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# Activity report

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**Improving management  
of age- and time-related  
complications in HIV  
patients in Cameroon**

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*ESTHER Starter grant*

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## Contact coordinates of the partners

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## List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and prevention - USA
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
HIV	Human Immunodeficiency Virus
KAP	Knowledge Attitude Practice
NACC	National AIDS Control Committee - Cameroon
PLWHIV	People living with HIV
PSA	Psycho-Social Assistants
YGH	Yaoundé General Hospital



## 1. Introduction

Within the framework of an ESTHER starter grant, networking activities are being conducted to build a partnership between Yaoundé General Hospital (Cameroon) and Jura Bernois Hospital (Switzerland). The aim is to share clinical experience and set up clinical pathways to improve efficiency of the available resources for the care of HIV infected elders.

In fact, Ageing is recognized as a major challenge in the management of HIV patients. Time- and age-related issues are well documented in high income settings, and more and more in low income countries where we have the majority of people living with HIV (PLWHIV). The model of integrated HIV care has been shown to improve the health outcomes of patients (through screening and early care).

The goal of this proposed long-lasting collaboration is to build a multidisciplinary network to improve management of age- and time-related complications of HIV infected patients in Cameroon. This partnership will also be dedicated to the finding of funding mechanisms to support the upcoming work. Knowledge transfer, advocacy and improvement of the infrastructures for the optimal management of elderly HIV infected patients will be key elements of this partnership.

The first activity consisted of a multidisciplinary workshop in Yaoundé, between Cameroonian and Swiss experts. The present document reports the methodology, the course of activities, and the analysis of the situation of HIV among the elderly in Cameroon. It ends by perspectives of the partnership and paves the way for the next step.

## 2. Methodology

The workshop has been mainly a brainstorming and networking one for future activities. It has been conducted within 3 consecutive days (agenda attached) and had two main parts: 1- Multidisciplinary meeting on "HIV and ageing in Cameroon" and 2- Brainstorming for a partnership between Yaoundé General Hospital and Jura Bernois Hospital.

**Project team and moderators :** 2 co-organisers (Dr Alain Kenfak and Dr Victor Sini), 2 facilitators from Switzerland (Prof Matthias Cavassini, infectious diseases specialist at Lausanne University Hospital and Dr James Tataw, nephrologist at Jura Bernois Hospital) and 6 local experts involved (Dr Kelly Kenfack - general practitioner, Dr Anncommy Ekorthar - clinical psychologist, Dr Haoua Tebere - radiologist, Mrs Reine Bouyap - neuro-psychologist, Dr Moulion Tapouh - medical



association leader and Dr Bediang George - specialist in medical informatics), all interested in clinical research or public health.

**Health authorities involvement.** Were present during this workshop; representatives from the national AIDS Control Committee, the ministry of health, the division of health research, the directorate of diseases control and several researchers.

### 3. Activities

#### 3.1. Multidisciplinary meeting (detailed report attached - in French)

##### 3.1.1. Plenary sessions.

Presentations about: **1- Basics of Ageing in HIV** (Prof Cavassini, Lausanne University Hospital), **2- HIV epidemiology in Cameroon** (Dr Ngo Nemb, National AIDS control committee), **3- Rights to care and HIV in Cameroon** (Dr Bitouga, anthropologist at ministry of public health), **4- HIV management at the Yaoundé General Hospital** (Dr Sini Victor, head of the HIV clinic) and **5- Improving quality of care to HIV elders** (Dr Alain Kenfak, Jura Bernois Hospital).

##### 3.1.2. Interactive thematic sessions.

Participants were distributed among 4 thematic groups. Group 1: HIV complications. Thematic sessions allowed for detailed discussions about some issues. A brainstorming methodological guideline was prepared for the moderators to collect participants ideas (attached - in French).

##### 3.1.3. Recommendations.

Immediate actions: writing a chapter on the elderly population in the upcoming version of the national HIV guidelines and harmonize ongoing research activities. Other recommendations are listed in the detailed report (attached) and will be transmitted to the identified recipients.

#### 3.2. Brainstorming for a partnership between YGH and HJB (report attached)

##### 3.2.1. Working visit at Yaoundé General Hospital

One of the main goal of this workshop was to build a partnership between YGH and Swiss institutions. During this day, Dr Kenfak and Prof Cavassini took part in activities conducted in the following units : inpatient, outpatient, antiretroviral drugs delivery, HIV screening sites, psychosocial support unit. Perspectives activities have been drawn to address some prioritized



topics: evaluation of patients' satisfaction and the wellbeing of psycho-social workers, the cornerstone in the pathway of patients)

### **3.2.2. Research session**

Lead by Prof Cavassini a brainstorm research session took place at the Yaoundé La Falaise Hotel. The aim was to identify some obstacles to local research and to identify some research priorities in the field of HIV and ageing. It involved workshop moderators and local researchers.

- M. Bitouga, medical anthropologist, division of research, ministry of public health
- Dr Moulion Tapouh, president of the Cameroon Medical Organization
- Dr Haoua Tébéré, radiologist, Yaoundé military hospital
- Dr Laura Ciaffi, ANRS research unit,
- Dr Bediang Georges, medical informatics specialist, University of Yaoundé 1
- Mme Bouyap Reine, Centre National de Réhabilitation des personnes handicapées.
- Dr Alain Kenfak, Jura Bernois Hospital
- Prof Matthias Cavassini, Lausanne University Hospital

### **3.2.3. Networking**

Since the upcoming partnership will benefit from network already available around Yaoundé General Hospital, onsite visits were conducted in some clinical and research units:

- HIV clinic, Yaoundé Central Hospital (Dr Charles Kouanfack),
- Geriatric service, Yaoundé Central Hospital (Dr Marie-Josiane Ntsama Ebode),
- ANRS research unit, Yaoundé Central Hospital (Dr Laura Ciaffi),
- Epidemiology and biostatistics unit, Yaoundé Central Hospital (Zéphirin Tsomo),
- Center for Research on Filariasis and other Tropical Diseases (Prof Joseph Kamgno)

### **3.2.4. Recommendations.**

The main obstacles to HIV research were explored and some activities suggested to overcome these obstacles include: 1) addressing ageing in HIV through a multi-disciplinary platform, with patient involvement and anthropological approach and 2) analysis of existing data and specific preliminary research studies on public health policies.



## 4. Synthetic analysis : HIV and ageing in Cameroon

### Current status of HIV and ageing in Cameroon

#### Definition

As for some other chronic diseases, effects of ageing have already been documented in HIV patients older than 50 years ("accelerated-ageing"), who are thus defined as "Elders".

#### Epidemiology

According to the National AIDS Control Committee (NACC), 530'000 people are living with HIV (PLWH) in Cameroon. Among the 280'000 who were receiving antiretroviral therapy in 2018, 20.3% were aged 50 years and above. Women accounted for the majority (63%) of those elders.

#### Clinical care

HIV prevention and management services are being implemented at all levels of the health system in Cameroon, including task delegation to community health workers. However, there is a lack of specific pathways for older patients, and among healthcare workers managing HIV patients, there is a lack of recognition of their specific needs.

#### Stigmatization

Stigmatization remains a problem for PLWH in general and for elder patients in particular. The status of "patriarch" (especially >65 years) reduces the threshold of screening leading to late diagnosis. Being an HIV positive elder in Cameroon appears as a shame. This is so because there is no specific pathway to address their specific problems, and also, elderly patients are no longer considered at risk of HIV infection. Few healthcare workers reported to have screened an old person for HIV within the last months. Newer HIV diagnosis refer to "perverse lifestyle".

#### Right and low access to care.

With the low social security system, costs of medical care are almost entirely supported by the patient and his family. Elders especially face difficulties to afford their cares, since in absence of extend pension scheme, they usually depend on their relative.



## **Beyond specificity to elder patients**

Upcoming free services (treatment, screening)

In Cameroon, HIV treatment is free since 2007 but cost of consultation, lab exams and even cost of medical files are still supported by the patient. The minister of health recently announced free HIV services as from January 2020. This will include HIV lab exams (screening tests, CD4, viral load), antiretroviral drugs, and treatment for opportunistic infections.

Health worker difficulties.

Cameroon has a healthcare workers' ratios below WHO standards. More than in other diseases, care to HIV patients represent a high workload with regular follow-up, adherence checking, seeking of patients, lost to follow-up... The national system has involved some workers defined as "Psycho-social assistant" who are involved in providing HIV testing and accompany PLWH within hospitals to receive their cares. They are not always well trained for their extremely various tasks and have limitless number of patients to take care of.

Data collection (and international institutions involvement)

Recording of HIV patients' information is standardized in a nationally available medical paper file. For statistical purposes, record books are available usually at the drugs delivery point and at HIV testing point to collect some indicators: number of tested patients, number of patients receiving treatment, lost to follow up... The national gathering of these data is split between the ministry of health and international partners funding HIV cares. At the Yaoundé General Hospital for example there are several data managers who separately record data.

Research activities

HIV infection is a somewhat studied field in Cameroon, with some clinical and rare operational research activities conducted. However, this remains largely depend on availability of fund and sometimes research (not conducted by experienced units) is of weak quality and does not always address patients' needs.



## 5. SWOT analysis of the planned partnership

Objective: build a partnership between Jura Bernois Hospital and Yaoundé General hospital, to establish a platform for the management of HIV among the elderly in Cameroon.

Strengths	Weakness
<ul style="list-style-type: none"> <li>• Long lasting experience of Yaoundé General Hospital in the management of PLWHIV</li> <li>• Effective institutional support at Yaoundé General Hospital</li> <li>• Persons involved in the partnership</li> <li>• Tertiary care hospital with network among other clinical and research institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Resources attribute to health research</li> <li>• Uncertainty of human resources since some health workers are paid by NGOs</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Involvement of Cameroon Health authorities</li> <li>• New partners for patients centered care</li> <li>• Ongoing activities between Yaoundé General Hospital and Swiss institution</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainable funding of HIV care</li> <li>• Priorities of the ministry of health</li> </ul>

### 5.1. Strengths

#### Long lasting experience of Yaoundé General Hospital in the management of PLWHIV.

Yaoundé General Hospital has a long experience in management of HIV patients, with 3'500 patients currently involved. The HIV unit was created in 2001 (18 years ago), with some patients been already followed since the late 1990s. Multidisciplinary teams are involved in patients care and face almost all the...

#### Effective institutional support at the Yaoundé General Hospital

Within the diverse contact with the director general of YGH (Prof Djientcheu) we found great attention and support. The hospital has thus endorsed the multidisciplinary meeting and co-signed participants' certificates. The medical director (Prof Nouedoui) an internal medicine specialist, attended the meeting and participated to the debate. The hospital directorate welcomed this specialized HIV platform which reinforces its position as a reference hospital.

#### Tertiary care hospital with network among other clinical and research institutions

As a tertiary care academic hospital, Yaoundé General Hospital provides a wide range of patients' care, which will facilitate the implementation of a multidisciplinary platform. This



hospital is one of the rare hospital to provide oncology, nephrology unit and upcoming cardiac invasive exploration and magnetic resonance imaging.

### **Persons involved in the partnership**

Persons involved in the partnership have known each other for several years. In fact Dr Alain Kenfak, now at Jura Bernois Hospital has worked for 2 years at Yaoundé General Hospital. Same as Dr James Tataw, internal medicine and nephrology specialist, actually working at JBH and who participated to the workshop.

## **5.2. Weakness**

### **Resources attribute to health research**

As for most of the health institution in Cameroon, there are no specific resources allowed for research. Even in this academic institution, there is no clear strategy for research. Most of research activities are conducted by (medical and nurse) students during their final year of studies. External funding is difficult to obtain due to the (human and material) resources needed to complete application files.

### **Uncertainty of human resource since some health workers paid by NGOs**

Several activities in the hospital including psychosocial support and data collection are conducted by short-tem employees, paid by NGOs and partners of the ministry of health. This additional workforce may not be always available leading to inability for the hospital to provide all the currents services.

## **5.3. Opportunities**

### **Involvement of Cameroon Health authorities**

Within the held workshop, discussions could be conducted with experts from the ministry of public health: the directorate of infectious diseases, the division of health research and of the National AIDS Control Committee which organize responses to AIDS epidemics in Cameroon. Advocacy on aging of the HIV population could be made and has been well received. Discussions have been conducted on the expectations of each of those partners and how to involve them in future steps of the platform.

### **New partners for patients centered care**

To provide a complete range of care to HIV elderly patients, discussions have been made to involve some specialties not already available at the Yaoundé General Hospital: Geriatrician (Dr Ntsama Ebode from the Yaoundé Central Hospital), neuro-psychologist (Mrs Bouyap from the



National Rehabilitation...), medical informatics (Dr Bediang from the university of Yaoundé I). This will permit to provide patient care centers at the Yaoundé General Hospital.

### **Ongoing activities**

Ongoing activities involving Yaoundé General Hospital and Jura Bernois hospital, provide regular contact between the 2 institution staff. Among other projects which could benefit from a multidisciplinary platform is a picture archiving and communication system (PACS) which has been implemented in the Yaoundé General Hospital, with participation and funding of Geneva University Hospital. PACS servers have already been installed. The nephrology units of the two hospitals are conducting a study.

## **5.4. Threats**

### **Sustainable funding of HIV care**

Cameroon has recently announced free of all HIV care. As for other African countries, most of the funding are provided by international initiative (especially the Global Fund). Cameroon has to apply regularly for its planned activities, and may not receive requested amount. Some of the care provided through support of specific agencies, may stop after a period of time. For example availability of "Psychosocial assistants" who are very helpful in patients pathway.

### **Priorities of the ministry of health**

Cameroon face many major public health issues and have to prioritize. HIV remain among the priorities, but not Elder health. Despite their increasing number, few programs or activities address them specifically.



## 6. Achievement of the pre-specified objectives

### 6.1. Awareness

Multidisciplinary platform for the management of age- and time-related complications of HIV infected patients in Yaoundé Cameroon. The workshop permitted to pay attention to this problematic. Network including members of other institutions were designed.

Dissemination of workshop summary and brainstorming propositions have been addressed to the National AIDS Control Committee, the HIV/AIDS division and research division at the ministry of health, and the Yaoundé General Hospital.

### 6.2. National guidelines

A chapter for the upcoming national guidelines on the management of HIV among the elderly is being written in collaboration with the NACC. Dr Makondi, Dr Ntsama Ebode, Dr Ngo Nemb Marinette and Dr Alain Kenfak. It proposes screening tools for common Geriatric syndromes and age-related complications, easily available in the Cameroonian context; as well as referral pathways.

### 6.3. Data collection

Several software are used to collect statistical data (EGPAF, CDC...). The Hospital is also working on the implementation of a patient file. Paper-based registries are available. A deep evaluation of the need, taking into account other existing and planned action is required before choice and implementation of a medical record system.

## 7. Conclusion and perspectives

This workshop has been a unique opportunity to put together different health system actors. It permitted direct discussion between healthcare workers, public health authorities, researchers and patients... centered on patient's needs.

The partnership between Yaoundé General Hospital and Jura Bernois Hospital, will benefit of the network of each institution. YGH is a referral hospital.

A multidisciplinary group to address HIV among Elders in Cameroon has being created involving the co-organizers and some participant of the workshop. It intends to collect existing data at Yaoundé General Hospital and conduct more comprehensive study to evaluate ageing among HIV patients, in order to integrate their needs among the existing continuum of care.



A couple of activities have been identified to be conducted in the upcoming months:

- Research proposal on HIV among elders, to be submitted to ESTHER Partnership Grant
- Evaluation of patients satisfactions and their adherence to ART at YGH
- Evaluation of wellbeing at workplace of psychosocial assistants in Yaoundé
- KAP study about HIV among religious leaders, a determinant of health in the community



*Multidisciplinary meeting*





*Interactive discussions*



*Thematic group sessions*



## 8. Annexes

### Annex 1

Workshop agenda

### Annex 2

Report of the multidisciplinary meeting (in French)

### Annex 3

Moderators booklet (in French)

### Annex 4

Meeting attendance sheet

### Annex 5:

Report of partnership brainstorming (in French)

