Cameroon Townhall for Healthcare Professionals

Meeting Minutes, August 12, 2023

Host: Cameroon Townhall for Healthcare Professionals

Date: August 12, 2023

Session: No. 81

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi, Dr. Bryan Tegomoh, Dr. Katte Jean-Claude

Guest Speakers: Dr. Samuel Ndinjiakat, DHA, MSPAS, PA-C, MSCPM, RCIS; rapporteur of the MINSANTE diaspora working group, Founder, Faith Gardens Medical Foundation International (Dallas, Texas) and Grace Gardens Hospital Ndop, North West Region; Prof. Theodore Ngatchu, MD, FRCP, consultant gastroenterologist and hepatologist; working group member for the United Kingdom, Premier Health Centres Cameroon (Douala); Birmingham, United Kingdom; Gladys Larissa Happi, FNP-BC, MSN, RN; working group member, President, Cameroon American Nurses Association (CAMNA-USA); family nurse practitioner, Maryland; Dr. Munoh Kenne Foma, MD; Chair of the Cameroon Town Hall and working group member for North America, Cameroon Town Hall for Healthcare Professionals

Distinguished Guests: Dr. Edwin Aroke, PhD, CRNA, Association of Cameroonian Nurse Anesthetists in America, University of Alabama at Birmingham, Sidney Tazeh, MSc, DABR, founder of CLEAR Radiology Buea, Prof. Charles Shey Wiysonge, described as a mentor of the town hall, Dr. Clarence Pingpoh, cardiothoracic surgeon, A volunteer with the Patcha Foundation for 10 years, A participant working on sickle cell disease in Cameroon, A participant who proposed the logic model in the chat

Title: Update on Cooperation Between the Ministry of Public Health and Cameroonian Diaspora Healthcare Professionals

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Agenda Items:

1. Welcome and opening remarks by the moderators, Elvis Ndansi, Dr. Bryan Tegomoh and Dr. Katte Jean-Claude
2. Remarks by the Chair, Dr. Munoh Kenne Foma
3. Introduction of the diaspora members of the MINSANTE working group
4. Presentation by Dr. Munoh Kenne Foma on the goals of the working group

5. Report by Dr. Samuel Ndinjiakat on the first meeting (July 27) and the planned diaspora platform
6. Discussion and Q&A, moderated by Dr. Bryan Tegomoh
7. Closing remarks by the moderators and working group members, and next meeting

Opening Remarks:

- Elvis Ndansi opened the session as a special edition to hear from the diaspora members appointed to the working group created by the Minister of Public Health to develop cooperation with the Cameroonian diaspora in health. He said the town hall now brought together more than 2,100 people from different countries.
- Dr. Tegomoh said the diaspora holds a great deal of talent in medicine, public health and laboratory science, and that the Ministry's initiative could help remove barriers diaspora professionals have long faced and serve as a model for other African countries.
- Dr. Katte said things had moved quickly over the previous two or three weeks. Elvis Ndansi noted that the Ministry of External Relations was represented in the working group, which answered questions raised when the Minister was a guest of the town hall about visas for Cameroonians who hold another nationality.
- Elvis Ndansi described the shift from 'brain drain' to 'brain train'. The Chair added that collaboration must run both ways, with those at home also learning from and teaching the diaspora, and that diaspora professionals should not meet resistance when they try to help.
- Elvis Ndansi explained that the working group was set up through a formal text of creation, drafted by the Ministry, reviewed by the Prime Minister's office and validated by the Ministry of Public Health. Members serve a two year term.

Presentation Points:

Presentation by Dr. Samuel Ndinjiakat: "The MINSANTE Diaspora Working Group: Goals, First Meeting and the Diaspora Platform"

1. Membership of the working group:

The Chair said all the directorates of the Ministry of Public Health were represented, along with the Ministry of External Relations, and that the Prime Minister's office took part in creating the text. The diaspora members named were Dr. Samuel Ndinjiakat (rapporteur), Gladys Larissa Happi, Prof. Theodore Ngatchu (United Kingdom) and the Chair himself for North America. The Minister created the group before

representatives from France and Germany were named, and the members had asked that seats remain open for them.

2. Goals set in the text of creation:

The goals presented were to define the areas where the diaspora can intervene in health, set up a mechanism for professional integration of diaspora health workers into Cameroon's health system, and promote diaspora initiatives across the national territory. The text also covers recognition and follow up of high impact diaspora initiatives, coordination and monitoring of diaspora activities, annual activity programmes, multi year and operational plans, and giving opinions on matters the Ministry submits to the group.

3. Using Cameroonian specialists abroad:

The Chair said Cameroon has very few cardiothoracic surgeons, while several Cameroonians trained at home now practise this specialty abroad. He asked that they receive the same facilitation the country gives to foreign teams, so that their work can be sustainable.

4. Report of the first meeting:

Dr. Ndinjiakat reported that the first meeting was held on July 27 and produced recommendations, including identifying other diaspora groups already active in Cameroon so that resources can be pooled. A workshop on the planned platform was scheduled for August 23 to 25. He gave an example of the network at work: a doctor in Cameroon caring for a hepatitis B positive pregnant woman with twins sent him a question, and the Chair returned treatment guidelines the same day.

5. The Diaspora Santé Cameroun platform:

The platform (diasporaminsante.cm, not yet functional) was presented as a way to capitalise on Cameroonian health human resources abroad. It would include enrolment of diaspora health professionals, a membership directory, two way publication of projects and research to avoid duplication, and a chat function. Registered members would be connected with local authorities, such as the city council or the governor, before arriving in a region.

6. Vetting and the diaspora card:

Members would register with personal and professional details and be vetted, for example by contacting the Cameroonian medical association in the country where they practise. They would then receive an electronic card (the 'carte santé') with a barcode. Benefits under discussion included facilitation with district, divisional and regional authorities, prior authorisation for customs free import of donated equipment, and meetings with the Minister or Secretary General for large projects.

Elvis Ndansi said the long term aim, through the Ministry of External Relations, was for the card to ease visa requirements for Cameroonians with another nationality, but that this had not yet been achieved.

7. Attitude of diaspora professionals:

Dr. Ndinjiakat closed with a slide on humility: instead of criticising, listen; instead of complaining, make a suggestion; instead of looking for a culprit, find a solution. Elvis Ndansi said this mindset is how the town hall structures its presentations: what the standard is, what is happening at home, and how things can be done better.

Discussions and Q&A Session:

- **Dr. Edwin Aroke: what counts as a viable project, how will projects be vetted, and can the town hall encourage people to work through associations rather than as individuals?** Dr. Ndinjiakat said projects should end with a report, as his foundation does through the district medical officer, who reports to the regional delegate and then to Yaoundé, and that the working group is an advisory body that will help vet projects. The Chair encouraged action through associations and asked for a post project report so impact can be monitored. He said the Ministry still has to define its priority areas, giving examples such as cardiac surgery (the Shisong cardiac centre has been affected by the crisis), radiation oncology and cancer training.
- **A volunteer with the Patcha Foundation: who will screen projects, how will projects be spread across all regions, and will the Ministry help fund follow up care after missions?** The Chair said partnering with government is how projects become sustainable, and that projects done without involving the community can cause harm, citing wells built in the Far North that local women later destroyed. He warned against screening programmes without treatment capacity: he said hormone receptor testing for breast cancer is done almost only at Centre Pasteur and that many women receive treatment they may not need. He also said Cameroon needs specialised nurses, physiotherapists and laboratory specialists, not only doctors. Dr. Tegomoh noted that portable sequencing and point of care diagnostics could help widen testing in local hospitals.
- **A participant: what has been learnt from earlier diaspora platforms, and what will the government do to attract diaspora professionals to return and work in Cameroon?** Elvis Ndansi said no project is too small and the town hall will relay government priorities as expressions of need, but salaries are managed by the Ministry of Public Service, not the Ministry of Health. Dr. Ndinjiakat said the first meeting recommended mapping existing diaspora groups. The Chair said this is the first diaspora group coordinated by the Ministry, that monitoring and evaluation

of earlier efforts is lacking, and that government cannot be the sole employer, so the platform should advocate for an environment for private investment.

- **Dr. Katte Jean-Claude: was registration of diaspora doctors with the Cameroon National Medical Council discussed, and will nursing, laboratory, pharmacy and other councils be involved?** Dr. Ndinjiakat said this was not discussed at the first meeting but would be noted. Prof. Ngatchu said the Medical Council does not formally register diaspora doctors, but its Secretary General, a member of the group, pointed out that temporary registration is possible for specific activities, and that registering on the platform should make it easier to obtain.
- **Dr. Edwin Aroke (in the chat and later on the call): what short and long term goals will measure success?** Dr. Ndinjiakat suggested that individuals start by joining missions and town hall work before launching larger projects. Dr. Aroke proposed concrete shared targets with the Ministry, for example a share of diaspora visitors received by ministry leadership, or a share of visa requests granted by the end of 2024, so that commitments survive a change of minister.
- **A participant working on sickle cell disease: can the diaspora help assess the feasibility of projects brought to Cameroon?** The Chair cited a planned bone marrow transplant project for sickle cell patients designed abroad without a plan for post transplant care, and said diaspora and local experts can help vet projects that are not sustainable. Dr. Tegomoh linked this to the logic model suggested in the chat.
- **A participant working with Centre Pasteur on a malaria project: can the town hall link diaspora researchers with students in Cameroon, and help prepare local teams to accept diaspora professionals?** The participant said diaspora professionals can face resistance from local staff and that awareness work is needed. Dr. Tegomoh said capacity building and linking students with researchers has been part of the town hall's work and offered to connect after the session.
- **A participant in the chat: will health professionals based in Cameroon be included in the platform?** Prof. Ngatchu said this was an important point, since the platform should match diaspora skills with what people in Cameroon need and not only what the government needs, and he would take it to the next meeting.

Call to Action and Closing:

- Sidney Tazeh said the working group is a product of the town hall, which also connects people with each other, and offered to guide anyone trying to set up a project in Cameroon.
- Dr. Katte said he hoped the working group would not become 'just another committee'.

- Elvis Ndansi thanked participants and said about 700 of the 2,100 recipients had opened the town hall's email on the working group within three hours.
- Gladys Larissa Happi said nursing groups are organised in every region and that she worked with nursing schools during the cholera outbreak in the South West Region. She stressed that members are not paid.
- Prof. Ngatchu said the political system is recognising the diaspora and urged members to take the opportunity. Dr. Ndinjiakat asked for written recommendations sent through the town hall.
- The Chair said the group had advocated for two more seats for France and Germany and closed with a call to collaborate rather than complain. Prof. Charles Shey Wiysonge, recognised as a mentor of the town hall, encouraged everyone to suggest improvements.

Next Meeting

In a fortnight, on hepatitis B and C in Cameroon.

Recording: https://www.youtube.com/watch?v=VUPVJLYk9LY

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