Cameroon Townhall for Healthcare Professionals

Meeting Minutes, January 15, 2022

Host: Cameroon Townhall for Healthcare Professionals

Date: January 15, 2022

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator), Louisa Viban, Dr. Bryan Tegomoh

Guest Speaker: Ginyu Innocentia Kwalar, Registered nurse (BSc Nursing, University of Buea), over 20 years of nursing experience, Founder and CEO, Klarah (home health care platform, Buea); formerly senior nurse, Buea Regional Hospital

Distinguished Guests: Dr. Obadia Mfuh Kenji, laboratory scientist, Stanford, California, A family nurse practitioner in upstate New York and a Klarah client, Kingsley Kwalar, the speaker's brother, Dr. Ivo Che Ditah

Title: Home Health Care: The Way Forward for Health-Related Issues during the COVID-19 Pandemic

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Agenda Items:

1. Welcome and New Year greetings by the lead moderator
2. COVID-19 update and Omicron discussion with moderators and guests
3. Introduction of the speaker by the Chair
4. Presentation by Ginyu Innocentia Kwalar on home health care during the COVID-19 pandemic
5. Discussion and Q&A
6. Participant reflections
7. Closing remarks by the moderators and the Chair

Opening Remarks:

- Elvis Ndansi opened the first session of the year, congratulating the chair and moderators because the town hall had not skipped a single fortnightly session in the previous year.
- Several moderators said they had caught Omicron in December. Dr. Bryan Tegomoh said more variants should be expected, some arising in

immunocompromised people, and called for stronger genomic surveillance where transmission occurs, including in Africa.

- Dr. Munoh Kenne Foma said Omicron had replaced Delta in New York City, praised South Africa's surveillance, and predicted 2022 would be the year of oral antivirals and second generation vaccines.
- Dr. Ivo Che Ditah urged vaccination and boosters, which protect against severe disease even if they do not prevent infection.
- Dr. Obadia Mfuh Kenji said his laboratory had processed 4,000 to 6,000 samples the previous day with 27 percent positive, the highest he had seen, and that COVID-19 was moving towards an endemic disease.
- Elvis Ndansi noted that nursing training in Cameroon is offered under three ministries with overlapping qualifications, and that nurses share a single order with midwives and laboratory technicians, which makes regulation difficult.

Presentation Points:

Presentation by Ginyu Innocentia Kwalar: "Home Health Care: The Way Forward for Health-Related Issues during the COVID-19 Pandemic"

1. COVID-19 keeps people away from hospitals:

Ms. Kwalar said COVID-19 spreads easily in close quarters, so many people became reluctant to visit hospitals, which were already crowded and high risk. Hospitals in Cameroon already faced bed shortages and overwhelmed staff, and patients with non-COVID illness lost access to care.

2. People with chronic illness are most affected:

Patients with non-communicable or life limiting illnesses need regular follow up but fear going to hospital. Missed visits lead to poor adherence and late recognition of complications, which is how families end up called in a crisis.

3. What home health care is, and is not:

She defined home health care as a trained nurse delivering care in the patient's home: giving medicines, preventing pressure sores, wound care, patient teaching, monitoring vital signs, handling emergencies and linking patients to doctors. It is not a nanny or a nurse doing laundry and cooking. She listed its benefits as convenience, lower overall cost once time and transport are counted, safety during COVID-19, and personal attention.

4. The Klarah platform:

She presented Klarah, a company that uses technology to match patients with nurses based on patient needs, nurse experience and proximity. It began after her own father fell ill while his children lived abroad and lacked timely information. Only nurses with at least three years of training (state registered nurses, degree, master's or PhD holders) are accepted, not nurse aides or assistants, and nurses send reports to families, including those in the diaspora. She described the goal as building 'the Uber for nurses' in Africa.

Discussions and Q&A Session:

- **Elvis Ndansi asked how families abroad pay.** Payment is by PayPal and Flutterwave from abroad and by mobile money in Cameroon, with a bank account option.
- **Bryan Tegomoh asked how nurses are recruited and retained, how the service works with physicians and sample collection, and how patient confidentiality is protected.** Nurses join by word of mouth and must submit proof of training, employment and registration with the professional order. Most are hospital nurses working in their free time. Patient records are coded and anonymised, and nurses sign confidentiality contracts. The platform links patients to their attending physicians or to doctors it works with, and arranges for laboratory staff to draw samples, with results within 24 hours.
- **A co-moderator asked whether nurses are trained in communication with patients and families.** Training is given at onboarding based on identified needs and through regular mandatory modules. Feedback is collected from patients and families, with warnings for poor conduct and incentives for good feedback.
- **A family nurse practitioner in upstate New York and the speaker's University of Buea classmate, gave a testimony.** She said her 78 year old father, who has hypertension, glaucoma and hyperlipidaemia, is seen twice a week and was followed after glaucoma surgery, and that she receives encrypted nursing reports every two weeks. She estimated the cost at about 40 to 60 US dollars a month.
- **Dr. Ivo Che Ditah asked whether home care fits a system with about one provider per 10,000 people, whether it pulls nurses away from hospitals, and whether it is a service only for those who can pay.** Ms. Kwalar said nurses use their free time and keep their hospital jobs, so the service adds capacity. Elvis Ndansi argued that Cameroon has many unemployed trained nurses and that the real problem is limited government recruitment. On affordability, she said the service cannot yet cover patients who cannot pay, while the Chair suggested partnering with NGOs to sponsor such patients.

- **A former classmate (medical laboratory scientist) asked how nurses' safety is ensured in the North West and South West given the armed conflict.** Nurses are matched to patients within walking distance, and visits are not scheduled on Mondays, the 'stay at home' day in the two regions. She noted that the platform's nurses are spread across the country.
- **A co-moderator asked what happens if a nurse is assaulted in a patient's home, and whether the platform provides equipment to standardise care.** Assault would be treated as a crime, and the contracting family member is responsible for the nurse's safety under the contract. Nurses are expected to bring basic equipment such as a blood pressure machine and thermometer; families are asked to buy items such as glucometers. The co-moderator suggested standard equipment supplied against nurses' pay to assure quality.
- **Dr. Munoh Kenne Foma asked about adding nurse aides and midwives, and training nurses in basic and advanced life support.** She said nurse aides for daily living support were under consideration, home deliveries would not be offered because the risk is too high, though antenatal follow up might be, and that basic life support is already in the mandatory modules. She invited the Chair to teach further modules, which he accepted.
- **A nurse in Yaounde asked whether the platform collaborates with the Ministry of Public Health.** She described her own community based home care project for sickle cell disease using community health workers and offered to present at a future session.

Call to Action and Closing:

- A co-moderator welcomed first time participants, including a BSc nursing student in Douala, and reminded them that the town hall meets every fortnight and is open to all.
- Kingsley Kwalar, the speaker's brother, said his worry about their father helped start the initiative, and praised the town hall.
- The Chair said the town hall belongs to every Cameroonian health professional and sympathiser, and noted members had resisted an attempt to make it monthly.
- Elvis Ndansi reported 1,120 registered members on the town hall's database and closed the session, announcing the next edition in a fortnight.

Next Meeting

In a fortnight (date not stated).

Recording: https://www.youtube.com/watch?v=gWKDC_es8lo

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals