annuelle	2,8	2,8	2,7
Indice synthétique de fertilité	**5,44**	**5,14**	
Rapport de Masculinité	97,2	97,3	97,5
Espérance de vie à la naissance	**59,0**	**59,0**	**61,2**

Sources: RGPH (1976 et 1987) et projections INS / R=rectifié

2. THE HEALTH RISK FACTORS

Several risk factors determine the population health status in Cameroon:

***Living conditions** of Cameroonian have improved between 2001 and 2007 with amelioration in access to drinking water, electricity, and telephone and garbage collection. For example, the possession of mobile (GSM) has literally rocketed from 8 per cent in 2001 to closely 45 % in 2007.*

Pourcentage des ménages ayant accès aux commodités en 2001 et 2007

	2001 (%)			2007 (%)		
	Urbain	Rural	Total	Urbain	Rural	Total
Accès à l'eau potable	61,5	29,3	40,6	**75,1**	**27,7**	**45,3**
Eclairage électrique	**88,2**	**24,6**	**46,8**	**90,4**	**23,4**	**48,2**
Toilettes descentes	75,2	25,4	42,8	**66,4**	**14,2**	**33,6**
Ramassage des ordures	**46,1**	**1,3**	**17**	**52,1**	**2**	**20,6**
Murs en matériaux définitifs	69,8	63,2	65,5	**79,1**	**68,6**	**72,5**
Sols en matériaux définitifs	**88, 4**	**28,2**	**49,2**	**88,3**	**28,5**	**50,6**
Toits en matériaux définitifs	99,5	66,3	77,9	**99,3**	**64,6**	**77,5**
Possession d'un téléphone mobile	**19,9**	**1**	**7,6**	**81,4**	**23,4**	**44,9**

Sources: ECAM II, ECAM III et INS

***Life styles**: the MICS survey 3 (2006) describes an uncontrolled consumption of alcohol at 3.8 per cent in adults (15 years old and more), tobacco at 7.4 % in adults and 10.9 % in teenagers. Similarly reported are: early sexual intercourses among young people, late and / or intergeneration marriages, a 8.7 % prevalence of obesity in adult population.*

*Household (physical, emotional and sexual) **violence** are becoming more frequent. Road accidents, arm rubbers aggression, brawls... in urban as well as in rural areas also contribute to increase incidence of trauma.*

***Creeping poverty** affects in 2007, slightly more than 7 million people living in Cameroon, which represent 39.9 % of people living below poverty line estimated at FCFA 738 (US $ 1.64) per adult equivalent and per day (ECAM III).*

***Pollution**, environmental risks and electrical risks although frequent in the country are not yet well documented.*

***Organisation and access to basic health services** are still presenting gaps with a non-controlled health map, approximate technical facilities, financial barriers and geographical access thus preventing a significant proportion of the population from receiving appropriate health services and care.*

These risks factors, in addition with the social representation and believes of the disease, accelerate the spread of diseases and increase the burden of disease.

The World Summit indicators: Cameroon children (source: EDSC-III 2004)

Under five children suffering from underweight: 18 %

Children under five suffering from growth delay: 12 %

Children under five suffering from emaciation: 5 %

3. CHILDREN NUTRITIONAL STATUS

According to MICS 3 survey (2006), malnutrition is accentuated in under-five children population in poor households, the North and South West administrative regions are the most affected with respectively 38 %, 37 % and 36 %.

*In the same survey, severe **underweight** among children under five years is found in the Far North (4 %) and North (3 %) regions while children overweight (same age) are found in Northwest (13 %) and in the city of Douala (12 %).*

***The overweight** affects 6 % of children in average with different prevalence according to administrative regions and large urban agglomerations: North West region (12.9 %), city of Douala (11.5 %), region of North (9.6 %), city of Yaoundé (8.0 %), the (7.3 %) region of littoral. This phenomenon, much more common in urban areas, increases with the level of education of the mother and the quintile wealth index of the household.*

4. THE GENERAL MORBIDITY

According to the survey on healthcare seeking behaviour and access to care and medicines (RSM 2004) more than one person out of five declare to have been sick during the two weeks preceding the survey, which represent 23 %, corresponding after extrapolation to 6 annual episodes of diseases per person. The percentage of households having recorded at least one case of disease during the 30 days prior to the survey MICS-3 (2006) was an average of 39.5 % nationwide and respectively 44 %, 42 %, 36 % 54.9 % and 32.5 % in Douala city, Yaoundé city, Centre, Littoral and North West regions. East region bears the highest (56.4 %) while Far North region bears the lowest rate (25.4 %).

These surveys show only a snap shot of the reality and also teach us that women are often sicker than men. In households surveyed during MICS-3, among 12% reported sick at the national level, 5 % were men while 7 % were women. These trends are confirmed in Douala (6.8 % and 8.5 %), Yaoundé (6.6 % and 7.2 %) cities and in Centre (4.3 % and 5.3 %), Littoral (8.5 % and 10.7 %) and North West (4.8 % and 5.5 %) regions.

Concerning incriminated diseases, the weight of the ten major diseases reported (ECAM II) is 80 % across the surveyed. Fever (49 %) is the first followed by respiratory infections, diarrhoea, headache, abdominal pain, dental caries, gastric disorders, skin diseases, injuries and ocular diseases. In children under five years, the main (72 %) complaints during medical consultation include fever, respiratory tract infections and diarrhoea.

According to MICS-3 the perception of severity by the heads of household was relatively low (23 %) in urban areas than in rural areas (29 %). The perceived disease severity was respectively 45%, 43% and 30% in South, Centre and North Regions.

5. THE EPIDEMIOLOGICAL PROFILE OF COMMUNICABLE DISEASES (I)

We limit this first part of the epidemiological profile to the three salient diseases by their prevalence and their pressure on the health system.

***Malaria** with a 40.1 % clinical morbidity rate represents the first cause of consultation in the country. This rate varies seasonally from one region to another and remains very high among children under five years and in the rural areas. The mortality rate is estimated at 2.2 %.*

*The prevalence of **Tuberculosis** is estimated at 192 cases (all locations) with 83 cases to positive bacilloscopy per 100,000 inhabitants and a 29 per 100 000 population overall mortality rate. The increase number of reported cases is constant, passing from 2,261 (1998) to 24,589 cases (2007). The most affected regions in 2007 are respectively Littoral (5,784 cases), Centre (5,640 cases), Far North (2,515 cases and North West (2,207 cases).*

***HIV** sero prevalence was estimated around 11% in 2000 based on sentinel surveillance in pregnant women. It was estimated at 5.5 % among adults aged 15 to 49 years by the latest DHS III in 2004 with a large regional disparity, North West (8.7 %), East (8.6 %), South West (8.0 %), Yaoundé (8.3 %) city , Far-North (2.0 %) and North (1.7 %). The proportion of persons affected by HIV/AIDS varies according to age groups: 1.4 % between 15 and 19 years old, 8.9 % between 30 and 34 years old, 4.7 % between 45 and 49 years old. Men and Women living in urban areas are more likely to become seropositive.*

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ALLIANCE AND THE CENTRE FOR THE DEVELOPMENT OF BEST PRACTICES IN HEALTH

The Centre for the Development of Best Practices in Health (CDBPH) is a research unit created in June 2008 in the Yaoundé Central Hospital premises, in order to promote evidence informed health decision making with the support from a Global Health Leadership Award from IDRC – Canada. The CDBPH is a knowledge translation and exchange centre aiming at facilitating interaction between researchers and decision-makers in health. This initiative should benefit researchers in collecting, synthesising, reformatting and communicating the research evidence in user-friendly format. The CDBPH also aspires to serve the decision makers by providing capacity building and strengthening opportunities, producing research evidence summaries and identifying gaps and needs in evidence to action fields. This strategic health newsletter is the first in a series of eight to be produced with the financial support of a research grant (ID49) from the Alliance for Health Policy and Systems Research (AHPSR) to support Evidence to Policy in Low and Middle Income Countries.

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Recommended Readings on Population Health Status in Cameroon

1. *Statistical directory 2009, National Institute of statistics (NIS)*
2. *Consumption of household's surveys (ECAM II and III), NIS*
3. *Demographic and health surveys in Cameroon (EDSC II and III), NIS*
4. *Determinants on recourse to care and medicines (RSM 2004) Ministry of public health*
5. *Multiple Indicators Cluster Survey (MICS 3, 2006), INS*
6. *Health Sector Strategy of Cameroon 2001-2015, Ministry of public health*
7. *World Health Statistics Report (WHS 2009) WHO*

Main Topics of Lightings (2009-2010)

Fight against disease

Financing of demand for services and health care

Governance in health

Health promotion

Mother, child and adolescent health

Population's health status

Process mastering

Strengthening of the health system

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