Policy Briefing:

Improving Access to Sustainable Diagnostic Radiology in Cameroon

---

Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals meeting held in late September 2021 (inferred September 25, 2021), focusing on the theme "Improving Access to Sustainable Diagnostic Radiology in Low Resource Settings," presented by Dr. Kenedy A. Foryoung, neuroradiologist with RAD-AID International.

Context:

Imaging demand in Cameroon is rising with trauma, cancer and chronic disease. Most of the estimated 100 to 150 imaging centres are in Douala and Yaoundé and offer only X-ray and ultrasound. Government investment has added CT, MRI and catheterisation labs, but much equipment fails early, sits idle for months, and is operated by staff with limited training.

Key Issues:

1. **High equipment failure and downtime:** Equipment frequently fails within warranty for lack of maintenance contracts, spare parts and local engineers. Participants cited a referral hospital CT scanner down for six months and an MRI out of service for about 11 years.
2. **Workforce shortages beyond radiologists:** Estimates of about one radiologist per 500,000 people, very few radiation oncologists, medical physicists and biomedical engineers, and technologists without hands-on training. No practising interventional radiologist was known in the country.
3. **Cost and geographic inequity:** A CT scan cost about 75,000 to 150,000 FCFA, largely paid out of pocket, and advanced imaging was concentrated in the two main cities.
4. **No quality control or professional regulation:** Ultrasound reports from untrained operators, unreadable MRIs, and no accreditation body or radiological waste facilities.

Discussion Highlights:

- Mbingo Baptist Hospital showed a workable model: readiness assessment, a CT scanner financed through loans, an on-site radiologist, a maintenance contract and a local engineer.
- Tanzania trained its first three interventional radiologists through short faculty mission trips and streamed lectures, aligned with its national residency.
- Teleradiology should support and train local radiologists, not replace them.
- Power instability damages equipment and needs local technical solutions.

Recommendations:

- **Write maintenance and training into every equipment contract:** MINSANTE and hospitals should require warranties, service contracts, spare-parts guarantees and training of local engineers and technologists in all imaging procurement, including the remaining phases of the government equipment plan. First step: adopt a standard contract clause and check serial numbers for parts availability before purchase.
- **Use a readiness assessment before buying equipment:** Regional delegations and hospital boards should assess power, IT, pathology, specialist staff and maintenance capacity before acquiring advanced modalities, using a tool such as the RAD-AID Radiology Readiness Assessment (available in French).
- **Train the full imaging team:** MINSANTE and training schools should expand training of technologists, sonographers, medical physicists and biomedical engineers, with bonded scholarships for those trained abroad. Diaspora radiologists can support the national radiology residency through teaching and short placements.
- **Regulate quality through a professional body:** MINSANTE should work with Cameroonian radiologists to establish or strengthen a professional association that sets accreditation and certification standards, starting with ultrasound operators, and publish a list of accredited imaging centres.
- **Build a national teleradiology network led by local radiologists:** MINSANTE and partners should give district and regional hospitals digital (DICOM/PACS) capacity so images can be read by Cameroonian radiologists in Yaoundé and Douala, with data protection. A pilot in one region would be a practical first step.
- **Reduce cost to patients:** Government should consider subsidies, insurance coverage and tax or customs relief for imaging services and equipment, as is done for other essential services.

Next Steps: Dr. Foryoung offered to collaborate with Cameroonian faculties on radiology training; participants asked him to share his slides and contact details.

Conclusion: Cameroon is acquiring more imaging equipment, but without maintenance, trained staff, quality control and financing it will not be sustainable. The Mbingo and Tanzania experiences show that planned, locally led partnerships can close these gaps.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of September 25, 2021. Recording: https://www.youtube.com/watch?v=h-NF2sHEaWQ