Cameroon Townhall for Healthcare Professionals

Meeting Minutes, September 10, 2022

Host: Cameroon Townhall for Healthcare Professionals

Date: September 10, 2022

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator), Dr. Bryan Tegomoh, Dr. Christelle Jouego Tagne

Guest Speaker: Dr. Leonard Ngarka, MD, neurologist and clinical neurophysiologist; fellowship training in Cape Town and Turkey; African Research Excellence Fund fellow, Consultant neurologist, Yaounde Central Hospital; lecturer, Faculty of Medicine and Biomedical Sciences, University of Yaounde I; research associate, Brain Research Africa Initiative (BRAIN); co-founder and president, World Changers Association

Distinguished Guests: Prof. Alfred K. Njamnshi, neurologist, founder of the Brain Research Africa Initiative, Dr. Boghuma Kabisen Titanji, infectious diseases physician, United States

Title: Stroke Management in Cameroon: Current State, Successes, Challenges and Opportunities

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Agenda Items:

1. Welcome by the lead moderator
2. Global health update by the Chair (monkeypox, COVID-19, polio)
3. Introduction of the speaker by Dr. Bryan Tegomoh
4. Presentation by Dr. Leonard Ngarka on stroke management in Cameroon
5. Reflections from Prof. Alfred Njamnshi and Dr. Boghuma Kabisen Titanji
6. Discussion and Q&A
7. Closing remarks, vote of thanks and summary by the lead moderator

Opening Remarks:

- Elvis Ndansi recalled the previous session on family planning and introduced the topic, noting that most people know a relative or friend who has had a stroke.

- Dr. Munoh Kenne Foma's update covered falling life expectancy in the United States, a decline in monkeypox cases worldwide (almost 22,000 cases in the US), bivalent COVID-19 boosters due by 30 September, intranasal vaccines approved in China and India, and new COVID-19 cases reported in Cameroon (over 1,000 in two weeks) with only seven vaccine doses per 100 people.
- Asked how he would spend 5 million dollars on COVID-19 as minister, the Chair said he would put most of it into education to overcome vaccine hesitancy, then vaccinate with donor supplied vaccines.

Presentation Points:

Presentation by Dr. Leonard Ngarka: "Stroke Management in Cameroon: Current State, Successes, Challenges and Opportunities"

1. What stroke is:

Dr. Ngarka defined stroke as a sudden neurological deficit, often of the face, arm or speech (FAST), and stressed that 'time is brain'. About two thirds of strokes are ischaemic and about a quarter haemorrhagic. Modifiable risk factors include hypertension, diabetes, smoking, alcohol, sedentary lifestyle and obesity; non-modifiable ones are age, sex and race.

2. A heavy and rising burden in Africa:

Stroke is the leading cause of preventable dementia, the second cause of death and the third cause of disability adjusted life years lost worldwide, costing about 0.6 percent of global GDP. Incidence is highest in low and middle income countries, which carry 86 percent of stroke deaths, about half of them in Africa, and he said African figures are under reported. A US study found vascular risk factors more common in indigenous Africans than in African Americans or Americans of European descent, and some genes have been linked to higher risk.

3. Complications beyond the stroke:

He noted that it was the world day to fight suicide and that depression affects 16 to 18 percent of stroke survivors. Other complications include cognitive impairment, pain, sexual dysfunction in over 80 percent, anxiety, aphasia, aspiration pneumonia and delirium.

4. Stroke in Cameroon:

He said stroke accounts for about 6.5 percent of deaths in Cameroon. A study at Douala General Hospital found the average cost of care over nine months exceeded 800,000 FCFA, about 90,000 FCFA a month, against a minimum wage under 35,000 FCFA. Peak incidence is at 55 to 64 years, but strokes in people aged

25 to 40 are common, and he described a 28 year old colleague with a brainstem stroke. He attributed the rise to lifestyle and dietary change, sedentary work, obesity and hypertension, and said most causes are preventable.

5. Gaps along the care pathway:

Following World Stroke Organization guidance, patients should reach hospital within an hour and receive thrombolysis within 4.5 hours of onset. In Cameroon, delays arise from poverty, low awareness, visits to traditional healers, traffic and drivers not giving way to ambulances. Neurologists work in only about five regions, thrombolysis costs about 1.8 million FCFA paid out of pocket, and Yaounde has only two speech therapists, with waits of two to three months to see specialists.

6. Successes:

New regional reference hospitals, including in the West, Garoua and the South, have modern imaging. More neurologists, neurosurgeons, nurses and physiotherapists are being trained, and Cameroon recently published its first reported case of stroke thrombolysis, with four more cases awaiting publication.

7. The way forward:

He proposed the African Stroke Organization framework: surveillance to measure incidence, prevalence and mortality, rehabilitation centres, health promotion and prevention, and acute care. He called for stroke registries, screening and control of hypertension and diabetes, advocacy, and use of the growing young workforce and digital tools, noting Cameroon now trains about 1,000 doctors and plans over 300 specialists a year. He announced the Brain Science Congress on stroke in Cameroon, 26 to 28 October.

Discussions and Q&A Session:

- **Prof. Alfred Njamnshi was invited to comment.** He said hospital cases are the tip of the iceberg, with an estimated 50 percent of stroke deaths occurring at home, and highlighted Africa specific risk factors such as sickle cell disease and infections. He invited participants to answer questionnaires for health professionals and the public ahead of the October congress, to inform staged stroke guidelines for each level of the health pyramid. Elvis Ndansi offered the town hall's support, noting about 1,300 members in over 34 countries.
- **Elvis Ndansi asked whether the crisis in the North West and South West, including lockdown days, has affected stroke outcomes.** Dr. Ngarka said there is no published data, but clinical experience suggests more complications and deaths because patients delay coming to hospital, and that chronic stress is itself a risk factor.

- **Bryan Tegomoh asked how to build stroke surveillance and whether stroke incidence changed during COVID-19.** He said many patients avoided hospitals, but he saw new strokes in COVID-19 patients without other risk factors. Surveillance should start with every hospital keeping proper patient registers, ideally electronic records, then extend to community assessments, since people with stigmatised neurological conditions are often hidden at home.
- **Dr. Munoh Kenne Foma raised sickle cell disease and HIV as stroke causes, the lack of physiotherapy, speech therapy, nurse aides and insurance for post stroke care, poor maintenance of older hospitals, and asked what policy would help most.** Dr. Ngarka said about 25 percent of Cameroonians have hypertension, more than half are untreated and only about half of those treated are controlled. He called for a stronger non-communicable disease programme at MINSANTE to screen for and treat risk factors, lower the cost of antihypertensive drugs, and consider incentives for patients who stay on treatment.
- **A medical student asked whether health professionals alone can carry out prevention, and what students can do.** Students should start with their own healthy lifestyle and educate family, neighbours and patients. Prevention needs MINSANTE, finance, transport, public works and security, among others.
- **A participant asked which risk factor matters most, and suggested opening sessions to non-health professionals through social media.** Hypertension is the leading risk factor worldwide, responsible for more than 30 percent of strokes. Elvis Ndansi noted that sessions are streamed on Facebook and posted on YouTube.
- **A classmate of the speaker asked where thrombolysis and thrombectomy are done and by whom.** Dr. Ngarka said what is done is thrombolysis, not thrombectomy, with protocols at Yaounde Central Hospital and a private clinic in Yaounde, and reports of cases in Douala. The Chair added that mechanical thrombectomy was not standard of care even in England in 2018 and that physiotherapy explains most recovery.
- **Dr. Boghuma Kabisen Titanji added infectious causes.** She said people living with HIV have about twice the stroke risk even with viral suppression, and pointed to neurocysticercosis, tuberculosis, fungal infections and syphilis, urging that stroke patients be screened for syphilis.
- **A doctor from Gabon spoke about the epidemiological transition.** He urged neurologists and cardiologists to work in communities, and described stress and lifestyle as major problems among young adults.

Call to Action and Closing:

- Bryan Tegomoh hoped the October congress would discuss passive surveillance through MINSANTE and electronic reporting.
- The Chair announced that the next session, in two weeks, would be on radiation and radiology.
- Prof. Njamnshi praised the diaspora's commitment and compared a connected diaspora to neurons forming a brain.
- Dr. Ngarka closed with 'stroke is not a joke', and Elvis Ndansi summarised the session.

Next Meeting

In two weeks, on radiation and radiology.

Recording: https://www.youtube.com/watch?v=qWoWn7Nk2yg

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals