Policy Briefing:

Heart Attack in Cameroon: Making the Hidden Burden Visible

Overview:

This policy briefing synthesises key insights from the 26th edition of the Cameroon Townhall for Healthcare Professionals, held on June 5, 2021, focusing on the theme "Heart Attack: The Hidden Pandemic in Cameroon and Africa", presented by Dr. Nchang Taka, interventional cardiologist.

Context:

Hypertension and diabetes are rising in Cameroon, yet national data give no figures for ischaemic heart disease. Clinicians who trained and worked in Cameroon described rarely diagnosing heart attacks, ECG machines kept in offices rather than emergency units, and patients dying suddenly without a diagnosis.

Key Issues:

1. **Under-diagnosis:** Heart attacks are often missed and labelled as reflux, pneumonia or sudden death, so the burden is invisible in statistics.
2. **ECG access:** ECG machines are scarce and often locked away from emergency units; a new machine costs about 2 million FCFA.
3. **No protocols or training:** Hospitals lack chest pain protocols, and ECG reading and life support training are not routine after medical school.
4. **Cost of treatment:** Thrombolytics are reported at about 1.5 million FCFA a vial in Yaounde, and troponin testing is rarely available.
5. **Late presentation:** Without ambulances and with long queues, patients reach care late.

Discussion Highlights:

- A STEMI can be diagnosed with symptoms and an ECG alone; troponin is helpful but not essential.
- Early thrombolysis is a valid alternative where catheterisation labs are far away.
- The Yaounde emergency centre showed that protocol-based thrombolysis can work in Cameroon.

- Point-of-care troponin tests exist but need local validation.
- Diaspora cardiologists offered remote ECG reading and training.

Recommendations:

- **ECGs in every emergency unit:** MINSANTE and regional delegations should require an ECG machine in the emergency unit of every district and regional hospital, accessible day and night. First step: inventory existing machines and relocate those kept in offices; diaspora groups can supply refurbished machines.
- **National chest pain protocol:** MINSANTE, with the Cameroon Cardiac Society, should issue a simple protocol (ECG within 10 minutes for chest or epigastric pain in at-risk adults, repeat ECG, aspirin, thrombolysis criteria, referral) and display it in emergency units.
- **Affordable thrombolytics:** MINSANTE should add a thrombolytic agent to the essential medicines list for regional hospitals and negotiate procurement prices through CENAME, so that cost does not decide survival.
- **Training and certification:** Faculties of medicine and regional delegations should run regular ECG interpretation and BLS/ACLS courses for doctors and nurses, with diaspora cardiologists supporting through remote teaching and ECG reading.
- **Count the burden:** MINSANTE and research institutions should record ischaemic heart disease separately in hospital and mortality data, starting with sentinel hospitals.
- **Prevention and public awareness:** Health districts and community groups should screen and treat hypertension and diabetes and teach that chest pain needs urgent care.

Next Steps: The Town Hall will consider an open-source training project with diaspora specialists, and Dr. Pingpoh agreed to present on cardiac surgery at a later session.

Conclusion: The session argued that heart attacks in Cameroon are under-counted rather than rare. Simple, affordable steps (ECGs in the right place, a protocol, aspirin and thrombolysis, and training) could save lives now, while better data will show the true scale of the problem.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of June 5, 2021. Recording: https://www.youtube.com/watch?v=r4qcZjrn0S0