A Cross-Sectional Survey of Emergency and Essential Surgical Care Capacity in Cameroon

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Background

• The global burden of surgical disease is increasing, disproportionately affecting low- and middle-income countries (LMICs).
• An estimated 11% of the global burden of disease requires surgical treatment.
• In sub-Saharan Africa, the burden of surgical disease is characterized by emergency and essential procedures requiring immediate attention.
• Realizing universal coverage of essential surgery in LMICs could avert an estimated 1.5 million deaths per year.

Objectives

• To assess the capacity of hospitals in Cameroon to deliver emergency and essential surgical care (EESC).
• To inform evidence-based decision making for appropriate allocation and provision of resources for EESC.

Methods

• WHO Tool for Situational Analysis to Assess Emergency and Essential Surgical Care
• Examined four domains: 1. Infrastructure 2. Human Resources 3. Interventions/Procedures 4. Equipment and Supplies
• 12 hospitals surveyed: 7 district level, 2 provincial, 2 general, 1 missionary hospital

Results

Infrastructure

• Largest gaps in availability of oxygen concentrator supply, on-site blood bank, and pain relief management guidelines.
• District hospitals were least likely to have EESC infrastructure available.

Human Resources

• Combined total of 6 surgeons, 7 obstetricians/gynecologists, and no anesthesiologists across district, provincial, and missionary hospitals.

Equipment and Supplies

• All hospitals had access to 9 of 67 pieces of equipment/supplies.
• No hospital had a cricothyroidotomy set.
• General and missionary hospitals demonstrated greatest availability of equipment and supplies for resuscitation.

Table 1. Human resources available for emergency and essential surgery per million population

- Severe gaps exist in EESC infrastructure, equipment, supplies, and skilled human resources to cope with the increasing surgical burden of disease and injury in Cameroon.

Policy Implications & Future Research

- There has been considerable political will and stakeholder interest in improving the EESC capacity of health facilities.
- This baseline data is a starting point from which to make informed policy and investment decisions for adequate EESC delivery.
- There is continued need for comprehensive, rigorous assessment of EESC capacity as a mechanism of identifying where resources and investment will prove most valuable.
- Future longitudinal follow-up assessments will reveal which and how investments result in the greatest improvement in Cameroon’s hospital-based resources for delivery of surgical care.