Policy Briefing:

Sickle Cell Disease in Cameroon: Closing the Gaps in Screening, Treatment and Care

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Overview:

This policy briefing synthesises key insights from the Cameroon Townhall for Healthcare Professionals meeting held on June 19, 2021, World Sickle Cell Day, focusing on sickle cell disease in Cameroon, with a presentation by Dr. Munoh Kenne Foma and testimonies from advocate Arrey Echi and Dr. Ferdinand Ndum.

Context:

About 18 percent of Cameroonians carry the sickle cell trait and many children with the disease die young. Speakers described a disease neglected in training, research and financing, with patients and families carrying the cost of drugs, blood and hospital care.

Key Issues:

1. **No systematic screening:** Pregnant women and newborns are not routinely screened, so most children are diagnosed only after complications.
2. **Access to hydroxyurea:** Hydroxyurea is effective and generic but is sold only in specialty pharmacies at about 12,000 to 20,000 FCFA a month, and monitoring is rarely available.
3. **Weak acute care:** Blood is hard to obtain, exchange transfusion is not available, pain is undertreated and analgesics run out of stock.
4. **Workforce and training:** There are few adult haematologists, no pain protocols for primary care, and curricula give little weight to a common African disease.
5. **Stigma:** Patients face beliefs that they are cursed or possessed, indifferent hospital staff and depression.

Discussion Highlights:

- Dr. Ndum's health changed once he had insurance, regular follow-up and hydroxyurea in Germany.
- Ghana screens all pregnant women; COVID-19 PCR capacity could support screening in Cameroon.

- Mayors could counsel couples about testing during marriage registration.
- Generic hydroxyurea could be procured at low cost if placed on the essential medicines list.
- Patient-led groups such as Joy2Endure Foundation are already distributing medicines and running sensitisation.

Recommendations:

- **Essential medicines listing:** MINSANTE should add hydroxyurea to the national essential medicines list and supply it through public pharmacies at a fixed low price, with folic acid and penicillin prophylaxis. First step: a price and supply review with CENAME and partners.
- **Newborn and antenatal screening:** MINSANTE and partners should pilot newborn and antenatal screening in regional hospitals, using existing laboratory and PCR capacity, linked to early enrolment in care.
- **Standard treatment protocols:** MINSANTE, with paediatric and haematology societies, should issue national protocols for pain crises, acute chest syndrome and hydroxyurea monitoring, and train primary care staff to use them.
- **Reference clinics:** Each region should have a sickle cell reference clinic that follows patients from childhood to adulthood and trains students, with reliable blood supply.
- **Training and empathy:** Faculties of medicine, nursing and pharmacy should strengthen teaching on sickle cell disease and on respectful care of patients in pain.
- **Awareness and partnership:** Councils, schools and patient organisations should run sensitisation and voluntary testing; the Town Hall and diaspora professionals can support patient-led groups and approach manufacturers for donated drugs.

Next Steps: Members were invited to support Joy2Endure Foundation's medicines, school and screening projects. The next Town Hall was set for July 3, 2021.

Conclusion: Sickle cell disease touches almost every family in Cameroon, yet care depends on what each family can pay. Low-cost steps (screening, hydroxyurea on the essential list, protocols and reference clinics) could change the outlook for children born with the disease.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of June 19, 2021. Recording: https://www.youtube.com/watch?v=cMDZNw0lbes