Policy Briefing:

Glaucoma in Cameroon: Earlier Detection Through Primary Care

Overview:

This policy briefing synthesises key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on 29 January 2022, the 42nd edition, focusing on the theme "Silent Blindness: Challenges Posed by Glaucoma in Cameroon," presented by Dr. Eleanor Ngwe Nche, ophthalmologist and cornea surgeon trained at Hadassah, Jerusalem.

Context:

Glaucoma is the leading cause of irreversible blindness worldwide, and people of black African descent develop it earlier and more aggressively. Cameroon had about three ophthalmologists per million people in 2016, mostly in large cities, so most patients reach care only after vision is lost. The session coincided with glaucoma awareness month.

Key Issues:

1. **Late diagnosis:** Glaucoma has no symptoms until late, and many believe loss of sight is normal with age. Hospital data showed 4.5 to 8.2 percent of eye patients had glaucoma, and a quarter of young patients already had total cupping.
2. **Too few eye specialists:** Three ophthalmologists per million people, only a quarter with surgical skills, one training programme producing few graduates, and no optometry school.
3. **Cost and availability of treatment:** Drops cost 10,000 to 15,000 FCFA a bottle and must be used for life; lasers and surgery are limited to a few centres.
4. **Weak diagnostic capacity:** Few centres have OCT and visual field machines, leading to conflicting diagnoses, as reported by an endocrinologist at Yaounde Central Hospital.
5. **Missed screening points:** Primary care rarely checks visual acuity, school entry has no vision screening, and fitness-to-drive certificates are often signed without a vision test.

Discussion Highlights:

- Participants agreed that general practitioners and nurses in the periphery must act as the first line of eye care.
- Smartphone fundus photography and telemedicine with diaspora experts were seen as practical first steps.
- Vision screening at school entry and for driving licences was proposed as a cross-sector measure.
- Myths about cannabis and alcohol as glaucoma treatment should be addressed in public messaging.

Recommendations:

- **Integrate eye checks into primary care:** MINSANTE and regional delegations should require visual acuity charts and direct ophthalmoscopes in district hospitals and integrated health centres, and train staff to measure pressure with portable tonometers. First step: a short training for health centre chiefs led by the regional ophthalmologist in one region.
- **Screen high-risk groups:** Hospitals should screen diabetics, hypertensives, long-term steroid users and relatives of glaucoma patients, and use the 'glaucoma suspect' label until confirmation.
- **Expand the eye care workforce:** MINSANTE and training schools should increase ophthalmology training places, create optometry and ophthalmic officer training, and strengthen ophthalmology teaching in medical and nursing schools.
- **Make glaucoma drops affordable:** MINSANTE should consider adding basic glaucoma drops to essential medicines lists and special health funds so patients can stay on lifelong treatment.
- **Vision screening for schools and drivers:** MINSANTE, the education ministries and the transport ministry should introduce vision checks at school entry and a real vision test for driving licence certificates.
- **Pilot teleophthalmology:** Diaspora professionals and partners should pilot smartphone fundus imaging in district hospitals, with images reviewed remotely by ophthalmologists.

Next Steps: Follow-up session in two weeks (about 12 February 2022), with details to be confirmed. A later session on AI in health was announced for 26 February 2022.

Conclusion: Glaucoma steals sight silently, and in Cameroon it is found too late. Training and equipping primary care staff, screening high-risk groups, expanding the

eye workforce and making treatment affordable would preserve vision for many patients.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of January 29, 2022. Recording: https://www.youtube.com/watch?v=pHgogvanGWY