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HEALTH

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Contact: dsfstat365@gmail.com

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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 second quarter of 2025, RMNCAH surveillance in Cameroon highlights notable progress alongside persistent challenges. Report completeness reached 100%, while timeliness remained uneven across regions. The maternal mortality ratio declined to 165 deaths per 100,000 live births, despite pronounced regional disparities and a drop in the proportion of reviewed deaths to 55%.

Prenatal care coverage remains insufficient, with only 17% of women initiating ANC1 early and 23% completing ANC5+, while family planning continues to be dominated by short-acting methods. The national caesarean section rate (10%) aligns with international standards, although access to skilled obstetric care remains inequitable.

Neonatal health outcomes remain below the international threshold for mortality, yet infections, prematurity, and asphyxia continue to be the leading causes of death. Child health indicators show continued improvement, with 98% antibiotic coverage for pneumonia and 71% of diarrhea cases managed with ORS + Zinc.

Among adolescents, 496 cases of rape were reported—mostly involving girls—though the absence of data on management limits further analysis. Additionally, 14,670 cases of sexually transmitted infections were recorded, with 87% receiving care in accordance with national standards.

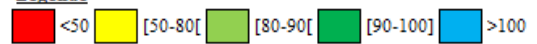
3. COMPLETENESS AND TIMELINESS OF MONTHLY ACTIVITY REPORTS

In the second quarter of 2025, analysis of monthly activity reports shows an overall satisfactory performance in terms of completeness, with a national rate of 100%. This reflects the consistent commitment of health facilities to data submission, although some slightly exceeded the expected threshold. In contrast, timeliness remains uneven, with regional performance ranging from 80% to 98%. While several regions demonstrated satisfactory responsiveness, persistent delays were noted particularly in Adamawa, the North-West, and the South-West.

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

Region	Completeness	Timeliness
Adamawa	100%	87%
Centre	103%	92%
East	101%	91%
Far North	98%	93%
Littoral	100%	92%
North	100%	98%
North-West	94%	80%
West	100%	91%
South	101%	93%
South-West	98%	81%
National	100%	91%

Légende

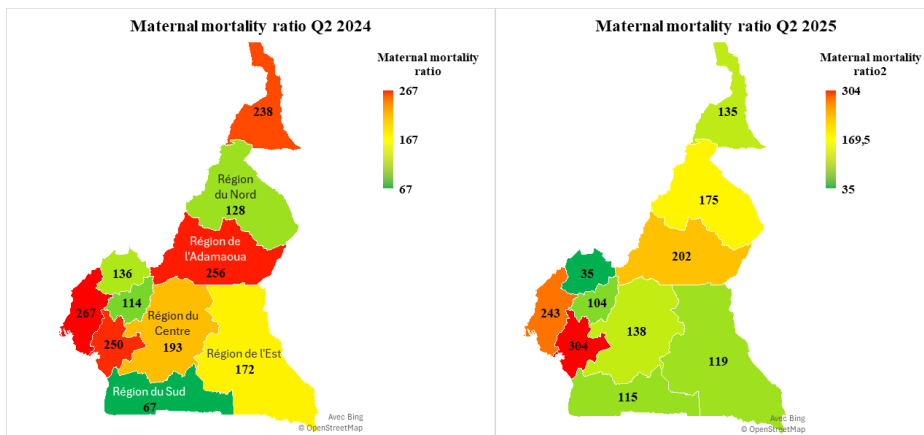


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

4. MATERNAL HEALTH

4.1. Maternal mortality

Graphic 1 : Comparison of maternal mortality ratios in Cameroon in the second quarter of 2024 and 2025

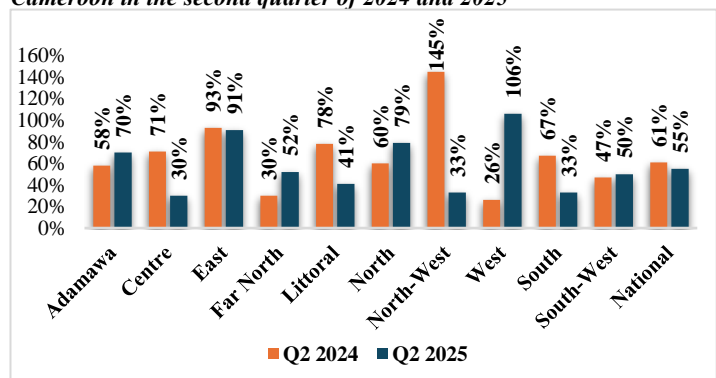


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

The national maternal mortality ratio decreased from 192 to 165 deaths per 100,000 live births between the second quarter of 2024 and the second quarter of 2025. The most affected regions remain Littoral (304), South-West (243), and Adamawa (202). These pronounced disparities reflect persistent inequalities in access to maternal health services.

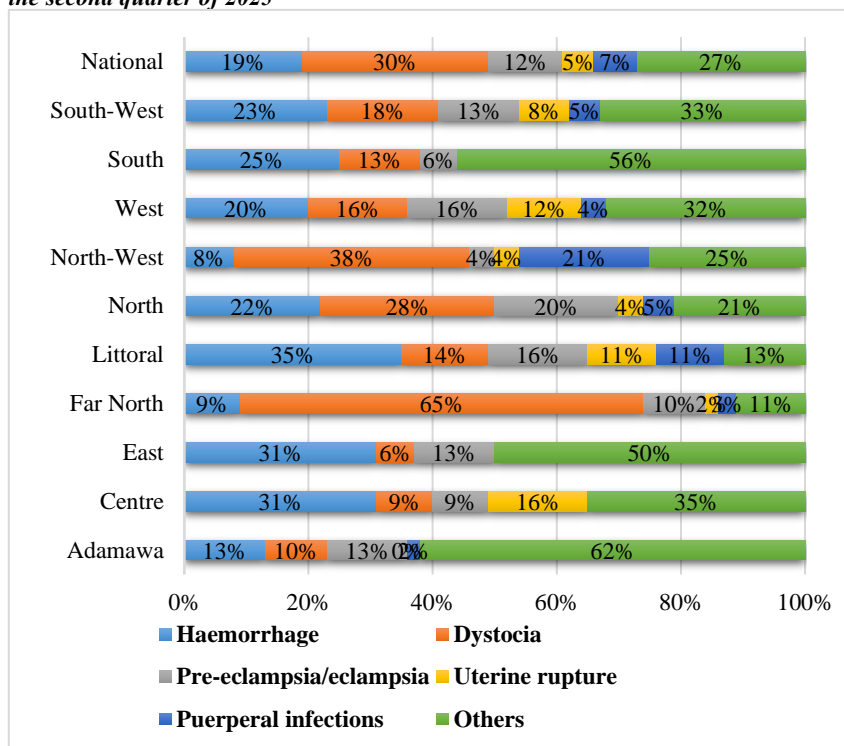
Between the second quarter of 2024 and that of 2025, the proportion of reviewed maternal deaths at the national level declined by 6 percentage points, falling from 61% to 55%. This decrease reflects a setback in death auditing and in learning within the health system. Despite this decline, some regions—notably Adamawa, Far North, North, and West—recorded significant improvements, while others, such as Centre, Littoral, North-West, and South, experienced worrisome regressions. Stability observed in the East and South-West indicates consistent but still insufficient performance. These disparities underscore the need to strengthen coordination of mortality surveillance and to promote effective regional practices.

Graphic 2 : Comparison of the proportion of reviewed maternal deaths in Cameroon in the second quarter of 2024 and 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

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



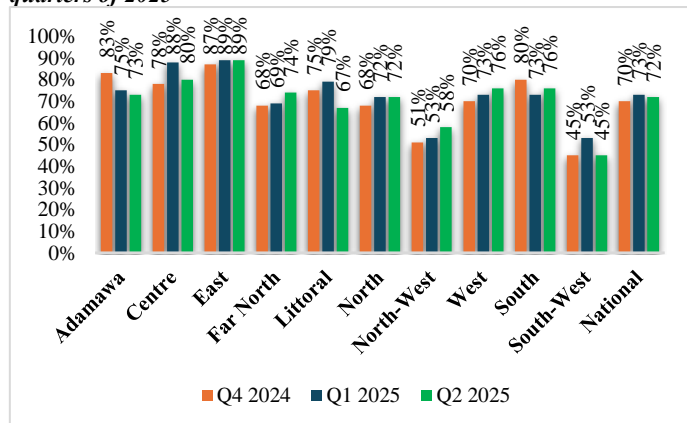
Source : DHIS2 Cameroon, consulted on 10 octobre 2025

In the second quarter of 2025, analysis of maternal deaths highlights dystocia as the leading cause nationally, followed by haemorrhage and a group of conditions classified under “other” causes. Dystocia is particularly prominent in the Far North, North, and North-West regions, likely due to delays in receiving care, the high frequency of home births, and the persistence of traditional practices. Haemorrhage, the third leading cause nationally, is more common in the Centre, East, and Littoral regions, reflecting delays in managing obstetric complications and limited access to emergency caesarean section. Finally, Adamawa, the East, and the South show a high proportion of deaths recorded under “other causes,” suggesting gaps in documentation and coding of maternal deaths.

4.2. Prenatal consultation

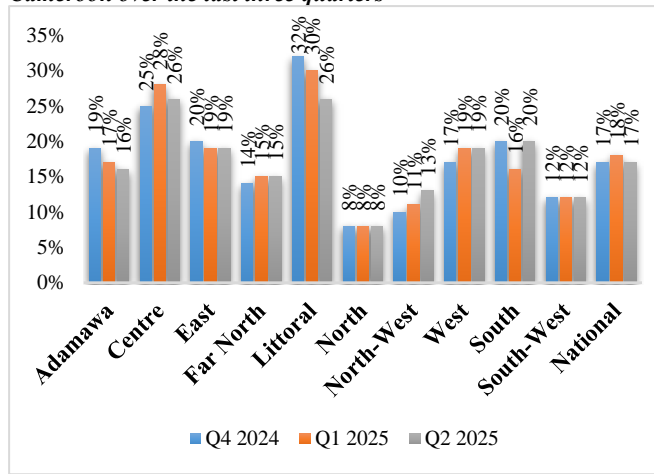
In the second quarter of 2025, antenatal care coverage in Cameroon showed modest progress but remained below the expected threshold of 80%. ANC1 stabilized at 72%, reflecting an almost stagnant trend and falling short of the national target. Early ANC1 (before 16 weeks) remains particularly low, with only 17% of pregnant women initiating care on time, limiting the effectiveness of essential preventive interventions. This situation may be explained by cultural, financial, and geographic barriers, as well as negative perceptions of services. ANC5+ reached 23%, a slight improvement compared with the fourth quarter of 2024. The highest performances were recorded in Littoral and Centre, which maintained rates above the national average, while regions affected by insecurity or high rurality (North, Far North, North-West, South-West) showed significantly lower coverage levels.

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



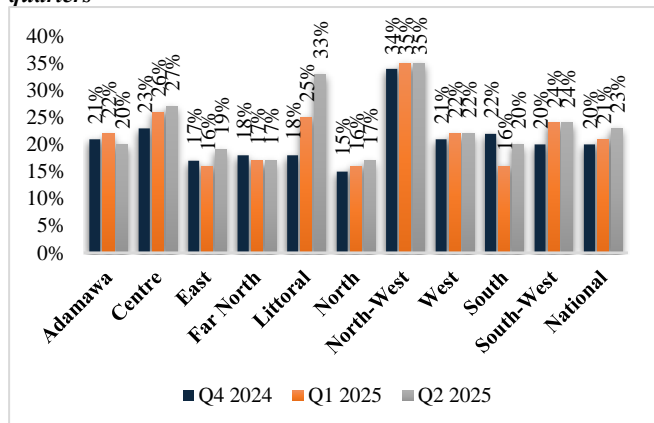
Source : DHIS2 Cameroon, consulted on 10 octobre 2025

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



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

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

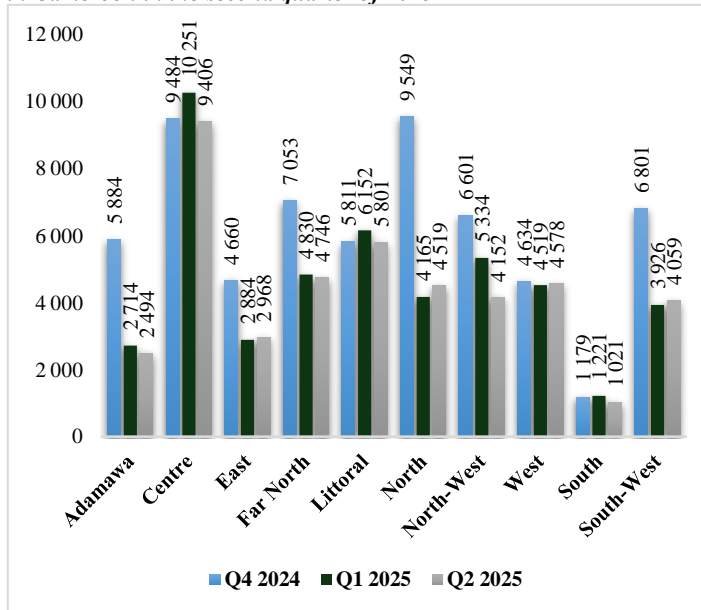


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

4.3. Family planning

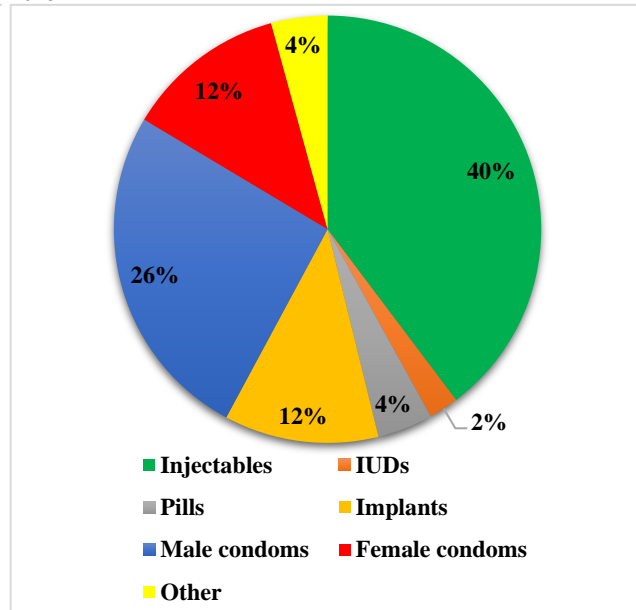
Overall, the number of new acceptors of contraceptive methods remained stable between the first and second quarters of 2025. The latter period is marked by a predominance of short- and medium-acting methods, mainly injectables (40%) and male condoms (26%). Long-acting methods continue to be underutilized, with IUDs accounting for 2% and implants 12%, while female condoms (12%) remain very seldom used. This distribution reflects a service offer largely centred on accessible and reversible methods, with the male condom maintaining an additional role in the dual prevention of unintended pregnancies and sexually transmitted infections.

Graphic 7 : Number of new users of modern family planning methods in Cameroon in the second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

Graphic 8 : Contraceptive use (%) in the second quarter of 2025

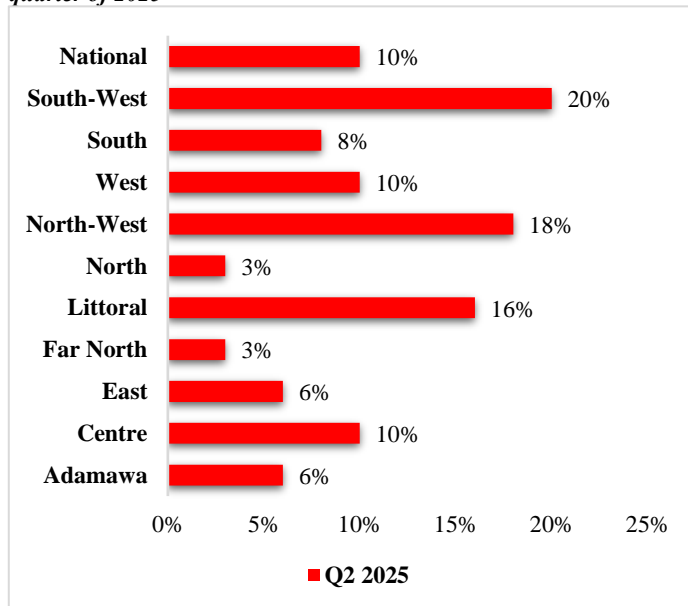


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

4.4. Caesarean sections and deliveries assisted by skilled personnel

In the second quarter of 2025, the national caesarean section rate in Cameroon was estimated at 10%, a value consistent with the WHO-recommended range of 10% to 15%. However, substantial regional disparities persist. The South-West (20%), North-West (18%), and Littoral (16%) regions reported rates above the national average, while the Far North and North recorded very low levels (3%). The South (8%), East (6%), and Adamawa (6%) regions also remain below the national average. These gaps highlight the need to strengthen equity in access to skilled obstetric care, ensuring that caesarean section services are available to all women who need them, without overuse or underuse, in line with WHO recommendations.

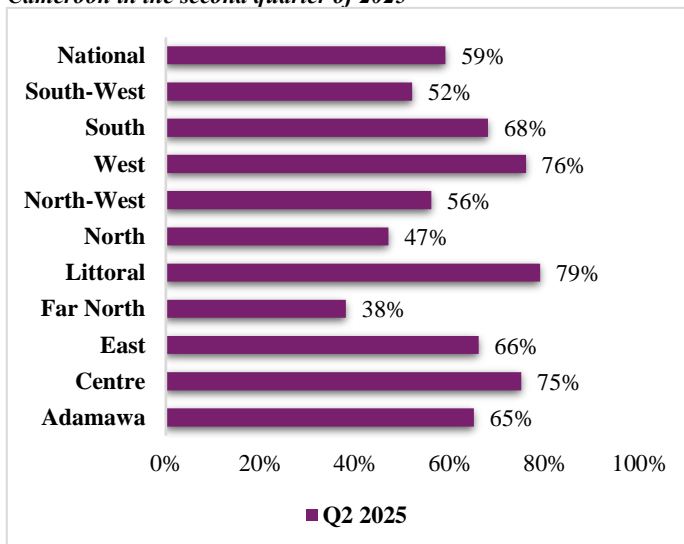
Graphic 9 : Caesarean section rates in Cameroon in the second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

In the second quarter of 2025, the national proportion of assisted deliveries reached 59%. Significant regional disparities persist: Littoral (79%), West (76%), and Centre (75%) recorded the highest performance levels, reflecting good availability of skilled personnel and appropriate infrastructure. In contrast, the Far North (38%), North (47%), and South-West (52%) remain below the national average, increasing women’s exposure to unmanaged obstetric complications. Limited use of quality obstetric services continues to be influenced by geographic inaccessibility, economic constraints, and adverse security conditions.

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



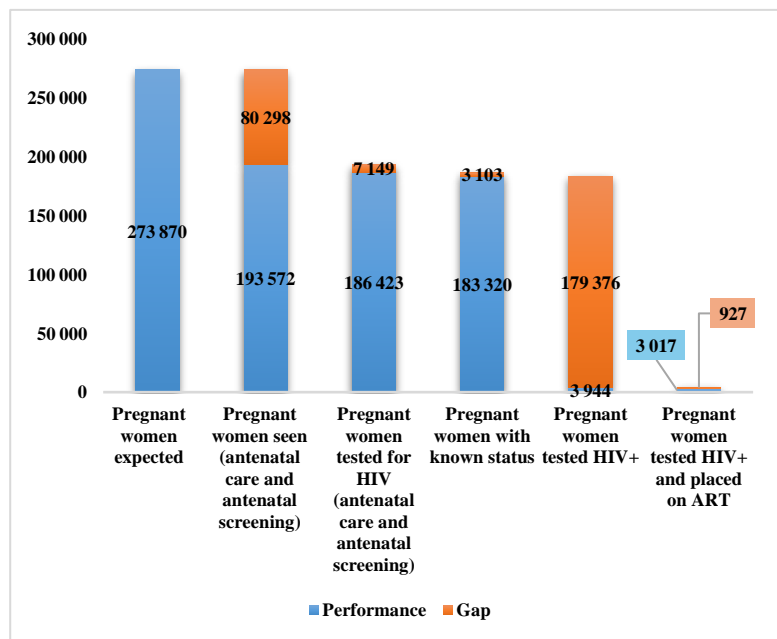
Source : DHIS2 Cameroon, consulted on 10 octobre 2025

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

In the second quarter of 2025, a significant gap was observed between the expected number of pregnant women (273,870) and those who actually attended antenatal care (193,572), representing a 29% deficit. Among all expected pregnant women, 85.3% were already known to be HIV-positive at their first ANC visit, a level that remains below the 95% target. Of the 3,944 HIV-positive pregnant women, 3,902 were initiated on antiretroviral therapy, leaving 42 without treatment, resulting in a national coverage of 98.9%.

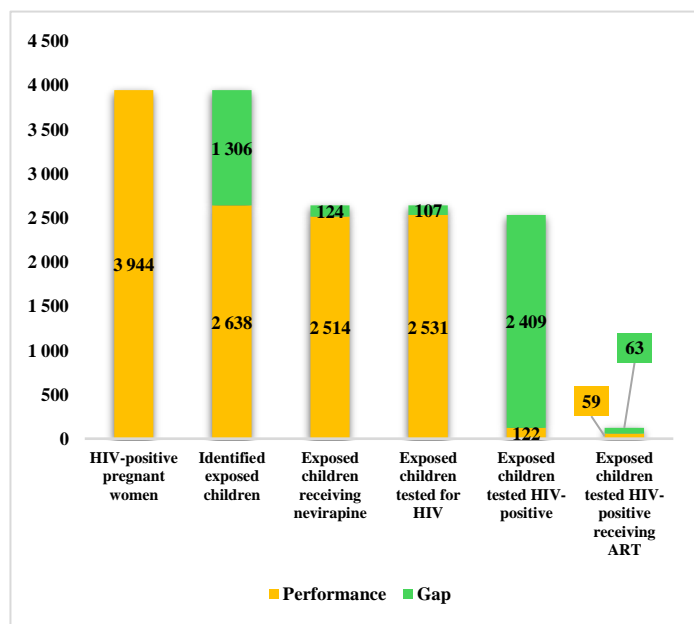
Regarding the management of HIV-exposed infants, 2,638 were identified, of whom 2,514 (95.3%) received Nevirapine syrup. A total of 2,531 infants (95.9%) underwent PCR testing, with 122 (4.8%) testing positive. Only 59 of these infants were initiated on treatment, corresponding to a coverage rate of 48.4%. This remains insufficient, as 61.6% of HIV-positive infants have no recorded follow-up, undermining progress toward elimination targets.

Graphic 11 : PMTCT cascade for mothers in Cameroon in the second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

Graphic 12 : PMTCT cascade for mothers in Cameroon in the second quarter of 2025

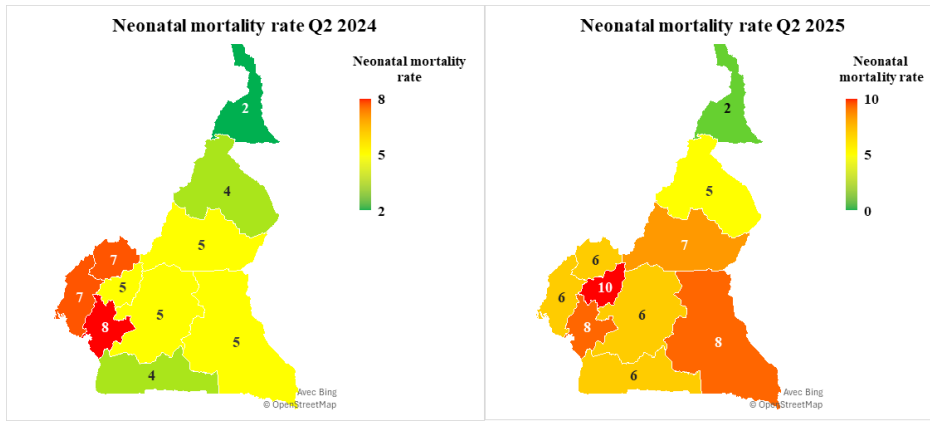


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

5. NEONATAL HEALTH

5.1. Neonatal mortality and stillbirths

Graphic 13 : Neonatal mortality rate per 1,000 live births in Cameroon in the second quarter of 2025

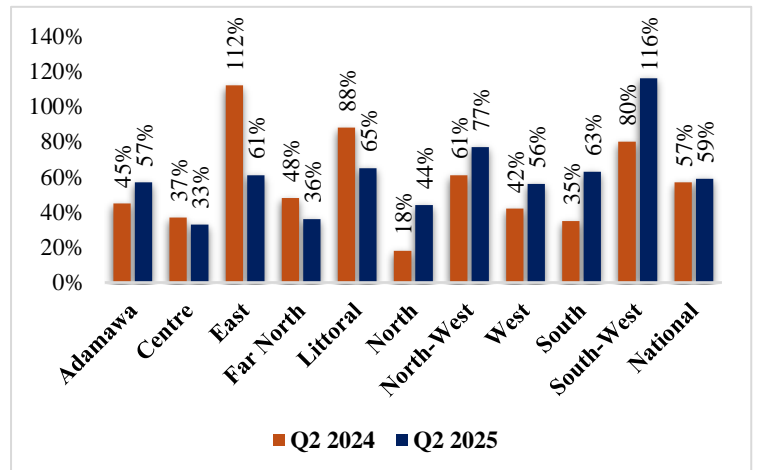


Source : DHIS2 Cameroon, consulted on 10 octobre 2025

The national neonatal mortality rate remains stable, staying below the international benchmark of 12 deaths per 1,000 live births. However, this overall performance masks significant regional disparities. The Centre and South-West regions recorded a notable decline between the second quarter of 2024 and the second quarter of 2025, while the East, Littoral, and South regions continue to report the highest rates.

An improvement was observed in the review of neonatal deaths between the two periods, with the national proportion increasing from 57% to 59%. However, disparities persist: the Centre, Far North, and North regions recorded review rates below 50% in the second quarter of 2025. Systematic conduct of these reviews remains essential for identifying preventable causes, addressing quality gaps, and guiding local actions.

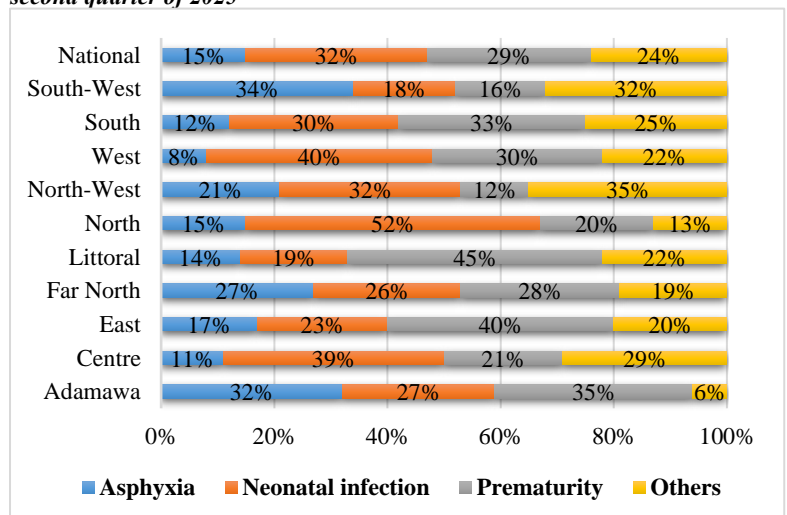
Graphic 14 : Proportion of reviewed neonatal deaths in Cameroon in the second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

In the second quarter of 2025, the causes of neonatal deaths showed marked regional variations. Neonatal infections were the leading cause nationally and, in most regions, accounting for more than 50% of deaths in the North. Prematurity remained particularly high in the Littoral region, where it accounted for over 40% of deaths, while asphyxia contributed significantly to mortality in the South and West, representing more than 30% of reported cases.

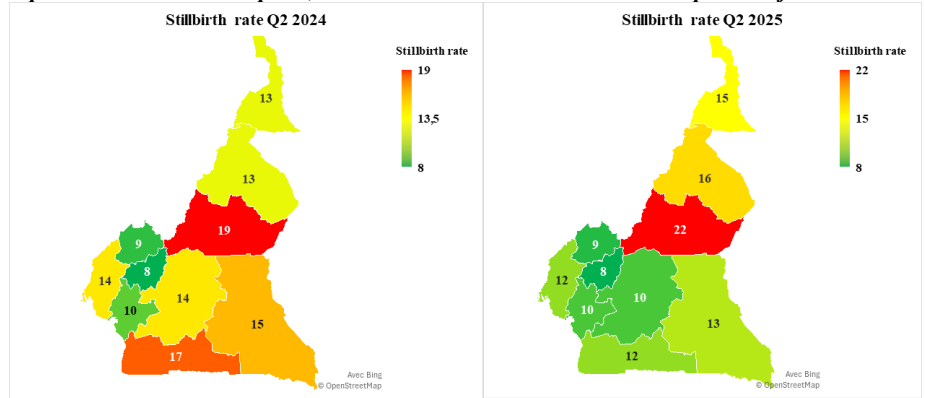
Graphic 15 : Contribution of causes to neonatal deaths (%) in Cameroon in the second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

The national stillbirth rate recorded a slight decrease between the second quarter of 2024 and the second quarter of 2025 but remains above the international standard (≤ 12 per 1,000 births). The Adamawa, East, Far North, and South-West regions continue to report particularly high rates.

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



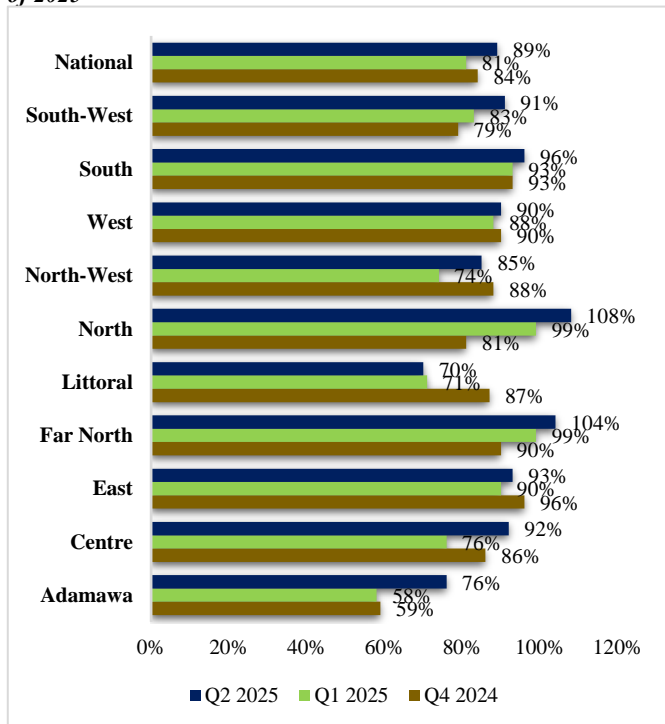
Source : DHIS2 Cameroon, consulted on 10 octobre 2025

5.2. Newborn care

The proportion of asphyxiated newborns resuscitated with mask and bag shows steady improvement across the three periods observed. Overall, six out of ten regions recorded rates above 90%. The Far North (104%), North (108%), and South (96%) regions maintained the highest performance levels. However, despite this overall improvement, regional disparities persist: Adamawa (76%), Littoral (70%), and the North-West (85%) remain below the national average.

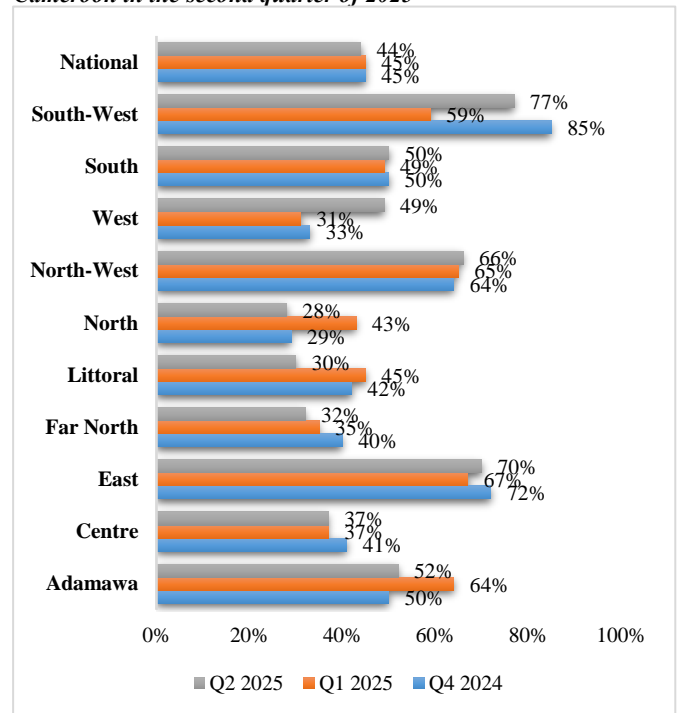
Management of premature or low-birth-weight newborns using the Kangaroo Mother Care method recorded a slight decline at the national level. The highest rates were observed in the East (70%), North-West (66%), and South-West (77%) regions, while the Far North (32%) and North (28%) showed the most notable progress between the fourth quarter of 2024 and the second quarter of 2025.

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



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

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



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

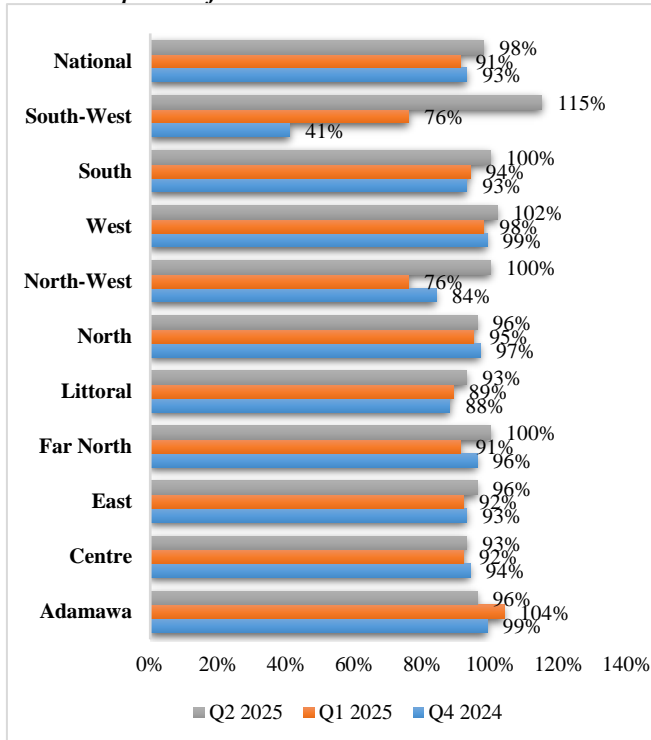
6. CHILD HEALTH

6.1. Integrated child care

Antibiotic treatment coverage for pneumonia continued to show steady improvement between the fourth quarter of 2024 and the second quarter of 2025. The most significant progress was observed in the Far North (100%) and the North-West (100%). However, some disparities persist, particularly in the Littoral, North-West, and South-West regions, where rates occasionally remain below the national average.

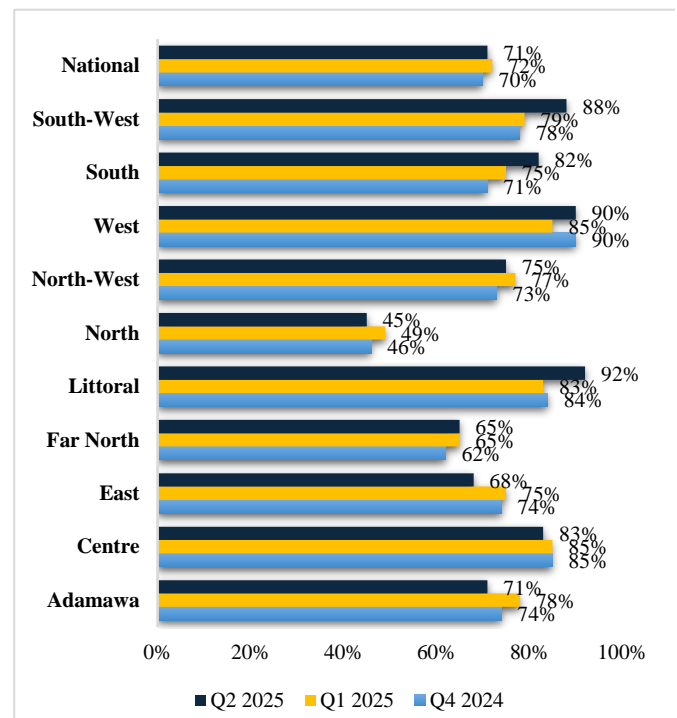
Additionally, the proportion of children aged 0 to 5 years treated with ORS + Zinc for diarrhoea increased slightly from 70% to 71% between the two periods. The Centre, Littoral, and West regions maintained high levels (>80%), while the Far North and North remained below the national rate (71%).

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



Source : DHIS2 Cameroon, consulted on 10 octobre 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 second quarter of 2025



Source : DHIS2 Cameroon, consulted on 10 octobre 2025

7. HEALTH OF ADOLESCENTS AND OTHER TARGET GROUPS

7.1. Gender-based violence (GBV)

Data from the second 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 second quarter of 2025

Region	Male	Female	Total
Adamawa	1	9	10
Centre	13	92	105
East	1	35	36
Far North	3	35	38
Littoral	9	66	75
North	2	4	6
North-West	15	52	67
West	5	87	92
South	3	19	22
South-West	7	38	45
National	59	437	496

Source : DHIS2 Cameroon, consulted on 10 octobre 2025

7.2. Sexually Transmitted Infections (STIs) in adolescents

Data from the second quarter of 2025 show that a total of 14,670 adolescents sought care in health facilities for sexually transmitted infections (STIs). This reflects both early and often unprotected sexual activity among adolescents, as well as a high risk of STIs/HIV in this age group. The scale of the issue remains particularly concerning in certain regions, notably the Centre, East, and Littoral, where the number of cases is especially high.

With regard to management in line with standards, the national coverage rate of 87% is generally satisfactory but masks significant regional disparities. The highest performance levels in terms of quality of care were recorded in the North (94%) and Far North (93%).

Table 3: Sexually Transmitted Infections (STIs) among adolescents in Cameroon in the second 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	758	651	86%
Centre	3 537	3 058	86%
East	2 828	2 491	88%
Far North	1 270	1 175	93%
Littoral	2 168	1 683	78%
North	1 246	1 172	94%
North-West	883	944	107%
West	1 101	924	84%
South	565	508	90%
South-West	314	139	44%
National	14 670	12 745	87%

Source : DHIS2 Cameroon, consulted on 10 octobre 2025

8. ACTIVITIES CARRIED OUT IN THE SECOND QUARTER OF 2025

- Held a meeting of the Family Planning (FP) sub-group
- Organized the official ceremony launching the National Strategic Plan (NSP) for the Triple Elimination of vertical transmission of HIV, Syphilis, and Hepatitis B in Cameroon
- Conducted practical training and product demonstrations as part of the Triple Elimination initiative for vertical transmission of HIV, Syphilis, and Hepatitis B
- Carried out active data collection missions for the 2020–2024 technical reports related to PMTCT/PECPA activities in the six PETVISIDAME

9. RECOMMENDATIONS

9.1. Maternal Health

- **Problem: Low performance in conducting maternal and neonatal death reviews in the Centre, Littoral, North-West, and South regions**
 - Recommended action: Train MPDSR stakeholders at all levels and provide continuous support to MPDSR committees
 - Expected result: Regular and autonomous functioning of SDMPR committees in all targeted health facilities
- **Problem: Low coverage of ANC1 before 16 weeks and ANC5+ in the North, Far North, North-West, and South-West**
 - Recommended action: Strengthen community awareness to encourage early initiation of ANC and ensure continuity of follow-up through reminders and improved reception of clients in health facilities.
 - Expected result: Increased proportion of pregnant women completing ANC1 before 16 weeks, increased number completing at least five antenatal visits (ANC5+), and strengthened linkages between communities and health facilities through reminder and follow-up mechanisms.
- **Problem: Inequitable access to caesarean section (3% in the North and Far North)**
 - Recommended action: Identify and equip at least one district hospital per region (North and Far North) with obstetric surgery equipment and staff trained in anaesthesia and resuscitation.
 - Expected result: Doubling of the caesarean section rate (to 6%) in these regions by the first semester of 2026.

9.2. Child Health

- **Problem: Insufficient neonatal care equipment in health facilities nationwide**
 - **Recommended action:** Identify and equip at least one district hospital per region with a neonatal resuscitation kit and subsequently strengthen the capacity of health professionals in the use of the equipment provided.
 - **Expected result:** Reduction in neonatal deaths due to asphyxia.
- **Problem: High cost of managing premature and low-birth-weight newborns**
 - Recommended action: Subsidize the management of premature and low-birth-weight newborns in Cameroon.
 - Expected result: Inclusion of care for premature and low-birth-weight newborns within the national universal health coverage package.

9.3. Data collection and validation Systems

- **Problem: Absence of data on the management of rape cases in the health information system**
 - Recommended action: Integrate a data element on managed rape cases into the health information system.
 - Expected result: Availability of disaggregated and reliable data on rape cases managed in health facilities.