Policy Briefing:

The Practice of Anaesthesia in Cameroon: Challenges and Perspectives

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Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on August 13, 2022, focusing on the theme 'The Practice of Anaesthesia in Cameroon: Challenges and Perspectives', presented by Dr. Raymond Ndikontar, anaesthesiologist and intensivist and lecturer at the University of Yaounde I.

Context:

Cameroon has about 70 physician anaesthesiologists for close to 30 million people, more than 90 percent of them in Yaounde and Douala, and about 400 nurse anaesthetists who provide most anaesthesia care. Lower level hospitals lack basic equipment, and even tertiary centres often lack capnography, medical air and maintained anaesthesia machines. A survey presented by Dr. Tim Fabrice Tientcheu found that only about 2 percent of district hospitals could provide all three bellwether procedures (caesarean section, laparotomy and open fracture management), with anaesthesia the weakest link.

Key Issues:

1. **Workforce shortage and maldistribution:** Few physician anaesthesiologists are trained, many leave, and those who stay work in large cities where the tertiary centres are. Low pay is a main driver.
2. **Missing essential equipment:** Most facilities fall short of WHO-WFSA standards: no capnography, few laryngoscopes and paediatric airways, no medical air, unreliable oxygen and donated machines that break down.
3. **Patients buy their own supplies:** Patients must purchase drugs and consumables before surgery, which delays care and exposes them to arbitrary prices.
4. **Blood and critical care gaps:** Blood components are unavailable outside a few centres, and ICU capacity limits surgery, neurosurgery in particular.
5. **Paediatric and neonatal anaesthesia:** Very few providers do paediatric anaesthesia, and neonatal surgical outcomes are poor.

Discussion Highlights:

- Cameroon's nurse anaesthetist workforce and its collaboration with physicians are a strength to build on.
- Training abroad without a reintegration plan has not brought specialists home.
- Donated ICU equipment after COVID-19 is not a durable solution and often lacks trained users.
- Local standards for resource constrained settings, such as safe ketamine techniques, are needed.
- ACNA and other diaspora groups offered training and supplies, with a request for needs assessments.

Recommendations:

- **Make anaesthesia and critical care a national priority:** MINSANTE should include anaesthesia, intensive care and emergency care in surgical and health workforce planning, with targets for physician and nurse anaesthetists per region and incentives (pay, posting and career paths) to retain them outside Yaounde and Douala.
- **Equip facilities to a minimum standard:** MINSANTE and regional delegations should adopt the WHO-WFSA standards as the national minimum, starting with pulse oximetry and capnography in every theatre that gives general anaesthesia, appropriate adult and paediatric airway equipment, and medical air in tertiary centres. First step: a national theatre equipment audit by level of care.
- **Centralise drug and consumable supply:** Public hospitals should supply anaesthesia drugs and consumables directly and bill patients afterwards, as mission hospitals do, so patients are not sent to buy items before emergency surgery. MINSANTE should move towards universal health coverage for emergency and obstetric surgery.
- **Build a national anaesthesia community and continuing education:** Professional societies, the Faculty of Medicine and Biomedical Sciences and nurse anaesthesia schools should create an association that brings all anaesthesia providers together, run regular continuing education, and develop subspecialty training for nurse anaesthetists in paediatrics, obstetrics and orthopaedics. Diaspora groups such as ACNA can co-host training.
- **Plan maintenance and blood services alongside donations:** Hospitals and partners should accept equipment donations only with a maintenance plan and staff training, and the national blood transfusion service should extend component separation to regional hospitals and promote voluntary donation.

- **Expose students to anaesthesia early:** Medical faculties should add an anaesthesia, intensive care and emergency medicine rotation to undergraduate training and redesign training abroad programmes with a reintegration plan.

Next Steps: ACNA's next Cameroon conference for nurse anaesthetists was planned for December 2022, with an invitation to physician partners. Participants were invited to contact Dr. Ndikontar directly to coordinate supplies and training.

Conclusion: Every surgical and critical care service in Cameroon depends on anaesthesia, yet the specialty runs on a very small physician workforce, a committed nurse anaesthetist workforce and equipment that often falls below international minimums. Investment in people, standard equipment, supply systems and local standards would raise the safety of surgery across the country.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of August 13, 2022. Recording: https://www.youtube.com/watch?v=FogKs0PlGNY