Policy Briefing:

Social Media for Child Health Education in Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on April 8, 2023 (71st edition), on "The Evolving Role of Social Media in Health Education in Cameroon", presented by Dr. Patrick Ngou, paediatrician and head of paediatrics at Kribi District Hospital.

Context:

Children in Cameroon still die of severe malarial anaemia and other preventable conditions, often after self-medication and several prior recourses. At the same time, health misinformation spreads fast on Facebook and WhatsApp. Dr. Ngou showed that a doctor working in mothers' online groups can reach hundreds of thousands of caregivers and change behaviour.

Key Issues:

1. **Delayed care and self-medication:** In his emergency department study, about half of children had used self-medication first, and deaths rose with the number of prior recourses. Medicines remain too easy to obtain without advice.
2. **Chronic and orphan malaria:** In one school, 35 of 50 children with splenomegaly had a positive malaria rapid test. Children with chronic forms and repeated severe anaemia fall outside national treatment protocols.
3. **Misinformation at scale:** A single post with a home remedy to raise blood was shared about 35,000 times; such advice can kill children with sickle cell disease or severe malaria.
4. **Doctors absent from digital spaces:** Medical faculties and peers still treat online education as unscientific or self-promotion; there is no framework, training or institutional support for doctors who do this work.
5. **Universal health coverage poorly explained:** The public expects UHC to bring specialists and equipment to every hospital, while health promotion, which drives savings, receives little attention.

Discussion Highlights:

- One seven minute video on cough in children reached an estimated 3 to 5 million viewers and more than 20,000 shares.
- Mothers' Facebook groups of 150,000 to 300,000 members can be turned from sources of risky advice into channels for prevention.
- Comedians and entertainers can carry accurate health messages to large audiences at low cost.
- Comments on health posts are an untapped data source for public health research.
- Waiting room screens can extend digital content to people without smartphones.

Recommendations:

- **Set up an official digital health communication channel with clinicians:** MINSANTE's health promotion services should recruit and support practising clinicians who already have large online audiences, with clear rules separating health education from advertising. First step: a register of doctors active in health education online, and a short charter on content and conflicts of interest drafted with the Order of Physicians and MEDCAMER.
- **Rapid response to health misinformation:** MINSANTE, with the Cameroon Paediatric Society and other learned societies, should run a monitoring and response unit that answers viral false remedies within days, in French and English, through doctors and partner influencers. First step: a pilot on child health and malaria content in the largest mothers' groups.
- **Teach health communication in medical and nursing schools:** Faculties of medicine and training schools should add modules on community health, digital communication and countering misinformation, and continuing education sessions should include a community component, as the Cameroon Paediatric Society has begun to do. First step: one elective module at a faculty of medicine in 2023 to 2024.
- **Bring chronic malaria and self-medication into programme planning:** The National Malaria Control Programme should review guidance for children with recurrent severe anaemia and chronic malaria, and MINSANTE should continue tightening control of the medicine circuit. Regional delegations should track self-medication and delayed referral in paediatric deaths. First step: a protocol review meeting with paediatricians from district hospitals.
- **Use entertainment and waiting rooms to reach those offline:** Regional delegations and hospitals should play validated health videos in waiting rooms and public

transport, and work with comedians and artists to carry key messages. First step: a seminar with comedians and content creators on child health priorities, as proposed in the session.

- **Support and evaluate digital health educators:** Partners and diaspora professionals should fund community management, paid reach and evaluation for doctors doing this work, and public health researchers should study the reach and behavioural effect of their posts. First step: a town hall follow-up linking Dr. Ngou with diaspora public health researchers to analyse one large campaign.

Next Steps: Funding and support for Dr. Ngou's community engagement work, including a community manager, were to be discussed in the parking lot session. The next session was set for two weeks later, April 22, 2023.

Conclusion: Participants agreed that the clinician's role extends beyond the hospital, and that social media, used with method and care, can prevent child deaths that hospitals see too late. Making this work official, trained and supported is a low cost step that also serves universal health coverage.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of April 8, 2023. Recording: https://www.youtube.com/watch?v=R05VfEVt9BE