Cameroon

Research conducted in

In Cameroon, the Association Comprendre la Maladie d'Alzheimer (A.C.M.A) plays a central role in navigating cultural challenges, providing advocacy and care. This civil society leadership is essential given the absence of a national government strategy. Simultaneously, the country contributes to global research through the University of Yaoundé I, where scientists are studying unique environmental factors, such as the potential link between Onchocerca volvulus infection and cognitive decline in the Ntui Health District.

Highlights

Health system **Non-Universal, Out-of-Pocket (Mixed Provision)**
ADI member association(s): **Association Comprendre la Maladie d'Alzheimer (A.C.M.A) Cameroon**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **114**
Dementia incidence rate: **20**
Population: **30311048**
Median age: **18**
Health expenditure (% of GDP): **5**

Diagnosis

Families entering the health system usually start at district hospitals where general practitioners investigate history, perform brief cognitive tests like the MMSE or CSID, or refer to specialist care. However, Cameroon has fewer than 50 practising neurologists. Outpatients experience prolonged same-day hospital waiting times. CT scans are the most accessible imaging tool across regions, whereas only five operational MRI machines exist. Clinical genetic testing and fluid biomarkers are entirely unavailable locally. All diagnostic costs are paid fully out-of-pocket by patients due to lack of effective universal health coverage.

Diagnosis pathway

When families engage the formal health system, they usually start at district hospitals where general practitioners (GPs), often lacking geriatric training, may initially misdiagnose the cognitive decline.9 GP usually investigates medical history, conducts basic physical exam and brief cognitive screening or refers to another hospital. However, the number of practicing neurologists in Cameroon is estimated to be fewer than 50. In general, the pathway often begins with a nurse or a general practitioner, and not all patients ultimately reach a specialist.

The diagnosis pathway in Cameroon may begin with a prolonged "pre-medical" phase where families, influenced by cultural stigmas, frequently interpret symptoms as normal aging or witchcraft, leading them to consult traditional healers or religious leaders rather than medical doctors., When families eventually engage the formal health system, they usually start at district hospitals where general practitioners (GPs), often lacking geriatric training, may initially misdiagnose the cognitive decline. GP usually investigates medical history, conducts basic physical exam and brief cognitive screening (e.g., MMSE/MoCA) or refer to another hospital. However, the number of practicing neurologists in Cameroon is estimated to be fewer than 50. In practice, the pathway often begins with a nurse or a general practitioner, and not all patients ultimately reach a specialist.

The delay between the onset of symptoms and the first medical consultation is at least one year, as symptoms are often attributed to ageing. Many older adults are brought for consultation only after a first wandering episode or disappearance. The first consultation is usually with a general practitioner or during a health campaign. Families are often overwhelmed by the first signs and do not know where to seek help. ACMA's work and social-media presence are particularly valuable in this regard. Also, families with prior experience of dementia often do not realize it may be hereditary and therefore do not adopt preventive or screening measures, although genetic testing is not available in Cameroon. In addition to general practitioners, nurses are often the first healthcare professionals to encounter patients, and the absence of a national care pathway results in highly variable diagnostic journeys.

References

- https://www.researchgate.net/figure/Map-showing-the-number-of-available-neurologists-in-each-African-country_fig1_370074356

Wait times

There is no nationally published data on waiting times specifically for Alzheimer's disease diagnosis; however, a local study reports prolonged outpatient waiting times and delays in referrals. The study, conducted in outpatient departments in Douala, found that patients experienced substantial same-day waiting times within hospital-based outpatient care. On average, patients spent 47.6 minutes waiting for registration and a further 84.7 minutes waiting to be seen by a healthcare professional, resulting in a total outpatient department stay of approximately 150 minutes. The study assessed delays occurring during the hospital visit itself rather than referral-to-appointment waiting periods and was conducted in hospital outpatient clinics rather than primary care or general practitioner settings. Also, seeing a neurologist may take two to three days. Weekend specialist consultations can be difficult to obtain, even in emergencies. Patients living in rural areas may wait five to seven days to secure an appointment in a major city.

References

- https://academicjournals.org/journal/JPHE/article-full-text-pdf/0A3FF9E72448

Diagnosis cost

Status: Mostly or fully covered
The financial costs of Alzheimer's disease diagnosis are borne entirely by patients and their families. Although Cameroon has recently begun the phased implementation of Universal Health Coverage (UHC), there is currently no effective coverage for Alzheimer's disease diagnostic services.

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References

- https://link.springer.com/article/10.1186/s12982-025-00831-z
- Information provided by ADI member.

Cognitive tests

Status: Available
Clinical assessment relies on neuropsychological tools adapted for cultural and educational differences; the Mini-Mental State Examination (MMSE) is commonly used in urban hospitals like those in Yaoundé. To address the limitations of the MMSE in low-literacy populations, the Community Screening Interview for Dementia (CSID) has been adopted, particularly for epidemiological studies in rural zones like the Ntui Health District. However, very few general practitioners perform the MMSE, and even fewer nurses do so. Cognitive testing is mainly performed by neurologists. Therefore, if a patient is not seen by a neurologist or geriatrician, cognitive testing may not be carried

out.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC7821796/
- https://www.mdpi.com/2076-0817/13/7/568

Imaging tests

Status: Commonly used
Computed tomography (CT) is the most accessible modality and serves as the first-line investigation for the majority of people presenting with cognitive decline or neurological deficits. There is at least one diagnostic imaging center in every region of the country.

Cameroon currently has five operational magnetic resonance imaging (MRI) machines: two 1.5-Tesla scanners in Yaoundé (one privately owned and one located in a military hospital) and three lower-field 0.3–0.4 Tesla scanners in Douala (one public and two private).

References

- https://scholarworks.utrgv.edu/cgi/viewcontent.cgi?article=2076&context=som_pub
- https://www.scirp.org/pdf/OJMI_2017012515514431.pdf
- https://www.stopblablacam.com/societe/1006-12473-bertoua-le-centre-hospitalier-regional-inaugure-avec-trois-ans-de-retard
- https://rad-aid.org/wp-content/uploads/Cameroon-Country-Report.pdf
- https://www.scirp.org/journal/paperinformation?paperid=92714

Genetic tests

Clinical genetic testing for Alzheimer's disease is not locally available and requires people to pay for sample outsourcing to French reference laboratories.

References

- https://panafrican-med-journal.com/submissions/2012/1699/1699.pdf

Biomarker tests

Status: Rarely used
There is no evidence that cerebrospinal fluid (CSF) biomarkers or blood-based biomarkers for Alzheimer's disease are available for routine clinical use in Cameroon.

Treatment & care

Specialised facilities are extremely limited and concentrated in major cities, primarily at Yaounde Central Hospital and Douala General Hospital. Public day centres are absent, and palliative care is patchy, mostly operated in specific regions by faith-based organisations with significant rural gaps. No official data specifies approved dementia medications. Families bear roughly 70% of healthcare costs out-of-pocket because formal social insurance provides restricted, non-universal coverage. State-funded financial support for carers does not exist; instead, small-scale non-financial training and counselling are provided by urban-centred advocacy groups.

The country has two geriatric departments, located at Douala General Hospital and Yaoundé Central Hospital. According to publically available information, there are no cognitive-behavioural units or memory clinics in Cameroon. There are a few residential facilities for older adults, but these are not specialized in dementia care. Patients and families pay the full cost of care because dementia is not covered under the CSU and very few insurers cover older adults.

Specialized facilities and services

Memory clinics and specialist services are highly limited and concentrated in major cities, notably at Yaounde Central Hospital and Douala General Hospital. Public residential safety nets and day centres are lacking, with Le Village de l'Amour targeting homelessness and severe mental illness rather than dementia. Palliative care facilities are unevenly distributed and predominantly run by the faith-based Cameroon Baptist Convention Health Services, anchoring end-of-life care in specific regions. Overall, dementia palliative care remains patchy, with severe gaps in workforce training and reduced access for rural patients.

Memory clinics and specialist services for Alzheimer's disease in Cameroon are very limited and concentrated in major cities. The Neurology Department at Yaoundé Central Hospital is a historic pillar of neurological care in the country. The Douala General Hospital (DGH) is a major referral center for neurological care in Cameroon, where patients with dementia and other neurodegenerative disorders are assessed and managed through its specialized Neurology Unit.

Day-centers and community adult-day services for people living with dementia are not well documented online. The only notable public residential safety net is "Le Village de l'Amour" in Yaoundé, though it primarily targets people experiencing homelessness living with severe mental illness rather than functioning as a standard dementia day center.

Palliative care facilities are unevenly distributed and are predominantly operated by the faith-based Cameroon Baptist Convention Health Services (CBCHS) rather than the government. This network anchors end-of-life care in the Northwest and Southwest regions through institutions like Baptist Hospital Mutengene and Mbingo Baptist Hospital, which offer nurse-led home care and pain management. Palliative and end-of-life care for dementia is developing but remains patchy: research shows some progress in hospital and home-based palliative services, yet important gaps in workforce, training and nationwide coverage persist. Most palliative care activity (including home-

based support) is delivered in urban areas or via specific programmes and non-governmental organizations (NGOs), meaning rural and smaller-city patients have substantially reduced access.

Approved medication

*Namzaric = combination of Donepezil and Memantine
** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;
SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Formal social insurance (CNPS) reimburses certain medical care for contributing formal-sector workers and their dependents, but CNPS does not publish an Alzheimer-specific medicines benefit schedule online and coverage is limited to contributors (not the informal sector), so CNPS may reduce bills for some services but does not appear to provide routine, nationwide, full coverage of Alzheimer's disease drugs or long-term care.

Most evidence shows people pay the majority of care costs out-of-pocket; national data and health-system analyses report around 70% of health spending in Cameroon is financed by household out-of-pocket payments, so families typically bear direct costs for drugs, clinic visits and informal care.

Approximately US$12 per month for locally available treatment. Costs are considerably higher when comorbidities, dependency, or loss of autonomy are present

References

- https://www.cnps.cm/en/assures/assure-e.html
- https://link.springer.com/content/pdf/10.1186/s12939-021-01562-8.pdf
- https://msh.org/wp-content/uploads/2023/11/RISE-Cameroon-UHC-EN-Tech-Brief-Sept2023.pdf

Caregiver support

There is no evidence of a national, state-funded financial support scheme specifically for carers of people living with Alzheimer's disease in Cameroon. Social insurance (CNPS) offers benefits to formal-sector contributors but does not provide a defined carer allowance or universal dementia support, and national palliative-care reviews report limited government funding for palliative and carer services, so families largely bear direct costs.

Carer-focused support is mainly non-financial: advocacy and awareness groups run counselling, identification and small-scale programmes, community palliative initiatives and occasional training for family carers, and charity projects (for example the "1000 Project") raise funds for specific patients, but these remain urban-centred and small in scale.

There are several organizations supporting older persons and their families in general. The ministry responsible for older persons provides limited support, and assistance is largely practical rather than financial. ACMA seeks to raise awareness among companies about dementia through CSR initiatives and the promotion of brain health programmes.

References

- https://www.cnps.cm/images/parutions/List_of_documents_in_the_file1.pdf
- https://www.researchgate.net/publication/336585570_Development_of_a_Training_Program_for_Family_Caregivers_on_Home_Care_of_Older_Adu

Policy

Cameroon has no officially enacted national dementia strategy or publicly announced upcoming plans. The policy landscape is restricted by severe legal and cultural barriers. Under the Civil Code, the state enforces a binary approach to mental capacity using archaic, stigmatising terminology that mandates full interdiction. Additionally, the Penal Code criminalises witchcraft. Because dementia symptoms like wandering or confused speech mimic cultural markers of the supernatural, communities often prosecute vulnerable individuals rather than protecting them. Culturally, families frequently attribute cognitive decline to spiritual curses, choosing to consult traditional healers or religious leaders instead of seeking timely medical diagnoses. The criminalization of symptoms attributed to witchcraft has led to tragedies within families. Delayed consultation significantly reduces patients' quality of life.

National dementia plan

Cameroon does not have an officially enacted national dementia strategy or approved government plan specific to dementia care.

Upcoming plans

There is no publicly announced, formal national Alzheimer's disease or dementia strategy.

Policy gaps

Legal barriers

Under the Cameroonian Civil Code, specifically Article 489, the law mandates a binary approach to mental capacity. It states that an adult who is in a "habitual state of imbecility, dementia, or fury" must be interdicted, even if they present lucid intervals. The terminology of the statute itself is archaic and deeply stigmatizing. This vulnerability is exacerbated by Article 251 of the Penal Code, which criminalizes the practice of witchcraft. Because symptoms of Alzheimer's disease, such as wandering, aggression, or confused speech, closely mimic local cultural markers of witchcraft, the law effectively provides a mechanism for communities to prosecute the sick rather than protect them.

References

- https://www.scribd.com/document/742701614/Titre-II-chap-II-Droit-civil-Les-personnes-et-les-incapable-en-ligne-c35ca77abd887623bc97688c71a1d75b
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8916933/
- https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=1129&context=djcil

Cultural barriers

The diagnosis pathway in Cameroon sometimes is delayed by a prolonged "pre-medical" phase where families,

influenced by cultural stigmas, frequently interpret symptoms as normal aging or witchcraft, leading them to consult traditional healers or religious leaders rather than medical doctors. Culturally, the primary driver of stigma is the interpretation of dementia symptoms through the lens of the supernatural, specifically witchcraft and spiritual curses. In many communities, particularly in rural areas, behaviors such as sundowning, agitation, or aphasia are not viewed as medical symptoms but as evidence of participation in coven activities.

Research

Dementia research is conducted by key academic institutions, including the Universities of Yaounde I, Buea, Douala, and Bamenda. Cameroon features no local patient registries or public-facing clinical trial networks specifically for Alzheimer's disease. Instead, local researchers register clinical studies via the Pan African Clinical Trials Registry and collaborate regionally through the African Dementia Consortium to study dementia genetics and prevalence. Notably, researchers at the University of Yaounde employ innovative methods by investigating dementia prevalence and potential links to Onchocerca volvulus infections within the Ntui Health District.

Selected academic institutions

University of Yaoundé University of Buea University of Douala University of Bamenda

Clinical trials and registries

There is currently no single, public-facing Alzheimer's disease Clinical trials network website specifically for Cameroon. However, the country is a member of the African Dementia Consortium (AfDC), a coalition of researchers across nine African countries working to gather data on the genetics and prevalence of dementia in the region.

Similarly, there is no local, patient-accessible online registry. Cameroonian researchers register their studies on the Pan African Clinical Trials Registry (PACTR).

References

- https://brainafrica.org/
- https://pactr.samrc.ac.za/

Selected innovative methods

Researchers affiliated with The University of Yaoundé have been involved in a study in the Ntui Health District focusing on dementia prevalence and its potential links to Onchocerca volvulus infection.

References

- https://pdfs.semanticscholar.org/58e9/4a0c0858c06a43b70c34f661a59d18fef32b.pdf

Support

There are no dedicated Alzheimer's foundations or specialised media outlets in Cameroon. Public awareness and support are driven entirely by civil society organisations, primarily the Association Comprendre la Maladie d'Alzheimer (A.C.M.A) Cameroon and Association Santo Domingo-SEG Cameroon. A.C.M.A delivers critical, small-scale resources, including caregiver support groups, individual counselling, dementia care training, and educational events. They also host memory cafes to encourage social engagement for individuals experiencing memory loss and manage the unique Super Older Memory competition to test cognitive abilities among citizens.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Association Comprendre la Maladie d'Alzheimer (A.C.M.A) Cameroon Association Santo Domingo-SEG Cameroon

Selected initiatives

A.C.M.A Cameroon offers carer support groups and meetings, individual counselling, and dementia care training.8 The organization also provides educational resources, hosts public information events, and operates memory cafés to facilitate social engagement for people living with memory loss. They also organize the Super Older Memory competition, a cognitive test competition for citizens.

Through its participation in ADI events and activities, ACMA Cameroon provides substantial resources to the community and is highly valued for its impact. National and international support would enable it to expand further, especially in the six regions of Cameroon where no ACMA branch currently exists. Dementia is not confined to the country's major cities.

References

- https://acmacameroun.org/concours

Dedicated media outlets

There are no dedicated media outlets that specifically focus on Alzheimer's disease or other dementias. During World Alzheimer's Month, many media outlets provide opportunities for communication and awareness raising. Outside September, communication takes place mainly through our social media channels.