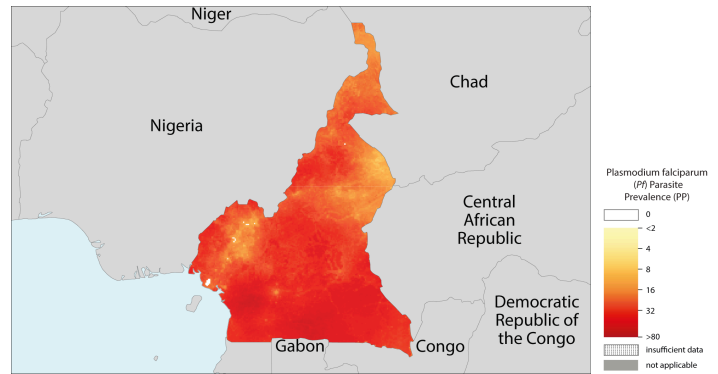
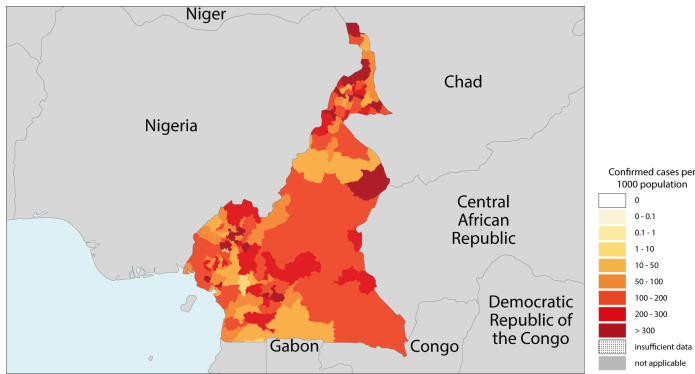


Cameroon

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	20.1M	71
Low transmission (0-1 case per 1000 population)	8.2M	29
Malaria free (0 cases)	-	-
Total	28.4M	-

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. gambiae s.s.</i> , <i>An. funestus s.s.</i> , <i>An. coluzzii</i> , <i>An. arabiensis</i> , <i>An. nili</i> , <i>An. moucheti</i>
* includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	3 015 821
Total confirmed cases:	2 977 754
Confirmed cases from public sector:	1 264 235
Confirmed cases from private sector:	1 109 511
Confirmed cases at community level:	604 008
Confirmed cases in combined health sectors:	-
Reported deaths:	1756

Estimates	
Estimated cases:	7.3M [5.3M, 10M]
Estimated deaths:	11.6K [9.7K, 14.3K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2011
	ITN distributed by mass campaign	Yes	2011
IRS	IRS is recommended	No	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2010
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Disc	-
	Malaria diagnosis using microscopy is free of charge in the public sector	Disc	-
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	-
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2008
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-
	G6PD test is a requirement before treatment with primaquine	NA	-
	Directly observed treatment with primaquine is undertaken	NA	-
	System for monitoring of adverse reaction to antimalarials exists	No	-
Surveillance	Malaria is a notifiable disease	Yes	2014
	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	NA	-
Foci investigation undertaken	NA	-	
Case reporting from private sector is mandatory	Yes	2014	

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	NA	-
First-line treatment of <i>P. falciparum</i>	AL; AS-PYR; AS+AQ; DHA-PPQ	2019
Second-line treatment <i>P. falciparum</i>	AL+PQ; AQ+PG; ART+AL; AS+AL; AS+D; AS+MQ; AS+MQ+PQ; AS+SP; AS+T; AT-PG+PQ; AT+PG; DHA-PPQ+PQ	2019
Treatment of severe malaria	AS; AM	2014
Treatment of <i>P. vivax</i>	NA	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>	-	-
Type of RDT used (public)	Pf + all species (Combo)	-

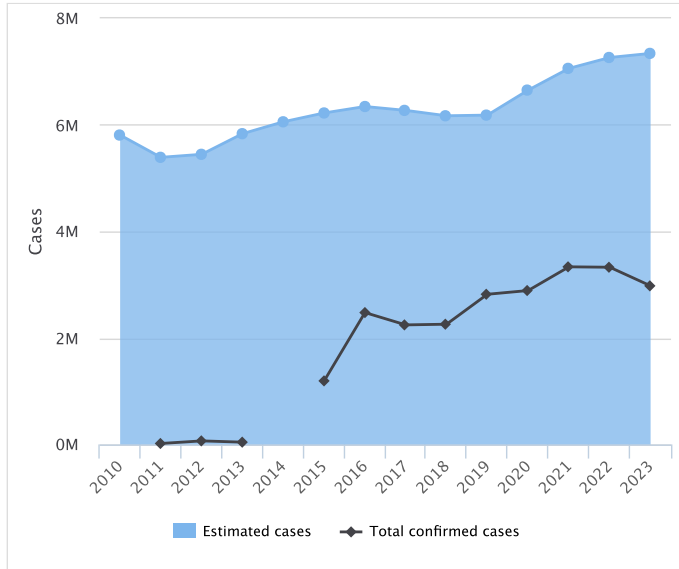
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
DHA-PPQ	2018-2018	0	0	0	42 days	1	<i>P. falciparum</i>

Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)			
Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	52% (16/31)	<i>An. gambiae s.l.</i> , <i>An. gambiae s.s.</i>	No
Neonicotinoids	20% (2/10)	<i>An. gambiae s.l.</i>	No
Organophosphates	13% (3/24)	<i>An. gambiae s.l.</i>	No
Pyrethroids	100% (28/28)	<i>An. funestus s.s.</i> , <i>An. gambiae s.l.</i> , <i>An. gambiae s.s.</i> , <i>Anopheles spp.</i>	Yes

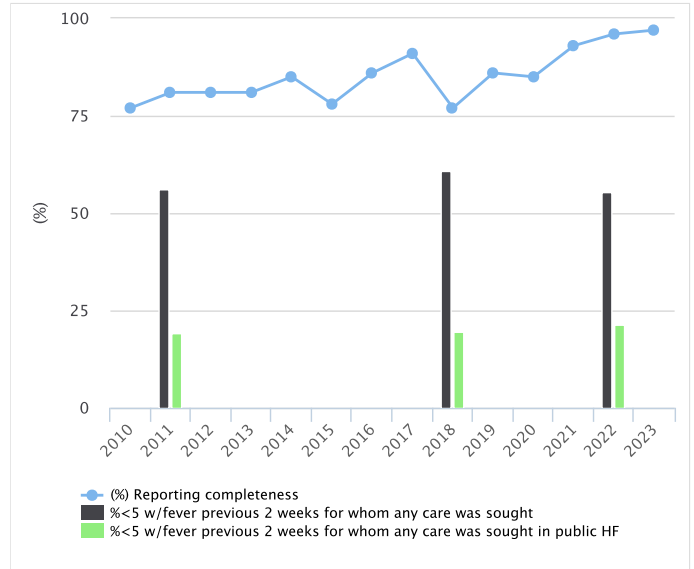
¹Percent of sites for which resistance is confirmed and total number of sites that reported data
²Vectors reported to exhibit resistance to insecticide class
³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

Yes* = Policy adopted, but not implemented in 2023
 Disc = Discontinued
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III. Estimated and reported cases

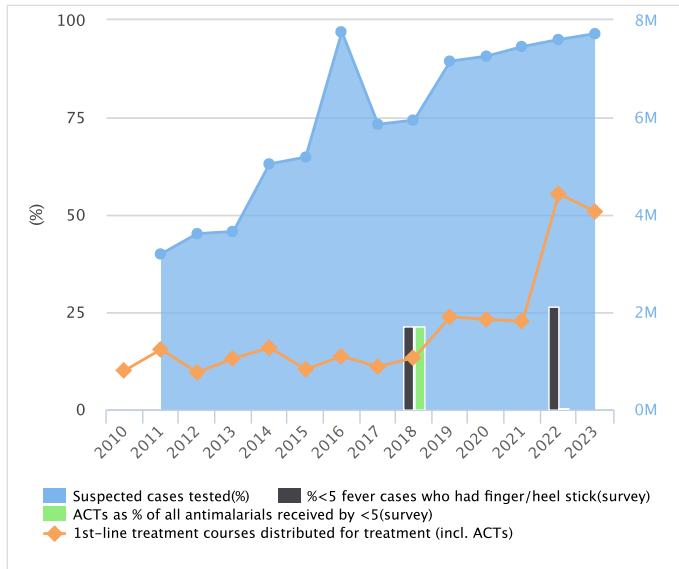


Treatment seeking and reporting completeness



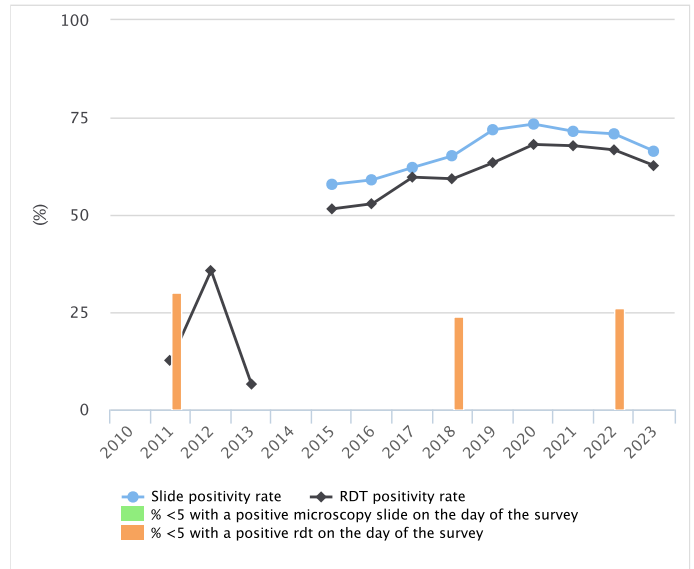
Source: DHS 2011, 2018, MIS 2022

IV. Cases tested and treated



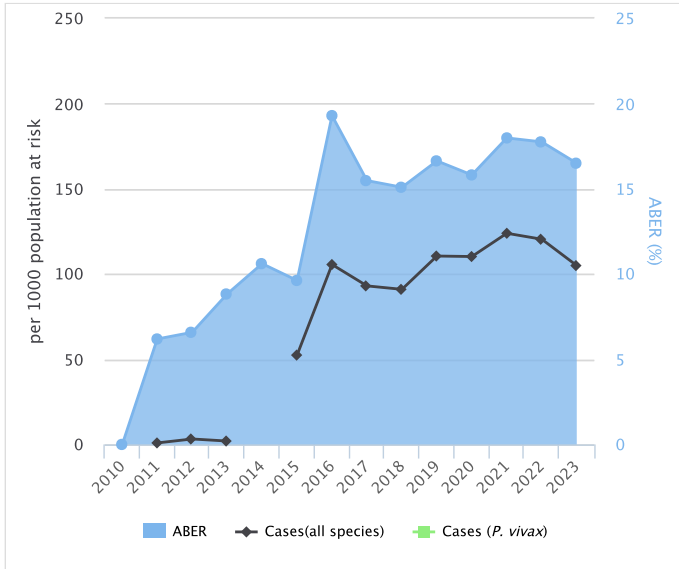
Source: DHS 2011, 2018, MIS 2022

Test positivity



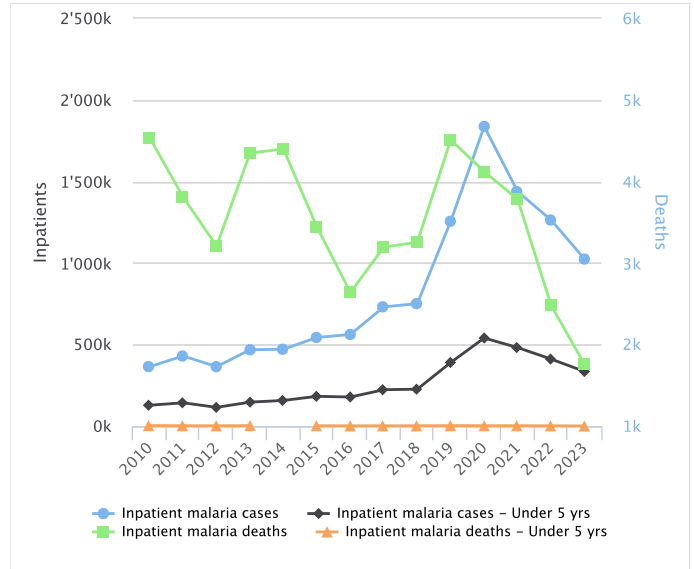
Source: DHS 2011, 2018, MIS 2022

V. Confirmed malaria cases per 1000 population at risk and ABER

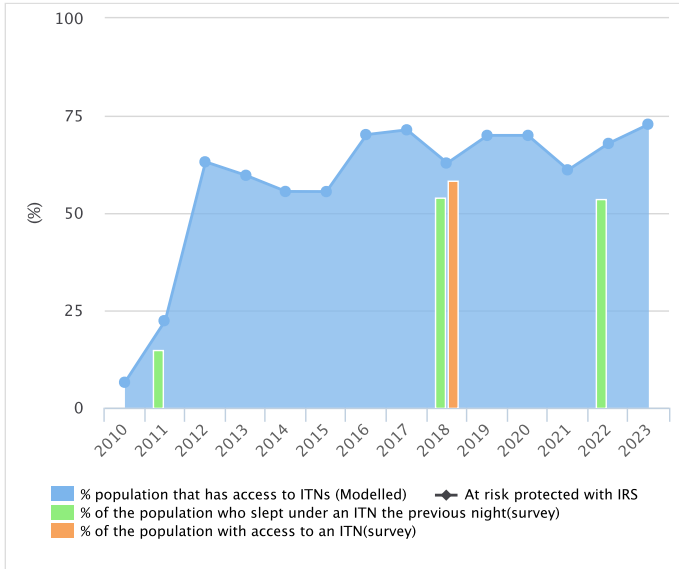


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

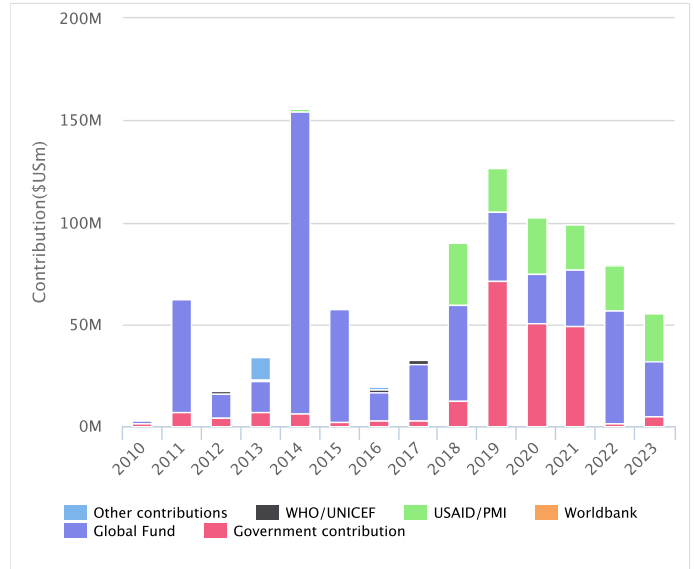


V. Coverage of ITN and IRS

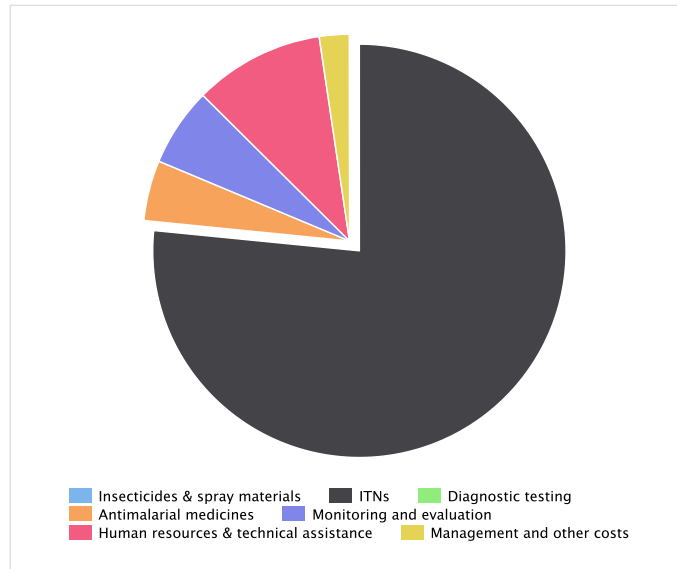


Source: DHS 2011, 2018, MIS 2022

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6)