

LAPAROSCOPIC SURGERY IN CAMEROON:  
PROPOSAL FOR THE SETTING OF A  
LAPAROSCOPIC SURGERY SERVICE AT THE  
GAROUA PROVINCIAL HOSPITAL

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WHO/GFMER/IAMANEH

Training in Reproductive Health Research

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# BACKGROUND

- Laparoscopy has shown advantages on open surgery: less trauma, faster recovery, shorter hospital stay...
- In developed countries: rapid evolution, 70-80% of gynecologic surgery through LS
- In developing under-resourced settings: Restricted availability and access to equipment, absence of trained practitioners
- In Africa: Insufficient involvement

- In Cameroon:

- Indicators of QOC and economics are not satisfying (UNFPA,2003). Challenges and encouraging development
- Diagnostic laparoscopy: since the years 1980 in YUHC
- Laparoscopic surgery (LS): since 1992 in YGH
- Minor and major procedures are performed nowadays in two referral hospitals (DGH, YGH)

# Disparities in LS practice

There are some consistent disparities in the LS practice in Cameroon due to:

- Poor population coverage
- Poor health referral system
- Hierarchisation of health care level limiting access
- Absence of a known policy of laparoscopy implementation
- Unavailable equipment access and insufficient trained skilled practitioners

- Question: can LS be implemented at a secondary health care level in Cameroon?
- We developed a proposal for the setting of a laparoscopic surgery service at the provincial level with the aim to implement this approach at a pilot centre in the Garoua provincial hospital before any extension to other region of the country

# OBJECTIVES

- General
  - Settle a LS service in GPH through a collaboration project with GFMER. Expecting to extend the LS practice in other provincial hospitals in the country
- Specific
  - Evaluate current status of LS at different levels of care
  - Evaluate the real status of LS practice (material, equipment)
  - Develop an assessment tool at the GPH
  - Develop a training centre at the YUHC

# CURRENT GYNECOLOGIC LS PRACTICE AT DIFFERENT LEVELS OF CARE IN CAMEROON

- Pyramidal health care system:
  - Primary or operational health care level: 256 DH, no LS practice
  - Secondary or technical support health care level: 10 PH with YCH, DLH; no LS practice
  - Tertiary or strategic level: LS effective in the 2/5 referral hospitals (YGH and DGH); diagnostic laparoscopy in YUHC. No available data

## EXISTING MATERIAL, TRAINED PRACTITIONERS AND TRAINING

Hospital	Professor	Gynecologists	Technicians	LS sets
HGY	1	4	2	2 complete
HGD	0	2	1	1 complete
CHUY	1*	1*	0	1 incomplete
HGOPY	1	1	1	0
HCY	1*	1	0	0



# TRAINING PROGRAMS

- Traditional: For residents in Ob/Gyn during their graduation at the FMBS/UYI
- Regional organized training session by CHRR at YGH in collaboration with the Clermont Ferrand team with a two years course of 2 to 3 weeks duration per year for gynecologists and residents.  
Cost: 500ch/participant

# WHY THE GAROUA PROVINCIAL HOSPITAL

- Geographic situation and accessibility
  - Distant from referral centre, transport roads, facilities between northern PH.
- Population coverage of the whole northern part of Cameroon (40% total population)
- Facilities (existing equipment, lab, communication...)

# ACTION PLAN FOR THE SETTING OF A LS SERVICE AT THE GAROUA PROVINCIAL HOSPITAL

- Partners:
  - MPH, GPH, YUHC, GFMER (and industry?), discuss contribution of the CHRR in the training
- Needs assessment (GPH&YUHC):
  - A framework for needs assessment of the LS is already built

- Training of practitioners:
  - Develop YUHC training centre and organize concomitantly training for the YUHC and GPH staffs
  - Training by GFMER and some qualified local experts during the traditional Yaoundé six weeks annual Reproductive Health course

# ADVANTAGES AND ANTICIPATED DIFFICULTIES

- Advantages:

- The already existing and developed partnership between FMBS and GFMER (RH course Yaoundé 2004)
- Existing local experts in the field of laparoscopy
- Existing facilities (electricity, theatre, CO2, etc...)
- Possibility to train surgeon to use the same laps
- To train local residents at much more affordable cost

- **Anticipated difficulties**

- Need of politic involvement of the MPH in this project
- Financial involvement of local protagonists in the project
- Funding for setting and follow up

# BUDGET

- To be built by different partners:
  - Training cost
  - Equipment cost
  - Evaluation cost
  - Miscellaneous needs
- The contribution of each partner in the development of the project will be defined

# TIME FRAME (proposal)

Action to carry out	Protagonists	Time frame
Complete proposal	YUHC, GPH, GFMER	31/06/05
Advocacy	Coordinators of the project Cameroon, GFMER, donors, industry	Going on
Building of a collaboration protocole	GFMER, YUHC, GPH, MOH	31/07/2005
Equipment of YUHC and GPH	GFMER, YUHC, GPH	31/11/2005
Training YUHC Training GPH partners	YUHC, GFMER YUHC, GFMER, GPH	December 2005
Functioning programme Evaluation	GFMER, YUHC, GPH, MOH idem	01/03/2006 01/07/2006



# SPECIAL THANKS

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- Class maids and colleagues
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