Policy Briefing:

Access to Novel Targeted Therapy in Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on April 20, 2024 (99th edition), focusing on the theme "Access to Novel Targeted Therapy in Cameroon: Unmet Needs and Opportunities," presented by Dr. Alain Abeh, Senior Medical Science Liaison.

Context:

Targeted therapies now form the backbone of treatment in cancer, rheumatology, gastroenterology and dermatology. Cameroon lags behind several African countries in access because of missing diagnostics, an unreliable procurement system, low quality imports, and gaps in training.

Key Issues:

1. **No test, no targeted treatment:** Basic immunohistochemistry (hormone receptors, HER2) is rarely done, so patients cannot be matched to therapy.
2. **Procurement and trust:** CENAME supplies only a minority of chemotherapy, owes suppliers, and attracts few bidders; prices can rise after 'subsidy'.
3. **Outdated choices:** Older molecules have been ordered even when better ones were offered at the same price.
4. **Quality and regulation:** Marketing authorisations go to low quality manufacturers, while serious companies stay away.
5. **Training and data:** Clinicians are not exposed to modern diagnosis, and there are no disease registries to show need.

Discussion Highlights:

- Participants compared Cameroon unfavourably with Rwanda, Uganda, South Africa, Côte d'Ivoire and Burkina Faso.
- Payer led models in Nigeria (mPharma with Roche; an insurer with Johnson & Johnson) and a digital revolving fund supply chain were presented as options.
- Patient advocacy and informed patients were seen as drivers of change.
- Private laboratories and the Baptist health services were cited as examples of what works now.

Recommendations:

- **Build diagnostic capacity first:** MINSANTE and reference hospitals (for example in Douala and Yaoundé) should set up immunohistochemistry and basic molecular testing, and make hormone receptor and HER2 testing standard for breast cancer. First step: fund one immunohistochemistry service in a public reference hospital in each of Douala and Yaoundé.
- **Restore trust in procurement:** MINSANTE and the Ministry of Finance should clear CENAME arrears, publish payment terms, and adopt digital stock management with a revolving fund. First step: review the memorandum of understanding offered by the digital supply chain company and pilot it for cancer medicines.
- **Tie market authorisation to quality and diagnostics:** The national regulator should apply stricter quality checks before authorisation and, like South Africa, negotiate bulk deals that include diagnostics, training and follow up. First step: a list of priority off-patent biologics and biosimilars (such as rituximab, trastuzumab and injectable methotrexate) for negotiated procurement.
- **Update the essential medicines list:** MINSANTE should involve specialist societies when choosing molecules, so that newer options offered at equal cost (such as tenofovir alafenamide or pangenotypic hepatitis C regimens) are adopted.
- **Create registries and real world evidence:** Universities, hospitals and diaspora researchers should start registries for cancer and immune diseases and run phase four observational studies. First step: a registry for inflammatory and rheumatic diseases in one teaching hospital.
- **Support patient advocacy:** Partners and the town hall should help patient groups organise and engage the Ministry, and clinicians should practise shared decision making and refer patients rather than tell them nothing more can be done.

Next Steps: The moderators planned a follow up meeting with the speaker and Dr. Mpollo, and a meeting with the head of the Nigerian supply chain company, to see how the town hall could support these proposals. The next session was the 100th edition.

Conclusion: Participants agreed that Cameroon's gap in targeted therapy starts with diagnosis, procurement and trust rather than with the drugs themselves. Many molecules are already off patent; acting on testing, payment discipline and quality control would open access.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of April 20, 2024. Recording: https://www.youtube.com/watch?v=gz94qolvXQQ