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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 first quarter of 2025, Cameroon made significant progress in RMNCAH, with 99% completeness of reporting, a decline in the maternal mortality ratio from 180 to 138 per 100,000 live births and improved neonatal care (81% of asphyxiated newborns resuscitated, 45% placed on Kangaroo Mother Care). However, significant challenges remain: delayed initiation and poor continuity of antenatal consultations, nearly half of women delivering without skilled birth attendants, Cesarean section rates below the WHO threshold except for elevated rates in the North-West and South-West, increased neonatal mortality (6/1000), high rates of teenage pregnancy, concerning levels of STIs and gender-based violence, and persistent gaps in the PMTCT cascade (22% of HIV-positive pregnant women not placed on ARV treatment). Major interventions have been undertaken, including the validation of the 2024–2030 National Strategic Plan for RMNCAH, the provision of equipment to 60 obstetric and neonatal care units, and the strengthening of the supply chain for commodities via CENAME. These results reflect both encouraging achievements and the need to strengthen efforts to sustainably reduce maternal, neonatal and infant mortality in Cameroon.

3. COMPLETENESS AND TIMELINESS OF MONTHLY ACTIVITY REPORTS

In the first quarter of 2025, the completeness of monthly reports reached 100% at the national level, reflecting strong engagement of health facilities and regional teams in data reporting. Although timeliness improved markedly compared with 2024 (90% in Q1 2025 versus 52% in Q1 2024), it remains insufficient in some regions. This considerable increase is attributable to the late availability of Monthly Activity Report forms in the first quarter of 2024. The North-West (81%), South-West (80%), Centre (89%) and Adamawa (88%) regions did not meet the 90% target. The challenges identified include insecurity and difficulties in transmitting reports electronically through the DHIS2 portal.

Table1 : Completeness and timeliness of monthly report transmission in the first quarter of 2025

Region	Completeness		Timeliness	
	Q1 2024	Q1 2025	Q1 2024	Q1 2025
North	100	100	63	99
Far North	97	98%	58	93
South	99%	100%	54	92
Coastal	95	98%	51	92
East	99%	99%	55	91
West	99	99%	56	91
Centre	99%	99%	51	89
Adamawa	99	100%	49	88
North-West	96%	94%	42	81
South-West	94	97%	45	80
National	98%	99%	52	90

Source: DHIS2 Cameroon, consulted on 5 September 2025

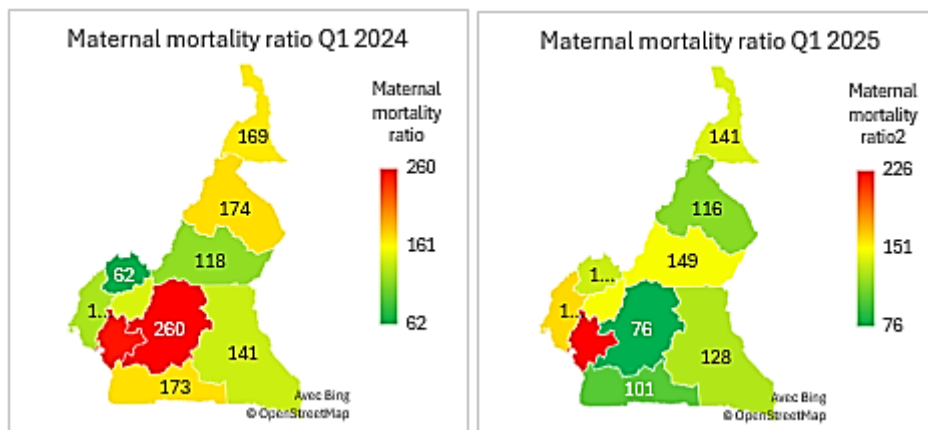
Legend

< 50% [80; 90[[50; 80[[90; 100]

4. MATERNAL HEALTH

4.1. Maternal mortality

Graph1 : Comparison of maternal mortality ratios in Cameroon in the first quarter of 2024 and 2025

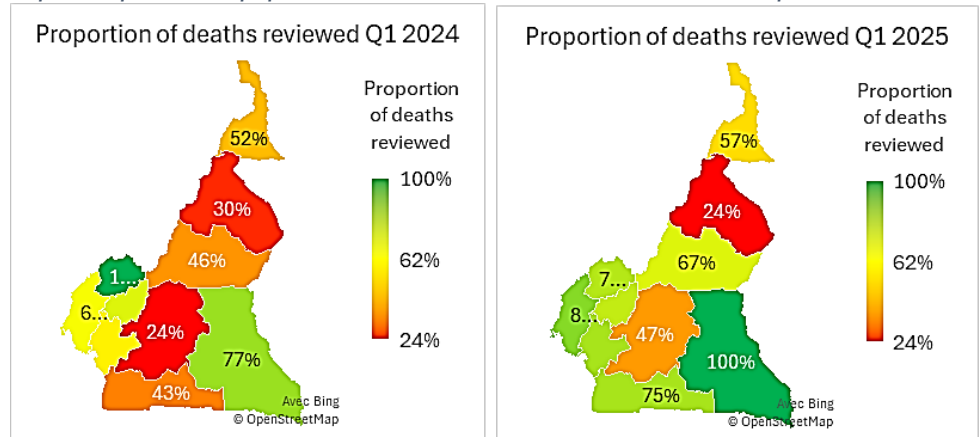


Source: DHIS2 Cameroon, consulted on 5 September 2025

At the national level, the maternal mortality ratio (MMR) decreased from 180 to 138 deaths per 100,000 live births (Graph 1). However, Adamawa (+31 points), North-West (+74 points), West (+2 points) and South-West (+27 points) recorded increases, while the Centre declined sharply from 260 to 76.

Graph2 : Comparison of the proportion of reviewed maternal deaths in Cameroon in the first quarter of 2024 and 2025

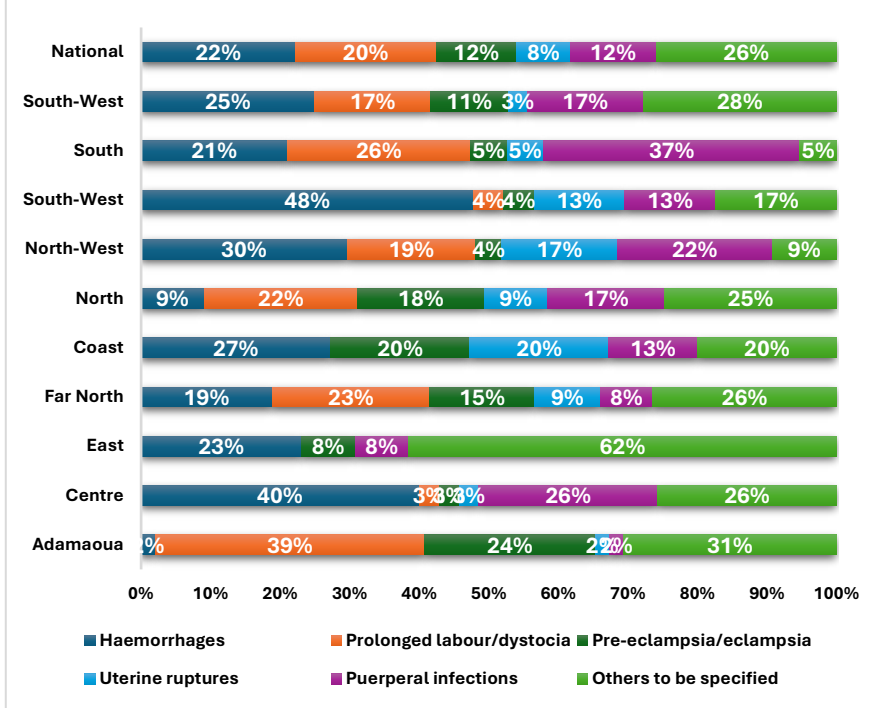
As part of the response to maternal mortality surveillance, the proportion of maternal deaths reviewed increased at the national level (48% in Q1 2024 versus 64% in Q1 2025) (Table 2). However, the review of maternal deaths remains low in the North (24%) and Centre (47%), limiting in-depth analysis of the causes and the implementation of corrective actions.



Source: DHIS2 Cameroon, consulted on 5 September 2025

The main challenges are limited availability of functional review committees, insufficient trained personnel, and logistical constraints in organizing review sessions.

Graph3 : Contribution of causes to maternal deaths in 2025 (%) in Cameroon in the first quarter of 2025



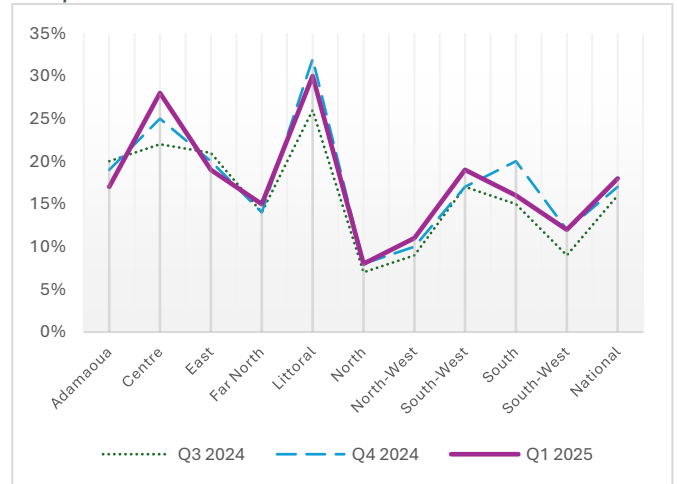
Source: DHIS2 Cameroon, consulted on 5 September 2025

The main causes of maternal deaths identified in the first quarter of 2025 are hemorrhage (22%), prolonged labor/dystocia (20%), pre-eclampsia/eclampsia (11%) and puerperal infections (12%) (Graph 2). These causes are not uniform: hemorrhage predominates in the North-West, dystocia in Adamawa, and pre-eclampsia/eclampsia in the Littoral. This regional heterogeneity calls for tailoring interventions to the epidemiological profile of each region. However, it is important to note that these causes are not classified according to the International Classification of Diseases, 11th Revision (ICD-11), as recommended by the Ministry of Health. This lack of standardization limits data comparability, the accuracy of epidemiological analyses, and the development of targeted policies.

4.2. Prenatal consultation

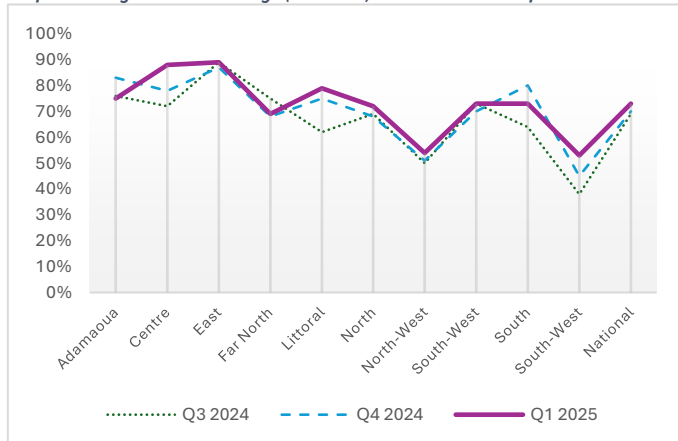
Overall, national coverage of prenatal consultations remains below the 80% target for most indicators. The proportion of women attending their first antenatal consultation (<16 weeks) remains very low, reflecting a late start to antenatal care (Figure 3). Although coverage of ANC1 (at least one consultation) has improved, several regions, notably Adamawa, North, Far North, North-West and South-West, continue to lag. Finally, the most concerning indicator remains ANC5+, which indicates a high dropout rate between the first consultation and the completion of the recommended cycle of care, indicating insufficient continuity of care for women. Only the Centre region has made progress with all three ANC indicators over the three quarters.

Graph4 : Evolution of ANC1 coverage before 16 weeks in Cameroon over the last three quarters



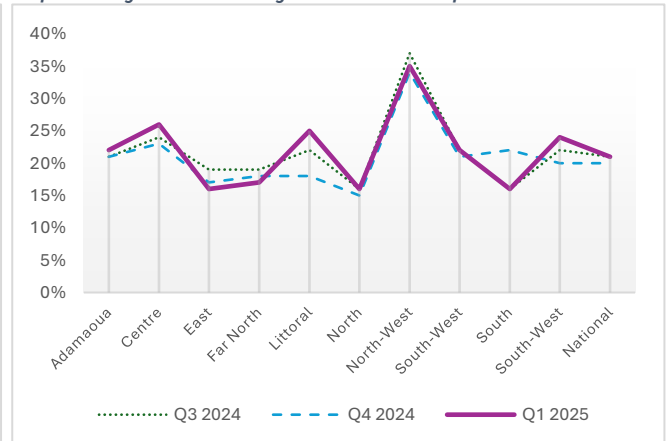
Source: DHIS2 Cameroon, consulted on 5 September 2025

Graph5 : Change in ANC1 coverage (1st contact) over the last three quarters of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Graph6 : Change in ANC5+ coverage over the last three quarters

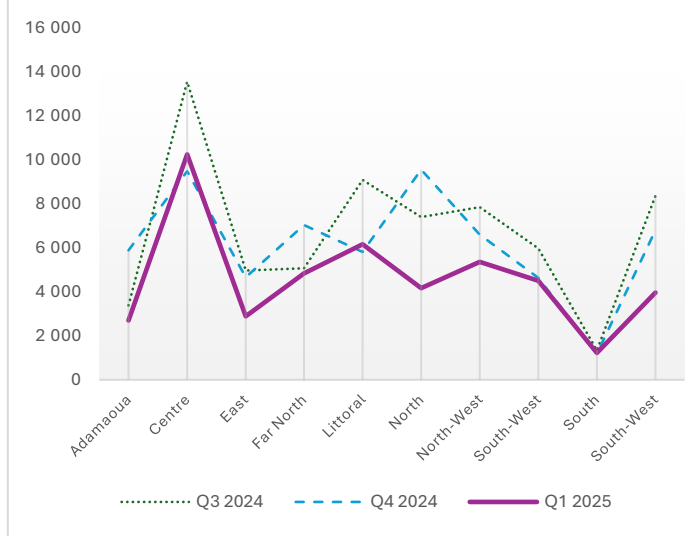


Source: DHIS2 Cameroon, consulted on 5 September 2025

4.3. Family planning

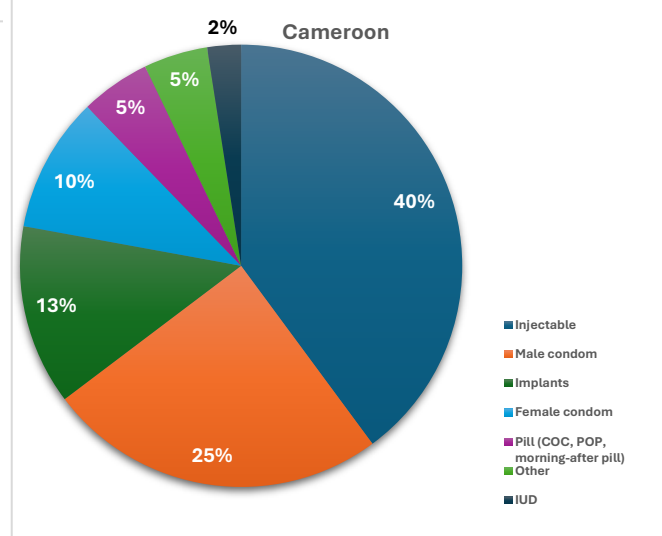
Overall, the number of new users has declined in the two quarters preceding Q1 2025. This decline is attributed to stock shortages, a slowdown in awareness-raising activities, and obstacles related to the socio-economic or security context. In the first quarter of 2025, contraceptive use was dominated by injectables (40%), followed by male condoms (25%) and implants (13%).

Graph7 : Number of new users of modern family planning methods in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Graph8 : Contraceptive use (%) in the first quarter of 2025



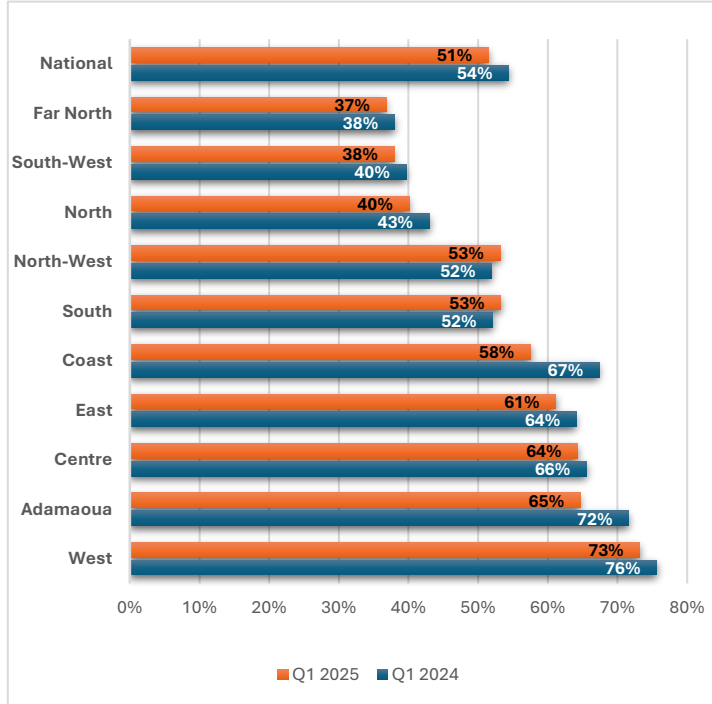
Source: DHIS2 Cameroon, consulted on 5 September 2025

4.4. Caesarean sections and deliveries assisted by skilled personnel

The proportion of births attended by skilled health personnel in Cameroon declined overall between Q1 2024 and Q1 2025 from 54% to 51%. Except for the North-West and South regions, there has been a general decline in skilled birth attendance, with a notable peak in the Littoral region. This indicates a worrying decline in access to or quality of obstetric care.

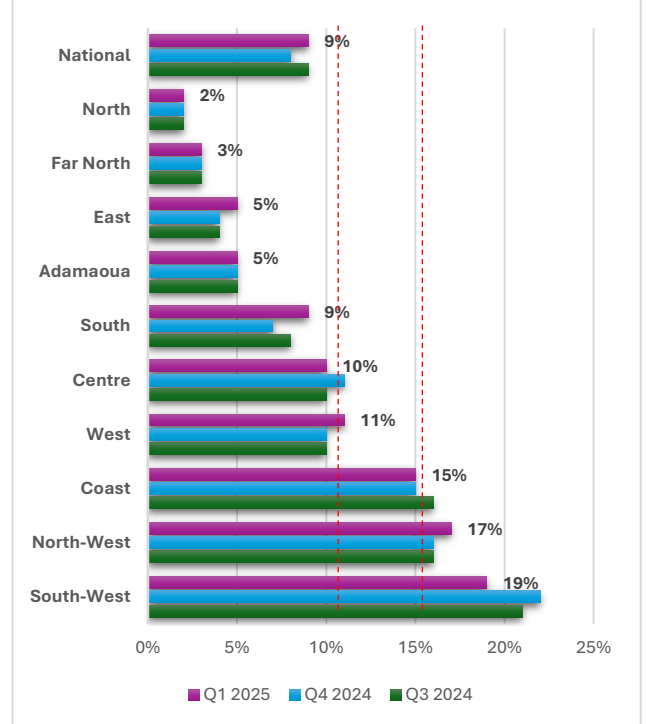
The cesarean section rate remains below the WHO's "ideal rate" (10–15%). The North-West and South-West regions reported rates exceeding 15% in Q1 2025 (Figure 9).

Graph9 : Proportion of births attended by skilled personnel in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Graph10 : Caesarean section rates in Cameroon in the first quarter of 2025

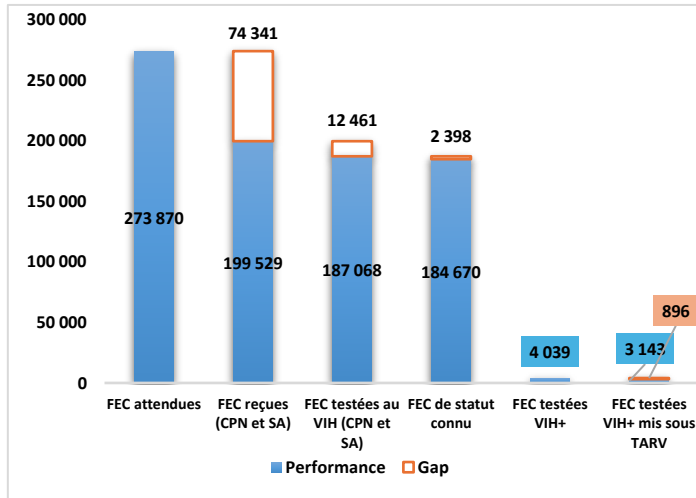


Source: DHIS2 Cameroon, consulted on 5 September 2025

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

In the prevention of mother-to-child transmission of HIV (PMTCT), there is a significant gap between the expected number of pregnant women (273,870) and those actually receiving antenatal care (199,529), indicating that 27% are not being reached. Among the expected HIV-positive pregnant women (4,039), only 3,143 were initiated on antiretroviral treatment, leaving 896 women without care. National ARV coverage among HIV-positive pregnant women is 77.8%. The Centre (48.0%) is particularly concerning, although it has a high number of positive cases. The South-West (83.1%) also remains below the 95% target.

Graph11 : PMTCT cascade for mothers in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Table2 : ARV coverage of HIV-positive pregnant women in Cameroon in the first quarter of 2025

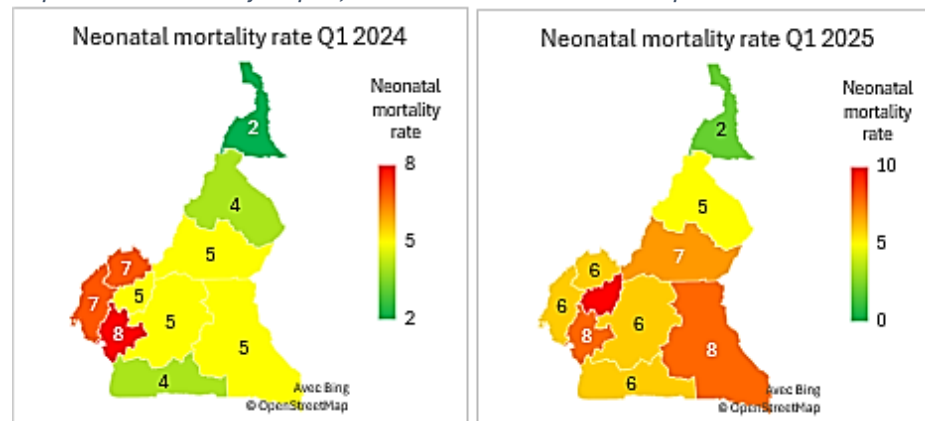
Region	Number of HIV-positive pregnant women tested	Number of HIV-positive pregnant women receiving ART	ARV coverage for HIV-positive pregnant women
South	222	220	99.1
East	415	408	98.3%
West	248	241	97.2%
Coast	632	601	95.1
North-West	249	236	94.8
North	202	191	94.6
Adamawa	249	233	93.6
Far North	132	121	91.7
South-West	231	192	83.1
Centre	1,459	700	48.0
National	4,039	3,143	77.8

Source: DHIS2 Cameroon, consulted on 5 September 2025

5. NEONATAL HEALTH

5.1. Neonatal mortality and stillbirths

Graph12 : Neonatal mortality rate per 1,000 live births in Cameroon in the first quarter of 2025

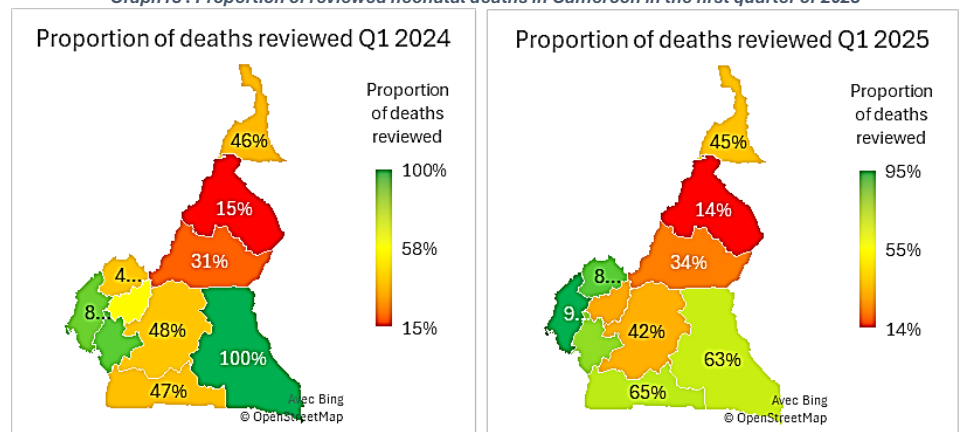


Source: DHIS2 Cameroon, consulted on 5 September 2025

The neonatal mortality rate rose from 5 to 6 per 1,000 live births in Q1 2024 and Q1 2025 respectively (Graph 11). This increase was observed in nearly all regions, except in the North-West and South-West where rates declined. In Q1 2025, the West, Littoral and East regions had the highest risk of neonatal death within the first 28 days of life.

Graph13 : Proportion of reviewed neonatal deaths in Cameroon in the first quarter of 2025

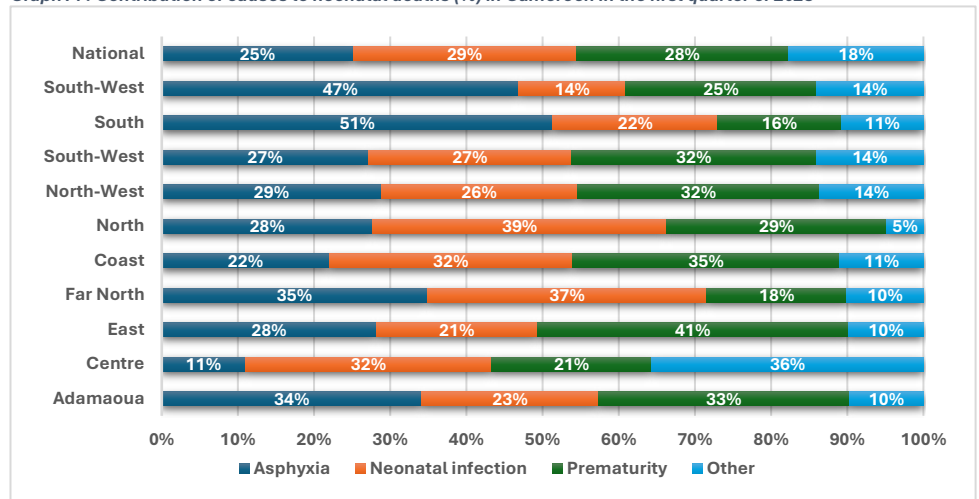
The proportion of reviewed neonatal deaths declined overall, with the exception of the Adamawa, North-West, South and South-West regions. As with maternal deaths, the North region (14%) recorded the lowest performance in Q1 2025.



Source: DHIS2 Cameroon, consulted on 5 September 2025

Furthermore, infections (29%), prematurity (28%) and asphyxia (25%) were the main causes of newborn deaths. As with the causes of maternal deaths, these were not classified according to ICD-11, representing a major weakness in the health information system.

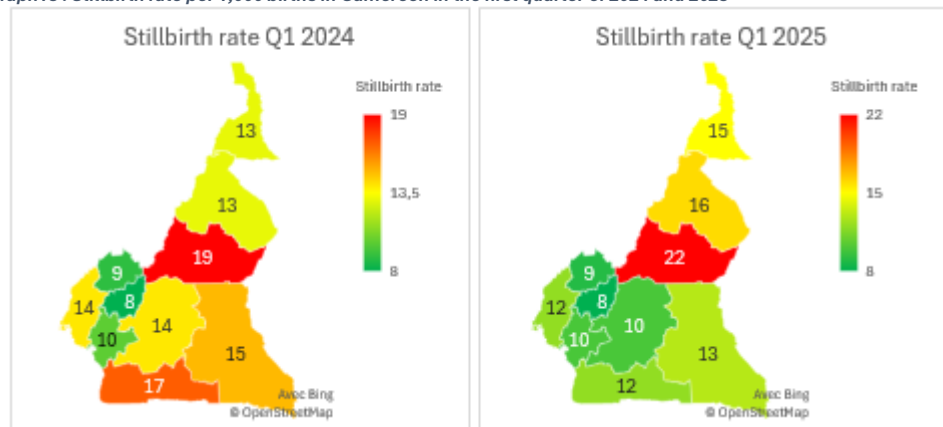
Graph14 : Contribution of causes to neonatal deaths (%) in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Stillbirths have remained unchanged at 13 fetal deaths per 1,000 births. The Adamawa region recorded the highest stillbirth rate.

Graph15 : Stillbirth rate per 1,000 births in Cameroon in the first quarter of 2024 and 2025

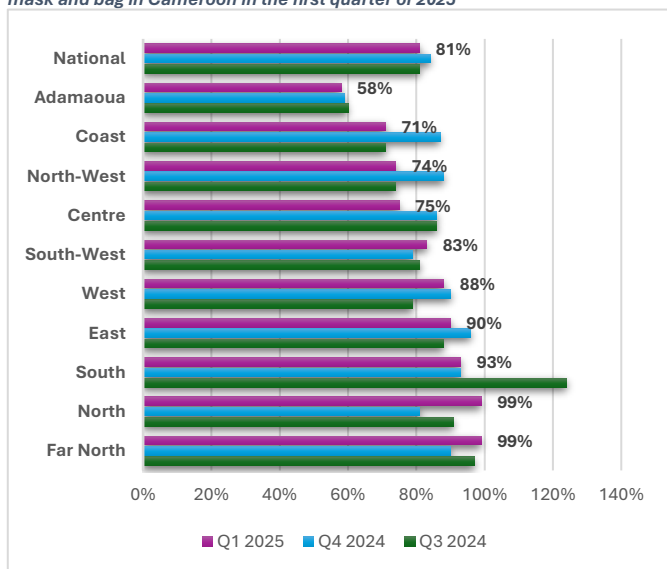


Source: DHIS2 Cameroon, consulted on 5 September 2025

5.2. Newborn care

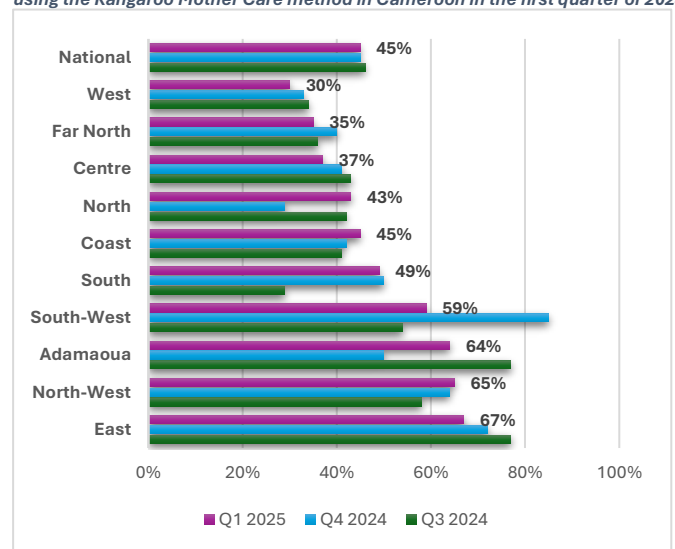
KMC was provided to 45% of vulnerable newborns in Q1 2025, but the Centre (37%) and Far North (35%) reported relatively low coverage (Graph 15). Furthermore, 81% of asphyxiated newborns were resuscitated with a mask and bag nationally in Q1 2025. The unrealistic proportion observed in Q3 2024 in the South region reflects issues with the quality of the reported data.

Graph16 : Proportion of newborns born asphyxiated and resuscitated with a mask and bag in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Graphic17 : Proportion of premature and/or low birth weight newborns cared for using the Kangaroo Mother Care method in Cameroon in the first quarter of 2025



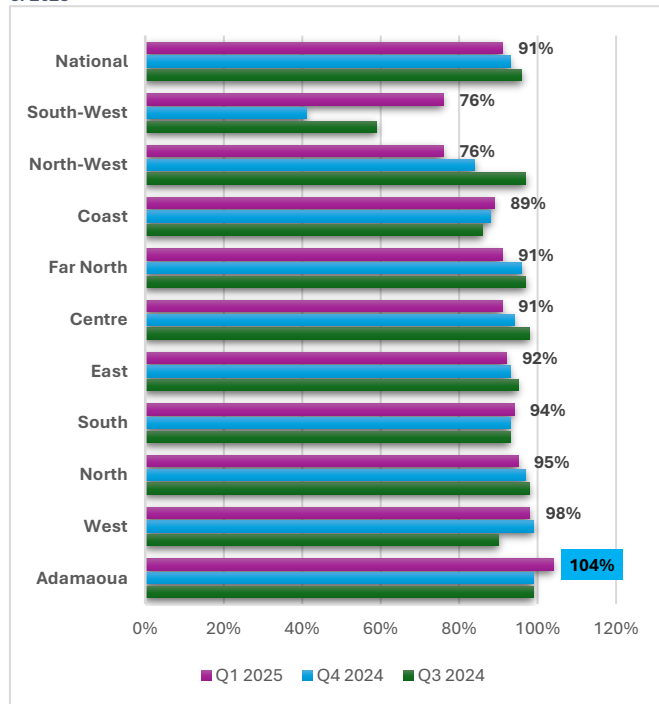
Source: DHIS2 Cameroon, consulted on 5 September 2025

6. CHILD HEALTH

6.1. Integrated child care

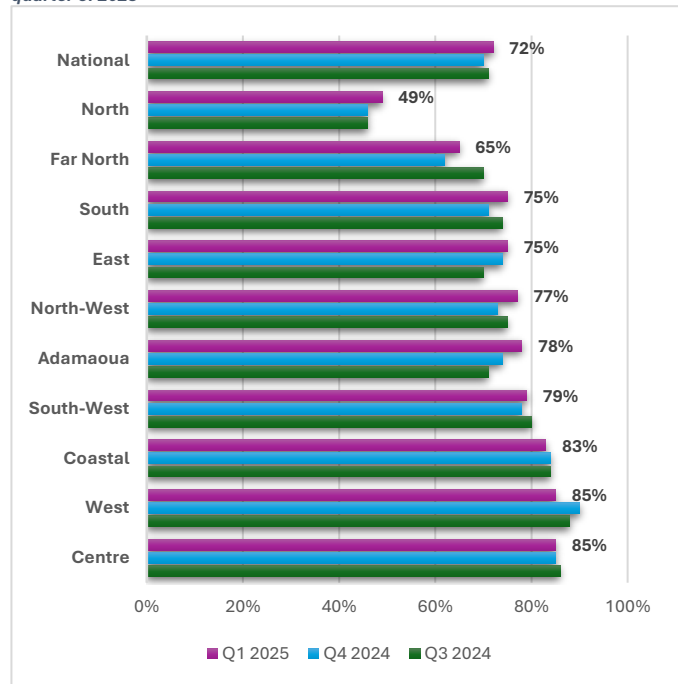
The management of pneumonia remains satisfactory overall, with a national treatment coverage of over 90%. In South-West region of Cameroon, the management of pneumonia has been severely affected by socio-political conflicts, which resulted in hospital closures and reduced access to care. With regard to diarrhea, the use of ORS + zinc remained stable at 72%, but was significantly lower in the North region (49%) in the first quarter of 2025 due to poor management and inadequate supply of ORS + zinc kits.

Graph 18 : Proportion of children aged 0 to 59 months suffering from pneumonia who received antibiotic treatment in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

Graph 19 : Proportion of children aged 0 to 59 months who received ORS + ZINC (oral rehydration salts and zinc) therapy for diarrhoea in Cameroon in the first quarter of 2025



Source: DHIS2 Cameroon, consulted on 5 September 2025

7. HEALTH OF ADOLESCENTS AND OTHER TARGET GROUPS

7.1. Teenage pregnancy

In the first quarter of 2025, teenage pregnancy continued to be a major public health issue in Cameroon. The table shows a high number of pregnancies in the Far North (9,915), North (4,988), Centre (4,704), East (3,885), West (3,203) and Adamawa (3,136) regions. Analysis by age group shows that pregnancies among 10–14-year-olds, although less numerous than in the 15–19 age group, are alarming, as they involve adolescents who are still growing, exposing them to an increased risk of serious obstetric complications (obstetric fistulas, eclampsia, maternal and neonatal mortality). The East and North-West regions appear to be particularly affected by this phenomenon.

Table 3 : Number of teenage pregnancies in Cameroon in the first quarter of 2025

Region	10-14	15-19	10-19
East	140	3,745	3,885
North-West	128	1,231	1,359
Centre	70	4,634	4,704
North	61	4,927	4,988
Coast	55	1,674	1,729
South	48	1,275	1,323
South-West	38	1,130	1,168
Adamawa	22	3,114	3,136
West	15	3,188	3,203
Far North	5	9,910	9,915
National	582	34,828	35,410

Source: DHIS2 Cameroon, consulted on 5 September 2025

7.2. Sexually Transmitted Infections (STIs) in adolescents

In the first quarter of 2025, a significant number of adolescents were treated for sexually transmitted infections (STIs) in health facilities. This finding reflects both the existence of active sexual lives among adolescents, who sometimes engage in unprotected sex, and the persistence of a high risk of STIs/HIV in this age group. The scale of the phenomenon is concerning in certain regions, particularly the Centre, East, Littoral, Far North and North, where the influx of adolescents with STIs is particularly high. In terms of standard care, national coverage was 87%, reflecting an overall effort that should be encouraged. However, significant disparities remain: some regions perform well (>90%), while others, such as the North (129%), show statistical inconsistencies, likely due to an anomaly in data entry. These discrepancies indicate the need to improve data quality in the North region.

Table 4 : Sexually Transmitted Infections (STIs) among adolescents in Cameroon in the first quarter of 2025

Region	Number of adolescents treated at FOSA for STIs	Number of adolescents received in FOSA for STIs and treated according to standards	Proportion of adolescents received in FOSA for STIs and treated according to standards
Centre	4,157	3,167	76
Coast	2,128	1,780	84
North-West	1,165	980	84
South-West	154	130	84
Adamawa	811	696	86
East	2,999	2,577	86
West	1,394	1,227	88
Far North	1,615	1,470	91
South	630	587	93
North	1,321	1,706	129
National	16,374	14,320	87

Source: DHIS2 Cameroon, consulted on 5 September 2025

7.3. Gender-based violence (GBV)

In the first quarter of 2025, 482 cases of rape were reported nationally, the vast majority of which were among women (442 out of 482). The Centre (95 cases), Littoral (81 cases), North-West (72 cases) and West (71 cases) regions had the highest number of reported cases, but many cases are likely underreported.

Table 5 : Number of rape cases recorded in health facilities in Cameroon in the first quarter of 2025

Region / Gender	Male	Female	Total
Centre	6	89	95
Coast	4	77	81
North-West	7	65	72
West	4	67	71
East	0	47	47
South-West	15	32	47
Far North	1	44	45
South	2	12	14
North	1	6	7
Adamawa	0	3	3
National	40	442	482

Source: DHIS2 Cameroon, consulted on 5 September 2025

8. ACTIVITIES CARRIED OUT IN THE FIRST QUARTER OF 2025

- Validation, launch and dissemination of the National Strategic Plan for RMNCAH-Nut 2024-2030 ;
- Validation of the Family Planning Operational Plan 2025-2030 ;
- Equipping 60 USRAs in the Adamawa, North and Far North regions through SWEDD project funding ;
- Provision of three (03) refrigerated trucks to CENAME for the transport of sexual and reproductive health (SRH) commodities ;
- Meeting of the HIV PMTCT/PECPA Technical Working Group ;
- Integrated multisectoral supervision missions for PMTCT/PECPA activities in the East, West and South regions ;
- Workshop to validate the Strategic Plan for the triple elimination of HIV, syphilis and viral hepatitis.

9. RECOMMENDATIONS

9.1. Maternal Health

- **Problem: High rates of cesarean deliveries in the South-West and North-West regions.**
 - Recommended action: Conduct a survey to determine the underlying cause.
 - Desired outcome: Identification of factors influencing the use of cesarean sections.
- **Problem: Inadequate prenatal consultations.**
 - Recommended action: Launch awareness campaigns promoting the use of antenatal care services, targeting the North-West and South-West regions.
 - Desired outcome: Improved antenatal consultation coverage and reduction in maternal mortality.

9.2. Neonatal health

- **Problem: Inadequate care for newborns.**
 - Recommended action: Accelerate the implementation of IMNCI (Integrated Management of Newborn and Childhood Illness) and the Kangaroo Mother Care (KMC) approach in FOSAs in the West, Littoral, Centre and East regions.
 - Desired outcome: Improved neonatal care and reduced neonatal mortality.
- **Problem: Inconsistencies in the care of neonatal complications.**
 - Recommended action: Encourage a differentiated approach to managing neonatal complications based on regional specificities.
 - Desired outcome: More appropriate and effective interventions tailored to local needs.

9.3. Child, youth and adolescent health

- **Problem: High rates of unplanned pregnancies and STIs among adolescents.**
 - Recommended action: Stimulate demand for family planning, with an emphasis on long-acting methods.
 - Desired outcome: Reduction in unplanned pregnancies and improved adolescent reproductive health.
- **Problem: Lack of awareness about early pregnancy, STIs and GBV.**
 - Recommended action: Increase awareness of the risks associated with early pregnancy, STIs and GBV.
 - Desired outcome: Greater awareness among young people about healthy behaviors, leading to fewer cases of early pregnancy and STIs.

9.4. Data collection and validation systems

- **Problem: Insufficient quality of health data.**
 - Recommended action: Review and harmonize data collection tools to incorporate medical certification of causes of death and ICD-11 coding of causes of death.
 - Desired outcome: Improved data quality and comparability.
- **Problem: Poor data validation in the Northern Region.**
 - Recommended action: Raise awareness among districts in the Northern Region about the importance of data validation mechanisms in monthly activity reports, with the involvement of the Reproductive Health (RH) team.
 - Desired outcome: Increased data reliability and strengthened monitoring of health indicators.

10. Editorial team

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