Rheumatology in Cameroon: History, Challenges, and Future

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Rheumatology is a medical specialty that deals with diseases of bones, joints, tendons, and muscles. It is a relatively young specialty in sub-Saharan Africa, particularly in Cameroon. We believe that current and future generations need to know the history and challenges of rheumatology in Cameroon, which not only is a mainstay of Central Africa but also reflects many other health systems in sub-Saharan Africa, to properly identify the challenges facing this specialty and define appropriate strategies for developing countries in sub-Saharan Africa.

History. The history of rheumatology as a specialty in Cameroon dates back to the 1980s. Jonah N. Weopian was the first Cameroonian rheumatologist. After him, a number of physicians ventured into this specialty, notably Prof. Madeleine Singwe Ngandeu and Marie Solange Doualla, who represent the true pioneers of this specialty in Cameroon. The Cameroon College of Rheumatology (CCR) was envisaged in 2013, but finally became a reality only in 2017, when it organized its first congress and attracted the interest of young medical students in this fast-growing specialty. To date, the CCR has organized 3 scientific congresses (in 2017, 2019, and 2022), and a national scientific day in 2021. The next scientific day is on November 10, 2023. The CCR currently has nearly 30 members, the vast majority of whom are rheumatologists or internist-rheumatologists. The CCR is a partner of African League of Associations Against Rheumatism (AFLAR). The total number of rheumatologists in Cameroon in 2023 is around 35. The current rheumatology subspecialties in Cameroon are interventional rheumatology, oncology-rheumatology, and rheumatology imaging. After several years of lobbying and concerted efforts among various groups in the medical community, the rheumatology specialization cycle was opened in October 2021 at the Faculty of Medicine and Biomedical Sciences of the University of Yaoundé I. There are currently 13 residents in training, and the first class is due to graduate in 2025.

Challenges. Cameroon faces numerous health challenges despite sustained growth and development over the past decade. The main contributing factors are unequal access to health care, insufficient healthcare supply, a growing burden of noncommunicable diseases, and a real lack of population-based epidemiological data. Inequality of access to health care is a recurrent problem in developing countries; in Cameroon, it is underpinned by the still ineffective implementation of universal health insurance, and an uneven distribution of healthcare personnel, particularly those in specialties able to deal effectively with rheumatological conditions. At the moment, 5 out of the 10 regions have no rheumatologists. The gap in healthcare provision is related to an insignificant number of rheumatology practitioners compared with the current population of around 27.2 million, and a lack of technical facilities for specialty care, particularly new therapies for chronic inflammatory rheumatic diseases (biologics and Janus kinase inhibitors). As revealed by the Global Burden of Disease data in 2019, musculoskeletal conditions, particularly noncommunicable ones, are rapidly increasing in prevalence, which should ring alarm bells for developing countries like Cameroon, given the growing socioeconomic impact in terms of disability-adjusted life-years.

Finally, there is a real lack of population-based epidemiological data to effectively inform public health authorities in planning national response strategies. For example, there is a lack of registries for autoimmune rheumatic diseases; these data are important for improving the management of these conditions, which are still considered rare in developing countries. The progression of rheumatology in Cameroon has in part been slowed by the early death of a pioneer of this specialty, Prof. Doualla, in December 2018.

Future. For rheumatology in Cameroon to progress, it is vital to develop 4 key areas: training, care, research, and collaboration. Training must be stepped up to correct the rheumatologist to population ratio and provide qualified personnel, both general practitioners and specialist rheumatologists. Emphasis needs to be placed on continuing education, and on the supply of useful subspecialties in rheumatology, notably pediatric rheumatology, autoimmune and autoinflammatory diseases, and immuno-rheumatology. The care offered must be substantially improved to provide better distribution of qualified personnel for rheumatic diseases within the different regions, combined with an improved technical infrastructure, better health insurance for people with rheumatic diseases, and improved availability and access to new therapies. Finally, research and collaboration must be the pillars of rheumatology development in Cameroon, to provide quality data on the epidemiological, clinical, and therapeutic aspects of rheumatic diseases.

In conclusion, sub-Saharan Africa, and Cameroon in particular, is sorely lacking in rheumatologists in view of its growing population. As a result, the public health sector, the government, and healthcare professionals must promote the popularization of this discipline among their peers and contribute to the development of sound health policies to improve the healthcare system.

REFERENCES