Policy Briefing:

Stroke Management in Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on September 10, 2022, focusing on the theme 'Stroke Management in Cameroon: Current State, Successes, Challenges and Opportunities', presented by Dr. Leonard Ngarka, consultant neurologist at Yaounde Central Hospital.

Context:

Stroke is the second cause of death worldwide and a growing cause of death and disability in Cameroon, including among adults under 40. About a quarter of Cameroonians have hypertension, most uncontrolled. Care is costly (over 800,000 FCFA over nine months, and about 1.8 million FCFA for thrombolysis), neurologists work in only about five regions, and rehabilitation services are scarce.

Key Issues:

1. **Uncontrolled risk factors:** Hypertension, diabetes, obesity and sedentary lifestyles are common and poorly controlled, and infections such as HIV and sickle cell disease add to the risk.
2. **Pre-hospital delays:** Low awareness, traditional healers, poor transport and traffic, and insecurity in the North West and South West delay arrival well beyond the 4.5 hour window.
3. **Limited acute care:** Few neurologists, out of pocket payment and high costs put thrombolysis out of reach for most patients.
4. **Weak rehabilitation:** Shortages of physiotherapists and speech therapists (two in Yaounde) and long waiting times limit recovery.
5. **No reliable data:** Many hospitals still record consultations in notebooks, and many deaths occur at home, so the true burden is unknown.

Discussion Highlights:

- Prevention, above all control of hypertension, offers the greatest impact.
- About half of stroke deaths may occur at home.
- Stroke guidelines need to be staged for each level of the health pyramid.

- Infectious causes (HIV, neurocysticercosis, syphilis, tuberculosis) should be part of the work up.
- Physiotherapy and rehabilitation drive much of the recovery seen after stroke.

Recommendations:

- **Make hypertension control a national priority:** MINSANTE's non-communicable disease programme should run community screening for hypertension and diabetes, subsidise essential antihypertensive and antidiabetic drugs, and support adherence through primary care follow up.
- **Build stroke registries and surveillance:** MINSANTE and hospitals should require standard patient registers, starting with referral and regional hospitals, move towards electronic records, and add stroke to routine reporting in DHIS2. First step: adopt the Yaounde Central Hospital stroke register as a model.
- **Adopt staged stroke guidelines:** Building on the Brain Science Congress (26 to 28 October 2022), MINSANTE and professional societies should publish stroke guidelines for health centres, district, regional and referral hospitals, including referral pathways and thrombolysis protocols where imaging exists.
- **Shorten the time to care:** MINSANTE, with the ministries of transport and public works, should strengthen emergency transport and public awareness of FAST warning signs, and enforce priority for ambulances.
- **Invest in rehabilitation:** Training schools and hospitals should expand physiotherapy, speech therapy and nursing support for stroke survivors, with rehabilitation units in regional hospitals.
- **Protect patients from catastrophic costs:** The universal health coverage programme should include acute stroke care and secondary prevention medicines.

Next Steps: Participants were invited to the Brain Science Congress on stroke in Cameroon (26 to 28 October 2022) and to answer its pre-congress questionnaires; the town hall offered to circulate them to its members.

Conclusion: Stroke in Cameroon is common, costly and largely preventable. Controlling hypertension, collecting reliable data, setting staged guidelines and investing in rehabilitation would do more than expensive acute treatments, while making those treatments available where imaging and teams exist.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of September 10, 2022. Recording: https://www.youtube.com/watch?v=qWoWn7Nk2yg