OVERVIEW

**Population**
- 25.2M
  - (World Bank, 2018)

**People in IPC/CH Phase 3 or above**
- 2.7M
  - (IPC/Ch, Jan 2020-May 2020)

**Chronic hunger (FAO STAT, 2016-2018)**
- 2.4M

**People with insufficient food consumption**
- 2.2M
  - (WFP, May 2020)

**Acute malnutrition**
- 5.2%

**Chronic malnutrition**
- 31.7%

**Number of people with insufficient food consumption**

- **Feb 25, '20**: 4.0M
- **May 25, '20**: 2.2M

  - **1.26M** decrease from 1 month ago
  - **1.51M** decrease from 3 months ago

**Macroeconomic Trends**

- Import dependency: 21.0% of cereals (May 2020)

**Currency exchange**
- USD/XAF

**Headline and food inflation**

- **2018-2019**: 2.4% inflation
- **2019-2020**: 2.7% inflation

**Food security trends**

**Prevalence of insufficient food consumption**

- Mapbox © OSM

**NOTES**

- WFP’s Hunger Monitoring Unit conducts continuous food security monitoring via live telephone interviews. Data is collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current food security situation over the past 28/30 calendar days, with a slight time lag of 2-4 days to ensure data quality. More information can be found in the Methodology and Glossary sections on Hunger Map LIVE (hungermap.wfp.org).

**CONTACTS**

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For more information, visit hungermap.wfp.org.

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**FOOD SECURITY TRENDS**

(Email address not visible in the image)

**MACRO-ECONOMIC**

(Data source: WFP's calculation based on USDA data)

**Currency exchange**

- USD/XAF

**Headline and food inflation**

- **2018-2019**: 2.4% inflation
- **2019-2020**: 2.7% inflation
The number of households reporting challenges accessing health services has decreased by 0.15M compared to last week.

The number of households reporting challenges accessing markets/grocery stores has decreased by 0.03M compared to last week.

The number of households using crisis or emergency livelihood coping strategies has decreased by 0.27M compared to last week.

**VIRUS TRANSMISSIBILITY**

An estimation of possible climate related seasonal changes in SARS-CoV-2 reproductive number (R0), a measure of infectiosity, based on air temperature and relative humidity (Source: COVID-19 and climate: Possible geographical and temporal patterns)

**DEMOGRAPHICS**

Breakdown of age groups in Cameroon (60 and above) (Source: UNDESA)

- >79*: 0.1M (0.3%)
- 70-79*: 0.3M (1.3%)
- 60-69*: 0.7M (2.8%)

*Age groups with higher mortality if infected by COVID-19; people with pre-existing conditions could also have higher mortality regardless of age.

**HEALTH ACCESS**

- Lack of money: 0.42M
- Health services are closed: 0.00M
- Health services are too far: 0.00M
- Travel restrictions: 0.00M
- 0.4M / 12.3% reporting challenges

**MARKET ACCESS**

- Concerned about going out: 2.67M
- Security concerns: 1.52M
- Travel restrictions: 0.13M
- Markets/grocery stores are closed: 0.06M
- All adults members are too sick to go out: 0.01M
- 0.5M / 9.6% reporting challenges

**LIVELIHOOD COPING**

- Reduce non-food expenses: 3.52M
- Borrow money or food: 1.42M
- Spend savings: 0.83M
- Withdraw children from school: 0.20M
- Engage in begging: 0.17M
- 1.4M / 27.2% no coping or stress

**NOTES**

- WFP's Hunger Monitoring Unit (previously known as mVAM) conducts continuous food security monitoring via phone interviews. Data is collected on a rolling basis and processed daily. Daily updates represent a snapshot of the current situation over the past 14 days for health and market access and 28/30 calendar days for livelihood coping. Note that there is a slight time lag of 2-4 days to ensure data quality. From this week onward: the data on health/market access and livelihood coping has transitioned from reporting the number of people affected to the number of households affected.
- In light of the recent Coronavirus Disease (COVID-19) outbreak, these systems have been expanded to monitor COVID-19 impacts on households, specifically the access to health services, markets and livelihood change/impacts. This will help WFP and other agencies monitor the situation, capture problems in real time and provide the necessary information for early action and mitigation.

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