

Cameroon: Obesity Health System



Economic classification



Lower Middle Income¹

Health system 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 households². It is estimated that households contribute 70% of total health expenditure and 64% of households do not have access to healthcare because of high costs³. 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 and 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system faces several challenges, including but not limited to; corruption, a shortage in health professionals and outdated equipment.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.

Where is Cameroon's government in the journey towards defining 'Obesity as a disease'?



Where is Cameroon's healthcare provider in the journey towards defining 'Obesity as a disease'?



In practice, how is obesity treatment largely funded?



(●: Government, ●: Insurance, ●: Out of pocket expense, ●: Unknown)

Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?



Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?



Are there any obesity-specific treatment recommendations or guidelines published for adults?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?



Are there any obesity-specific treatment recommendations or guidelines published for children?



Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?



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Obesity prevalence

10.7%	6.5%
Women	Men
3.2%	2.6%
Girls	Boys

Overweight prevalence

21.7%	21.6%
Women	Men
10.0%	9.2%
Girls	Boys

Key prevention policies

None of note.

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, 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*

Perceived barriers to treatment

\$ High cost of out-of-pocket payments

🏠 Poor health literacy & behavior

🏛️ Lack of political will, interest and action

✗ Obesity not considered a disease

🗺️ Fragmented and/or failing health system

👤 Lack of treatment facilities

🌍 Cultural norms and traditions

👥 Lack of support

References

- <https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2019-2020> (last accessed 29.08.2019)
- <http://www.hrpub.org/download/20190430/UJPH4-17612901.pdf> (last accessed 16.12.2019)
- <http://www.hrpub.org/download/20190430/UJPH4-17612901.pdf> (last accessed 16.12.2019)

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