# Policy Briefing:

## Diaspora-Led Cancer Screening and Education in Buea: Building a Model for Cameroon

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**Overview:**

This policy briefing synthesizes key insights from the 129th session of the Cameroon Town Hall for Healthcare Professionals, held on March 14, 2026, on the ACPA 2026 Cancer Screening and Advanced Cancer Education Program in Buea (March 24 to 27, 2026), presented by ACPA President Dr. Luegenia Ndi and Medical Missions Chair Dr. Munoh Kenne Foma.

**Context:**

Breast, cervical, prostate and colorectal cancers are often diagnosed late in Cameroon. The country has no national cancer screening guideline, colonoscopy was not available in the South West, and referral pathways are fragmented. ACPA, with the Buea Regional Hospital, the University of Buea and CLEAR Radiology, planned free or subsidised screening alongside CME teaching and tumour boards.

**Key Issues:**

1. **No national screening policy:** Screening happens only through campaigns, so most cancers present late.
2. **Cost barriers:** A mammogram costs about 17,500 FCFA, and even a 3,000 FCFA fee can deter people.
3. **Fragmented care:** Patients diagnosed do not know where to go, specialties work in silos, and regional tumour boards do not exist.
4. **Continuity after campaigns:** Campaigns can be overwhelmed and stop when funding or managers change.
5. **Low HPV vaccine uptake:** The vaccine is free, but rumours about sterility limit uptake.

**Discussion Highlights:**

- The programme was built into the regional hospital so that screening and follow-up continue after the mission.
- Clear communication on what is free and what is not was seen as essential to trust.

- The National Cancer Control Committee planned to use the event to launch regional tumour boards and test low cost colorectal screening.
- Local data from local equipment were seen as necessary for any future AI tools.
- HPV vaccination should be promoted as cancer prevention.

**Recommendations:**

- **Adopt national screening guidance:** MINSANTE and the National Cancer Control Committee should issue national guidance for breast, cervical, colorectal and prostate screening adapted to available resources, using the Buea results. First step: a review of the Buea data with ACPA and the University of Buea.
- **Launch regional multidisciplinary tumour boards:** Regional delegations and regional hospitals, starting in the South West, should set up tumour boards linking pathology, radiology, surgery and oncology, with diaspora specialists joining online. First step: a standing monthly board at the Buea Regional Hospital.
- **Formalise referral and counter-referral:** Hospitals and regional delegations should define pathways from screening sites to diagnostic and treatment centres (Douala, Mbingo, Yaoundé) and back, so patients are followed near home. First step: a written pathway for screen-positive patients from the Buea campaign.
- **Remove small fees and communicate clearly:** Organisers of public campaigns should waive registration fees where possible and state costs plainly on all materials. First step: one community flyer per campaign listing every charge.
- **Strengthen HPV vaccination:** The Expanded Programme on Immunization, schools and community health workers should frame HPV vaccination as cancer prevention for girls and boys aged 9 to 11 and counter sterility rumours. First step: joint messaging with faith and community leaders.
- **Turn missions into partnerships:** ACPA, the University of Buea and the Ministry's diaspora platform should sign memorandums of understanding for recurring missions, CME and joint research, and build a cancer registry from campaign data. First step: an MOU between ACPA and the University of Buea.

**Next Steps:** Screening and teaching were to run from March 24 to 27, 2026, with a working session requested by the National Cancer Control Committee and feedback afterwards. ACPA planned to report on the mission at its April 24 to 26 conference in Atlanta. Elvis Ndansi's $5,000 donation was earmarked for screening.

**Conclusion:** The session presented a diaspora mission designed to leave something behind: screening embedded in a public hospital, trained local staff and the first steps toward regional tumour boards. Participants agreed that clear communication, follow-up and national screening policy will decide its lasting value.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of March 14, 2026. Recording: https://www.youtube.com/watch?v=j7BLcdVfMSc