

The Millennium Development Goals (MDGs) in Cameroon: How Far From the Target in 2005?

**A Civil Society Perspective on the Progress and
Challenges of Attaining the MDGs**

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1 INTRODUCTION AND CONTEXT

After nearly a decade of deep economic crisis in the mid-1980s and early 1990s, Cameroon moved from the status of middle-income country to that of a heavily indebted poor country (HIPC). For a few years, the country underwent structural economic adjustment, within the framework of the Bretton Woods financial institutions, in a bid to achieve economic recovery. Unfortunately, the resulting macro-economic performance¹ did not bring about clear and sustainable improvement in the living conditions of the population at household level – for reasons due mainly to growth distribution factors (see Box 1).

Efforts to improve the situation have involved various levels and sectors of society; including government pledges to achieve democracy, good governance, social equity, gender equality and the eradication of corruption. At the civic level, legislation on freedom of association, passed in 1990, boosted the civil society movement and made it very active in what is commonly called 'the fight against poverty'.² Institutional initiatives such as the creation of specialised ministries or public service units helped to generate action on gender equality and employment issues.

The Cameroon Government has also developed a poverty reduction strategy paper (PRSP), which was approved by international financial institutions (IFIs) in 2003 and which is in line with the MDGs. The Cameroon PRSP is being implemented, at present, with the main objective of getting to the HIPC Completion Point, in order to benefit from debt relief that would bring needed financial resources into the national economy.

This paper seeks to review results yielded from this general process and determine how well the country is moving towards achieving the MDGs. Elements include an overview of civil society perspectives on MDG attainment, the relationship between the MDGs and the PRSP, and a look at how resources are geared towards achievement of each of the eight MDGs.³

Box 1: Cameroon – the country in brief

- Land area approx. 476 000 km²
- More than 15,000,000 inhabitants
- 10 provinces; 58 divisions; 269 sub-divisions; 53 districts
- A variety of climates determining the five main agro-ecological zones
- Capital city: Yaoundé (more than 1,000,000 dwellers)
- Main economic city: Douala (some 2,000,000 dwellers)
- Agriculture-based economy, with great natural potential in many areas

¹ Average annual economic growth in Cameroon has been around 4.5% for the period 1997-2002, despite the continuing decline of the oil sector.

² After the law on freedom of association in 1990, there was a non-governmental organisation law in 1999.

³ Preparation of the paper was based upon desk research using available official reports and national statistics; contributions from different national development stakeholders, including civil society organisations, the government, the private sector and international development partners; discussions at the grassroots level; and a focus group drafting meeting.

2 CIVIL SOCIETY ANALYSIS ON PROGRESS TOWARDS THE MDGs

Cameroon is fully engaged with the MDGs, with various socio-economic stakeholders working toward the achievement of these goals, either purposely or incidentally. In fact, the objectives of some civil society organisations (CSOs), set long before the Millennium Declaration, fully match the goals today. Progress towards achieving the MDGs in Cameroon has been regularly monitored by both the government and other actors, with the support of the United Nations Development Programme (UNDP).

The available reports to date suggest that progress has been uneven in terms of the various goals as well as various levels within the country. For example, progress towards achieving universal primary education indicates a strong probability that this goal will be achieved; while the goals relating to extreme poverty and hunger reduction, the promotion of gender equality and women's empowerment, the reduction of child mortality, the improvement of maternal health, and the fight against HIV/AIDS, malaria and other diseases, are just potentially achievable. The two other goals – Goals 7 and 8 – are unlikely to be achieved by the set time target. The enabling environment for achievement of the MDGs is generally just fair or weak, except for universal primary education and the promotion of gender equality promotion,⁴ where it is strong.

Education stands out significantly because of serious achievements in this sector during the years of economic prosperity, when national five-year plans put great emphasis on education and health. The literacy rate among people aged 15-24 years was already high before the economic crisis hit, at an average of around 80%; and even higher in some parts of the country. Although the three northern provinces, in the savannah region, lagged behind with an average rate of 42.2%, the national rate at the MDGs baseline year (1990) was estimated at 78.7%. In 2001, the national figure had progressed to 82.3%, despite rates of 41.3%, 46.9% and 57.3% for the Far North, the North and the Adamaoua provinces respectively.

This relatively high national literacy rate, achieved well before the adoption of the MDGs, is an asset, rooted in a progressive primary education policy and a great national social awareness on the importance of sending children to school. This was developed immediately after the country's independence in 1960. Despite the negative effect of the economic crisis, the national net primary school enrolment ratio increased from 73.6% at the MDGs baseline year, to 75.2% in 2001. This will probably be sustained, given recent government measures to eliminate primary school fees. It would be logical to expect health-related MDGs to have followed the same trend for the same reasons but this has not been the case because the high level of poverty, as a result of the economic crisis, had a different effect on health care, especially as regards infrastructure and public service.

The degradation of the national health care network was such that the under-five mortality rate, as shown by national public health statistics, rose between 1991 and 1998, nationwide, while the three northern provinces lagged even further behind. The infant mortality rate also rose, from 65% to 77.0%, while the proportion of 12-23-month-old infants vaccinated against measles was just 61.2%, with two northern provinces and the eastern province under 50%.⁵ The state of maternal health also suffered, with the maternal mortality rate standing at 430 deaths per 100,000 live births. In addition, the proportion of births attended by a medically qualified person decreased from 63.8% in 1991 to 58.2% in 1998. The malaria incidence rate for children under five years stood around 46% in 1997.

As regards eradication of extreme poverty and hunger, some signs of progress were noticeable for the period 1990-2000, when the percentage of Cameroonians living under the

⁴ Details on this can be found in the three country reports published within the UN MDGs monitoring framework (2001, 2002, 2003).

⁵ Estimates by the second National Household Survey in 2001: North 29.1%, Far North 41.4%, East 48.4%.

poverty line decreased from 50.5% to 40.2%. This was insufficient, given the strong correlation that exists between progress on this goal and on the others. The continuing high level of poverty makes it difficult to achieve health-related goals, for instance, and more especially explains why there has been insufficient progress in ensuring environmental sustainability and developing a partnership for development.

The significant efforts of all Cameroon's development stakeholders to face the MDG challenges should be acknowledged, and these efforts explain why many of the goals are potentially achievable. However, improving the present situation requires the following:

- The government must continue to enforce good public governance, accountability and partnership with other stakeholders;
- Civil society must put more energy and resources into community sensitisation on all aspects of development, in light of the MDGs;
- International development partners must design and implement innovative financing policies, allowing them to deploy part of their development assistance resources more directly to the poor, through CSOs managing projects at the community level;
- The United Nations System representation and Commonwealth institutions must more formally encourage the government to improve its level of cooperation with CSOs;
- The poor people themselves must be more receptive to the message of the MDGs and be ready, in the process of any reporting, to provide measurable feedback to all those who assist them.

As concerns monitoring tools and indicators, the MDGs as originally set out offer sufficient depth for a good appraisal of Cameroon's situation; though, in some cases, the monitoring indicators have been tailored to better fit the national context. It is, however, questionable whether the official data and statistics tell the whole story about the MDGs, and this does raise a concern about the reliability of the national MDG reporting process.

Quantitatively, the official figures may truly reflect progress toward the MDGs, being derived from national censuses and surveys carried out with appropriate techniques. However, such statistical data is still limited in its coverage and lacks continuity, given resource constraints affecting the national statistics system. Qualitatively, an important part of the story is yet to be told in some areas. For instance, the government can cite figures for the recruitment of unconfirmed primary school teachers trained in the national system, as part of the effort to achieve universal primary education. But the low pay and repeated salary delays negatively affect these teachers, and, compounded by the government's seeming unwillingness to legalise their status as permanent employees, this leads to a situation which does not encourage good results. The year 2004 was particularly hard for teachers, and one in which they went on strike several times.

The validity of figures related to progress on HIV/AIDS,⁶ especially the prevalence of the pandemic among the general population, are open to question because they mostly derive from estimates based on inadequate statistical samples. For the period 1990-2000, the prevalence rate among pregnant women aged 15-24 years old was 2% in 1990, 3.8% in 1996 and 11% in 2000. The last officially reported figures, following the 2004 Population and Health Survey, show that prevalence among women and men, 15-45 years old, is 5.5%. This is drawn from a survey with a sample of 10,500 households. One could be sceptical in considering these figures, but, valid or not, they must be considered in tandem with obvious and early efforts to mobilise resources towards controlling HIV/AIDS in Cameroon; more so than with the other MDGs. The country's response to the disease, through the National AIDS Control Committee (NACC), has involved several control plans and a control strategy which

⁶ National AIDS Control Committee (NACC), 2000.

is now embedded in the country's PRSP; with a multi-sector national strategic plan in place for the period 2000-2005. The level of financial resources allocated to or destined for HIV/AIDS programmes for the period 2000-2008 is the equivalent of US\$108 million.⁷

3 CSOs AND THE MDGs

3.1 Usefulness of the MDG framework to CSOs

There is a positive perception of the MDG framework in Cameroon because, even before the Millennium Declaration, national forces were already mobilised towards poverty reduction, given the miserable situation that people had endured as a result of the economic crisis. Many CSOs were established, with the objective of bringing relief to evolving poverty-related problems. Now, the areas where CSOs have been concentrating are being covered in the MDGs.

The advent of the MDGs therefore met a common need for an action framework and brought more legitimacy to civil society's activities. The MDGs framework, today, is also perceived to be a good implementation and monitoring guideline for the international development agenda. But the time factor of this framework raises some contextualisation concerns; the year 2015 seems too close for many MDGs to be achieved in Cameroon.

The engagement of the Cameroon civil society with the MDG agenda has become stronger with time and many CSOs have been synchronising their priorities in terms of MDGs; to keep on track with the United Nations' vision of financing for development and to develop useful partnerships.

3.2 Contribution of CSOs to the MDGs

Cameroon's civil society has been contributing to the MDGs through many angles of intervention, including:

- Capacity building at community and grassroots levels;
- Advocacy and sensitisation;
- Mobilisation and education;
- Out-of-school vocational training;
- Monitoring activities and governance;
- Concrete field achievements.

At the community level, many CSOs have undertaken to intercede between international development agencies and the people, in an effort to channel resources towards improved living standards. They have also provided training and assistance to communities in order to help them design and implement development projects. In support of these efforts, numerous community-based organisations (CBOs) have been set up with the assistance of local non-governmental organisations (NGOs), associations and churches of different faiths.

Advocacy and sensitisation on major social problems has been the core of a great part of the CSOs' work, with much done in the field of HIV/AIDS prevention, where financial resources could be more easily obtained from international agencies. Appeals in support of a sustainable environment, poverty reduction and women's empowerment have also been

⁷ NACC, 2005 : 26-27.

among the major themes; with promotion of education of the girl-child receiving great attention, especially in the northern part of the country.

CSOs have also played a significant role in the MDG monitoring process, thanks to the UNDP, which urged the government to accept the principle of collaborating with civil society. In fact, the official national system for monitoring progress of the MDGs calls for the inclusion of an NGO, which is the civil society focal point in the process. In this role, the Africa Development Interchange Network (ADIN) has participated in relevant provincial monitoring campaigns conducted by the UNDP and the Cameroon government, as part of the process of preparing the national progress report.

In a participatory approach to the process, ADIN collaborated with other CSOs to collect information at the grassroots level; this information was then used as input at MDG monitoring meetings, under UNDP supervision. To ensure coherence, the work was done in close interface with the existing official monitoring framework for the PRSP, which meant that government-initiated Consultative Monitoring Committees at national and provincial level could be involved. Civil society is represented on all these committees and some ministries – Health, Women and Family Affairs, Social Affairs, Environment and Forests – now work with registered CSO partners.

Local NGOs and associations also have significant achievements at the community level, related to education, health and other social areas such as water and sanitation. Faith-based organisations of various denominations have the same. The Catholic Church, which has been acknowledged by the State as a public service institution for its involvement in the MDGs, can claim the following:⁸

- 1,166 schools of all levels, in 23 church districts, with 360,440 students;
- Nearly one-third of the total school services in the country;
- 211 health centres treating more than 2,000,000 cases annually.

The Catholic Church also has social initiatives towards poverty reduction, conducted through 'Human Promotion Organisations' spread all over the country. These initiatives involve out-of-school training, community infrastructure for rural and urban development, gender equality promotion and women's empowerment.

3.3 Partnership and the MDGs

The MDG platform has progressively become a rallying point for Cameroon's national development. The government and other stakeholders, including CSOs, are using it as an interest convergence indicator. Despite the government's original reluctance to work with civil society, more is now being done to create an extensive partnership bringing together international development agencies, the government, civil society and the private sector. As is the case for the PRSP, the government has – albeit reluctantly – accepted the principle of setting up joint committees to deal with MDGs and other matters.

Two main driving factors can be cited for the change in the government's position on working with civil society. First, there has been the personal involvement of the Resident Representative of the UN system in Cameroon,⁹ in persuading public officials and creating multi-stakeholder working opportunities. Secondly, with time, community-based civil society organisations have developed so much in rural areas and become so important to the populations, that it has become difficult for the government to address the people without their help.

⁸ Bureau des Activités Socio-Caritatives (BASC Caritas Cameroon) 2003 Report.

⁹ Patricia De Mowbray.

The agenda for the MDGs has also provided opportunities for partnership among civil society organisations in Cameroon. It can be observed, for instance, that different faith-based organisations have become engaged in a development partnership called 'Forum Cameroon', whose main objective was to promote the achievement of the MDGs¹⁰ (see Box 2). Other patterns of partnership exist between local CSOs, or between the local groups and international ones. This last level of partnership has been particularly successful, because it has helped to direct assistance resources directly to people at the grassroots level. This assistance work could be carried out with a better understanding of the needs and concerns of the people, because it was conveyed through community-based organisations, which know these needs better than do the international organisations.

Box 2: 'Forum Cameroon' – A pattern of civil society partnership

Forum Cameroon is a faith-based network, grouping the three main religious groups (Catholics, Protestants and Muslims) in the country. It was initiated by the Catholic Church in the 1990s with the objective of sharing experiences on socio-economic and development matters with other faiths. The original focus related to:

- the debt burden of private faith schools, which was very high as a result of the economic crises of the late 1980s;
- the fight against HIV/AIDS;
- capacity building for community-based faith organisations;
- socio-economic lobbying.

The Bureau for Social Charitable Activities (BASC-Caritas), a branch of the Cameroon National Episcopal Conference (CNEC), represents the Catholic Church in the network. BASC-Caritas was assigned by the CNEC to closely follow up poverty reduction.

In its position as one of the civil society representatives on the PRSP National Consultative Committee set up by the government, BASC-Caritas invited other CSOs to join in an independent PRSP monitoring process, outside of the official framework. This initiative received support from the German development agency (GTZ), and French civil society through a Concerted Multi-Stakeholder Programme (PCPA). The main objective of this programme is to strengthen the capacity of Cameroon's civil society to monitor public policies by:

- promoting and ensuring CSO involvement in public policy design;
- promoting anti-corruption activities;
- helping CSOs to network efficiently, for collective achievements.

Following the Commonwealth Foundation's Civil Society Consultation on the 2004 Finance Ministers Meeting in London, and mindful that the Cameroon PRSP was mainly built around the MDGs, the Africa Development Interchange Network (ADIN) in its position as civil society 'focal point' in the Cameroon MDGs' monitoring process, initiated a project to campaign for and monitor progress on the MDGs, taking the framework of Forum Cameroon into account. Within this project, sensitisation and campaigning on MDGs at the community level is to be followed by annual national civil society consultations on MDGs progress, organised with the support of the UNDP and other willing development partners.

3.4 Opportunities for civil society

Beyond other partnership opportunities, the MDGs opened the way for concerted action by a range of different stakeholders. Their framework provided a good platform through which to better implement the process of Financing for Development; using CSOs as a bridge between the international community and national local communities, on a clear and measurable basis.

¹⁰ Bureau des Activités Socio-Caritatives (BASC Caritas Cameroun) 2003 Report.

It is important to acknowledge that the MDGs now offer national CSOs an irrevocable opportunity to effectively negotiate with the government on socio-economic matters. The CSOs have an improved basis for arguing that they are full development partners and for accessing global information on development.

3.5 Enhancing the role of civil society in delivering the MDGs

Some of the challenges facing Cameroon civil society, in delivering the MDGs, are:

- Admission to the process, as a full and important partner, by both the government and the international agencies;
- Gathering enough financial resources for comprehensive advocacy and efficient sensitisation of the people;
- Developing a permanent monitoring and reporting system to convey the opinions of the people;
- Being fully accountable to the people they serve or speak for;
- Accessing information in order to build a better institutional and networking capacity.

A few positive steps have already been taken, but much remains to be done at both the local and international levels:

- The government could link civil society to all stages of socio-economic policy design, with a view to getting the best possible knowledge on people's feelings at the grassroots level;
- Part of the Financing for Development resources could be conveyed more directly to local communities, through CSOs, in order to avoid the corruption and unnecessary delays which generally hinder government-controlled projects;
- A combined sensitisation and monitoring system needs to be developed, by and for civil society, with the assistance of international institutions, to parallel the government-controlled information system and give people an opportunity to speak out on progress towards the MDGs;
- The fund-raising capacity of CSOs needs to be improved.

There is scope for civil society to play a broader role in delivering the MDGs, if all these additional measures can be taken.

4 THE PRSP AND THE MDGs

4.1 Articulation of the National Development Strategy in the PRSP

National surveys show that in 2001, four out of 10 Cameroonians were living below the poverty line.¹¹ The government prepared the Cameroon Poverty Reduction Strategy Paper (PRSP) after consultations with a broad range of stakeholders, including the target populations, CSOs, the private sector, and development partners. It presents the government's strategic vision, objectives and priority actions for fighting poverty, in line with the MDGs. Seven main lines are drawn in the document, which was approved by the Bretton Woods institutions in 2003:

¹¹ Locally defined at CFA Francs 232,547.

- Promoting a stable and growth-enhancing macro-economic environment;
- Strengthening growth through economic diversification;
- Empowering the private sector as the main engine of growth and a partner in social services delivery;
- Developing basic infrastructure and natural resources in an environmentally sustainable manner;
- Accelerating regional integration within the CEMAC framework;
- Strengthening human resource development and bolstering social services.

4.2 Relationship between the PRSP and the MDGs

The relationship between the Cameroon PRSP and the MDGs appears to be a natural one, as the MDG targets were always conceived as a tool for helping to achieve the Poverty Reduction Strategy (see Box 3).

Box 3: Cameroon PRSP – Extract from the Prime Minister’s foreword

“These policies are strategically framed in the PRSP and reflect the Government’s ambition to attain the Millennium Development Goals. The Government has prepared the present document using an open and participatory process, which has involved the population at the grassroots level, the civil society, private sector, development partners and the public administration. On behalf of the Government, I wish to take this opportunity to acknowledge their respective contributions and to express our gratitude for their willingness to participate and the quality of their work.”

THE PRIME MINISTER,
HEAD OF GOVERNMENT,

Peter MAFANY MUSONGE

Source: Cameroon PRSP, 2003

The PRSP fully supports the MDG agenda and contains sub-strategies that cover the goals, as well as explicit pledges. Its chapter on ‘Strengthening human resources and the social sectors’ clearly refers to the MDGs. Education and health objectives in the PRSP correspond to the national MDG targets, and monitoring indicators are the same.

In many respects, the flow of resources for the MDGs has been influenced by the advice of IFIs. In a first stage, ‘oxygen’ was provided for the process through the HIPC funds (CFA Francs 213 billion), made available after an interim three-year period that ended in 2001. But this may now have negative impacts, in a new stage corresponding to the implementation of the current finance law, with new fiscal developments including an increase of value-added tax (VAT) and other taxes. The cost of living is, in fact, higher since the beginning of fiscal year 2004-2005 and those who live just above the poverty line are seriously threatened with joining the large number of Cameroonians living below it. The 40.2% poverty incidence might increase sharply if the new measures do not quickly bring positive economic relief and, particularly, attainment of the HIPC completion point.

The MDG message is coherent in Cameroon and a programme of support from multilateral agencies exists; but the message is still not well delivered to the people. There is a great need for information dissemination. People at all levels of society can then appreciate the importance of improved participation in the monitoring process, and send correct feedback on the services that they receive from development stakeholders.

The relationship between the PRSP and the MDGs in Cameroon provides a clear opportunity for CSOs to become serious development partners. After being virtually ignored during the early stages of preparing the PRSP, part of civil society called an independent drafting review meeting to criticise the draft document,¹² and issued a final declaration. The government later took this work into consideration in preparing the final draft. This new relationship has opened new advocacy possibilities for civil society. On this platform, for instance, the Catholic Church has been able to direct strong criticism towards the government (see Box 4).

Box 4: Catholic Church comments on Cameroon's PRSP

"...The document has concentrated on a restrictive and materialistic approach of poverty and it is deplorable that the PRSP implementation process has not succeeded in mobilising all the country's social resources.

"As for the management of HIPC resources during the interim period, administrative procedure constraints, with complex study and selection mechanism of projects, as well as heavy financing patterns of eligible projects, have restricted the use of relevant available credits.

"Bureaucracy and generalised corruption are causing an inefficient implementation of the PRSP."

Source: The Catholic Church and Poverty: Strategic Orientation at Horizon 2015: 17

5 RESOURCES FOR MEETING THE MDGs

5.1 Emigration and loss of health and education professionals

One of the problems resulting from the economic crisis in Cameroon has been instability in the health and education sectors, based on economic migration of professionals from these sectors; a serious issue which adds an additional challenge to achievement of the MDGs. This migration falls within the broad movement of people going abroad in search of better opportunities.

No straightforward statistics are available to appraise the situation. However, some figures drawn from the Statistics Directory of the former Ministry of National Education - now divided into the Ministry of Basic Education and the Ministry of Secondary Education - can help to give an approximate picture for the education sector, when added or compared to figures gathered from consultations with members of the Primary Teachers' Trade Union.

In 2003-2004, the number of primary and nursery school teachers was 64,148, an improvement compared with 2000-2001 when the total number was 42,840. The apparent progress shown by these statistics actually highlights a shortfall of nursery and primary school teachers that the country has been dragging for some time; a deficit formally diagnosed to be 14,000 in 1995.¹³ Despite the re-opening of teacher training colleges in 1996, after several years of closure by the government due to the country's economic crisis, the deficit still stood as high as 12,040 in the 2000-2001 school year.

The 54 public teacher-training colleges in the country have admitted some 17,000 students during the past three years, for an average of two years' training per batch. The former Minister of National Education, speaking recently to unconfirmed primary teachers who were

¹² The meeting was held in Ombe, South-West Province in December 2002.

¹³ Cameroon National Forum on Education Report, May 1995.

on strike, acknowledged that there are some 13,800 primary school teachers in the country who have not been confirmed in their jobs. Approximately 7,500 of them are already eligible for confirmation, in keeping with the regulations in force,¹⁴ but are still awaiting government replies to their applications. This same government, in 2004, announced a recruitment project for 1,700 primary school teachers.

Even if this recruitment promise is fulfilled in the shortest time, it is unlikely to cover the deficit. Moreover, trained teachers have been trying to find better jobs in other professions, either within or outside of public administration. It has been recorded that many trained teachers went into tax administration and there is a famous case of some of them who entered the National School of State Accountancy and were expelled on the request of the then Minister of National Education. The job instability among trained primary school teachers is not only due to the difficulties that they have in getting recruited into the public service, but also -- and more so -- to the way they are treated after recruitment. The majority of them, the unconfirmed teachers, are forced to live on very low wages, which they very rarely receive on time.

The situation of health professionals follows almost the same pattern as that of their colleagues in education. For several years, the career prospects of the country's nurses have been no more certain after training in the national training institutions. Despite the fact that public health facilities do not have enough staff, the nurses are no more easily recruited by the state and have to migrate to other sectors or go out of the country. Recruitment of health personnel was frozen in 1987, in keeping with conditionalities linked to the International Monetary Fund (IMF) Structural Adjustment Facility.

It is known that Cameroonian professionals in this area emigrate, in great numbers, to Europe, Canada and the USA. Australia too, has recently become a destination for health-trained professionals. And neighbouring countries, particularly the Republic of Gabon, are targeted for better wages. The Cameroon Minister of Health, recently interviewed at an international conference, complained that more than 2,000 health personnel failed to come back after their training abroad.¹⁵

However, the loss of capacity in the health and education sectors is due much more to resource management problems than to other reasons.

5.2 Impact of loss of capacity

The impact of this loss of capacity can be appraised at two levels. First, there is the direct cost of the capacity building that is entailed in the process of training. This corresponds to a waste of resources, which are needed to fill the human resources deficits in education and health. Secondly, the social efficiency of national facilities such as schools, hospitals and other disease control centres is still low in Cameroon. The PRSP states that:

- The student-teacher ratio, in primary education, was 63 during the school year 2000/2001, ranging from 37 in the South Province to 77 in the Far North;
- One nurse attended nearly 3,000 patients.

¹⁴ Ministerial instruction no 0041/A/MINEDUC/C.G/DRH on August 9, 1996 ruling the recruitment and management of unconfirmed primary school teachers; Ministerial Act no 0022/A/43/MINEDUC/CAB on February 18, 2003 creating the monitoring committee for management of unconfirmed primary school teachers in the Ministry of National Education.

¹⁵ Interview, Radio France International, 2005.

5.3 Human resources requirement for the MDGs

In order to tackle MDG challenges efficiently, in Cameroon, there is a need for human resources at all levels – in terms of quantity and quality. However, the qualitative or managerial aspect takes the lead in this respect, because not all available resources are well used. The number of primary school teachers or nurses notwithstanding, there is a crucial need to keep and maintain available assets, before adjusting the quantity in order to match the objectives. Beyond the need for teachers and nurses, other human resources are still insufficient: a 1992 estimate put the ratio of medical doctors at one for 10,000 patients.¹⁶

Even though other human resources are needed to achieve the other MDGs, it would be a good start to overcome the deficit of 12,000 teachers for primary education and 9,000 health personnel at all levels of the system.

5.4 Requirements to counter current emigration trends

The main requirement to counter the current trend is strategic. The government needs to reshape its present approach to human resource management in such a way that:

- Recruitment of health and education personnel is effective;
- Discrepancies are eradicated in the treatment of public service workers.

The recruitment of health and education personnel in the public service should then cease to be subject to restrictions imposed by the international finance institutions, as part of the conditionalities in the framework of economic adjustment facilities. For instance, with regard to the country's actual need for health professionals, which was estimated by a 1995 national study¹⁷ to average 1,000 each year, it would be useful to automatically recruit available trained personnel with a view to filling the gap before applying any restrictive policy of recruitment.

In addition, the practice of retaining unconfirmed personnel should be stopped. This unfair practice keeps unconfirmed personnel tied to poor pay and working conditions compared to their confirmed colleagues who do the same jobs.

CSOs, for their part, need to raise the level of advocacy on behalf of better conditions for education and health workers; targeting not just government, but more especially the IFIs, so that health and education are excluded from their conditionalities.

5.5 HIV/AIDS prevalence

The fight against HIV/AIDS in Cameroon is an old story. The disease expanded very quickly after the first case was reported in 1985, and national response started as early as 1986; with control of the disease being made a national priority programme in 1999 because of the increasing prevalence. In 2000, the prevalence rate was put at 11% and Cameroon was ranked the 11th most affected country in the world. The country's 10 provinces were unequally affected:¹⁸ The Adamoua (17%) and the Far North (13%) were the most affected, probably because of socio-cultural considerations,¹⁹ while women suffered more than men.

Recent appraisal of the situation by the NACC shows a 1.7 ratio of infected women to men. The corresponding prevalence is estimated today at 5.5% and is still unevenly distributed across the country. The rate for women is 6.8% as against 4.1% for men and the age group 30-34 years old is the most affected, with a rate of 9%. There are social groups that are

¹⁶ National Department of Statistics, ECAM I Survey, 1996.

¹⁷ Ministry of Health, Government of Cameroon, 1995.

¹⁸ UNDP, 2003.

¹⁹ These two provinces are in the Muslim dominated part of the country, where polygamy is common and the majority of the rural population is made up of nomadic tribes.

more vulnerable than others, like truck drivers (16.3%) and prostitutes (26.4%). This trend is expected to stay stable in the coming years.

5.6 Economic and social cost of HIV/AIDS and implication for the MDGs

The economic and social cost of HIV/AIDS is very high. Despite the lack of a reliable surveillance system and even though available statistics are inadequate for accurate appraisal, the seriousness of the situation can be seen from what is reported by the NACC. According to the committee, 40,000 cases have officially been reported so far, and the estimated number of People Living With HIV/AIDS (PLWHA) in 2004 was 470,000. In 2003 it was observed that AIDS patients occupied 30% of hospital beds in the Douala Laquintini Hospital, which is the most visited one in that city, and 50% in the Yaoundé General Hospital (YGH); and that 41% of tuberculosis patients were HIV-positive.

The implication of this situation for the MDGs is necessarily negative: there is a direct negative impact, as it affects the HIV/AIDS goal and other health-related goals; and there is an indirect impact on the efficiency of the labour force. Luckily, primary school teachers and health workers – unlike army personnel – do not appear to be particularly vulnerable, and may rather be part of the least infected group, thanks to their level of awareness. But the opportunity cost of the disease is high, given the significant financial resources invested to fight the disease, without observable positive results as yet; while rural development is in acute need of funding. In fact, the US\$108 million allocated to HIV/AIDS represents more than 5% of the average national public budget for the past five years, whereas the rural sector generally received about 5%.

5.7 Countering the current HIV/AIDS trend

Requirements for countering the current HIV/AIDS trend in Cameroon are mostly strategic, with government having the greatest role to play. In fact, the operational system that has already been put in place, through the NACC, should be enforced with a strong implementation strategy including the following:

- Greater effectiveness in relation to existing actions, through a general call for the accountability of all stakeholders, using specific and clear performance objectives;
- Systematisation of data collection on HIV/AIDS, through a global surveillance system that is very closely linked to traditional social frameworks such as workplaces or public facilities like hospital and schools, and which is capable of offering reliable, up-to-date statistics;
- A policy aiming at determining the global HIV/AIDS status of the whole population, in order to set a baseline from which to fight the pandemic more efficiently;
- Making HIV/AIDS a family planning issue, in order to solve problems of secrecy in terms of the status of people who live together.

5.8 Gender inequity and the MDGs

51% of the population in Cameroon is made up of women who generally play an important social role at the family level, in respect of the education and health of children. Yet they are most vulnerable to the majority of problems that the MDGs seek to challenge. The achievement of almost all the goals is thus dependent on how well gender equity is insured. Failure in this area could well threaten the whole MDG process.

The first and most important level of risk is related to representation in national decision matters. If women are absent at the strategic level, the shaping of a legal framework

favourable to the promotion of gender equity may be delayed. In this regard, the drop in the proportion of women in Cameroon's National Assembly, from 11.8% in 1992 to 10.6% in 2002, is not a good sign even though the structure of the current government, when extended to ministries and secretary generals, compensates with a better proportion of women than in the previous one. Another level of risk lies in the way resources are allocated to national public resources. Gender budgeting is still not an adopted principle here, which leaves room for discrimination.

Gender equity depends on countering current trends; and this depends not only on the government and on men, who are globally accused of dominating behaviour and violence towards their female counterparts, but also on women themselves. All stakeholders must make greater effort towards:

- The improvement and real implementation of gender equity policy;
- A gender responsive public budgeting system, promoted through sensitisation and capacity building initiatives;
- Effective women's rights implementation at all levels and especially within the family.

6 CONCLUSION

Cameroon has been fully engaged with the MDGs since the beginning of the process. The implementation of the country's PRSP appears to be a potentially useful tool for achieving progress towards the MDGs, but the government needs to take strong action, in partnership with the civil society, for success.

For their part, the CSOs need to work for a global and more active advocacy on what is at stake in the MDGs. Sensitisation at the grassroots level on the benefits of an on-going popular contribution to the MDGs' progress-reporting process would also help yield better results.

International agencies have been doing much in Cameroon, but could improve their achievements by developing innovative ways to gear part of the financial resources that they provide, directly to the people, with the help of local CSOs.

ABBREVIATIONS

ADIN	Africa Development Interchange Network
BASC	Bureau des Activités Socio Caritatives
CBO	Community-Based Organisation
CEMAC	Communauté Economique et Monétaire de l'Afrique Centrale
CFA	Communauté Financière Africaine (francs)
CNEC	Cameroon National Episcopal Conference
CSO	Civil Society Organisation
ECAM	Cameroon Household Survey
FOJECF	Cameroon Youth & Students Forum For Peace
GIC	Common Initiative Group
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Agency for Technical Co-operation)
HIPC	Heavily Indebted Poor Country
HIV/AIDS	Human Immuno-Deficiency Virus/Acquire Immune Deficiency Syndrome
IFI	International Financial Institution
IMF	International Monetary Fund
MDG	Millennium Development Goal
MINPOSTEL	Ministry of Post & Telecommunications
MINREX	Ministry of External Relations
NACC	National AIDS Control Committee
NGO	Non-Governmental Organisation
PCPA	Programme Concerté Pluri Acteurs
PLWHA	Person Living With HIV/AIDS
PRS(P)	Poverty Reduction Strategy (Paper)
RFI	Radio France Internationale
SPEP	Serving To Equip People
UNDP	United Nations Development Programme
VAT	Value-Added Tax
YGH	Yaoundé General Hospital

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