

REPUBLIQUE DU CAMEROUN
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REPUBLIC OF CAMEROON
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MINISTRY OF PUBLIC HEALTH

GENERAL SECRETARIAT

DEPARTMENT OF FAMILY HEALTH

QUARTERLY BULLETIN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Q3
2025

RMNCAH Bulletin No. 003, July–September 2025
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1. EDITORIAL

The Family Health Directorate (DSF) is responsible for developing and monitoring the implementation of government policy on reproductive health and programs to combat maternal and child morbidity and mortality. This quarterly bulletin highlights the monitoring of reproductive, maternal, newborn, child and adolescent health (RMNCAH) through the analysis of data from DHIS2 (District Health Information Software), with a view to contributing to the achievement of the strategic objectives defined in the RMNCAH-Nut 2024-2030 National Strategic Plan.

This bulletin provides accurate information for informed decision-making on reproductive health and serves as an advocacy tool for policymakers, health professionals, and technical and financial partners.

This publication, in line with the agenda for transforming the health system in Cameroon, informs its readers about the activities carried out by the DSF in the fight to reduce maternal, neonatal and infant mortality in the era of Universal Health Coverage (UHC).

The Director of Family Health

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2. EXECUTIVE SUMMARY

In the third quarter of 2025, Cameroon recorded notable improvements in the area of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH). The completeness of monthly reports remained high (98.2%), while neonatal mortality declined slightly, from 6 to 5 deaths per 1,000 live births. Neonatal care also showed progress, with 85% of asphyxiated newborns successfully resuscitated and 47% of preterm infants benefiting from Kangaroo Mother Care.

However, major challenges persist. The maternal mortality ratio increased from 187 to 232 deaths per 100,000 live births, and only 51% of maternal deaths were reviewed. Antenatal care indicators remain a cause for concern, with late initiation of care (only 18% of women attending their first antenatal visit before 16 weeks of gestation), poor retention in care (insufficient ANC5+ coverage), and nearly half of women (45%) delivering without skilled birth attendance.

Gaps in the prevention of mother-to-child transmission (PMTCT) cascade remain critical. An estimated 31.8% of expected pregnant women did not attend antenatal care, and among women living with HIV who were identified, only 71.5% were initiated on antiretroviral therapy. Among HIV-exposed infants, the treatment initiation rate following a positive PCR test stands at only 40%.

Adolescent health is characterized by a high burden of sexually transmitted infections (STIs), with 15,516 reported cases. Gender-based violence remains a serious concern, with 523 reported cases of rape, of which 85% involved women.

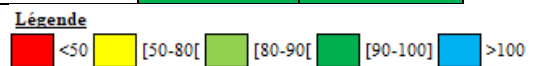
3. COMPLETENESS AND TIMELINESS OF MONTHLY ACTIVITY REPORTS

In the third quarter of 2025, Cameroon’s monthly data reporting system demonstrated overall very satisfactory performance. At the national level, data completeness reached 98%, indicating that nearly all expected reports were successfully submitted and integrated into the DHIS2 platform. Regional performance in terms of completeness was characterized by a high degree of uniformity across the country.

In contrast, the analysis of timeliness highlights significant room for improvement. While national timeliness was maintained at 91%, notable disparities were observed across regions. The North (98%) and West (96%) regions emerged as best performers in terms of timely reporting. Conversely, four regions—Centre, East, North-West, and South-West—recorded timeliness levels below 90%.

Table 1 : Completeness and timeliness of monthly report transmission in the third quarter of 2025

Region	Completeness	Timeliness
Adamawa	97%	91%
Centre	98%	88%
East	97%	88%
Far North	97%	93%
Littoral	97%	93%
North	99%	98%
North-West	92%	84%
West	99%	96%
South	99%	94%
South-West	97%	89%
National	98%	91%

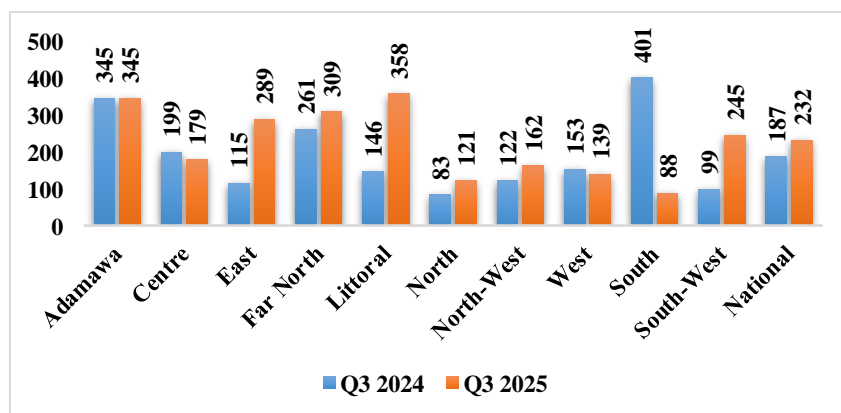


Source : DHIS2 Cameroon, consulted on 29th November 2025

4. MATERNAL HEALTH

4.1. Maternal mortality

Figure 1 : Comparison of maternal mortality ratios in Cameroon in the third quarter of 2024 and 2025



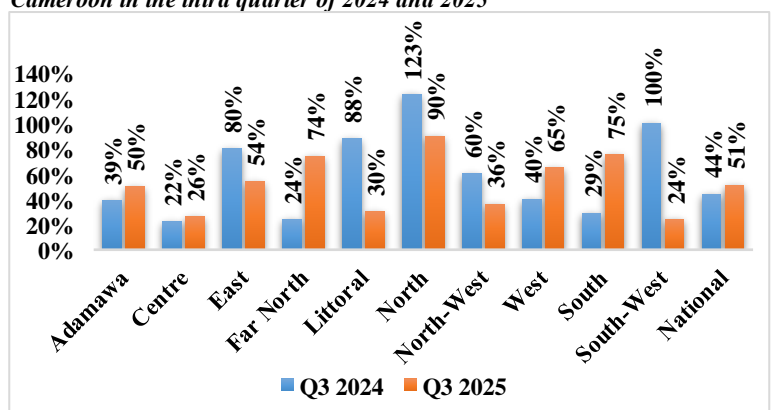
Source : DHIS2 Cameroon, consulted on 29th November 2025

At the national level, the maternal mortality ratio increased from 187 to 232 deaths per 100,000 live births (Figure 1). However, increases were recorded in the East (+174 points), Far North (+48 points), Littoral (+163 points), North (+38 points), North-West (+40 points), and South-West (+146 points) regions, while the South region experienced a sharp decline, from 401 to 88 deaths per 100,000 live births.

As part of the response to maternal death surveillance, 51% of maternal deaths recorded during the third quarter of 2025 were reviewed, representing an improvement compared to the same period in 2024. However, weaker performance in the review of maternal deaths was observed in the South-West (24%), Centre (26%), Littoral (30%), and North-West (36%) regions (Figure 2).

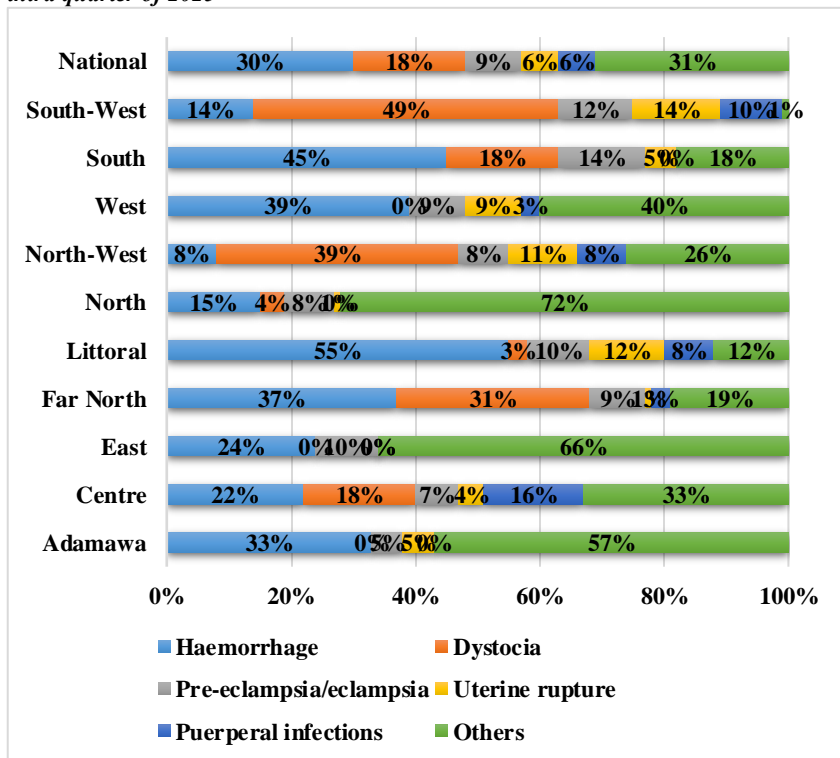
Overall, maternal death reviews remain far from optimal, and the quality of the reviews is still insufficient. There is an urgent need to strengthen capacity building and training of Maternal and Perinatal Death Surveillance and Response (MPDSR) actors at all levels.

Figure 2 : Comparison of the proportion of reviewed maternal deaths in Cameroon in the third quarter of 2024 and 2025



Source : DHIS2 Cameroon, consulted on 29th November 2025

Figure 3 : Contribution of causes to maternal deaths in 2025 (%) in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

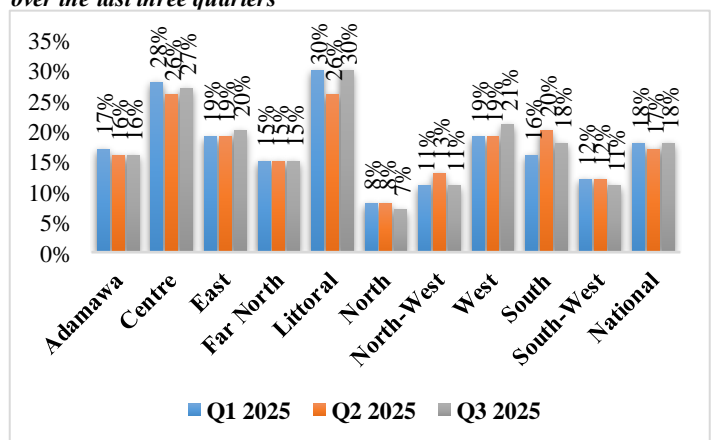
The causes of maternal mortality in the third quarter of 2025 remained unchanged. Obstetric haemorrhage accounted for up to 30% of maternal deaths at the national level (Figure 3). The category of *other causes* emerged as the leading cause of maternal mortality overall, while maternal deaths resulting from complications related to dystocia accounted for 18% of maternal deaths during the same period.

In the Littoral region, obstetric haemorrhage was the leading cause of maternal mortality, accounting for 55% of recorded deaths, followed by the South, West, and Far North regions. The category of *other causes* was the predominant cause of maternal death in the North, East, and Adamawa regions, representing 72%, 66%, and 57% of deaths, respectively.

4.2. Prenatal consultation

Overall, national coverage of antenatal care remains below the 80% target for most indicators. The proportion of women attending their first antenatal care visit before 16 weeks of gestation remains very low (18% at the national level), reflecting late initiation of antenatal care (Figure 4). Coverage of ANC1 (at least one antenatal visit) declined by two percentage points, with particularly low levels observed in the North-West and South-West regions (Figure 5). The most concerning indicator remains ANC5+, which reveals substantial attrition between the first antenatal visit and completion of the recommended schedule of care, thereby limiting the provision of adequate care throughout pregnancy (Figure 6).

Figure 4 : Evolution of ANC1 coverage before 16 weeks in Cameroon over the last three quarters



Source: DHIS2 Cameroon, consulted on 29th November 2025

Figure 5 : Change in ANC1 coverage (1st contact) over the last three quarters of 2025

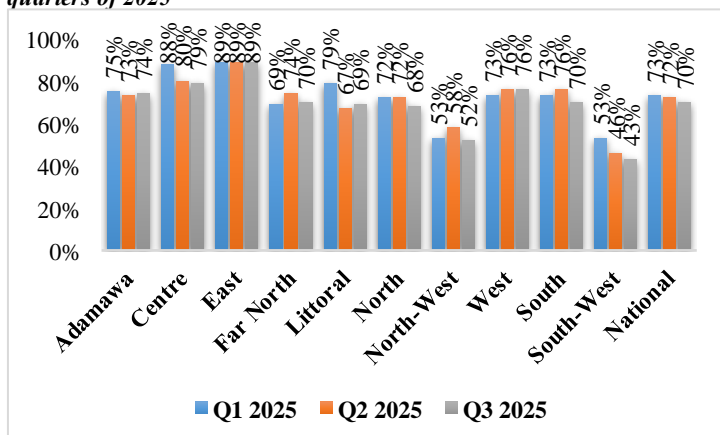
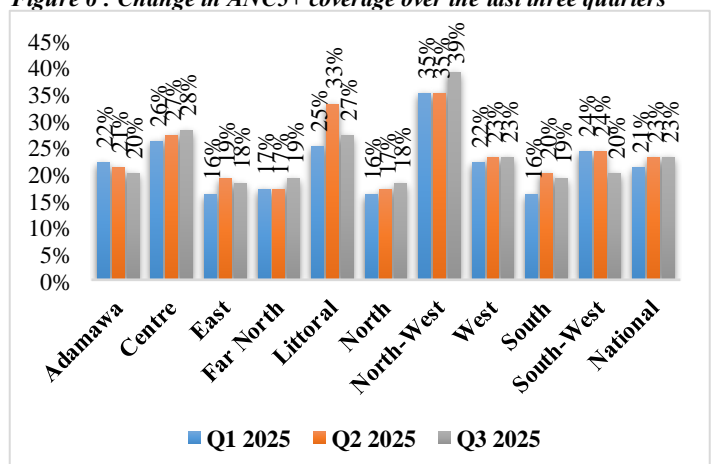


Figure 6 : Change in ANC5+ coverage over the last three quarters



Source: DHIS2 Cameroon, consulted on 29th November 2025

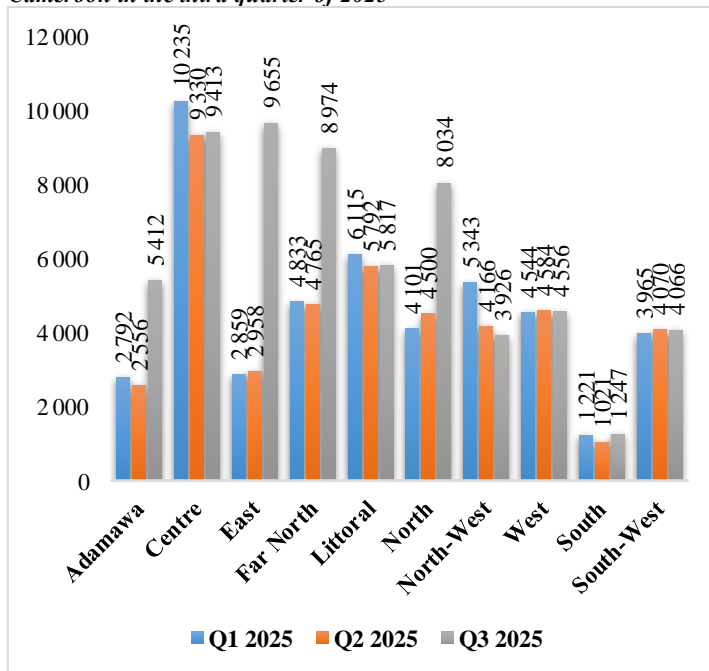
Source: DHIS2 Cameroon, consulted on 29th November 2025

4.3. Family planning

Overall, the number of new family planning acceptors remained stable between the first and second quarters of 2025. During the third quarter, however, the number of new acceptors nearly doubled in the Adamawa, East, North, and Far North regions, in contrast to other regions where levels remained relatively stable.

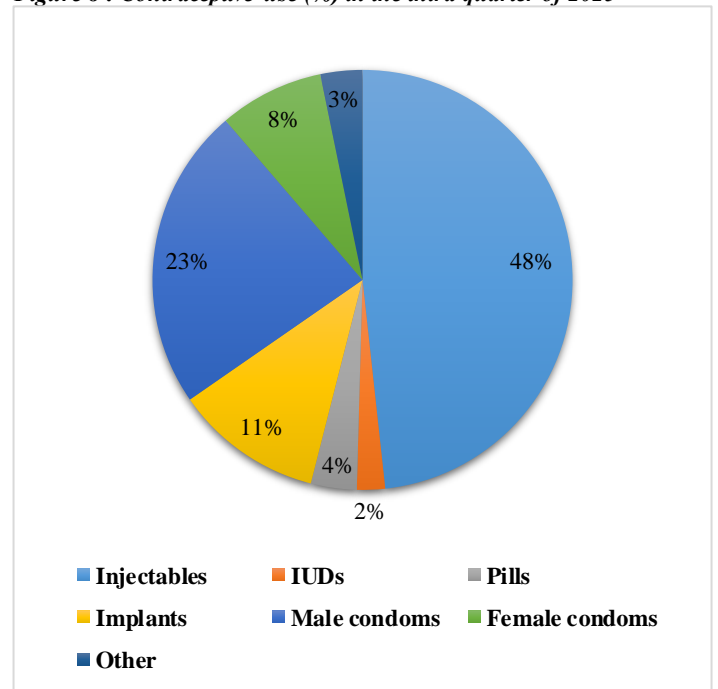
The third quarter was characterized by a predominance of short- and medium-acting contraceptive methods, notably injectables (23%) and male condoms (48%). Long-acting reversible contraceptive methods were less frequently used, with intrauterine devices (IUDs) accounting for 2% and implants for 11%, while female condoms were minimally utilized (8%). This distribution reflects a service delivery profile oriented toward methods that are easily accessible and reversible. The continued use of male condoms remains positive for dual protection against unintended pregnancy and sexually transmitted infections (STIs) (see Figures 7 and 8).

Figure 7 : Number of new users of modern family planning methods in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

Figure 8 : Contraceptive use (%) in the third quarter of 2025



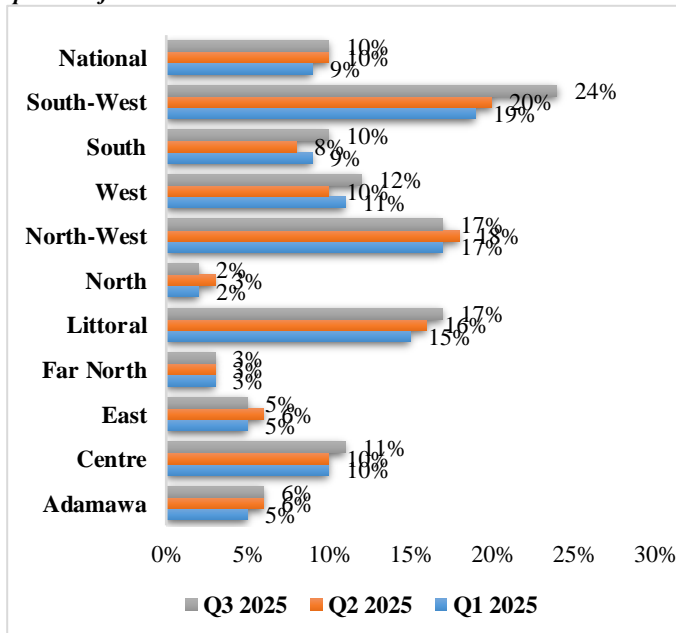
Source: DHIS2 Cameroon, consulted on 29th November 2025

4.4. Caesarean sections and deliveries assisted by skilled personnel

The caesarean section rate in the third quarter of 2025 remained stable at 10% at the national level compared to the previous quarter. This level falls within the recommended optimal range. However, marked regional disparities are clearly observed. While lower rates were recorded in the North (2%), Far North (3%), and East (5%) regions, very high rates were observed in the South-West (24%), North-West (17%), and Littoral (17%) regions (Figure 9).

Access to caesarean section is essential to improve outcomes in cases of dystocia (prolonged or obstructed labour). While access to caesarean delivery needs to be strengthened in some regions where it is insufficient, there is a risk of overmedicalization in others, potentially leading to inefficient allocation of resources.

Graphic 9 : Caesarean section rates in Cameroon in the third quarter of 2025

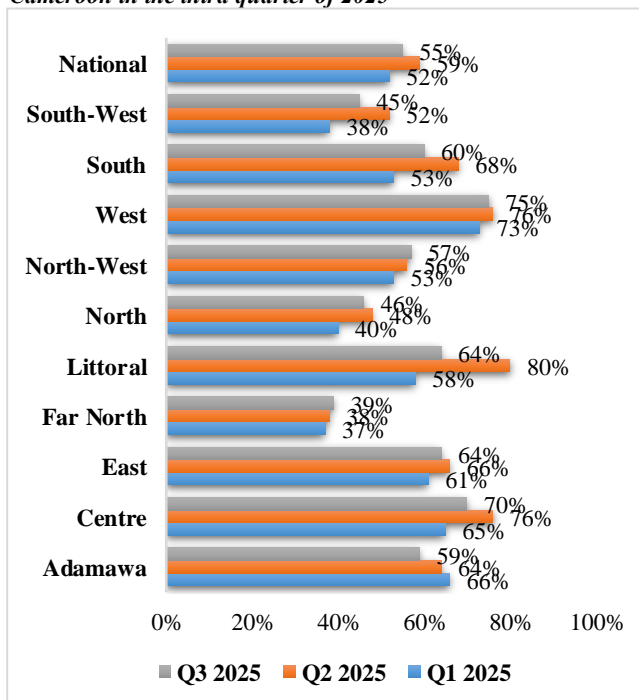


Source: DHIS2 Cameroon, consulted on 29th November 2025

The proportion of pregnant women who had access to skilled birth attendants in health facilities during the third quarter of 2025 was 55% at the national level, representing a 4% decline compared to the previous quarter. The lowest levels of performance were recorded in the Far North (39%), North (46%), and South-West (45%) regions, while the West (75%), Centre (70%), and Littoral (64%) regions reported better performance, although these levels remain suboptimal (Figure 10).

Access to appropriate perinatal care improves childbirth outcomes. The suboptimal level of this indicator highlights the need to intensify efforts to address financial barriers, as well as patient- and provider-related constraints that hinder access to care for pregnant women, which could substantially improve pregnancy outcomes nationwide.

Graphic 10 : Proportion of births attended by skilled personnel in Cameroon in the third quarter of 2025



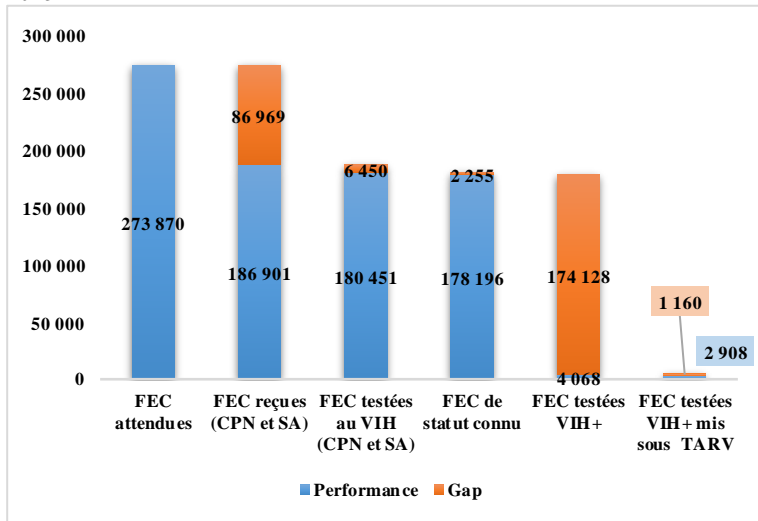
Source: DHIS2 Cameroon, consulted on 29th November 2025

4.5. Prevention of mother-to-child transmission of HIV

In the third quarter of 2025, an estimated 273,870 pregnant women were expected, of whom 186,901 attended antenatal care (ANC) or delivery services, corresponding to a service uptake rate of 68.2%. Nevertheless, a gap of 31.8% was recorded, representing 86,969 expected pregnant women who did not benefit from antenatal care. Among those who attended services, 180,451 were tested for HIV, reflecting a testing coverage of 96.5%. Following testing, 178,196 women were aware of their HIV status, representing 98.8% of those tested. A total of 4,068 HIV-positive pregnant women were identified, of whom 2,908 were initiated on antiretroviral therapy, leaving 1,160 without treatment and resulting in a treatment coverage of 71.5%.

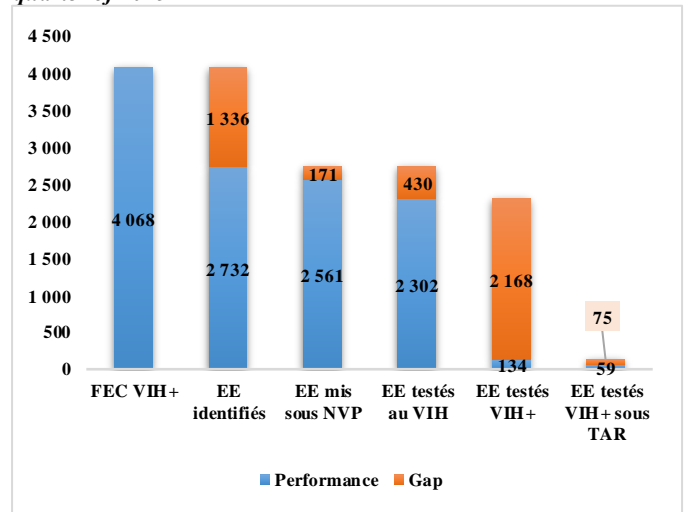
Analysis of the cascade of care for HIV-exposed infants shows that 2,732 exposed infants were identified, among whom 2,561 (93.7%) were initiated on nevirapine syrup. Overall, 2,302 HIV-exposed infants were tested using PCR among the 2,732 identified (84.3%), with 134 (5.8%) testing positive. Of these, only 59 were initiated on treatment, corresponding to a treatment initiation rate of 40.0%. This level remains insufficient, leaving 55.0% of HIV-positive infants without known follow-up, thereby compromising progress toward elimination targets.

Figure 11 : PMTCT cascade for mothers in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

Figure 12 : PMTCT cascade for mothers in Cameroon in the third quarter of 2025

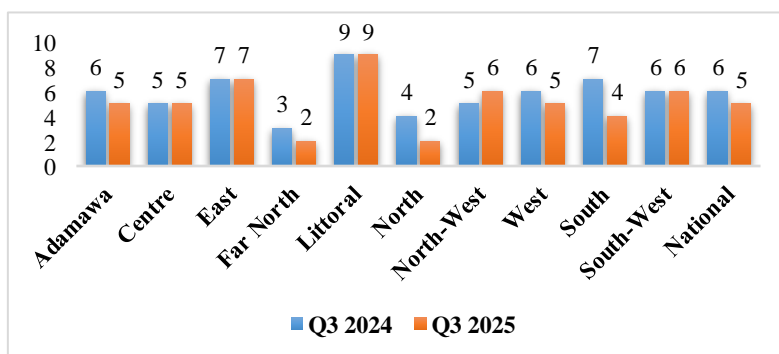


Source: DHIS2 Cameroon, consulted on 29th November 2025

5. NEONATAL HEALTH

5.1. Neonatal mortality and stillbirths

Figure 133 : Neonatal mortality rate per 1,000 live births in Cameroon in the third quarter of 2025

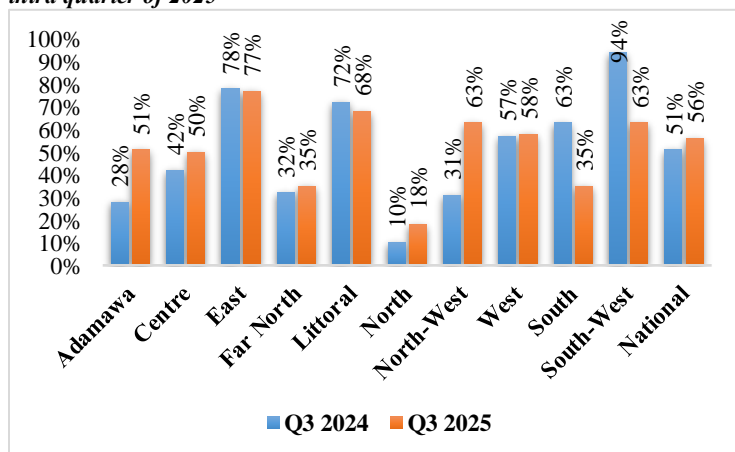


Source: DHIS2 Cameroon, consulted on 29th November 2025

The neonatal mortality rate declined from 6 to 5 per 1,000 live births between the third quarter of 2024 and the third quarter of 2025 (Figure 13). This decrease was observed in nearly all regions, except in the North-West region. The Littoral region continues to record the highest neonatal mortality rates above the national average, with no change between the two periods.

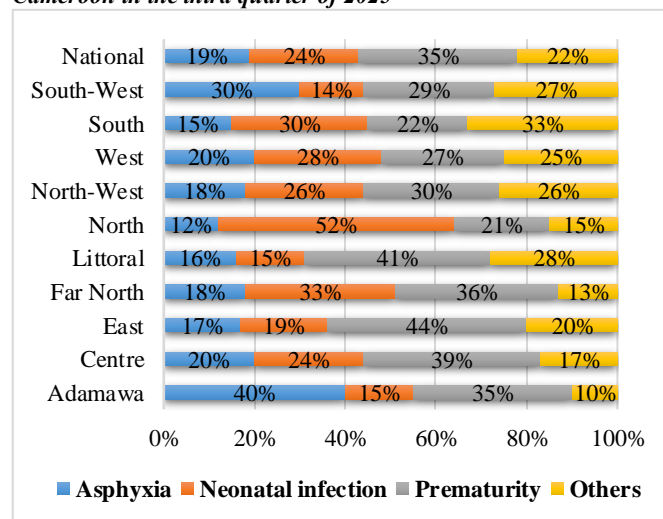
Overall, the proportion of neonatal deaths reviewed increased, except in the South and South-West regions. Across the country, three main causes of neonatal mortality predominate: prematurity, neonatal infection, and asphyxia, although their relative contribution varies considerably by region. At the national level, prematurity is the leading cause, accounting for 35% of neonatal deaths, followed by neonatal infection (24%), other causes (22%), and asphyxia (19%).

Figure 14 : Proportion of reviewed neonatal deaths in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

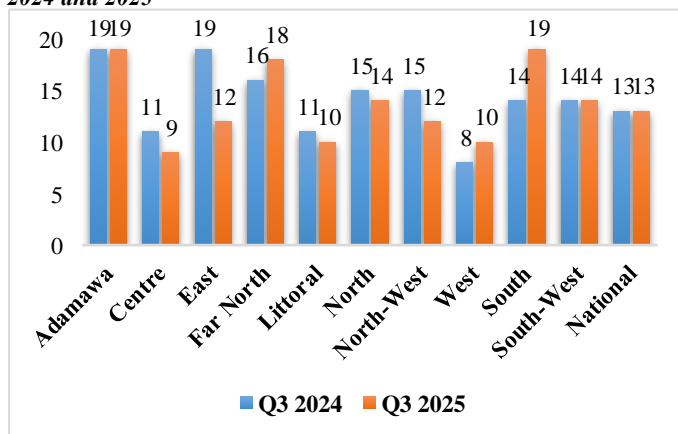
Figure 15 : Contribution of causes to neonatal deaths (%) in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

Stillbirth rates remained unchanged, with a level of 13 fetal deaths per 1,000 births. The Adamawa and South-West regions recorded the highest risk of stillbirth.

Figure 16 : Stillbirth rate per 1,000 births in Cameroon in the third quarter of 2024 and 2025

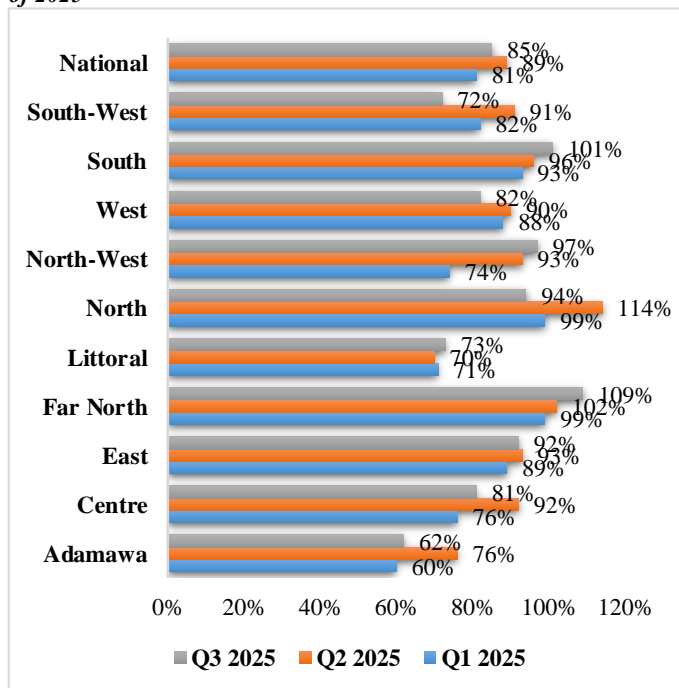


Source: DHIS2 Cameroon, consulted on 29th November 2025

5.2. Newborn care

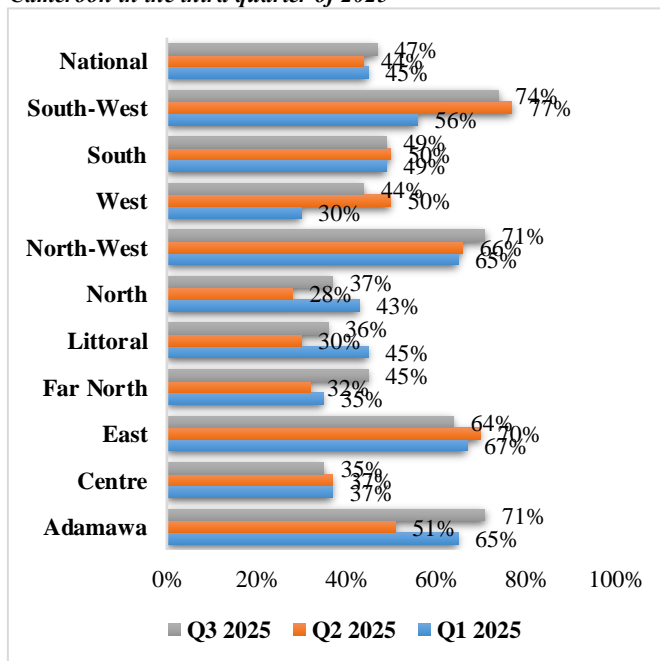
Kangaroo Mother Care (KMC) covered 47% of vulnerable newborns during the third quarter of 2025; however, coverage remained relatively low in the Centre (35%), Littoral (36%), and North (37%) regions (Figure 18). In addition, 85% of newborns born with asphyxia were resuscitated using bag-and-mask ventilation at the national level in Q3 2025 (Figure 17).

Figure 17 : Proportion of newborns born asphyxiated and resuscitated with a mask and bag in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

Figure 18 : Proportion of premature and/or low birth weight newborns cared for using the Kangaroo Mother Care method in Cameroon in the third quarter of 2025



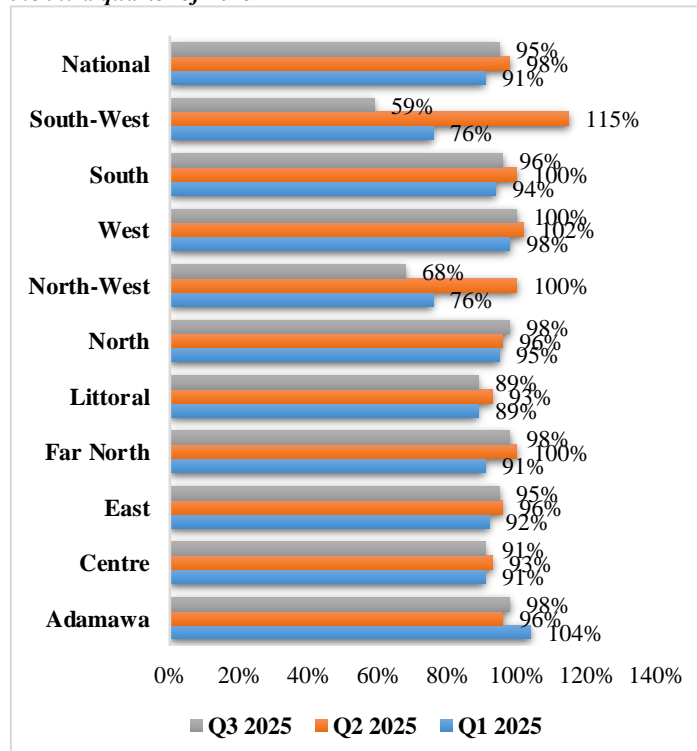
Source: DHIS2 Cameroon, consulted on 29th November 2025

6. CHILD HEALTH

4.1. Integrated child care

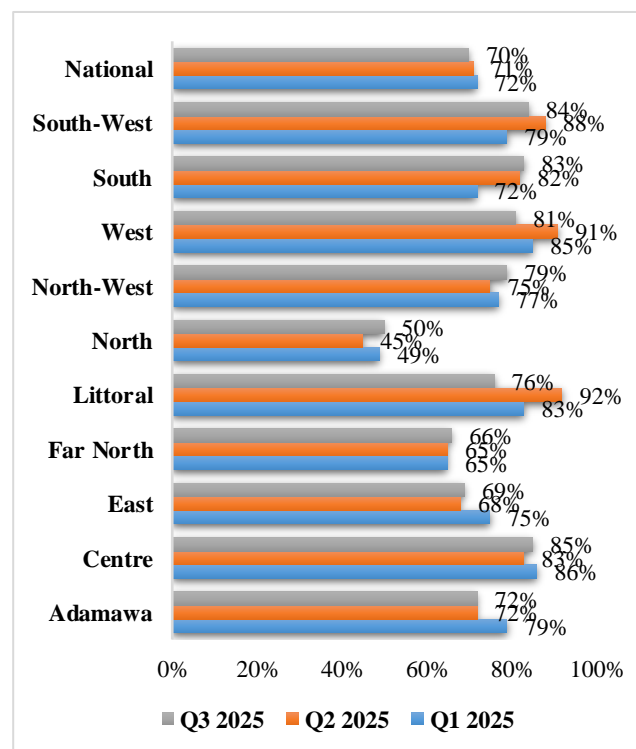
Overall, the management of pneumonia remains satisfactory, with a national treatment rate above 90%, although coverage remains low in the North-West and South-West regions of Cameroon. With regard to diarrhoea, the use of oral rehydration salts plus zinc (ORS + Zinc) remained stable at 70% nationally, but continued to be low in the North region (50%) during the third quarter of 2025.

Graphic 19 : Proportion of children aged 0 to 59 months suffering from pneumonia who received antibiotic treatment in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

Graphic 20 : Proportion of children aged 0 to 59 months who received ORS + ZINC (oral rehydration salts and zinc) therapy for diarrhoea in Cameroon in the third quarter of 2025



Source: DHIS2 Cameroon, consulted on 29th November 2025

7. HEALTH OF ADOLESCENTS AND OTHER TARGET GROUPS

5.1. Gender-based violence (GBV)

Data from the third quarter of 2025 reported 496 cases of rape, highlighting the high vulnerability of women, who accounted for 88.1% of victims—nearly nine out of ten cases. This situation confirms the persistence of gender inequalities. Geographic analysis revealed clusters of high reporting in the Centre, West, and Littoral regions. Conversely, the North (4 cases) and Adamawa (9 cases) recorded the lowest numbers, which may reflect either genuinely low incidence or significant underreporting and/or limited access to reporting services. Strengthening reporting mechanisms and addressing cultural and security-related barriers that prevent victims from coming forward is therefore essential. However, data on case management are not yet available in the health information system.

Table 2 : Number of rape cases recorded in health facilities in Cameroon in the third quarter of 2025

Region	Male	Female	Total
Adamawa	3	10	13
Centre	12	108	120
East	1	38	39
Far North	4	38	42
Littoral	13	48	61
North	1	9	10
North-West	12	56	68
West	6	71	77
South	1	14	15
South-West	24	54	78
National	77	446	523

Source: DHIS2 Cameroon, consulted on 29th November 2025

5.2. Sexually Transmitted Infections (STIs) in adolescents

Data from the third quarter of 2025 indicate a high number of adolescents (15,516) who sought care for sexually transmitted infections (STIs) in health facilities. This situation reflects both the existence of active sexual behaviour among adolescents, sometimes involving unprotected sexual intercourse, and the persistence of a high risk of STIs and HIV in this age group. The magnitude of the problem is particularly concerning in certain regions, notably the Centre, East, and Littoral, where the number of adolescents presenting with STIs is especially high.

With regard to standards-based case management, although national coverage is encouraging at 85%, it masks significant regional disparities. Performance in terms of quality of care, measured by adherence to standards, is excellent in the North (97%) and Far North (90%). However, STI case management performance remains suboptimal in the Adamawa (83%), Centre (79%), Littoral (85%), South (79%), and South-West (54%) regions, and requires targeted actions and interventions to improve outcomes.

Table 3: Sexually Transmitted Infections (STIs) among adolescents in Cameroon in the third quarter of 2025

Region	Number of adolescents treated at health facility for STIs	Number of adolescents received in health facility for STIs and treated according to standards	Proportion of adolescents received in health facility for STIs and treated according to standards
Adamawa	809	673	83%
Centre	3 867	3 062	79%
East	2 973	2 562	86%
Far North	1 517	1 360	90%
Littoral	2 104	1 793	85%
North	1 133	1 098	97%
North-West	719	638	89%
West	1 506	1 334	89%
South	643	511	79%
South-West	245	133	54%
National	15 516	13 164	85%

Source: DHIS2 Cameroon, consulted on 29th November 2025

8. ACTIVITIES CARRIED OUT IN THE THIRD QUARTER OF 2025

- Participation in maternal death review sessions in selected health facilities;
- Investigation of neonatal deaths in the South region;
- Convening of the National MPDSR Committee;
- Transmission of MPDSR policy documents to the Africa CDC for advocacy purposes;
- Workshop on the development of a demand generation plan for the hormonal intrauterine device in Cameroon;
- Workshop for the revision and validation of PMTCT performance standards;
- Feedback meeting on integrated, multisectoral PMTCT/PECPA supervision missions conducted in the Centre, Littoral, North-West, and South-West regions;
- Meetings of the HIV/Syphilis Duo-test Task Force.

9. RECOMMENDATIONS

9.1 Maternal Health

- **Problem:** Late initiation and limited access to antenatal care (ANC) services in the **North-West and South-West** regions.
 - **Recommended action:** Strengthen targeted community sensitization to reduce barriers to access to ANC services.
 - **Expected result:** Increased early initiation of antenatal care in the North-West and South-West regions.
- **Problem:** Low coverage of deliveries assisted by skilled health personnel in the **Far North, North, and South-West** regions.
 - **Recommended action:** Improve birth preparedness through capacity building of health providers, sensitization of couples, and organization of obstetric transport.
 - **Expected result:** Increased proportion of deliveries assisted by skilled health personnel in the targeted regions.
- **Problem:** High caesarean section rates and weak standardization of obstetric indications in the **South-West, North-West, and Littoral** regions.
 - **Recommended action:** Strengthen the quality of antenatal follow-up and standardize indications for caesarean section.
 - **Expected result:** Reduction in non-medically indicated caesarean sections in the concerned regions.
- **Problem:** Weak performance of the Maternal and Perinatal Death Surveillance and Response (MPDSR) system in the **Far North, North, and South-West** regions.
 - **Recommended action:** Strengthen the capacities of maternal and perinatal death review committees.
 - **Expected result:** Improved completeness and quality of maternal death reviews in the targeted regions.

9.2 Child Health

- **Problem:** Inadequate management of diarrhoea among children under five years of age in the **North** region.
 - **Recommended action:** Strengthen implementation of IMCI guidelines and ensure continuous availability of oral rehydration salts (ORS) and zinc in health facilities.
 - **Expected result:** Increased use of ORS plus zinc for the treatment of diarrhoea among children under five in the North region.
- **Problem:** Low coverage of pneumonia treatment among children under five years of age in the **North-West and South-West** regions.
 - **Recommended action:** Strengthen implementation of IMCI protocols and build provider capacity in pneumonia case management.
 - **Expected result:** Improved coverage and quality of pneumonia treatment among children under five in the North-West and South-West regions.

9.3 Adolescent Health and Other Target Groups

- **Problem:** Stagnation or decline in the number of new family planning users among adolescents and young people in the **South, Littoral, West, North-West, and South-West** regions.
 - **Recommended action:** Stimulate demand and strengthen supply of adolescent- and youth-friendly family planning services in the concerned regions.
 - **Expected result:** Increased number of new family planning users among adolescents and young people in the South, Littoral, West, North-West, and South-West regions.
- **Problem:** Inadequate management of sexually transmitted infections (STIs) among adolescents in **Adamawa (83%), Centre (79%), Littoral (85%), South (79%), and South-West (54%)** regions.
 - **Recommended action:** Strengthen the quality of STI case management for adolescents in the identified regions.
 - **Expected result:** Improved proportion of adolescents receiving STI care in accordance with standards in Adamawa, Centre, Littoral, South, and South-West regions.

9.4 PMTCT

- **Problem:** Low coverage of antenatal care and PMTCT services, with **31.8% of expected pregnant women not attending ANC**.
 - **Recommended action:** Improve geographic and community accessibility to ANC and PMTCT services through advanced and mobile strategies.
 - **Expected result:** Increased proportion of pregnant women attending ANC and enrolled in the PMTCT cascade.
- **Problem:** Insufficient initiation of antiretroviral therapy among pregnant women living with HIV, with only **71.5% initiated on ART**.

- **Recommended action:** Strengthen early identification of HIV-positive pregnant women and rapid initiation of antiretroviral therapy.
- **Expected result:** Increased proportion of HIV-positive pregnant women initiated on ART in line with national guidelines.
- **Problem:** Significant loss to follow-up of pregnant women, breastfeeding women, and partners along the PMTCT cascade.
 - **Recommended action:** Implement community-based active case-finding and follow-up strategies for pregnant women, breastfeeding women, and partners lost to follow-up.
 - **Expected result:** Reduced loss to follow-up and improved continuity of care throughout the PMTCT cascade.
- **Problem:** Low treatment initiation among HIV-positive exposed infants, with only **40% initiated on treatment following a positive PCR test.**
 - **Recommended action:** Strengthen active tracing, rapid referral, and comprehensive management of identified HIV-positive exposed infants.
 - **Expected result:** Increased ART initiation rates among HIV-positive exposed infants and improved progress toward elimination targets.