

CAMEROON

SITUATION The Center for Disease Analysis Foundation (CDAF) identified Cameroon as a country to focus on due to its prevailing problem with hepatitis C (HCV). Until 2011, the prevalence of HCV in Cameroon was believed to be 13 percent - making it one of the highest in the world. Recent studies have set prevalence at slightly more than one percent, but this still corresponds to nearly 200,000 individuals - most of whom are undiagnosed and untreated. There are no national standard screening procedures for HCV and most patients learn about their diagnosis when they first begin having symptoms, which is usually after the disease has progressed.

Unlike other nations where the disease affects populations in all areas of the country, we learned that Cameroon's infected population instead was concentrated in regional areas, particularly in the eastern and southern regions where there is a large population over the age of 50. In other regions, the HCV rate was very low. The roots of HCV in the east and south of Cameroon are believed to be linked to vaccination campaigns in the 1950's which inadvertently spread the infection to populations in that particular area. Access to health insurance is limited in Cameroon, leaving patients seeking treatment to pay out of pocket - something that is difficult for a country with high poverty rates. There is currently a government-subsidized system in place, designed to facilitate access to treatment through a specially created fund. But the cost of diagnosis and treatment is high, and the demographic most likely to receive care in Cameroon are wealthy individuals.

OUR WORK When we began our work in 2015 we understood that the prevalence had decreased but there was still more we could do to help reduce it further. The Pasteur Institute in Cameroon, was actively working with the French Agency for Research on AIDS and Viral Hepatitis (ANRS) and were willing to collaborate with CDAF and its Polaris Observatory team to build a disease burden model. We began a disease burden quantification to understand the landscape and made sure to include key stakeholders in order to ensure buy-in at every level.

Along with PharmAccess Group and the Joep Lange Institute, CDAF is continuing to work with the Ministry of Health and other local institutions. Our current project involves assessing the costs and possible structure of an expanded national HCV treatment program. We do this by comparing, within a centralized vs. decentralized service delivery system, the costs of HCV management with direct-acting antiviral (DAA) therapy within a government subsidized program to the costs within other standardized programs which simplify laboratory testing schemes and treatment options.

LOOKING AHEAD After completing disease burden quantification in 2016 and publishing results in 2017, CDAF will spend the first six months of 2018 providing modeling and other data analytics support to the investigation into the costs and possible structure of an expanded national HCV treatment program.

TAKEAWAYS Systemic inefficiency in Cameroon is widespread, which presents a number of issues when trying to implement a stable model for the country to screen, treat and eliminate HCV. CDAF's experience with building multi-stakeholder partnerships around the world was integral to making progress in Cameroon where it is of the utmost importance to include key stakeholders - including government officials from the Ministry of Health - in the decision-making process. Inclusive collaboration with a variety of actors to facilitate engagement and investment in the project ultimately helps to increase accountability and action.

PROGRAM FACTS

19 MILLION
population

1-7%
HCV prevalence

1,2,4
genotypes

YAOUNDÉ
project location

150
patients in project

