Policy Briefing:

A Roadmap to Sickle Cell Disease Elimination in Cameroon by 2060

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held in early 2024, focusing on the theme "Roadmap to Sickle Cell Disease Elimination in Cameroon by 2060: Strategies, Action and Policy Priorities," presented by Dr. Yauba Saidu, Country Director of the Clinton Health Access Initiative in Cameroon.

Context:

About 7,000 children are born with sickle cell disease in Cameroon each year, most diagnosed only around age four, and most children with the disease in Africa die before five. Cameroon has a clinical guideline but no national sickle cell strategy, no dedicated budget line and no indicators in its health information system.

Key Issues:

1. **No systematic screening:** Newborn, antenatal and premarital screening are largely absent; testing is centralised in Yaoundé and costs families 7,000 to 20,000 FCFA.
2. **Weak governance and data:** Only a small, largely non-functional Ministry unit, a guideline of uncertain use, and no DHIS2 indicators.
3. **Care out of reach:** Few dedicated units, mostly urban; hydroxyurea and morphine not reliably available; 82% of children missing recommended vaccines; costs paid out of pocket.
4. **Knowledge gaps:** About 14% of physicians had adequate knowledge in one study, and few university students know their genotype.
5. **Diagnostic accuracy:** Basic electrophoresis misses variants and thalassaemia traits.

Discussion Highlights:

- A low cost point of care test could make screening possible at health centres.
- Informed choice through counselling, not restrictions on marriage, was agreed as the basis of prevention.

- Gene therapy at $2 million to $3 million per patient was judged out of reach; hydroxyurea and basic care come first.
- Integration into existing programmes was seen as the cheapest route.
- Short videos in local languages and messages through religious leaders were proposed.

Recommendations:

- **Adopt a national sickle cell strategy:** MINSANTE should adopt a sickle cell disease strategy based on the WHO AFRO strategy, with a functional coordinating unit, a budget line and tracking of disbursement. First step: a working group of MINSANTE, CHAI, civil society and diaspora haematologists to draft it.
- **Screen at existing touch points:** Regional delegations and health districts should offer point of care screening at antenatal visits, vaccination contacts (including six weeks), school health programmes and before marriage, with confirmation testing. First step: pilot the point of care test in the CHAI sentinel health centres.
- **Secure essential commodities:** MINSANTE and partners should ensure continuous supply of hydroxyurea and morphine, safe blood, and pneumococcal and meningococcal vaccines for affected children, using volume guarantees to negotiate prices, and should include sickle cell care in the universal health coverage package.
- **Train and decentralise care:** Training schools and medical faculties should add sickle cell disease to pre-service curricula for doctors, nurses and community health workers, including counselling and psychosocial support, while care is integrated at health centre level. Diaspora haematologists and paediatricians can support training.
- **Count cases and deaths:** MINSANTE should add sickle cell indicators (cases, admissions, causes of death, screening) to DHIS2 and train staff to report them.
- **Inform communities:** Civil society, religious, traditional and municipal leaders, and the town hall should spread simple messages on knowing one's genotype, in local languages, through radio, WhatsApp and short videos.

Next Steps: Dr. Saidu said a manuscript on the state of sickle cell care in Cameroon and a call to action on elimination by 2060 were being prepared, drawing on the presentation and participants' comments. He invited a UK participant to document the reliability of sickle cell results from African laboratories.

Conclusion: Participants agreed that sickle cell disease in Cameroon is neglected but can be brought under control with low cost measures: knowing one's genotype, screening at existing contacts, and reliable access to vaccines, hydroxyurea and pain

relief. Elimination by 2060 was presented as ambitious but possible if these are put in place now.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of March 9, 2024. Recording: https://www.youtube.com/watch?v=ilMUxPT5gmQ