Policy Briefing:

Preventing and Treating Stroke in Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on October 23, 2021, focusing on the theme "Let's Talk About Stroke: A Call to Action," presented by Dr. Alain Lekoubou, Assistant Professor of Neurology and Public Health Sciences at Penn State College of Medicine.

Context:

Stroke is often seen as rare in Cameroon, yet hospital data show stroke admissions rising from 2.5 percent in 1999 to 13.1 percent in 2012, and hypertension, diabetes and obesity are common and poorly controlled. CT imaging, thrombolysis and thrombectomy are largely unavailable, and the country has no dedicated stroke unit.

Key Issues:

1. **Uncontrolled risk factors:** About 30 percent of adults have high blood pressure, many unaware; most diabetes is undiagnosed. Hypertension and physical inactivity drive most strokes in a young population.
2. **No organised acute stroke care:** Patients are scattered across general wards; CT is often unavailable, so ischaemic and haemorrhagic stroke cannot be distinguished. A tPA vial costs about US$7,000.
3. **Neglected rehabilitation and secondary prevention:** Few physiotherapists are trained, and TIA patients are often sent home without evaluation.

Discussion Highlights:

- Stroke units improve survival and function even without thrombolysis or thrombectomy.
- Cheap measures (blood pressure control, lipid and glucose testing, aspirin plus clopidogrel after minor ischaemic stroke or TIA) can prevent recurrence.
- Responsibility is shared: individuals, families, communities, hospital directors and government.
- Public health work on salt and sugar in processed foods was under way in Cameroon.

Recommendations:

- **Pilot a stroke unit in a teaching hospital:** MINSANTE and a university teaching hospital should create one geographically defined stroke unit with a dedicated multidisciplinary team, as a training and research site. First step: designate beds and a lead clinician, building on earlier dedicated stroke beds at the central hospital in Yaoundé.
- **Adopt national stroke guidelines adapted to local resources:** MINSANTE, with Cameroonian neurologists and internists, should issue guidelines covering care with and without CT: swallowing assessment, early mobilisation, blood pressure management, and dual antiplatelet therapy after CT-confirmed minor stroke or TIA.
- **Scale up hypertension and diabetes screening:** MINSANTE and regional delegations should implement screening for adults over 40 at health facilities and community events, with lifestyle counselling and treatment.
- **Regulate salt and sugar and support physical activity:** MINSANTE and partner ministries should finalise policies on salt and sugar in processed foods and work with councils on safe spaces for walking and exercise.
- **Train rehabilitation staff and educate communities:** Training schools should expand physiotherapy and speech therapy training. Diaspora professionals and community groups can run stroke awareness sessions in local languages, including recognition of TIA.

Next Steps: The town hall was working to host the Minister of Public Health at a future session, and participants were asked to share the recording widely.

Conclusion: Stroke is a growing and largely preventable cause of death and disability in Cameroon. Prevention, an organised stroke unit, and care for survivors can reduce its burden even before advanced therapies become available.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of October 23, 2021. Recording: https://www.youtube.com/watch?v=_W8vHARetjg