



“One Day Test and Treat”: Pilot project to define a package of essential gynecological cares integrated in a rural hospital. Akonolinga Cameroon

Context:

The importance of women's health.

Mortality related to gynecological and obstetric pathologies is a major issue in Sub-Saharan Africa. For a long time WHO, Ministries of Health and international NGOs' priorities have been mainly on pregnancy-related issues. However over the past ten years pregnancy-related mortality has declined sharply and cervical cancer has emerged as a major cause of death. WHO estimates that approximately 270 000 women died from cervical cancer in 2012; more than 85% occurred in low- and middle-income countries.

Other pathologies such as Female Genital Schistosomiasis are very common but still poorly studied.

Due to insufficient access to health care, more than 90% of deaths due to gynecological origin occur in the rural areas from low-income countries.

In recent years there has been an increase in gynecological activities in Sub-Saharan Africa (sexual violence cares, vesico-vaginal fistula, cervical cancer, ...) but these activities developed mainly in vertical programs are not widely available in the rural areas where the majority of women in need live.



Regarding Cameroon the latest statistics published data (July 2017) are the estimations of 2012. These statistics report 1'993 new cervical cancer and 1'120 of death per year. The crude incidence rate of cervical cancer in Cameroon is 19.4 cervical cancers per 100'000 women per year compared to 17.2 for Africa and 15.1 for the world.

Cervical cancer ranks as the 2nd leading cause of female cancer deaths in Cameroon after breast cancer. All these statistics could even underestimate the true cervical cancer incidence as Cameroon reporting system is known to present some weakness.

A request from patients and caregivers.

There is an effective demand from patients as gynecological pathologies are responsible for a significant mortality or morbidity and impairing the quality of life. Beyond physical troubles, psychic consequences such as incontinence, chronic pain or infertility should not be underestimated. These pathologies are responsible for rejection from the family and stigma from the community.

Access to gynecological cares by allowing a better management of menstruation reduces school absenteeism, improves access to contraception and therefore prevents of unwanted pregnancies, allow prevention and cure of vesico-vaginal fistula, allow prevention and treatment of sexually transmitted infections and its consequences (including hepatitis B and HIV).

Caregivers often do not have the necessary skills or equipment (gynecological examination table, speculum, colposcope, etc.) to manage gynecological problems.

Women's health is a priority in Cameroon

In Cameroon, the Ministry of Health has shown its willingness to improve access to sexual and reproductive health in several documents.

To respond to these needs, we propose to define a package of simple and effective gynecological cares that could be integrated in the health district activities..

The health district of Akonolinga.

The health district of Akonolinga has an estimated population of 96'208 inhabitants including 21'200 in the city of Akonolinga. There are 12 health areas with 25 health centers.

With three doctors and 50 beds Akonolinga district hospital offers classical services, in particular an HIV treatment unit (UPEC), a surgical unit, a maternity unit and a laboratory. The hospital receives approximately 40 outpatient visits per day.

In Akonolinga City apart from the hospital there are 5 others health centres (2 public, 3 privates).

Project description

The 2 goals of this project are:

- To detect and treat the main causes of morbidity and mortality related to gynecological pathologies in the city of Akonolinga thanks to the establishment a "One Day Test and Treat" strategy after 18 months of activity.
- After 18 months of experience, define an essential package of simple and effective gynecological cares that can be integrated into existing health structures (district hospitals and health centers).

To achieve the first goal, the following specific objectives are defined:

- SO 1.1: Organize a functional gynecological consultation room with trained staff
- SO 1.2: Ensure a strategy "One day test and treat" in order to diagnose and start a treatment on the same day



- SO 1.3: Raise awareness about the importance of gynecological cares
- SO 1.4: Establish a good management of the main gynecological pathologies
- SO 1.5: Describe the distribution of the main gynecological pathologies in the patient asking for care in Akonolinga district hospital.

To achieve the second goal, the following specific objectives are defined:

- SO 2.1: Define the protocols of management regarding the main gynecological pathologies
- SO 2.2: Define the list of essential medicines, medical equipment and diagnostic tests necessary for the management of the main gynecological pathologies
- SO 2.3: Define a list of referral locations for pathologies that cannot be managed at the district level
- SO 2.4: Propose an acceptable cost of care

Partnership

This project is based on the link between the University Hospitals of Geneva (HUG) and the public district hospital of Akonolinga.

ASCRES is the project leader. CIRES is the main Cameroonian partner in charge of the project management and its implementation.

Doctors and nurses created ASCRES after a long collaboration in the frame of Médecins Sans Frontières (MSF) Switzerland's Buruli ulcer control program in Akonolinga. This collaboration involved MSF, Akonolinga district hospital and HUG, which has supported Buruli project from 2002 to 2014. When MSF decided to close the program, it has been decided to create ASCRES in order to pursue the fruitful collaboration and maintain the activities in Akonolinga by extending cooperation between Switzerland and Cameroon.

CIRES is an association under Cameroonian law created by the former Cameroonian staff of MSF in Akonolinga. CIRES works in close collaboration with ASCRES to facilitate the activities implementation and the dialogue with local actors (Ministry of Health, hospital, health district).

At the international level, a collaboration between ASCRES and the "Consortium Female Genital Schistosomiasis" is already established.

Timeframe

january 2018 – June 2019

Contacts

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