Policy Briefing:

Epilepsy in Cameroon: How Prepared Are We?

Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held in June 2022, focusing on the theme 'Epilepsy in Cameroon: How Prepared Are We?', presented by Dr. Samuel A. Angwafor, neurologist and epilepsy researcher.

Context:

Epilepsy is common in parts of Cameroon, with parasitic causes such as onchocerciasis and neurocysticercosis endemic in areas like the Batibo Health District, where some families have several affected members. Most people with epilepsy can be controlled with low cost medicines, yet many receive no treatment. Evidence from sub-Saharan Africa shows that nurse-led rural clinics using phenobarbital control seizures in about two thirds of patients, but most such programmes depend on external funding.

Key Issues:

1. **Treatment gap and medicine prices:** The speaker reported a tenfold rise in the price of phenobarbital through the regional drug supply system. Valproate and carbamazepine are unaffordable for many, and donated medicines often run out or expire.
2. **Limited data:** Studies are concentrated in a few areas, there is no national picture of where epilepsy is most common, and the share of epilepsy due to parasitic infections is unknown.
3. **Dependence on external funding:** Most successful epilepsy programmes in the region were donor funded and are at risk when funding ends.
4. **A changing pattern of causes:** Alongside parasitic causes, stroke, dementia and head injuries from road and motorcycle accidents are increasing as the population ages and urbanises.
5. **Gaps in care for women:** Epilepsy in pregnancy, fertility and medicine safety for women are under studied and poorly addressed.

Discussion Highlights:

- Epilepsy care can start without EEG, imaging or neurologists: trained nurses and general health workers can diagnose and treat most patients.
- Integration with onchocerciasis control, through community distributors of ivermectin, was proposed as a route to sustainable case finding and treatment.
- Imaging adds little to first line management in most patients, given costs of 75,000 to 100,000 FCFA for a CT scan, but should be considered for drug resistant or focal epilepsy.
- Prevention of parasitic epilepsy depends more on hygiene, sanitation, meat inspection and pig vaccination than on mass antiparasitic treatment.
- Diaspora partners should follow the lead of clinicians working in Cameroon; the ACPA expressed interest in collaborating with the town hall.

Recommendations:

- **Guarantee an affordable supply of phenobarbital:** MINSANTE and the regional funds for health promotion should review the recent price rise and place phenobarbital and basic anti-seizure medicines on the subsidised essential medicines list, as is done for other priority conditions. First step: a price and availability survey of anti-seizure medicines across regional drug supply points.
- **Scale up nurse-led epilepsy clinics in primary care:** Regional delegations and district health services should establish nurse-led epilepsy clinics at health area level, supervised by a district epilepsy team, starting in districts known to be endemic. First step: restore and expand the Batibo model and train nurses using free ILAE materials.
- **Integrate epilepsy into onchocerciasis control:** The national onchocerciasis and neglected tropical disease programmes should train community drug distributors to identify suspected epilepsy and refer or follow up patients during ivermectin distribution.
- **Map the burden and causes of epilepsy:** MINSANTE, universities and research partners should fund regional prevalence mapping and cohort studies on risk factors, including neurocysticercosis, onchocerciasis, stroke and head injury, to guide where resources go. Diaspora researchers can support grant applications led by Cameroonian teams.
- **Prevent parasitic epilepsy through One Health measures:** Ministries responsible for health, livestock and local councils should strengthen hygiene and sanitation, meat and slaughterhouse inspection, and pig vaccination in endemic areas.

- **Address epilepsy in women:** Training schools and hospitals should include epilepsy in pregnancy and safe prescribing for women of childbearing age in training, and researchers should study fertility and pregnancy outcomes in women with epilepsy, working with gynaecologists and paediatricians.

Next Steps: The chair welcomed a partnership with the ACPA, and participants encouraged research collaborations led by clinicians working in Cameroon.

Conclusion: Cameroon already has the knowledge and a tested model to close much of the epilepsy treatment gap: trained nurses, phenobarbital at an affordable price, and links to existing community programmes. What is needed is a stable medicine supply, integration into primary care, and better data on where epilepsy is most common and why.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of July 30, 2022. Recording: https://www.youtube.com/watch?v=1vJ2GkwTkk8