Policy Briefing:

Removing the Barriers to Cancer Care in Cameroon: Diagnosis, Radiotherapy, Workforce and Financing

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Overview:

This brief draws on a session of the Cameroon Town Hall for Healthcare Professionals held on January 24, 2026. Dr. Ntumsi Tontu, clinical and radiation oncologist at Mbingo Baptist Hospital, set out the barriers to cancer care in Cameroon with four patient cases, and pathologists, oncologists and public health experts discussed solutions.

Context:

Cameroon recorded more than 19,000 new cancer cases and over 12,000 deaths in 2022 (GLOBOCAN modeled estimates; there is no national registry). It has 26 medical oncologists, 11 radiation oncologists, 3 surgical oncologists and about 44 pathologists for about 30 million people (as reported by the speaker). Two teletherapy units serve the country, one barely functional, against a need of at least 44. Immunohistochemistry is scarce and slow, targeted drugs are paid out of pocket, there are no national screening guidelines, and the North West conflict disrupts care in a region served by one of the country's main cancer centres.

Key Issues:

1. **Treatment without diagnosis:** Surgery and chemotherapy are started without receptor status or multidisciplinary review, and receptor results can take three months.
2. **Radiotherapy gap:** More than 95% of patients who need radiotherapy cannot receive it (speaker's estimate).
3. **Catastrophic costs:** A year of HER2-targeted treatment can cost 20 to 30 million FCFA; patients sell land or abandon curable treatment.
4. **Late and missed diagnosis:** No organised screening, low suspicion of cancer in young patients, and reliance on traditional healers delay diagnosis.
5. **Medicine quality:** Studies cited in the session found substandard anticancer medicines in Cameroon and neighbouring countries.
6. **Fragmented governance:** National bodies and frontline services work apart, and there are no national cancer treatment guidelines.

Discussion Highlights:

- Dr. Tontu: cancer deserves the attention and investment HIV received.
- Dr. Foma: no tissue, no issue; pathology is the foundation of cancer care.
- Dr. Ivo: charity alone will not solve cancer care; diaspora investment must be tied to viable models.
- Dr. Samuel Akombeng Ojong: cancer is high burden but low political interest; oncologists must lead on governance and guidelines.
- Dr. Tontu: engage traditional healers to refer patients early.

Recommendations:

- **Declare radiotherapy access a national priority:** MINSANTE should adopt a costed plan to expand radiotherapy using the IAEA Rays of Hope programme and public-private partnerships, and include faith-based and private centres such as Mbingo Baptist Hospital in the national cancer control plan. First step: request an IAEA needs assessment and list existing bunker projects for support.
- **Make tissue diagnosis and receptor testing standard:** MINSANTE, with partners and laboratories, should fund immunohistochemistry for every breast cancer and set turnaround targets, using telepathology to reach regional hospitals. First step: map current immunohistochemistry capacity and agree pricing with diagnostic suppliers.
- **Train and retain the cancer workforce:** Faculties of medicine and MINSANTE should add oncology to the undergraduate curriculum and create training posts in pathology, medical, radiation and surgical oncology. Diaspora groups can adopt specific posts, beginning with a second radiation oncologist and a surgical oncologist for Mbingo.
- **Issue national cancer treatment guidelines:** The National Cancer Control Committee, oncology societies and centres of excellence should draft resource-adapted guidelines, including de-escalated and cost-conscious regimens, and require multidisciplinary review before definitive treatment.
- **Protect patients from catastrophic costs and poor-quality drugs:** MINSANTE and the national regulator should test the quality of anticancer medicines, pursue pooled procurement with partners such as CHAI, and create a fund for highly curable cancers such as gestational trophoblastic neoplasia. First step: publish quality testing results and list the cancers to be covered first.
- **Bring cancer into primary care and community networks:** Regional delegations should train primary care staff to recognise cancer in young people, add cervical

and breast screening to HIV services, and work with traditional healers on early referral.

Next Steps: The town hall will invite the Minister of Public Health to a listening session on cancer care, connect Mbingo with ACPA's screening and training programme in the South West region, and explore support for training posts and the Mbingo radiotherapy project.

Conclusion: The four cases showed that many cancer deaths in Cameroon follow from gaps that can be closed: a missing biopsy, an untested receptor, a lost follow-up, an unaffordable vial. Diagnosis, radiotherapy, trained staff and protection from catastrophic costs would change outcomes for many patients.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of January 24, 2026. Recording to follow.