Policy Briefing:

Community Micro Clinics and Maternal Health: Lessons from Unite for Health Foundation

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Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on March 12, 2022 (45th edition), focusing on the theme "Impacting Healthcare in Cameroon: You Can Be a Force for Change" and the work of Unite for Health Foundation.

Context:

The session shifted from describing problems to showcasing solutions led by Cameroonians. The Chair reviewed the work of town hall members and past speakers, and Elvis Ndansi presented 15 years of Unite for Health Foundation, which runs micro clinics in Yaoundé (Bonamoussadi), Bamenda and Eloumden (Mbankomo) with a focus on maternal and child health.

Key Issues:

1. **Access in last mile communities:** Distance, poor roads and insecurity keep people from basic care. Micro clinics with a laboratory, pharmacy and delivery unit placed in underserved communities were presented as a low-cost answer.
2. **Financial barriers to maternal care:** Out-of-pocket fees, deposits and supplies demanded before care begins deter women from antenatal visits and facility delivery. The clinic once held about 150 identity cards left by patients unable to pay.
3. **The delays in maternal deaths:** Participants described delays in deciding to seek care, reaching a facility and receiving adequate care, including staff not trained to identify complications. Tools such as the partograph and fetal Dopplers were cited as simple aids.
4. **Fragmented responsibility:** Roads, water and electricity sit with other ministries, yet maternal deaths are blamed on the health system alone.
5. **Telemedicine costs:** The cost of airtime and data was the main obstacle to telephone consultations during COVID-19.

Discussion Highlights:

- The foundation reported more than 30,000 people served, over 500 deliveries and no maternal or newborn death in its clinics over 15 years.
- Screenings in churches in 2021 found 41.6% with stage 2 hypertension, 41.2% with obesity and 12% with diabetes, most previously undiagnosed.
- Good relations with health districts were built by joining immunisation campaigns and submitting surveillance data on time.
- Diaspora nurses' groups and individuals offered volunteer time and collaboration.

Recommendations:

- **Remove payment barriers at delivery:** MINSANTE and regional delegations should end the practice of requiring deposits, supplies or identity cards before emergency obstetric care, and expand subsidised delivery for indigent and displaced women. A first step is a circular to facilities on emergency obstetric admission without prepayment.
- **Integrate private non-profit clinics into district plans:** District health services should formally register community micro clinics as partners for immunisation, surveillance and referral, as done with Unite for Health, and recognise timely data reporting.
- **Plan maternal health across ministries:** MINSANTE should convene the ministries in charge of public works, water and energy, and transport when planning health districts, so that roads, power, water and ambulance access are budgeted with each facility.
- **Train staff on the delays:** Hospitals and training schools should make partograph use and recognition of obstetric danger signs routine for nurses and midwives, and equip delivery units with simple tools such as fetal Dopplers.
- **Support affordable telemedicine:** MINSANTE, with telecom regulators and partners, should explore toll-free or zero-rated numbers for health facility consultations, starting with a pilot in one region.
- **Channel diaspora support:** Diaspora professionals and associations should partner with established local organisations through the town hall, offering volunteer time, training and equipment to existing programmes.

Next Steps: The next session, in two weeks, was announced on child abuse and safeguarding children in Cameroon. Participants were encouraged to contact Elvis Ndansi or the moderators about partnerships with Unite for Health Foundation.

Conclusion: The session showed that well-run community clinics can deliver safe maternal care at low cost when they understand local barriers and work alongside

health districts. Removing payment barriers, planning across ministries and drawing on diaspora goodwill could extend these results.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of March 12, 2022. Recording: https://www.youtube.com/watch?v=tPnpEm83e68