

Cameroon

The Government of Cameroon reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. Information was not provided regarding how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: newborns.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded any other public awareness campaign on viral hepatitis since January 2011.

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Réseau Camerounais contre Hépatites Virales and Société Camerounaise de Gastro-Entérologie.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are not registered nationally.

The government publishes hepatitis disease reports irregularly.

Hepatitis outbreaks are not required to be reported to the government. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Population (in millions) (2011)	20
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$2330
Total health expenditure as % of GDP (2010)	5.13%
Per capita total health expenditure (PPP int \$) (2010)	\$121.55
Per capita government health expenditure (PPP int \$) (2010)	\$36.01
Life expectancy at birth (in years) (2009)	51
Human Development Index (2011)	0.482
Median age (in years) (2010)	19
Total fertility rate per woman (2010)	4.5

Prevention of transmission

There is a national policy for hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but the timeframe is not specified.

Information was not provided regarding the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth or the percentage of one-year-olds nationally (ages 12–23 months) in a given recent year who received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis.

There are national clinical guidelines for the management of viral hepatitis. Information was not provided on whether these guidelines include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not provided free of charge, and are not compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B but is available for hepatitis C. It is not known who is eligible for publicly funded treatment for hepatitis C. Information was not provided regarding the amount spent by the government on such treatment for hepatitis C.

No drug for treating hepatitis B is on the national essential medicines list or subsidized by the government. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon and lamivudine.

The Government of Cameroon welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).