Policy Briefing:

Recognising Autism Early in Cameroon: Screening, Support and Ending Stigma

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Overview:

This brief draws on Session 135 of the Cameroon Town Hall for Healthcare Professionals, held on September 26, 2026. Paediatrician Dr. Lum Frundi gave an update on autism screening and diagnosis, and a mother who founded a support foundation and a paediatrician in Yaoundé described the realities for families in Cameroon.

Context:

WHO estimates that about 1 in 100 children worldwide has autism, and the US CDC reports 1 in 31 eight-year-olds in monitored communities. Cameroon has no national autism registry. Participants described autism blamed on witchcraft, children hidden at home, delays as families are told to wait, very few child psychologists, almost no occupational or behavioural therapists, scarce English-speaking speech therapists, high costs, large classes and strained marriages.

Key Issues:

1. **Stigma and spiritual explanations:** Families and communities attribute autism to witchcraft or bad parenting, delaying care and isolating mothers.
2. **Missed early signs:** Primary care workers are not trained to screen, and families are told to wait for speech.
3. **No therapy workforce:** Cameroon lacks speech, occupational and behavioural therapists and special educators, especially in English.
4. **Schools not equipped:** Classes of 35 to 40 without support staff exclude children with autism.
5. **Harmful cures and misinformation:** Families spend money on unproven or dangerous treatments, and vaccine myths persist.

Discussion Highlights:

- Dr. Frundi: autism is a brain that develops differently, not a bad child or bad parenting.
- Dr. Frundi: the earlier therapy starts, ideally by 18 months to 2 years, the better the outcome.

- Siri Mambo: at our first outreach, autism was linked to witchcraft.
- Dr. Erica: a Toyota key cannot start a Ferrari; parent the child in front of you.
- A Nairobi paediatrician: train the staff we have as early childhood development champions.

Recommendations:

- **Add developmental screening to routine child visits:** MINSANTE and the Expanded Programme on Immunisation should add simple developmental questions (babbling, eye contact, response to name, pointing, words) to vaccination and well-child visits from 6 to 24 months, with a referral pathway. First step: adapt a screening checklist and train staff in one region, drawing on Kenya's early childhood development champions.
- **Train allied health professionals:** The Ministries of Public Health and Higher Education should create training programmes for speech and occupational therapists, child psychologists and special educators, in both English and French, with diaspora teaching support.
- **Support inclusion in schools:** The Ministries of Basic and Secondary Education should train teachers in autism, allow special educator shadows and individual education plans, and pilot inclusive classrooms with support staff.
- **Fight stigma with families and communities:** Regional delegations, with parent organisations, churches and the media, should run plain-language campaigns in local languages presenting autism as a developmental condition, featuring parents' stories.
- **Protect families from harmful treatments:** MINSANTE and the medical and pharmacy councils should warn against bleach, chelation and other unproven treatments sold as cures and act against those who sell them.
- **Count children with autism:** MINSANTE should start a paediatric developmental disorders register in referral hospitals and include autism in national surveys.

Next Steps: The town hall will prepare a policy statement on autism services and allied health training for the Ministry of Public Health, and explore partnerships with parent foundations and clinicians in Cameroon.

Conclusion: Autism is common, not caused by parents, curses or vaccines, and outcomes improve with early recognition and support. Cameroon can start now by training the health workers, teachers and parents it already has.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of September 26, 2026. Recording to follow.