Policy Briefing:

COVID-19 Therapeutics Granted Emergency Use Authorization: Implications for Cameroon

---

Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on September 11, 2021, focusing on the theme "A Light in the Darkness: Therapies Recently Granted EUA for COVID-19," presented by the Chair, Dr. Munoh Kenne Foma, with Dr. Boghuma Kabisen Titanji as panelist.

Context:

At the time of the session Cameroon was entering a third wave, with Delta circulating and vaccine coverage of about 0.5 percent of the population. The most effective outpatient therapies (monoclonal antibodies) were unavailable in most African countries, national guidelines still listed drugs that WHO had dropped, and many practitioners continued to prescribe treatments shown not to work.

Key Issues:

1. **Gap between evidence and practice:** Hydroxychloroquine, azithromycin, doxycycline, vitamins and zinc were still widely prescribed in Cameroon despite negative trials, and the national guidelines had not kept pace with WHO recommendations.
2. **Limited access to effective therapies:** Monoclonal antibodies were not available. Baricitinib was available but expensive, although Indian generics licensed by Eli Lilly cost about US$47 for 30 tablets. Tocilizumab requires central venous access that many hospitals lack.
3. **Ivermectin and traditional remedies without data:** Mass ivermectin use carries a risk of fatal reactions in Loa loa endemic areas, and a traditional remedy had been approved without published trial data. Panelists described a missed opportunity to fund COVID-19 research in Cameroon.
4. **Very low vaccine uptake:** About 90 percent of patients hospitalised with COVID-19 were unvaccinated, and indirect deaths from disrupted TB, malaria and HIV services were not being counted.

Discussion Highlights:

- A Cameroon-adapted treatment pathway: supportive care and self-proning at home, care-seeking below 92 percent oxygen saturation, dexamethasone with oxygen, then oral baricitinib if oxygen needs rise.
- Dexamethasone 6 mg daily is for patients needing oxygen only; it is cheap and available in Cameroon.
- Baricitinib is not for dialysis patients; the dose is reduced to 2 mg for GFR 30 to 60.
- Ivermectin outside trials is not recommended; a retracted fraudulent study skewed early meta-analyses.
- Where second doses are scarce, AstraZeneca followed by an inactivated vaccine (Sinopharm) was preferred over AstraZeneca followed by J&J.

Recommendations:

- **Update the national COVID-19 treatment guidelines:** MINSANTE should mandate a standing guidelines committee to align national guidance with current WHO recommendations, removing drugs shown not to work and adding clear dexamethasone criteria and oral JAK inhibitors. First step: publish a dated revision and a fixed review schedule.
- **Procure generic baricitinib:** MINSANTE and partners should source generic baricitinib from licensed manufacturers for COVID-19 treatment centres, where it can be given orally without central venous access. First step: request quotations and register the generic product.
- **Train front-line clinicians:** Regional delegations and hospitals should run short trainings on the evidence-based pathway (oxygen therapy, proning, steroid timing, escalation), with diaspora specialists from the town hall supporting the content.
- **Test remedies before approving them:** MINSANTE should require clinical trial data before approving any COVID-19 therapy, including traditional remedies and ivermectin, and should support local randomised trials with safety monitoring for Loa loa.
- **Advocate for access and push vaccination:** MINSANTE, WHO and partners should seek access to monoclonal antibodies for high-risk patients, while public health teams make vaccination the main message, including for people who have already had COVID-19.

Next Steps: Future town hall sessions were proposed on oxygen therapy and on procalcitonin use, and field public health teams were encouraged to publish data from ivermectin campaigns.

Conclusion: The session showed that Cameroon already has access to some effective, inexpensive tools (dexamethasone, oxygen, proning, and potentially generic baricitinib) but that guidelines, training and procurement lag behind the evidence. Aligning practice with evidence and raising vaccine uptake were presented as the most effective steps available.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of September 11, 2021. Recording: https://www.youtube.com/watch?v=JgE2vpSnx-0