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How Africa Can Build a Future Free from Hunger and Malnutrition



CAMEROON



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From 2000 to 2016, Cameroon made substantial progress in reducing malnutrition levels. Cameroon decreased its GHI score from 40 to 23 during that period, which was characterized by institutional and programmatic changes.

INSTITUTIONAL REFORMS

In the 1990s, nutrition levels deteriorated in Cameroon due to economic crises and the HIV/AIDS pandemic. There was no clear government policy to address rising malnutrition levels. However, in 2001 the government took concrete measures, notably including food security and nutrition in its health-sector strategy.

Recognizing the importance of a multisectoral approach to malnutrition reduction, in 2009 the Interdepartmental Committee for Food Security, comprising 19 ministries and chaired by the secretary general of the prime minister's office, was created.1 Its mission was to develop a coherent policy strategy for food security actions and the implementation of the National Food Security Program (PNSA). A network of "parliamentarians for the fight against malnutrition," as well as regulation on the marketing of breast-milk substitutes, food fortification, and maternity leave, have been put in place.

In 2006, reflecting the government's commitment, the food and nutrition policy was implemented in the form of a program aimed at improving Cameroon's food and nutrition profile through:2

- Promotion of breastfeeding and food hygiene;
- The fight against malnutrition and micronutrient deficiencies and prevention of noncommunicable diseases related to
- Nutritional support for vulnerable groups and individuals living with HIV/AIDS; and
- Food security and training and employment of qualified professionals in the field of nutrition.

Nutrition is also well integrated in the PNSA 2010-2015, which

includes a support component for production and nutrition education to raise awareness of the consumption of food with a high nutritional value, and in the National Agriculture Investment Plan (PNIA) 2014-2020. In 2013, Cameroon joined the SUN Movement.

Direct interventions in Cameroon have proven to have great impact on malnutrition reduction. In 2011, Cameroon instituted a mandatory food-fortification program.³ The program includes the addition of vitamin A to refined vegetable oil and the addition of iron, zinc, folic acid, and vitamin B12 to wheat flour. In 2012, an evaluation of the impact of the fortification program was conducted in Yaoundé and Douala. Greater iron, zinc, folate, and vitamin B12 status and a lower prevalence of deficiencies of these micronutrients among women of reproductive age and children aged 12-59 months were observed, as well as a slightly lower prevalence of anemia among women, one year after the introduction of mandatory wheat-flour fortification.

However, there is evidence that traditional dishes in Cameroon are contributing significantly to addressing malnutrition. A study was conducted to determine the nutrient content of some traditional dishes and their potential contribution to dietary reference intakes. 4 These dishes were ekomba, prepared from maize flour with roasted-peanut paste; ekwang, prepared from crushed cocoyam tubers and cocoyam leaves; tenue militaire, prepared from dried maize flour and cocoyam leaves; and koki, prepared from dried crushed cowpea seeds. It was found that 100 grams of each dish eaten by children aged one or two years can provide more than 100 percent of their daily recommended vitamin A intake.

The effectiveness of food fortification and the promotion of nutritious traditional dishes show that it is possible to reduce malnutrition in Cameroon. However, spending on agriculture does not yet meet government commitments set out in the Malabo Declaration and Cameroon's medium-/long-term national development policy places little emphasis on nutrition.

Preferred citation: Malabo Montpellier Panel (2017). Country case study: Cameroon. Dakar. December 2017.

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