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Cameroon: The HIV/AIDS Epidemic

Many people often take good health for granted because of the advanced medical treatments available in the country in which they are living. People living in prosperous nations do not understand how lucky they are compared to those living in small, struggling countries around the world. Thomas Fuller, a British scholar, preacher, and author who was fascinated by the psychology of people (The Editors of Encyclopaedia Britannica, 2019) said, "Health is not valued until sickness comes." In Africa's Cameroon, inhabitants have an extremely high risk of contracting infectious diseases, and the mortality rate is about eight deaths for every thousand people ("The World Factbook: Cameroon," 2010). Lack of medical supplies and education on treating diseases is preventing the country from becoming and maintaining a healthy society. Boosting support for the people of Cameroon is vital and with some assistance in HIV/AIDS education, youth education, and medical services, the country can advance.

Location, climate, geography, and population all contribute to Cameroon's challenges. In the center of Africa, on the Gulf of Guinea, is the country of Cameroon. It is bordered by the countries of Nigeria, Chad, Central African Republic, Republic of Congo, Gabon, and Equatorial Guinea (Benneh & DeLancey, 2019). With an astounding population of nearly 24 million, the 51st most populated country in the world, the land area is only the size of California ("The World Factbook: Cameroon," 2010). Approximately 56% of the population lives in urban areas and 44% of the population lives in rural areas. Among the challenges of the highly populated areas, the weather is incredibly hot, with the average temperatures ranging from 70-80 degrees Fahrenheit year-around (Benneh & DeLancey, 2019). This heat is due to the dry, dusty air crossing the Sahara desert (Benneh & DeLancey, 2019). However, tropical air coming from the Atlantic Ocean causes lots of rain and strong winds (Benneh & DeLancey, 2019). The majority of the rain comes in April and November, which is considered the wettest part of the year (Benneh & DeLancey, 2019). The western part of the country, known as the western highlands, is the wettest part of the whole country, resulting in Debundscha Point, on Mount Cameroon, the wettest point (Benneh & DeLancey, 2019).

In 1961, the western and eastern parts of the country merged together to become a federation (Benneh & DeLancey, 2019). Then in 1972, the federation ended and became a centralized government (Benneh & DeLancey, 2019). It became a bicameral legislature in 1996, but the second part of the government was not added until 2013 (Benneh & DeLancey, 2019). Cameroon has a multiparty republic made up of two houses, the Senate and the National Assembly. The National Assembly is made up of 180 members who can only serve for five years. The Senate is made up of 100 members who only serve for five years as well. Ten regions of Cameroon are represented in the Senate with each sending ten members to represent

them. Seven of the members are voted in while the other three members are picked by the president. The president, Paul Biya, is the Chief of State and is in charge of the Armed Forces, and he chose Joseph Dion Ngute as prime minister and head of the country's government (Benneh & DeLancey, 2019).

Agriculture is a huge part of the lives of the Cameroon people. These Cameroonians do not have a lot of money, so they mainly use handheld tools and draft animals to farm, which is known as smallholder farming (New Agriculturalists, 2001). This is very similar to what the Amish use in the United States. Only about 20% of the land is considered agricultural land and of that 20%, only 13% is cultivated land ("The World Factbook: Cameroon," 2010). A few of the main crops in Cameroon are beans, potatoes, yams, corn, and oil palm (Benneh & DeLancey, 2019). Major exports are sawn wood, cocoa, cotton, and coffee (Benneh & DeLancey, 2019), thus, resulting in financial impacts (Benneh & DeLancey, 2019). Major imports include machinery, transportation equipment, fertilizers, cereals, fuel, and food products coming from France, China, and Nigeria (Benneh & DeLancey, 2019).

Although agriculture is a significant aspect in Cameroon, considering the cultivated land size, rural families in Cameroon face many challenges. The average family size is five people (*Household Size and Composition Around the World*, 2017), and most families live in small, mud and wood houses with no water or modern facilities ("Cameroon," 2020a). Meat, fried fish, curries, soup, and fruit are among the common foods Cameroons eat on a daily basis ("Cameroon," 2020b). Families are self-sufficient and have to either grow or catch their own food because many of them do not have enough money to purchase food supplies (Benneh & DeLancey, 2019). Since most people rely on producing their own food, it is understandable why agriculture is the most common occupation. Others work in industries and services, but those are not as prevalent ("The World Factbook: Cameroon," 2010). The limited job selections result in limited income. Each person makes about \$26 per month, which on average is about \$496 per household per month ("Cameroon," 2020a). Due to the lack of financial income, Cameroon families face significant challenges.

Education and health care are also challenges for the people of Cameroon. In Cameroon, education is free, but many children do not attend school because they are expected to pay for uniforms and book fees ("Cameroon," 2020a; "Education System in Cameroon." 2018). Children are expected to attend school till they are age fourteen ("Education System in Cameroon." 2018). Access to the educational system depends on one's location within the country (Benneh & DeLancey, 2019). If they live in the northern part of Cameroon, education is not as strong as everywhere else, which leads to many children not attending school (Benneh & DeLancey, 2019). The government has also cut funding for education, which is another factor that results in many families not choosing to send their children to school ("The World Factbook: Cameroon," 2010).

Beyond the decrease in educational financing, the government has also reduced health care funding ("The World Factbook: Cameroon," 2010). Due to the lack of clean water and other sanitation

necessities, illnesses such as waterborne diseases have caused significant problems with the country (“The World Factbook: Cameroon,” 2010). Diseases such as bacterial diarrhea, hepatitis A, typhoid fever, rabies, and meningitis are commonly found in Cameroon (“The World Factbook: Cameroon,” 2010). Other common diseases are malaria and yellow fever, which are along the coast and the Sanaga River (“Cameroon,” 2020a). Adults are affected by malaria the most (“Cameroon,” 2020a). Health care is poor because the equipment healthcare providers use to treat patients is often extremely outdated and medical supplies are limited (“Cameroon,” 2020a). Needed equipment is often illegally imported from Nigeria (“Cameroon,” 2020a). Beyond having adequate equipment, they also struggle with not having many doctors, clinics, or hospital beds (“Cameroon,” 2020a). The World Factbook (n.d.) indicates only one doctor for every thousand people. Medical education and treatment are major challenges for this African nation. As a result, the average life expectancy in Cameroon is only 52 years old (“The World Factbook: Cameroon,” 2010). Many are lucky to reach 50 years old because the death rate at birth is extremely high, with 52 deaths for every 1,000 live births (“The World Factbook: Cameroon,” 2010), stemming from disease and lack of healthcare (“Cameroon,” 2020a).

The most deadly disease in Cameroon is HIV/AIDS, which interferes with how the body fights infections (“HIV/AIDS,” 2020). In 1985, the first AIDS case was reported in Cameroon with about 3,000 being diagnosed and since then the disease has continued to spread at an alarming pace throughout the country (Mbanya, Sama, & Tchounwou, 2008). In Cameroon, the northwest region has the greatest number of cases reported (Tanyi, Pelsler, & Okeibunor, 2018). Almost 550,000 people have been diagnosed with the virus, and just under 20,000 people have died since 2018 (“The World Factbook: Cameroon,” 2010). All ages are strongly affected by this deadly disease, but it is highly common among young women (Benneh & DeLancey, 2019), thus, nearly thirteen million children have either lost both or one of their parents due to HIV/AIDS (Tanyi et al., 2018). However, the age group most affected by HIV/AIDS is the elderly. Taking care of someone who has AIDS can be physically, emotionally, and financially draining. Many of Cameroon’s elderly take care of orphaned children whose parents have died from HIV/AIDS, and then they also contract the disease because of poor care practices. Resulting, financial problems are a burden on family members who pay for the medical expenses of sick children (Tanyi et al., 2018). Due to the illness caused by HIV/AIDS, less people are able to work, resulting in less varieties planted and a lower income causing food insecurity (Tambi, M. D. 2019). Low exports result in less human resources and less money (Tambi, M. D. 2019). Besides the financial problems, it causes physical and emotional strain, and social shunning since people are judgemental towards those who have the disease and those who care for those infected (Tanyi et al., 2018). For example, if a business owner is suspected of having the virus or has a family member with AIDS, people will not shop at the business for fear of contracting the disease. Those with the virus also fear being fired from their job (Tanyi et al., 2018).

This discrimination towards people who have HIV/AIDS has been problematic in other ways. Most people who have the virus cannot get loans to help pay for their treatments because lenders feel they do not need it (Yaoundé, 2019). Insurers do not want to award life insurance to those who have a deadly disease that could cause early death. If they are unable to get insurance support, they really have no way

of treating the disease. Women struggle the most with financial support. They do not receive the right health care when they go to hospitals, especially when they are pregnant (Yaoundé, 2019). Women often only seek health care when they are in labor, for the sake of their children. Many mothers do not come back to the hospital for their babies' vaccinations because they suspect they will not receive the proper treatment they need. When medical professionals find out the patients they are treating have AIDS, they discriminate against them and treat them differently (Yaoundé, 2019). Many individuals that have HIV/AIDS will also lose their jobs because they have the disease and are supposed to keep quiet about it so businesses can still attract customers (Yaoundé, 2019).

There are currently no treatments available to cure HIV/AIDS. The most effective treatment to reduce the effects and progression of the virus available is antiretroviral therapy (ART), which is used around the world (Yaoundé, 2019). In 2007, the Cameroon government decided to make ART treatment free since AIDS has turned into such an epidemic (Yaoundé, 2019). ART is a vaccine that helps those living with HIV live longer and reduces the risk of spreading the virus to others (Yaoundé, 2019). In 2013, the Association of Enterprises and Professional Syndicates in Cameroon decided to help fund the Cameroonian government to continue to give out free ART treatment (Yaoundé, 2019). Conducted research and medical advancements may someday lead to an HIV/AIDS cure, but Cameroon faces an uncertain future.

The Cameroon government has tried for many years to get this epidemic under control. HIV/AIDS has been in Cameroon for a while and in 1986 the first National AIDS Control Committee was made (Mbanya et al., 2008). The first plan that was developed to prevent transmission was primarily focused on women (Mbanya et al., 2008). Those who were infected had enhanced access to treatment and promoted their rights (Mbanya et al., 2008). They wanted to show that those who were living with HIV/AIDS were not alone so they formed a group called People Living with HIV/AIDS (PLWHA) to support each other (Mbanya et al., 2008). The National AIDS Control Committee then came up with another plan that included more detail than the last one. Prevention in targeted groups, treatment for those living with the disease, protection and support for orphaned and vulnerable children, and partnerships to help develop a plan of treatment (Mbanya et al., 2008). They also put certified treatment centers throughout Cameroon (Mbanya et al., 2008). Though they have tried many solutions there are still more things to be done.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is in a partnership with Cameroon ("Cameroon," 2020). By 2020 they are hoping for their 90-90-90 plan to be successful ("Cameroon," 2020). Ninety percent will know their HIV status, 90% of people who have tested positive will access treatment, and 90% of people in treatment will have suppressed viral loads ("Cameroon," 2020). If the plan is successful, 81% of people testing positive will be getting treatment and 73% of people diagnosed, getting treatment will be virally suppressed (Cameroon, 2020). Another organization that is partnering with Cameroon is the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF- Cameroon) ("Cameroon - EGPAF," 2019). They have prevented 1,200,000 pregnant women from mother-to-child HIV transmission ("Cameroon - EGPAF," 2019). Averted HIV infections in over 13,000 babies, trained thousands of health

workers, and have put 70,000 pregnant women on ART to prevent HIV transmission to their babies (“Cameroon - EGPAF,” 2019). Though they already have a few partnerships in the country, they can certainly use more to help them beat the epidemic.

What can be done to help this struggling nation? Disease, especially HIV/AIDS, and education needs to be a priority. Affordable or free health care and access to education must become the main priorities for the government. Finding funding for health care and education will take support from world organizations like the World Health Organization and prosperous countries like the United States. The World Health Organization has put in some tremendous work with countries to help with HIV/AIDS. They have developed plans and guidelines to get better services in the country. For example, they have provided help with prevention, counseling, testing, and medicines. Since Cameroon has very few doctors, they help train personnel to help those infected, but do not have a medical degree (“WHO’s Role,” 2011). Another non-profit organization that would help is The Hunger Project. They also focus on HIV/AIDS and provide workshops for people to become better educated on the topic. Not only do they provide testing and treatment, they also have finance programs that promote health for everyone, and supply female condoms (“Health,” 2020). They have worked with many other countries to raise awareness on HIV/AIDS (“Stories of Success,” 2020). About 13,000 communities in Africa, South Asia, and Latin America are partnering with their citizens, government, and community organizations to develop successful economies (“Stories of Success,” 2020).

Education will have to be a priority for all of those in Cameroon. Future generations will need to attend school, so the youth not only will get the regular school education they need, but also the education on AIDS. Cameroon’s Ministry of Basic Education which is similar to the department of education was told by the government to have their teachers trained in HIV/AIDS education (“Cameroon Trains,” 2009). Teachers went to a two-day workshop where they learned about how the disease is contracted, and the stigma and discrimination that comes with it (“Cameroon Trains,” 2009). UNICEF Cameroon Chief of Education, Dr. Vijitha M. Eyanga, said, “The training program is a sign of government commitment to tackle a key problem” (“Cameroon Trains,” 2009). Finances in Cameroon for the educational system are not good, which is where the non-profit organization, Shared Interest, will help. Shared Interest’s main focus is to invest in South Africa’s future. They give loans to create businesses, jobs, homes, and services (“Shared Interest,” 2016). Over two million lives have benefited, \$121 million loans issued, and 76 institutions have been strengthened (“Shared Interest,” 2016). They have reduced poverty, financial instability, and strengthened small businesses, farmers, and communities (“Shared Interest,” 2016). Partnering with Shared Interest to help build up the educational system will benefit the whole country in the future. By teaching children about HIV/AIDS when they are younger and continuing education when they are older will help the knowledge stay in their brains. They will truly realize how big of an impact this disease is having on their country. Besides education and health advancements, discrimination towards people who have AIDS will also need to be addressed. This could include education and laws to prevent discrimination. The same treatment needs to be given to everyone if they have a disease or not.

Developed countries all across the globe are fortunate to have good medical and health care. Countries like Cameroon are not as fortunate, and its people suffer from infectious diseases including HIV/AIDS.

However, there are ways to lessen the suffering of Cameroonians. The combination of education, increased funding for health care to finance vaccines, equipment, and medical staff would go far. As Nelson Mandela said, “As long as poverty, injustice, and gross inequality persist in our world, none of us can truly rest.”

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