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# MEASURING AND ANALYZING HEALTH INEQUALITIES IN CAMEROON

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Nowadays, questions related to poverty, inequality and public health are topical and of great interest for the International community, Governments around the world and especially the Cameroonian one, as we are approaching the 2015 deadline for the Millennium Development Goals (MDGs). In fact, in September 2000 at the Millennium summit, United Nations adopted eight development goals with 3 of them related to health. They are, Reducing child mortality (MDG4), Improving maternal health (MDG5) and Combating malaria, HIV and others diseases (MDG6). Therefore, to strengthening health systems and reinforcing progress in the march towards health related-MDGs achievement in the most 49 poorest countries in the world, stakeholders put in place in 2008 a group work for an innovating international financing approach for health systems. Then in 2009, heads of states members of the UN decided to mobilize about US 5.3 billion dollars to improve health care around the world with a focus on women and children and create a global consensus on maternal, antenatal and infant health. Cameroonian authorities are on the same trap with the Health Sectoral Strategy paper (2011-2015). Results of the third Demography and Health Survey (DHS) conducted all over the country in 2004 show among other things that, the contraceptive use rate is up to 16% in rural area and 36% in urban area. This situation is more acute for low literated women (4%). In addition, women from poor households are not really used to contraceptive methods (7%), although 46% women from non poor households are used to it. In 2011, the fourth DHS coupled with the Multiple Indicators Cluster Survey show a stability of the above-mentioned statistics at the national level, with an increase of the number of antenatal health care from 83% in 2004 to 85% in 2011. The 2011 report also shows that severe anemia is higher in urban (41%) than in rural milieu (37%). Malaria remains a serious endemic matter and the first cause of morbidity and mortality in vulnerable groups of population, namely children under 5, pregnant women. In addition, malaria is responsible of 35 to 40% of total death in health facilities, 50% or morbidity for children under 5. 40 to 45% of medical consultations and 30% of hospitalization. Malaria is also responsible of 26% of absence in professional milieu and 40% of household health expenditure and at the national level, only

36% of households possess mosquitoes treated net instead of 1.4% in 2004, they are 35% in urban area and 38% in rural milieu. In fact, many other health concerns like HIV/Aids are in a relatively steady state and lead to increasing inequality among individuals our households.

The objective of this study is to measure and analyze health inequalities in Cameroon, in rural and urban area, and with regard to the gender of the household head. The analytical framework of this paper consists of a descriptive approach based on the generalized entropy method as formulated by Shannon (1940) and Brillouin (1956). To measuring health inequalities in Cameroon, we built up a Health Inequality Index (HII) closed to the Theil Index (1967), thanks to the generalize entropy method. We then use the Dagum (1977a, 1977b, 2012) decomposition to appreciate the within and between distribution of our HII among sub-groups of the entire Cameroonian population. In other words, we provide answers to question such as , are inequality coming from difference between two sub-groups or there are inequalities because of differences between households of a same sub-group. Let us mention that, such HII coupled with the Dagum sub-group decomposition is more suitable to capture inequality than other one like the Gini index. Since our HII that is closed to the Theil index has the property of separability and additively decomposition. For this study, the population is dived into four sub-group; they are the urban population, the rural one, the male-headed households and the female-headed households. Data are from the recent Cameroonian Household Consumption Survey conducted all over the country. In a theoretical point of view, the aim of the sub-group decomposition of our HII is to highlight the contribution of each sub-group of the population to the global health inequality in Cameroon and the sources of inequality. Such approach then leads to a targeted policy for reducing inequality, since economic agents are not homogenous in an entire population.

The global development debate moving from the Millennium Development Goals to the post-2015 development agenda explains the stake and the interest of the current study for developing countries like Cameroon, since MDGs draw out implications on sustainable development policies, equity, equality, and social protection. Policy recommendations are thus articulated in terms of: qualitative and quantitative improvements of public expenditures related to health and basic infrastructures (potable water, electricity), the adequate provision of equipment for health facilities, making available and at a low cost essential medicines, vaccines and consumables as well as laboratory tests at all levels of the health system.