NEWBORN HEALTH IN CAMEROON

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Presentation outline

I. Country profile

II. Scaling up maternal and new born health (MNH)- Health system

III. Scaling up MNH- Situation analysis and policies

IV. Scaling up MNH - Situation analysis and coverage of interventions

V. Scaling up MNH - Focus on on-going RMNCH initiatives and link with regional/ global initiatives

VI. Scaling up MNH – Major Barriers

VII. Opportunities / Perspectives
Country profile

Population: 20,386,799 in 2012 (RGPH)

Surface Area: 475,650 Km²

Economic growth: 4.4% in 2012 (Economic Perspectives in Africa)

Poverty rate: 40% in 2007 (ECAM, 2007)

GNI = $1,400/Capita in 2012 (CEMAC, 2013)

Regions: 10

Health districts: 191

Health facilities: 3,677

Health person: 1.07 /1,000 inhab
Country profile
Maternal mortality

Increase of Maternal mortality
(for 100 000 living births)

Source: DHS II, III, IV

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Country profile
Neonatal mortality

Neonatal mortality (for 1000 living birth)

Source: DHS II, III, IV

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Country profile

Infant mortality

Infant (0-1 year) mortality (for 1000 living birth)

1998: 80
2004: 74
2011: 62

OMD = 22

Source: DHS II, III, IV
Country profile

Child mortality

Under-five mortality (for 1000 living birth)

MDG = 76

Source: DHS II, III, IV
## Regional disparity on newborn mortality

<table>
<thead>
<tr>
<th>Region</th>
<th>Score</th>
<th>% poor Populations (Q5+Q4) as EDS</th>
<th>Newborn Mortality</th>
<th>Home Births</th>
<th>Abscense of Post-partum Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far North</td>
<td>28</td>
<td>79.7</td>
<td>38</td>
<td>75.6</td>
<td>79.3</td>
</tr>
<tr>
<td>North</td>
<td>26</td>
<td>67.1</td>
<td>35</td>
<td>68.5</td>
<td>83.6</td>
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<tr>
<td>East</td>
<td>21</td>
<td>47.4</td>
<td>23</td>
<td>52.4</td>
<td>62.9</td>
</tr>
<tr>
<td>Adamaoua</td>
<td>20</td>
<td>39.6</td>
<td>41</td>
<td>53.7</td>
<td>50.5</td>
</tr>
<tr>
<td>Center (without Yaounde)</td>
<td>19</td>
<td>30.4</td>
<td>33</td>
<td>27.1</td>
<td>60.7</td>
</tr>
<tr>
<td>South</td>
<td>18</td>
<td>31.1</td>
<td>23</td>
<td>21.8</td>
<td>59.3</td>
</tr>
<tr>
<td>Littoral (without Douala)</td>
<td>14</td>
<td>15.1</td>
<td>34</td>
<td>6.8</td>
<td>41.1</td>
</tr>
<tr>
<td>West</td>
<td>13</td>
<td>31.1</td>
<td>16</td>
<td>5.6</td>
<td>43.1</td>
</tr>
<tr>
<td>Yaounde</td>
<td>11</td>
<td>0</td>
<td>33</td>
<td>6.6</td>
<td>41.1</td>
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<tr>
<td>North-West</td>
<td>9</td>
<td>42.7</td>
<td>26</td>
<td>4.7</td>
<td>48.2</td>
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<tr>
<td>South West</td>
<td>9</td>
<td>20.6</td>
<td>44</td>
<td>17.5</td>
<td>38.4</td>
</tr>
<tr>
<td>Douala</td>
<td>7</td>
<td>0</td>
<td>34</td>
<td>1.4</td>
<td>26.2</td>
</tr>
</tbody>
</table>
Country profile
Direct causes of neonatal and child mortality

Source: Mortality rates and number of deaths, IGME 2012, cause of death, CHERG 2012
Country profile

Direct causes of neonatal deaths

- Sepsis: 38%
- Preterm: 31%
- Asphyxia: 16%
- Malformation: 11%
- Others: 4%

Source: HGOPY, 2011
Scaling up maternal and newborn health
Health system

• Roadmap for the reduction of maternal and neonatal mortality 2006-2015;

• CARMMA plan 2011-2013;

• RH Strategic plan 2010-2015: revision ongoing, RMNCH Strategic plan 2014-2020;

• Decentralization of Health system: no real autonomy of health districts

• Funding: from Government and partners for mother and child health but no specific funding for the newborn health
Scaling up maternal and newborn health
Health system

• Birth registration is obligatory: revised law N° 2011/011 of May 6th 2011;

• Existence of national policy on exclusive breastfeeding till 6 months;

• All advertisement of breast milk substitutes forbidden: Decree N° 2005/5168/PM du 01 December 2005;

• Existence of a national human resource health development plan (midwifery schools/training, posting, career profile…)
Scaling up maternal and new born health

Health intervention coverages

- Contraceptive prevalence - modern methods
- ANC 1
- TT2+ vaccine
- IPT 2 in pregnant women
- Delivery in health facility
- Assisted delivery by health personnel
- Cesarean section
- CPoN Mere
- Exclusive breastfeeding till 6 months
- Breastfeeding within 1 hour

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Scaling up maternal and newborn health
Focus on on-going RMNCH initiatives and link with regional / global initiatives

- CARMMA
- A Promise Renewed
- Scaling up community based health interventions through community health workers to deliver an integrated package of health services;

- Improving access to MN health care: expansion of prepositioning obstetric kits, performance based Financing in pilot health districts, vouchers;

- Improving quality of health care: maternal and perinatal death audits and reviews; strengthen initial training and expand capacity building of health staff in RMNCH;

- Elimination of MTCT plan being implemented.

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Scaling up maternal and newborn health

Major barriers

Environment

- Newborn health neglected;
- 5.6% of public budget allocated to MoH;
- Inequitable distribution of health resources (HRH, EmONC, IMCI, supplies,…);
- Limited accountability at all levels;
- Insufficient supervision, coordination, integration and complementarity of health interventions.
Scaling up maternal and newborn health

Major barriers

Health care delivery

• Poor quality of health services and continuity of care;
• Weak health information system;
• Insufficient human resources (quality, quantity, and distribution);

Demand

• Financial, Geographical, and Cultural barriers to health care access;
• Weak community involvement.
Opportunities / Perspectives

• Political will: creation of a program for the reduction of MNC mortality;
• Plan for the reduction of Maternal, Neonatal and Child Health 2014 -2018 underway;
• Functional multisectoral Mother and Child Technical coordination platform;
• Commitment of SOCAPED and SOGOC;
• Decentralization;
• Creation of nutrition program.
Thanks