The health workforce crisis in Cameroon and the role of geographical distribution inequality.

Author: NGALAME Alphonse Nyong

Corresponding author: Ngalame Alphonse Nyong

Email: anngalame2000@gmail.com

Author affiliation: Obstetrics and Gynecology Unit of the Douala Gyneco-Obstetric and Pediatric Hospital

Background

Cameroon is a low-income country in sub-Saharan Africa. Its population is approximately 24,379,743 inhabitants, with 56.7% living in urban areas [1]. Ministry of Health (MOH) plays the governance role of the health sector. In 2015, life expectancy at birth (years) was 56 for males and 59 for females, has one of the highest ever increasing maternal mortality rate of 782 maternal deaths per 100000 live births and an under 5 years mortality of 103 per 1000 [2].

With a GDP per capita of US$1392 and total health expenditure was 5% of GDP, this is less than the 15% recommended by the Abuja declaration. In 2015, public spending in health was 14.5%, while private out of pocket payment represented 70.3% [2]. There is no national health insurance scheme.

Figure 1: Geographical situation of Cameroon
Defining the problem

Cameroon faces a shortage in quality, quantity and geographical distribution inequality of human resources for health (HRH), with most migrating to the urban settings [3,4].

The World Health Organization (WHO) defines health workers as all people engaged in actions whose primary intent is to enhance health [5]. WHO 2016 report mentions Cameroon among the 57 countries facing a critical shortage in HRH (Doctors, Nurses and Midwives) [6,7].
Figure 2: Framework to describe and analyze health systems [8].

Figure 3: Global density of health workers and burden of disease

Source: WHO. 2006
Why is it a problem?

To attain the 3rd Sustainable Development Goal (SDG) and universal health coverage, WHO targets that 80% of all countries should halve the urban – rural health worker disparity by 2030 [9]. From the Cameroon 2011 HRH census, there were 38207 HRH, 66% in the public sector and 34% for the private (private for profit and private not for profit) sector. The health worker / population ratio was 1.07 per 1000 [2]. The recent WHO threshold is 4.45 per 1000 [3]. The 3 most urban regions of Center, Littoral and West have 55% HRH, with only 25% in the rural regions of East, Adamawa, South, North and Far North [2].

Figure 4. Regional distribution of health workers in Cameroon in 2011 [2].

Factors influencing this HRH problem include; corruption, lack of socio-economic amenities in rural areas, ageing, lack of motivation, migration, career desires, bureaucratic non-pluralistic governance, insufficient training, accreditation and limited recruitment.

Measures taken by government

1. Health Sector Strategy (HSS) for 2016 – 2027, to meet SDGs by reducing household out of pocket payments (OOP) and increase the availability of quality HRH in 80% of health facilities [2].
2. Resumption of the training of midwives in 2010.

3. Increase enrollment, training and recruitment of graduate HRH.

4. Considering rural retention bonus for qualified health workers [4].

**The way forward**

Though no simple solutions exist, government should train and recruit more HRH, implement the rural retention bonus, fight corruption, consider national health insurance and improve social amenities in rural areas.

**References**


