Policy Briefing:

Sustainable Specialist Care in Cameroon: Lessons from Diaspora Cardiac Surgery at Douala General Hospital

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Overview:

This brief draws on a session of the Cameroon Town Hall for Healthcare Professionals held on November 22, 2025. Prof. Clarence Pingpoh and Dr. Thierry Siemeni of Heartbeat e.V. described two 2025 cardiac surgery missions at Douala General Hospital built around training a fixed local team. Diaspora participants discussed how the Ministry of Public Health, hospitals and the diaspora can make such programmes easier to start and keep going.

Context:

Rheumatic heart valve disease is common in Cameroon and specialist cardiac surgery is available at very few centres. Heartbeat e.V., a team of specialists working in Germany, carried out missions at Douala General Hospital in February and September 2025, with a fixed local surgeon, anaesthesiologist and cardiologist. The team took years to gain access to a public hospital. Supplies are carried by hand, equipment maintenance is irregular, and allied professions such as perfusion and biomedical engineering are scarce.

Key Issues:

1. **Slow access to public hospitals:** Diaspora teams with proven expertise spent years trying to reach a decision maker. A RAD-AID memorandum of understanding in Douala was still unsigned at the time of the session.
2. **Customs and logistics:** Equipment and consumables are carried in many bags because shipping requires plans that often change at short notice. Exoneration depends on knowing the right regional and national channels.
3. **Missing allied professions:** There is no regular training for perfusionists, and too few biomedical engineers and cardiac anaesthesia staff, so equipment fails and surgery depends on visiting teams.
4. **Incentives for trained staff:** Staff who learn new procedures are paid on fixed scales, so the extra work is not rewarded and the skill may not be used or may move to private practice.

5. **Fragmented diaspora effort:** Several diaspora groups run separate programmes. Speakers called for coordination through the town hall, the new Cameroonian association of cardiothoracic surgeons and ACPA.

Discussion Highlights:

- Prof. Pingpoh: the aim is knowledge transfer to a fixed local team, not coming and going.
- Dr. Siemeni: local anaesthesiologists and perfusionists worked hands-on from the first case.
- Dr. Samuel Ndinjiakat: a Ministry access card, customs facilitation and a Ministry representative are being prepared for approved diaspora teams.
- Sidney Tazeh: be prepared to do the heavy lifting; strict written procedures and daily supervision keep equipment running.
- Elvis Ndansi: a letter from the regional health commissioner can support exoneration of donated containers.

Recommendations:

- **Finalise a single entry route for diaspora clinical teams:** MINSANTE should complete the diaspora commission's access card and facilitation procedure, covering customs exoneration, temporary practice authorisation and a named Ministry focal person. First step: publish the procedure and the documents required, and process the files already submitted.
- **Name a partnership focal point in each referral hospital:** Directors of general and regional hospitals should designate one person to receive and answer diaspora partnership proposals within a set time, and sign or decline memoranda of understanding promptly. The town hall can share a directory of these contacts.
- **Train the allied professions that keep specialist care running:** MINSANTE, training schools and university partners should create or expand training for biomedical engineers, perfusionists and cardiac anaesthesia nurses, starting with hospitals that already host cardiac surgery. Diaspora teams can contribute curricula and supervised practice during each visit.
- **Make maintenance and incentives part of every partnership:** Hospitals and visiting teams should agree in writing on equipment maintenance (a named technician, a maintenance schedule and spare parts) and on how staff who take on new procedures will be rewarded. First step: add these clauses to the Douala General Hospital partnership.

- **Coordinate diaspora cardiac programmes:** The Cameroonian association of cardiothoracic surgeons, Heartbeat e.V., ACPA and other groups should share patient lists, schedules and stock through one coordination channel, with the town hall as a meeting point, so that efforts are concentrated in centres that have the technical platform.

Next Steps: The town hall will follow up the diaspora access card file with the Ministry of Public Health, facilitate introductions for teams seeking hospital partners in Yaoundé and Douala, and explore an ACPA and Heartbeat e.V. joint outreach planned for 2027.

Conclusion: The Heartbeat e.V. experience shows that diaspora specialists can build specialist care in a public hospital when they train a fixed local team. Faster access, simpler logistics, trained allied staff and fair incentives would let such programmes grow beyond a single hospital.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of November 22, 2025. Recording to follow.