



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

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### **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



*Source: UN 2016*

## **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].

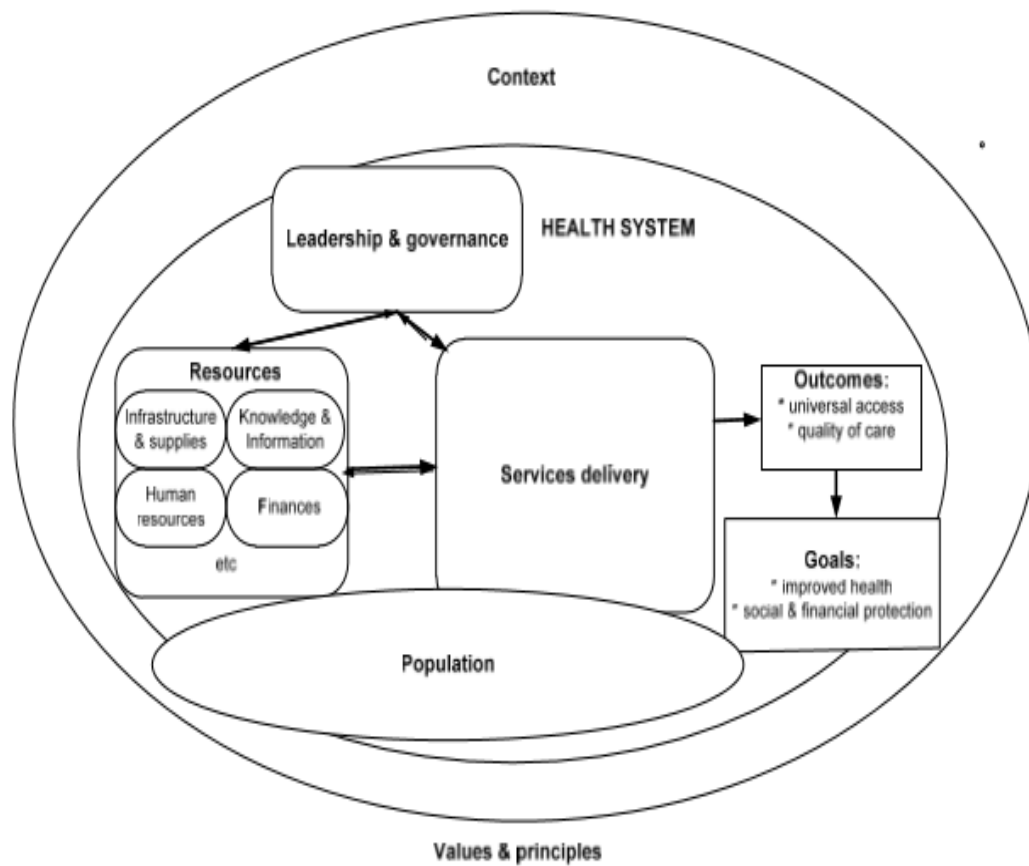
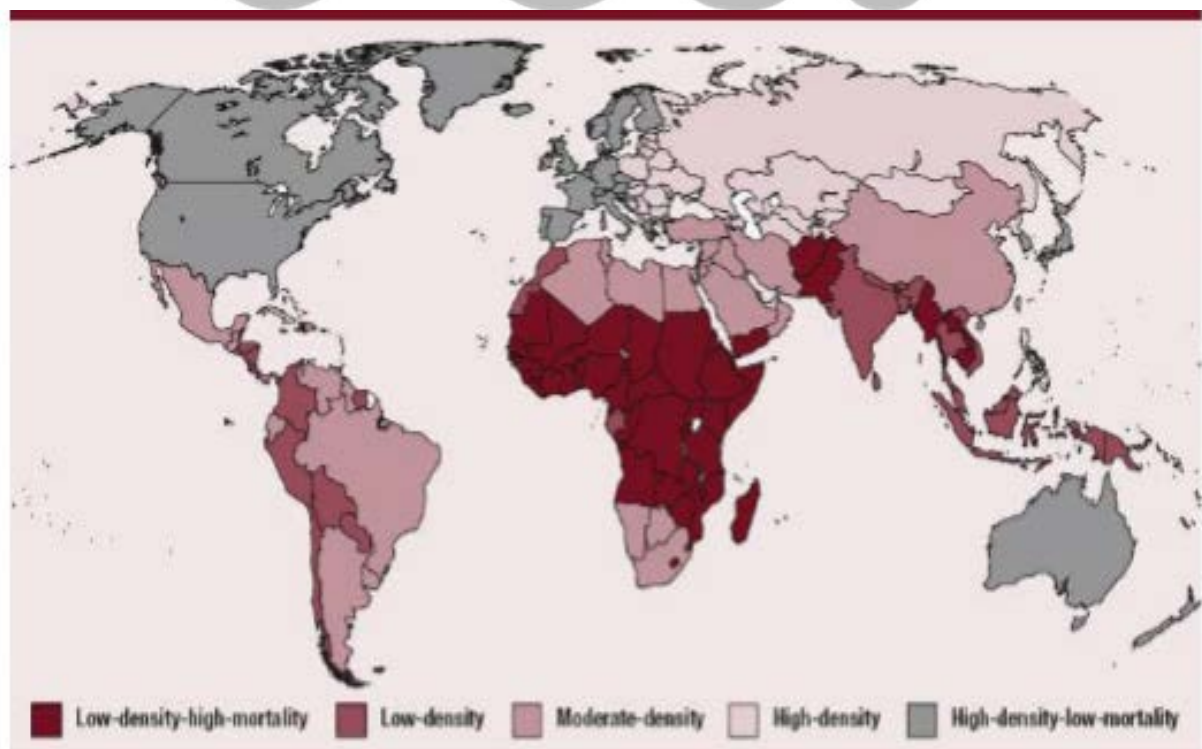


Figure 3: Global density of health workers and burden of disease



Source: WHO. 2006

## Why is it a problem?

To attain the 3<sup>rd</sup> 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].**

2011	Regions											
	AD	CE	EAST	Dispora	FN	LIT	NORTH	NW	WEST	SOUTH	SW	Total
Population (2011)	1,069,121	3,617,321	822,819	0	3,571,315	2,940,306	2,103,535	1,851,617	1,831,702	710,138	1,420,277	19,938,151
Staff / Qualification												
CHW		26	27	0	131	6	11	47	97	11	8	367
Social Worker	1	54	1	0	9	9	3	0	12	5	11	105
Other Health Professionals	7	305	55	1	176	508	26	499	555	44	237	2,413
Administrative Staff	47	770	58	0	69	191	58	184	131	64	152	1,724
Dental Surgeon	4	22	0	0	4	17	1	2	3	3	2	58
Pharmacy Clerk	5	133	42	0	166	137	92	211	234	24	134	1,178
Nurses	817	4,512	874	3	173	3,276	965	1,590	2,599	781	1,804	18,954
Physician-Generalist	38	500	53	72	71	307	42	82	116	45	94	1,420
Physician-Specialist	16	192	5	7	10	127	3	9	26	11	16	422
Paramedical practitioners	176	1,343	204	2	342	786	160	377	593	175	368	4,526
Support Staff	77	1,401	120	0	816	1,534	227	844	726	100	828	6,673
Pharmacist	7	38	4	0	12	40	8	2	26	4	21	162
Traditional-practitioners / Traditional nurses	0	0	0	0	189	0	10	0	1	1	4	205
Total	1,198	9,296	1,443	85	3,728	6,938	1,606	3,847	5,119	1,268	3,679	38,207
Percentage	3.14%	24.33%	3.78%	0.22%	9.76%	18.16%	4.20%	10.07%	13.40%	3.32%	9.63%	100%

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.

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