Cameroon

Country Focus Areas

- Support Government in increasing its budget share for health: from 3.9 percent in 2018 to 3.97 percent in 2019 and the share of the health budget going to primary and secondary care from 8 percent in 2017 to 21 percent in 2019.
- Scale up results-based financing in disadvantaged regions, in order to improve equity in spending.
- Strengthen Kangaroo Mother Care and neonatal health care through a development impact bond, in order to reduce neonatal mortality and the number of low birthweight and preterm infants.
- Focus on adolescent reproductive health, which aims to reduce high rates of adolescent fertility and mistimed pregnancies, increase adolescent access to social services, and improve educational opportunities, especially for girls.
- Incentivize birth registration through performance-based financing, adopt international standards for the registration of events, improve the interoperability of systems, and increase registration centers and the number of civil registration officials.

RMNCAH-N Core Indicators

Maternal mortality ratio: 596 per 100,000 live births

CAMEROO

Neonatal mortality ratio: 28 per 1,000 live births

Under-five mortality ratio: **79 per 1,000 live births**

Adolescent birth rate: 122 per 1,000 women

Percent of births <24 months after the preceding birth: **21.3%**

Stunting among children under 5 years of age: **28.9%**

Moderate to severe wasting among children under 5 years of age: **4.3%**



Health Financing

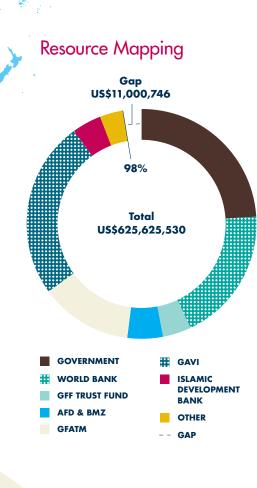
Core Indicators

Health expenditure per capita financed from domestic sources: **US\$8.60**

Ratio of government health expenditure to total government expenditures: **2.95%**

Percent of current health expenditures on primary/outpatient health care: **Not available**

Incidence of catastrophic and impoverishing health expenditures: **10.78%** catastrophic **1.86%** impoverishing



This resource mapping was conducted in

2018 and updated in 2019 and provides estimates for implementing the investment case for FY2017 to 2020. At the time of the resource mapping, there was a 2% gap in financing of the IC.

Monitoring the Country-Led Process

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC*

Country-led multi- stakeholder platform (e.g., new or established from an existing platform)

Government focal point

An inclusive country platform process with CSO engagement

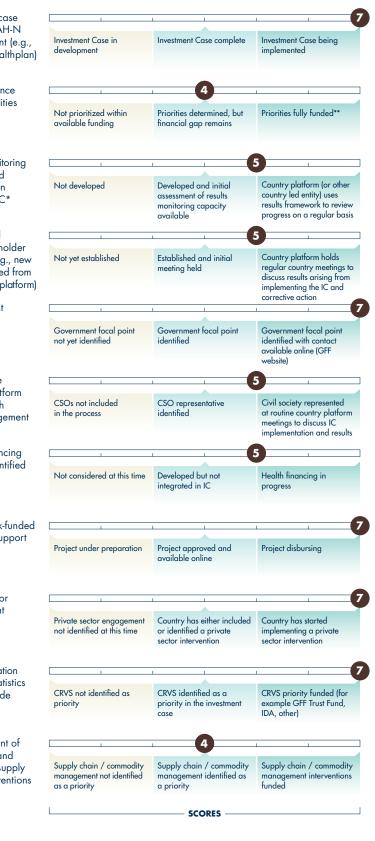
Health financing reforms identified

World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions



* Both included in the IC document or a separate document

- ** Meaning that funding was allocated, disbursed and released payment done *** ANC4 = four antenatal care visits
- ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.