Cameroon Townhall for Healthcare Professionals

Meeting Minutes, November 22, 2025

Host: Cameroon Townhall for Healthcare Professionals

Date: November 22, 2025

Time: About 12:50 PM to 3:00 PM New York time

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (moderator for this session)

Guest Speakers: Prof. Clarence Pingpoh, PD Dr. med., MHBA; cardiac surgeon, Germany; surgical lead, Heartbeat e.V.; Dr. Thierry Siemeni, Cardiothoracic surgeon; lead of the lung transplant programme, Jena University Hospital, Germany; Heartbeat e.V.; Pierre Christian Takam, Medical engineer, Heartbeat e.V., Germany

Distinguished Guests: Dr. Samuel Ndinjiakat, diaspora representative on the Ministry of Public Health commission, Sidney Tazeh, CEO of CLEAR Radiology (Buea) and programme director, RAD-AID Cameroon, Gladys Larissa Happi, Dr. Obadia Mfuh Kenji

Title: Building Sustainable Health Solutions for Cameroon: Capacity, Infrastructure and Innovation (the Heartbeat e.V. Cardiac Surgery Experience)

Agenda Items:

1. Opening remarks on the theme by the moderator, Elvis Ndansi
2. Introductory remarks by the Chair, Dr. Munoh Kenne Foma
3. Comments from regular participants on the theme
4. Presentation by Prof. Clarence Pingpoh on the Heartbeat e.V. cardiac surgery programme at Douala General Hospital
5. Remarks by Dr. Samuel Ndinjiakat on Ministry of Public Health support for diaspora missions
6. Questions, answers and contributions (Dr. Thierry Siemeni, Pierre Christian Takam, Sidney Tazeh)
7. Unite for Health Foundation video on maternal and child health
8. Closing remarks

Opening Remarks:

- Elvis Ndansi opened the session on the theme "Building Sustainable Health Solutions for Cameroon: Capacity, Infrastructure and Innovation." He noted that maternal mortality remains high, preventable disease is still common and rural and conflict-affected communities lack basic care, while non-communicable diseases are rising. He framed the discussion around three needs: training and retaining health workers (including through the diaspora), reliable equipment and supply chains, and locally adapted innovation such as telemedicine and portable diagnostics.
- The Chair, Dr. Foma, asked diaspora professionals to ask what they can do for the country, and to do it in a way that builds local capacity and infrastructure rather than parachuting in. He introduced Heartbeat e.V. as a team whose work in Cameroon he had followed for two years.
- Dr. Samuel Ndinjiakat, Gladys Larissa Happi, Sidney Tazeh and Dr. Obadia Mfuh Kenji briefly welcomed the topic. Sidney Tazeh said: "I refuse to give up on Cameroon."

Presentation Points:

Presentation by Prof. Clarence Pingpoh: "Heartbeat e.V.: building sustainable cardiac surgery at Douala General Hospital"

1. Why cardiac surgery, and why now:

Prof. Pingpoh cited WHO figures that about 40 million people live with rheumatic heart valve disease and that 80% of those who die of it live in low and middle income countries. With a young population and a shift towards cardiovascular risk profiles, he said valve disease and other cardiac conditions are a growing need in Cameroon and across Central and West Africa.

2. A small team of key experts:

Heartbeat e.V. is a group of Cameroonian and other specialists working in Germany who give their own time, money and holidays. The core team is two cardiothoracic surgeons (Prof. Pingpoh and Dr. Thierry Siemeni of Jena), a chief perfusionist from Würzburg (Alexis Kana Kenfack), a cardiologist (Titus Sabi), a cardiac anaesthesiologist and, from the second mission, a medical engineer (Pierre Christian Takam). They limited the team to the experts the local service could not yet supply.

3. Two missions in 2025:

The team worked at Douala General Hospital in February 2025 and again at the end of September 2025, and described both as successful. Access came through Prof. Félicité Kamdem, head of cardiology, and the support of the hospital's

management. A symposium on the challenges of sustainable cardiac surgery in Cameroon was held during the first mission and in-hospital training during the second.

4. Preparation is most of the work:

Each one-week mission needs months of planning. Material is collected from the members' clinics, from the Edwards foundation and from friends in Germany and Switzerland, often at reduced cost, then carried in many bags. The team holds near-weekly Zoom meetings with the Douala team to screen patients, check equipment and complete administrative documents, and arrives the weekend before to review every patient and set the operating plan.

5. Knowledge transfer, not heroics:

Prof. Pingpoh said the aim is knowledge transfer to a fixed local team (an anaesthesiologist, a cardiologist and a surgeon), with the local surgeon starting procedures under supervision. Dr. Siemeni added that local anaesthesiologists placed the central and arterial lines from the first case, and that extra perfusionists were brought so local staff could run the heart-lung machine themselves.

6. Biomedical engineering as part of the service:

Mr. Takam checked defibrillators, heart-lung machines and other equipment before surgery, which Prof. Pingpoh said is not yet standard in Cameroon. Mr. Takam said the problem was not the equipment itself but the lack of continuous maintenance and follow-up, and noted a problem with the generator.

7. Adapting care to local conditions:

Practices from Europe or America cannot be transferred one to one. The team extubates patients in theatre before transfer to intensive care, and is careful to select patients whose long-term outcome can be supported by the care available locally. The team operates on adults only; patients are referred through the hospital's cardiologists.

8. Students, universities and a referral app:

The team invites Cameroonian students to accompany them, has published with one student, and is in contact with university deans about partnerships with German universities. To improve patient selection and link patients and diaspora specialists with hospitals, it is developing an app, Abela Connect, and invited town hall members to register.

Discussions and Q&A Session:

- **Dr. Samuel Ndinjiakat on what the Ministry of Public Health can do for missions.** Drawing on medical missions since 2011, he recommended shipping supplies in advance rather than carrying them, and said the town hall is working with the Ministry on a platform that would give approved diaspora teams an access card, customs facilitation and a Ministry representative on the ground. The documents were with the Minister and the process had paused during the election period. He stressed post-operative recovery and follow-up as the hardest part, from his experience with the separation of conjoined twins.
- **Elvis Ndansi on customs exoneration for donations.** He said regional health commissioners in the regional councils are influential: a supporting letter from the commissioner of the receiving region, sent to the Ministers of Health and Finance, can secure exoneration for a container of equipment or medicines. He added that the Ministry has discussed an access card with priority entry for diaspora professionals who hold another nationality, pending dual nationality.
- **Prof. Pingpoh's reply on shipping and planning.** He said the main obstacle to shipping ahead is that plans in Cameroon change at short notice. The team now leaves some stock on site between missions and completes it each time.
- **Dr. Erika, a paediatrician in Yaoundé: is the work limited to Douala, and how are patients prioritised between adults and children?** Prof. Pingpoh said cardiac surgery needs a suitable technical platform and cannot be offered in every region; the team works where a partner is willing, currently Douala General Hospital, and would work in Yaoundé or elsewhere on the same terms. The team does adult cardiac surgery only. Patients are referred by the hospital's cardiologists and selected for long-term benefit, with some debate in the team about taking on high-risk cases who have no other option.
- **A radiology resident at Emory University, Atlanta: how did the team find a gatekeeper, given that a RAD-AID memorandum of understanding in Douala was still unsigned?** Dr. Siemeni said it took years of messages, visits and missed appointments before a department head answered; the team then prepared a project plan and he presented it to the hospital board in September 2024. Elvis Ndansi said the town hall has allies at Yaoundé General Hospital, Laquintinie Hospital and Douala General Hospital and can arrange such introductions by phone or Zoom.
- **Gladys Larissa Happi: were there problems with power?** Mr. Takam (in French) said the challenge was not the equipment but continuous maintenance and follow-up, and that there was a problem with the generator. Dr. Foma, who worked at Douala General Hospital, described it as one of the best managed hospitals in Cameroon

and said hospital heads he met recently, including at his alma mater's faculty of medicine, were open to diaspora collaboration once the person is verified. He mentioned a new palliative care unit at the faculty of medicine that is seeking diaspora help.

- **A participant (by chat): can diaspora cardiac surgeons coordinate their missions, for example with Prof. Charles Mve Mvondo?** Prof. Pingpoh said they are in close contact with him; he is president of the first Cameroonian association of cardiothoracic surgeons, created in 2025, of which the team are members. The team avoids the word mission, because its aim is that the Douala team can operate without them, and it believes concentrating efforts will have more impact than many small programmes.
- **Dr. Foma on biomedical engineering and allied training.** He said that when he worked in clinical pathology in Cameroon about 90% of laboratory machines were not working, and that MRI machines at major hospitals had stopped working. Cameroon trains doctors but not enough of the engineers, perfusionists and anaesthesia staff who keep them working.
- **Sidney Tazeh on sustainability and public institutions.** He said his private centre, CLEAR Radiology, moves much faster than work through public institutions, but public hospitals have the greatest reach, so he proposed public-private partnerships. Diaspora groups must do the heavy lifting themselves: he once flew to France for a CT scanner part, and his scanners run at about 98% uptime because he supervises daily, keeps strict written procedures and works with a Ghanaian teleradiology partner. He advised against being too disruptive and adapting to local expectations.
- **Elvis Ndansi on incentives for trained staff.** He said staff trained in new procedures are paid on fixed public salary scales; unless hospital management rewards the extra work, they will not use the skill or will take it to private practice. Programmes like Heartbeat's should agree incentives with the hospital as part of the training.

Call to Action and Closing:

- Elvis Ndansi showed a short Unite for Health Foundation video on a community maternal and child health programme in the North West region that links economic activity, schooling and antenatal care.
- Dr. Foma said the Association of Cameroonian Physicians in the Americas (ACPA) hopes to partner with Heartbeat e.V. on an outreach in 2027.
- Prof. Pingpoh thanked the town hall and said the team is willing to work with any hospital that has the technical platform, including Yaoundé General Hospital and Laquintinie. His closing message was that primary care, early prevention and

diagnosis, including of rheumatic heart disease, matter as much as high-end surgery. Dr. Siemeni and Mr. Takam thanked the town hall for the connections it offers.

- Elvis Ndansi closed by saying Cameroon does not lack skilled people but connection and coordination, which the town hall exists to provide.

Next Meeting

Next month (date not announced in the session).

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