Policy Briefing:

Strengthening Diabetes Care in Cameroon

Overview:

This policy briefing synthesizes key insights from the 38th Cameroon Town Hall for Healthcare Professionals meeting, held on November 13, 2021, focusing on the theme "Diabetes Care in Cameroon," presented by Dr. Katte Jean-Claude and Mr. Ferdinant M. Sonyuy of the Reconciliation and Development Association.

Context:

Diabetes affects about 6 to 8 percent of adults in urban Cameroon, most of them undiagnosed, and only about a quarter of treated patients are controlled. Care is paid out of pocket, insulin access is unreliable 100 years after its discovery, and NCD programmes depend largely on external partners.

Key Issues:

1. **Underdiagnosis and poor control:** About 80 percent of people with diabetes do not know it; complications such as neuropathy, retinopathy and diabetic foot are common at diagnosis.
2. **Cost and access to medicines:** Out-of-pocket payment and limited insulin access drive non-adherence; newer drug classes are available only to those who can pay.
3. **Weak chronic care organisation:** Diabetes clinics often rely on part-time staff, and the Ministry's NCD department remains underfunded.
4. **Limited involvement of patients:** People living with diabetes have little voice in decisions on their care and medicines.

Discussion Highlights:

- Treating according to the 2017 national algorithm reduced adverse effects.
- The Bafoussam diabetes unit showed that one committed clinician with hospital support can cut deaths from diabetic emergencies.
- Rainy season decompensation calls for tighter control from August to October.
- Communication, screening and primary prevention were seen as at least as important as new funding.

Recommendations:

- **Extend dedicated diabetes units to every regional hospital:** MINSANTE and regional delegations should replicate the Bafoussam model: a designated area, full-time trained nurses, a dietitian, point-of-care HbA1c and an insulin protocol for emergencies. First step: a short guide and training package drawn from the Bafoussam and Changing Diabetes in Children clinics.
- **Secure affordable insulin and essential diabetes medicines:** MINSANTE should include insulin, metformin and glucose testing supplies in a subsidised essential package for chronic disease, building on existing access programmes, with prices monitored.
- **Screen adults and train clinicians on the national algorithm:** Hospitals and health districts should offer yearly glucose screening to adults over 30 and train prescribers in the 2017 national treatment algorithm.
- **Involve people living with diabetes in decisions:** MINSANTE, hospitals and partners should include people living with NCDs on programme and policy committees, in line with the Global Charter on Meaningful Involvement, which the town hall Chair has endorsed.
- **Fund the NCD programme and prevention in schools:** Government should allocate domestic funds to the NCD department and support the Ministry of Secondary Education in rolling out the NCD school curricula; researchers and civil society should develop competitive proposals for international NCD funding.

Next Steps: Members were invited to endorse the Global Charter. The Chair announced a planned podcast series on one cancer a month.

Conclusion: Diabetes in Cameroon is common, undiagnosed and poorly controlled, but local examples show what organised care can achieve. Domestic investment, involvement of patients and a focus on prevention can turn these examples into national practice.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of November 13, 2021. Recording: https://www.youtube.com/watch?v=OMxYtEcLpxQ