COUNTDOWN
Calling time on Neglected Tropical Diseases

May 2019

Learning from the past to improve community engagement for mass administration of medicines for neglected tropical diseases in Cameroon

E Kouokam Magne, C Makia Masong, M Siping Tagne, K Ozano, LA Tchuem Tchuenté

Key messages

- Institutional memory can help public health interventions if we capture and apply learnings. However, public health policies and neglected tropical disease (NTD) interventions need to shift from the colonial, authoritarian legacy to more participative and inclusive strategies that educate families so they are able to make informed decisions about accepting medicines. This will allow an improvement in the quality and effectiveness of NTD public health interventions in Cameroon.
- Stigma surrounding NTDs is increased by a lack of training and awareness by both communities and health workers. Adequate training of the health workforce is necessary to decrease barriers for those seeking treatment for Female Genital Schistosomiasis (FGS) and other NTDs.
- NTD programmes require adequate financing. There is a need to achieve the recommendations set out in the Abuja Declaration and to have a health system budget that meets the needs of NTD control and elimination strategies.

Background

The fight against neglected tropical diseases (NTDs) remains an important challenge in Cameroon and is a focus for the Calling Time on Neglected Tropical Diseases programme, COU**NTD**OWN.

COU**NTD**OWN is producing research evidence to contribute to reducing the morbidity, mortality and poverty associated with NTDs. It is doing this by increasing knowledge and capacity, aiming to cost-effectively scale up sustainable control and achieve the elimination of NTDs as a public health problem in line with the World Health Organization's 2020 NTD Roadmap. The programme is generating knowledge about the realities of increasing the reach of NTD treatments in different contexts.

The COU**NTD**OWN social sciences team carried out archival research in order to show the importance of capitalising on lessons learned in the historical implementation of NTD control and elimination strategies, while also avoiding duplication of work. This policy brief aims to advocate the use of such institutional memories in the fight against NTDs and to show the contribution of lessons leans to more sustainable public health strategies.

Methodology

The archival research was conducted in Buea National Archives, located in the south-west region of Cameroon, and focused on the country's fight against NTDs from 1930-61. In 1961, British Cameroon and French Cameroon were reunified through a national referendum, and after this date a national health policy was introduced. During the colonial period, Buea was considered the capital of British Cameroon, and today administrative archives from that era are held at the national archives in the city.

In total 12 reports were consulted including disease surveys and investigations, and annual and quarterly reports. Records from this period primarily focus on sleeping sickness, leprosy, isolated cases of schistosomiasis, onchocerciasis and lymphatic filariasis (LF). The records show that the 1932 morbidity and mortality statistics from Buea hospital indicate significant instances of NTDs:

- sleeping sickness (30 cases),
- leprosy (30 cases),
- elephantiasis (7 cases) and
- helminthic diseases (699 cases).

In Victoria, now called Limbé, both loa loa and trypanosomiasis are recorded as being "very common", while in Bamenda the leprarium centres treated a total of 46 patients every month. Helminthic diseases were also recorded as being common in children.

This policy brief focuses on three main findings resulting from this archival research:

(1) the engagement of communities is essential for the uptake of public health interventions,
(2) the effects of inadequate financial and non-financial support for community-based distributers, and
(3) institutional stigma and gender issues.

Results

New paradigm for public health: engaging communities

During the colonial period, British Cameroon experienced a health workforce shortage. At the same time population migration was spreading contagious diseases, such as leprosy and sleeping sickness. In response, the colonial health systems used military forces to both cure and control the movement of the population. This emergency collaboration between the health workforce and the military workforce was enforced primarily to tackle the impact of such diseases on the colonial economy. The local population did not have a choice in the matter and people were brutalised and forced to endure treatment with the aim of curing them to make them economically productive. The effects and perceptions of the enforced treatment were not the primary consideration of the colonial health system.

Women, children and men gathered for sensitisation, Barombi Kotto, July, 2017

One of the legacies of the colonial system is to assume that people will accept public health policies and NTD interventions because they are good for them. In an evangelical posture, (Balint, 1996) public health policies tend to rely on the power structures of the state, disregarding the population's reactions and capability to analyse and evaluate the accuracy of interventions. An example from current mass drug administration

(MDA) campaigns is poor communication with parents about the need for NTD medicines for children in schools. This, coupled with the disequilibrium of power between teachers and families, has led to a lack of active participation. However, fieldwork in Barombi shows that when parents are well informed about interventions they enable their children to take the drugs.

This demonstrates the need to shift from the colonial, authoritarian legacy to more participative and inclusive strategies, including ensuring families are considered key actors in public health policies such as MDAs, and not just as recipients of health policies.

Institutional production of stigma and gender issues

Some public health interventions may also lead to the production of stigmatized groups. That was the case with the creation and construction of specific containment areas for suspected cases of leprosy and sleeping sickness.

Today, women still experience stigma, especially related to female genital schistosomiasis (FGS). Problems with diagnosis are linked to increased stigma, such as an association with promiscuity based on signs and symptoms in the urinary tract, and the reluctance of young women to have gynaecological investigations during the first few years after sexual debut (Kjetland et al. 2012, Musuva et al. 2014). When young girls are not diagnosed and treated they can experience stunting, late pubertal development and potentially decreased fertility, adding further stigma.

Misunderstanding of symptoms by health workers from a lack of training on this specific disease leads women to suffer in silence and negatively affects their health and reproductive lives. This leads to low self-esteem among undiagnosed women and repetitive, inappropriate medication as reported by women in Barombi Kotto, an island in the south west region of Cameroon.

Adequate financing for health workers

In the colonial period, NTDs were considered humanitarian catastrophes and public health interventions were instigated as a response to the need for emergency action. As a result, worldwide efforts were mobilised to tackle the diseases. In 1939 in Victoria (Limbé) allowances were provided to the Sleeping Sickness Officer and his team to cover the different financial costs they met. This included stationary, travel surveys, postage, office material and administrative personnel.

However, current data from the field continues to raise issues around the lack of financial and non-financial support and motivations offered to community health workers and teachers involved in MDAs. This hinders both delivery and acceptability of medicines in communities. Insufficient funding for NTD programmes is thought to be a reason for this lack of support. According to the Abuja Declaration (signed by African states in 2001), at least 15% of the annual budget of states should be allocated to their health sectors. In Cameroon, the budget dedicated to the health sector since 2011 is actually between 5.5% and 7% (Atcha, 2018). The Cameroon health sector in general and the fight against NTDs needs adequate state financing.

Conclusion: not only recipients but actors of the health system

Institutional memory may help put public health interventions in a historical perspective, allowing an improvement in the quality and effectiveness of neglected tropical disease (NTD) public health interventions in Cameroon. However, there is a need to capture and reflect on historical lessons and ensure that the learning generated is considered for future action.

References

- Balint M, Le médecin, son malade et la maladie, Paris, 1996, Petite bibliothèque Payot. n°86
- Austin FL, The evolution of the health services in the southern Cameroons under British Administration, 1916-1945, DES History,
- Atcha E, Cameroun: la part du budget de l'Etat allouée à la santé reste faible, La Tribune Afrique, 31/01/2018 Accessed 19 February 2019
- Sources: Yaoundé social sciences team, APM, 2018

Sources of Buea National Archives

- Medical Quarterly and Yearly Report: 1928-1930, Annual report, medical/sanitary
- Medical Department Buea: League of Nations Report, 1932 (sc/a 1932/ 2)
- Sleeping Sickness Survey: Financial matters, Office requisites 1939
- Sleeping Sickness Survey: Arrangement for Survey (sc/a1939/3) 1939
- Leprosy Control (sc/a 1934/3), 1934 leprosy, scheme for control Nigeria, Leprosy Conference-Enugu 28-30 August
- Native Administration Idents for Drugs and Equipment. Victoria Division (sc/a 1940/2)
- Sleeping Sickness Survey: Arrangement for treatment. Southern Cameroons (sc/a 1939/5), 1939 Sleeping sickness, treatment
- Sleeping Sickness Survey: Administrative reports, Kumba Division (sc/a 1939/6), 1939
- Sleeping Sickness Survey: Personnel, Southern Cameroons (sc/a 1939/7), 1939
- Sleeping Sickness Survey: Arrangement for survey. Southern Cameroons (sc/a 1939/8), 1939
- Proposed Leper settlement at Mokoko Mwe Esambe in Mokundange Plantations, Victoria, 1940
- Sleeping Sickness and Tsetse Fly Investigation (sc/a 1958/3), 1958, sleeping sickness, tsetse fly, Mungo river, Tiko sleeping sickness ordinance 1937, sleeping sickness in Mamfe 1938 (over 60 deaths), Cameroon sleeping sickness

COUNTDOWN
Calling time on Neglected Tropical Diseases

COUNTDOWN (grant ID PO 6407) is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions to control and eliminate the seven most common NTDs by 2020.

UKaid from the British people

This is an output of a project funded by UK aid from the UK government. However the views expressed do not necessarily reflect the UK government's official policies.

MINSANTE Ministère de la Santé Publique

CENTRE SCHISTOSOMIASIS & PARASITOLOGY

COUNTDOWN Consortium
Liverpool School of Tropical Medicine
Pembroke Place
Liverpool, L3 5QA

Contact: kouokam@schisto.com
Visit: : https://countdown.lstmed.ac.uk
Follow: @NTDCOUNTDOWN

LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE