# Report card

## Cameroon

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### Obesity prevalence

**Women, 2018**

![Chart showing obesity and overweight prevalence among women in 2018]

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>15-49</td>
</tr>
<tr>
<td>Sample size:</td>
<td>6088</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
<tr>
<td>References:</td>
<td>Demographic Health Survey, Cameroon, 2018 (in french)</td>
</tr>
<tr>
<td>Notes:</td>
<td>Includes ever married women age 15-49 years</td>
</tr>
</tbody>
</table>

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Children, 2013

**Survey type:** Measured

**Age:** 3-13

**Sample size:** 1343

**Area covered:** Regional


**Notes:** Urban only with a focus on socioeconomic groups, see paper for survey design

**Cutoffs:** IOTF
% Adults living with obesity in Cameroon 1998-2018

Survey type: Measured
References: For full details of references visit https://data.worldobesity.org/
Notes: Adults aged 15-49

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Cameroon 1998-2018

Survey type:Measured

References:For full details of references visit https://data.worldobesity.org/

Notes:

- Adults aged 15-49

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Women, 2018

Survey type: Measured
Age: 15-49
Sample size: 6088
Notes: Ever married women aged 15-49 years

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age

Women, 2018

Survey type: Measured
Sample size: 6088

Notes: Ever married women aged 15-49 years

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-5</td>
<td>4%</td>
<td>17%</td>
</tr>
<tr>
<td>Age 6-10</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td>Age 10+</td>
<td>1%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Survey type: Measured
Sample size: 1343
Area covered: Subnational
Notes: WHO cut-offs used
Cutoffs: WHO
Overweight/obesity by region

Women, 2018

Survey type: Measured
Age: 15-49
Sample size: 6088
Notes: Ever married women aged 15-49 years

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Women, 2018

Survey type: Measured
Age: 15-49
Sample size: 6088
Notes: Ever married women aged 15-49 years

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2013

Survey type: Measured
Age: 3-13
Sample size: 1343
Area covered: Urban only
Notes: Urban only HSES/LSES High/Low Socio Economic Status
Cutoffs: Other
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

% insufficient physical activity

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
## Estimated per-capita processed meat intake

### Adults, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Per-capita Intake (g/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Rep.</td>
<td>0.3</td>
</tr>
<tr>
<td>Burundi</td>
<td>0.5</td>
</tr>
<tr>
<td>DR Congo</td>
<td>1.0</td>
</tr>
<tr>
<td>Malawi</td>
<td>1.5</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2.0</td>
</tr>
<tr>
<td>Niger</td>
<td>2.5</td>
</tr>
<tr>
<td>Benin</td>
<td>3.0</td>
</tr>
<tr>
<td>Comoros</td>
<td>3.5</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>4.0</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>4.5</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>5.0</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>5.5</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>6.0</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 25+

**References:** Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/](http://ghdx.healthdata.org/)

**Definitions:** Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer
Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Incidence per 100,000

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
References: Global Cancer Observatory, Cancer incidence rates [http://gco.iarc.fr/] (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A885

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Lower Middle Income

Health systems summary

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.

The Cameroonian health system faces several challenges, including but not limited to; corruption, a shortage in health professionals and outdated equipment. Cameroon’s epidemiological profile is still dominated by communicable diseases such as malaria, TB and HIV/AIDS and so non-communicable diseases are not prioritised by the government or policymakers.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>No</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- High cost of out of pocket payments
- Lack of political will, interest and action
- Fragmented or failing health system
- Lack of support
- Obesity not considered a disease
- Poor health literacy and behaviour
- Lack of treatment facilities
- Cultural norms and behaviour

Summary of stakeholder feedback

Obesity is not yet considered to be disease in Cameroon and financial investment into obesity by the government is said to be non-existent. Despite prevalence being high (particularly in urban areas), there is little being done around prevention. Stakeholders called for more and better prevention policies, especially those that utilise a “life course approach”. Suggested prevention policies included those around physical activity, healthy eating and taxes on unhealthy foods. It is noted that much of the narrative around obesity is currently linked to diabetes.

It is suggested that healthcare providers only treat obesity when individuals have complications/comorbidities such as diabetes and hypertension. Equally, individuals only enter the health system when they have obesity-related health issues. Once in the system, there are limited treatment options and because of the lack of coverage. As a result, obesity treatment tends to be paid for out of pocket.

There are no guidelines for obesity treatment and no specialist obesity training available in Cameroon.

*Based on interviews/survey returns from 6 stakeholders*

Last updated: June 2020