

## Cameroon

### HIV/AIDS epidemiological summary

HIV prevalence information among antenatal clinic attendees has been available since the late 1980s from Cameroon. In Cameroon, Yaoundé and Douala are the major urban areas. HIV prevalence among antenatal women tested in the major urban areas increased from 1% in the late 1980s to 4% in 1994. In 1995, 3% of antenatal women tested in Yaoundé were HIV-positive. In 1996, 5% of antenatal women tested in Douala and Yaoundé were HIV-positive. Outside the major urban areas, HIV information is available from Bamenda, Bertoua, Garoua, Limbe, Kumba, and other areas. HIV prevalence among antenatal women tested has increased from less than 1% in 1989 to 8% in 1996. In 1996, prevalence ranged from 3% to 11%.

HIV prevalence among sex workers tested in the major urban areas increased from 6% in 1987 to nearly 30% in 1993 [HIV information for 1992 includes HIV-2]. In 1994 and 1995, 21% and 17% of sex workers tested were HIV-positive. In 1986, 1% of sex workers tested in Ngaoundéré and Nkongsamba were HIV-positive. In 1990–91, 6% of sex workers tested in Bamenda and Edea were HIV-positive. In Yaoundé, HIV prevalence among tested STI clinic patients increased from 5% in 1992 to 16% in 1996. Outside of the major urban areas, HIV prevalence among STI clinic patients tested in six sites had reached 8% in 1992. In 1994, 9% of patients tested in Banka were HIV-positive.

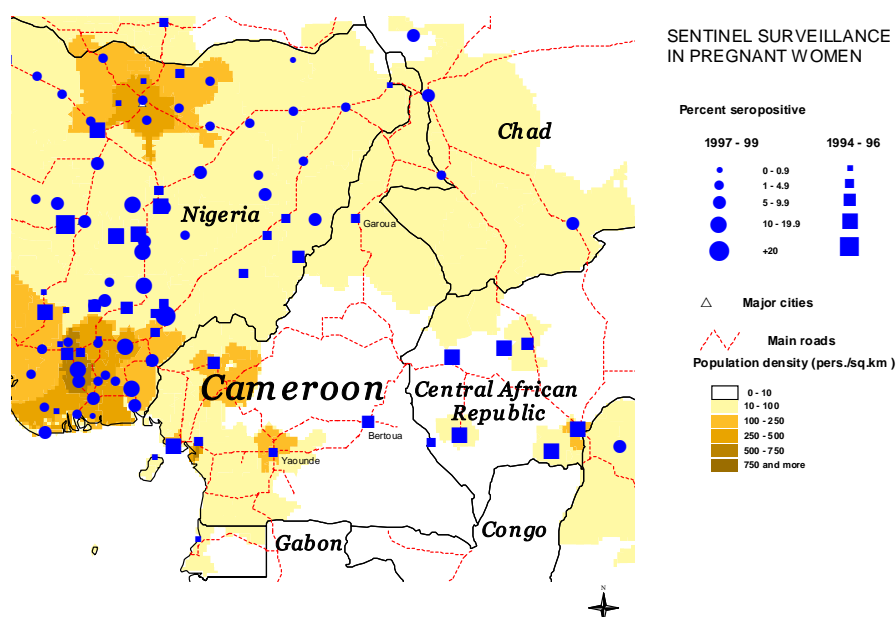
In 1993 and 1994, 15% of truck drivers tested in Douala tested positive for HIV infection. A similar study conducted in South-West and Littoral Provinces found 17% of truck drivers positive for HIV infection. In 1996, 15% of military personnel tested were HIV-positive.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	540 000	520 000	7.73	290 000	22 000

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	270 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	52 000	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	1998	15-59	6.6	-
Reported non-regular sexual partnership over a 12-month period (%)	1990	15-59	29.0	16.0

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	5.5	5.5	5.5



## Economic Impact of HIV/AIDS

### Summary of the economic impact of HIV/AIDS

No empirical data on the economic impact of HIV/AIDS on Cameroon were found in the literature review. Only international studies using models to explore the effect of AIDS on the education and health systems provided any information on the potential impact in the country. However, as with many sub-Saharan African nations, the impact will be felt in each of the sectors identified here. In households and in the agricultural sector, illness and death lead to increased expenditure, reduced savings and shifts in productivity patterns. In businesses, more detailed studies are required in order for us to understand the full impact. In education, a model developed by UNAIDS and UNICEF in 2000 shows how increasing mortality rates due to AIDS leads to discontinuity in teaching, with many pupils losing or having a change in their teachers. In the health sector, costs of a scaled-up response are equivalent to US\$ 2-3 per capita and 0.5% of GDP. Further data are also required to show how the epidemic is impacting on demand for education and health as well as how supply in the health sector might be affected by rising infection rates in health care workers.

### Macroeconomic impact

Not available

### Economic impact of HIV/AIDS on households

Not available

### Economic impact of HIV/AIDS on agriculture

Not available

### Economic impact of HIV/AIDS on firms

Not available

### Economic impact of HIV/AIDS on education

*Supply:* A model developed by UNAIDS and UNICEF in 2000 shows that, of around 830 000 primary school students, 7300 would have lost a teacher to AIDS in 1999 (1).

*Demand:* Not available

### Economic impact on the health sector

*Demand:* Not available

*Supply:* Not available

*Resource gap:* The annual costs of scaling-up HIV/AIDS programmes nationwide are estimated to be between US\$ 29 million and US\$ 45 million (2).

## Management and implementation of the national response to HIV/AIDS

### Policy formulation

#### Existence of National HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

*Comments/Key elements:* Since July 1999, Cameroon has undertaken a process of elaborating a National Strategic Plan, which will soon be finalized. Shortly, the NACP will elaborate a specific action plan focusing on youth in an academic, military, and public service setting.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**Existence of HIV/AIDS policy in the following sectors:**

Sector	Yes	No
Agriculture		X
Education		X
Health	X	
Military		X
Workplace		X
Sports		X
Others		

*Comments/Key elements:* There exist no fully elaborated policies and strategies *per se*. On the other hand, specific actions are being taken by the following sectors: a prevention project in a rural setting, with US funding of US\$ 15 000. It is being carried out by the World Bank at the initiative of the Minister of Agriculture and will affect the lives of 350 000 people in a rural setting. UNDP and WHO have, for two years now, supported the education of health professionals to treat people living with HIV/AIDS and to treat people with STIs. The NACP, in collaboration with Coopération Française, has recently taken two important initiatives in Yaoundé: the opening of a daycare hospital and the reduction of mother-to-child transmission. The project "Preventing the Sexual Transmission of HIV/AIDS in the Armed Forces and Police of Cameroon" received a subsidy from the SPDF of US\$ 102 000, from 1997 to 1999. Two important private sector initiatives in Cameroon are carrying out prevention activities: the Cameroon Development Corporation (CDC) – an agro-industrial business that has 12 000 employees and is the country's second-largest employer after the State – and the Cameroon Aluminum Company (ALUCAM), which set up a HIV/AIDS prevention programme in 1996, with the help of OPALS. In June 2000, it launched a tri-therapy treatment programme called TRICAM, with contributions from the Rothschild Hospital in Paris.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV**

Yes	No
	X

*Comments/Key elements:*

*Source:* UNAIDS Cameroon

*Date:* June 2000

**Organizational structure****Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
X	

*Comments/Key elements:* The National Committee of the Fight against HIV/AIDS is a multisectoral initiative that was set up in 1986.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**Planning and programming****Existence of national strategic plan on HIV/AIDS**

Yes	No
X	

*Comments/Key elements:* The National Strategic Plan was formulated for the third time in January 2000.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**National strategic plan on HIV/AIDS includes clearly identified priorities**

Yes	No
	X

*Comments/Key elements:* The objectives and strategic priorities of the National Strategic Plan are not clearly spelled out. A mission is expected to finalize them in July 2000.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**Existence of budget for implementation of the national strategic plan**

Yes	No
	x

*Comments/Key elements:* Multisectoral approach that, at present, is mainly part of the Ministry of Health, other sectors not yet being greatly involved. For the moment, as far as formulating a new strategic plan is concerned, a much larger participation of the other sectors is under way.

*Source:* UNAIDS Cameroon

*Date:* June 2000

**General demographic and socioeconomic indicators**

Demographic Indicators	Year	Estimate	Source
Total population (thousands)	1999	14 693	UNPOP
Population aged 15–49 (thousands)	1999	6713	UNPOP
Annual population growth (%)	1990–1998	2.8	UNPOP
% of population urbanized	1998	46	UNPOP
Average annual growth rate of urban population (%)	1990–1998	4.4	UNPOP
Economic indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	620	World Bank
GNP per capita average annual growth rate (%)	1996–1997	1.7	World Bank
Human development index rank (HDI)	2000	134	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education indicators	Year	Estimate	Source
Total adult literacy rate	1995	63	UNESCO
Adult male literacy rate	1995	75	UNESCO
Adult female literacy rate	1995	52	UNESCO
Male secondary school enrolment ratio	1996	30.3	UNESCO
Female secondary school enrolment ratio	1996	20.6	UNESCO
Health indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	39	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	13	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	550	WHO
Life expectancy at birth	1998	55	UNPOP
Total fertility rate	1998	5.3	UNPOP
Infant mortality rate (per 1000 live births)	1999	72	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990-1999	19	UNICEF/UNPOP
% of births attended by trained health personnel	1990-1999	58	UNICEF
% of one-year-old children fully immunized-DPT	1995-1998	46	UNICEF

**References**

- (1) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (2) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, April 2000.