

Accessibility of Treatment in Cameroon for Malaria and Sickle Cell Disease

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Introduction

How does accessibility affect treatment for malaria and sickle cell disease in the hospital and village clinic spaces in Cameroon?

Hypothesis: Treatment for malaria is different between Yaoundé Central Hospital and the villages that the Association of Ways to a Better Life (ASCOVIME) aids, due to differences in accessibility, epidemiology, and affordability of treatment.

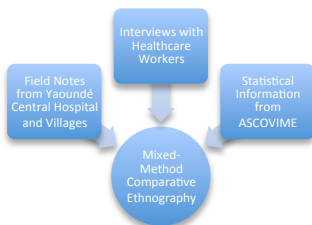


Methods

This study's methodology included 13 semi-structured interviews in French with health care workers and participant observation.

Also, data collected by ASCOVIME was analyzed in order to determine general numbers of patients and treatment options for malaria and sickle cell disease.

In order to recruit healthcare workers for interviews, the researcher approached them on the ASCOVIME trips to the villages.



Three pronged-methodological approach with input from the on the ground team

Results

Both Locations:

- A "garde malade" a guardian of the patient, is a family member and a vital partner in the healthcare of the patient, yet no formal healthcare training.
- Waiting for care: money, transport, and nurses
- Inadequate numbers of healthcare workers 2 doctors for 17 beds in hematology ward , 2 doctors for 35 beds in gastroenterology ward

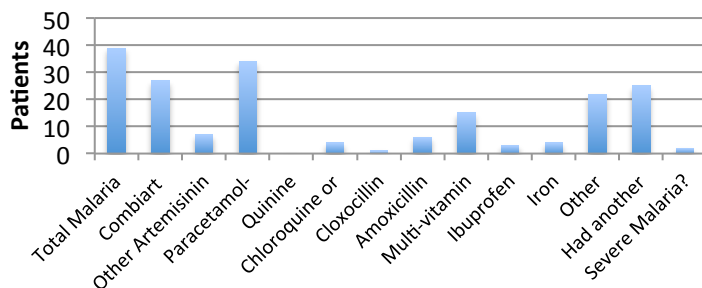
ASCOVIME:

- Large number of patients (300+ per day) allows less time with each patient.
- Medical school students in teams of two diagnose and prescribe, with physician in room for questions.
- Medications prescribed vary with what is in stock.
- ~1/3 patients seen were diagnosed with malaria, only ~1/1000 were diagnosed with sickle cell disease
- Sickle cell disease can sometimes be misdiagnosed as malaria because it is rare by comparison

Yaoundé Central Hospital:

- Cash-based treatment, including all supplies.
- Sickle cell patients in crises given anti-malarials in addition to often malaria carrying blood transfusions
- Sickle cell patients generally arrive to hospital in crises, so primary indication often severe, acute pain and anemia
- Only severe malaria patients in hospital, others generally go to pharmacy for anti-malarials

Treatments for Malaria in Southeast Cameroon



Conclusions

There are many factors which contribute to insufficient medication for these two diseases for patients in Cameroon: Further analysis of the relative importance of these factors could lead to an effective location specific plan of action.

Epidemiology:

- Healthcare workers in the hospital see only severe or complex malaria cases, whereas healthcare workers with ASCOVIME see more simple malaria cases in the villages.
- Indications for treatment are generally the same, except that sickle cell disease maybe misdiagnosed in the villages, due to large numbers of cases of malaria and volume of patients.

Affordability of Treatment:

- Treatment for these patients is dependent on what they can pay in the hospital, but rather on what has been donated for ASCOVIME.
- Patients may not be able to pay to get to the hospital, or to pay for adequate treatment once they arrive.

Accessibility:

- Healthcare workers think that patients have a negative outlook on going to the hospital, this may contribute to patients seeking other care.
- Doctors, nurses, and healthcare workers in both settings work together with the "garde malade" to compensate for inadequate funding, sometimes serving as insurance for patients who can not afford treatment.
- In the villages, the consulting doctor may be the first, or one of the first, physicians that a patient has ever seen, perhaps contributing to decreased
- Physicians use electrophoresis to confirm SCD diagnosis, a technology not found in the villages visited. Thus, diagnosis of sickle cell in the villages may be lacking.

Acknowledgements

Thank you Duke Dean's Summer Research Fellowship, Kenan Institute of Ethics, and the Duke Chapel Hall Award for making this project possible, to Dr. Charmaine Royal, Dr. Kearsley Stewart and l'Association pour une Vie Meilleure for your advice and feedback.