CHALLENGES OF HEALTHCARE DELIVERY IN CAMEROON

I-ORGANISATION OF HEALTH SERVICES

A-COLONIAL PERIOD

There were Urban hospitals for civil servants, colonial missionaries and plantation workers. Activities were curative and health care free.

B-Post – independence period (experimental period)

This was after 1960. more hospitals were opened, with urban dispensaries and basic health centers in rural areas. Beneficiaries increased with inclusion of native population. More resources (personel, equipment, drugs) were needed, this was a challenge to free care. Training schools for nurses opened at provincial level, with CUSS opened in 1969 for medical and paramedical training.

WHO experimented a zonal project (DASP) with introduction of health centers in different geographical zones to conduct curative and preventive activities (Antenatal consultation, vaccinations, drug sales in pro-pharmacies).

C-POST-ALMA-ATA PERIOD

In 1978 Alma –Ata conference was held and the primary health care declaration made which included community participation for socio-economic development. It had as goal “health for all by 2000”. Cameroon adopted this goal in 1982 and

- created health posts with village health workers
- trained traditional birth attendants

This approach was evaluated in 1986 and it was noted that:

- Many village health workers abandoned work because of no motivation
- Some were not recruited as nurses and so were discouraged
- Some workers did unauthorised things, like surgery

D-REORIENTATION OF PRIMARY HEALTH CARE

There was reappraisal of national health policy respecting the Alma Ata principles of community participation, appropriate technology and intersectorial co-operation

Many integrated health centers were created

The health sector was stratified into:

- central or strategic level; where major decisions are taken and policies made
- provincial or technical level; where policies are transformed into programs
- peripheral or district level; where the primary health care package is implemented

II-FINANCING PRIMARY HEALTH CARE

It is two fold

A-Non-community; used to pay workers, build health structures, give scholarships
- National budget
- International assistance
- bilateral e.g France, Canada
- multilateral e.g WHO, UNICEF

**B-COMMUNITY: USED TO MANAGE HEALTH STRUCTURES.** This is by
- Payment of services
- purchase of essential drugs
- human investment
- Gifts and legacies

**III- GOVERNMENT POLICY ON ESSENTIAL DRUGS**

Essential drugs are obligatory health facilities.
- They are cheap and used to mobilise use of these facilities
- Means of generating finances at health care unit
- Component of health care delivery

**ORGANISATION;**

**A-CENTRAL LEVEL;**

CENAME uses national and multinational financing to import essential drugs

**B-PROVINCIAL LEVEL**

CAPP buys from CENAME and sells to district hospitals at a small benefit to enable

**C-DISTRICT HOSPITALS**

Supplied by CAPP and supplies integrated hospitals in rural areas

**IV-DECISION MAKING AND MANAGEMENT**

Co-management is ensured by creation of dialogue structures at all level to ensure community participation in health system.

**V-CHALLENGE “PROPER”**

They could be viewed from 3 points,

**A-SOCIO CULTURAL**

- Some people believe in traditional healing and so don’t use health care structures
- Some natives have taboos that are hazardous to health e.g women and children don’t eat many nutritive foods, this increases incidence of malnutrition
- Some prefer to visit sooth sayers and herbalists not the “white man’s medicine”

**B-ECONOMIC**

- Low income rates hinder many from using health care facilities
- Health workers are poorly paid, hence they make things sometimes difficult for the patients
- Inadequate working facilities in the health care structures including machines
- Insurance problems
- Referral of complicated cases abroad is difficult due to VISA problems even for those who can afford
C-GEOGRAPHICAL

Inaccessibility to health care facilities;

Some villages still don’t have health centers and due to nature of roads, they don’t have easy access to the nearest centre.