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History of the Nursing profession in Cameroon.

Introduction The present health system in Cameroon is principally based on the Reorientation of Primary Health Care and centered on the Health District System, a result of series of reforms from inherited colonial system. Based on the shortcomings of earlier strategies, the Reorientation of Primary Health Care was conceived in 1985.

Historical Background

The Cameroonian Health Care System has undergone four major transformations :

A) From the colonial period to 1978, the Cameroonian health care system was characterized by :

- State monopoly with little or no private initiatives
- Health Care (services and drugs) were free as the state bore the entire costs.
- Irrational distribution of health structures and resources mainly concentrated in towns and major economic pools at the expense of the rural milieus.
- High priority to curative activities at the expense of cost effective preventive measures.
- A passive participation of the population (just recipients).
- Low priority given to traditional medicine by public authorities in spite of popular glamour.

Thus with growing economic crises, this strategy became too expensive and unaffordable. Drugs and equipment could not be replenished ; training of staff was a problem, remote areas were abandoned to themselves and the system failed.

B) In September 1978 Cameroon was one of the many countries and organisations that attended the WHO and UNICEF sponsored conference on Primary Health Care in the East European Kazakhstan State capital, Alma Ata. Against the above background, the conference resolved that in many third world countries like Cameroon access to health care for the rural population was either poor or insufficient. It proposed a strategy for the promotion of health for all, termed Primary Health Care whose 8 elements include :

- 1) Health Education
- 2) Promotion of good food and nutrition
- 3) Provision of safe water and basic sanitation
- 4) Maternal and Child Health including Child Spacing
- 5) Immunization against infectious diseases
- 6) Treatment of common ailments
- 7) Prevention and control of local endemic diseases
- 8) Supply of Essential Drugs.

It recognized traditional medicine and attached a lot of importance to their practice. The effective implementation of this policy in Cameroon started in 1982. During its implementation, the area of emphasis shifted from the well-known health professionals and classical health structures (hospitals and health centres) to community health workers (village health workers and traditional birth attendants) and their village health posts. This vertical programme consisted of the mobilization of the community to :

1. Construct, allocate or rent a building to be used as a village health post.

2. Form village health committees for animation and communication.
3. Select a child of the soil as village health worker or traditional birth attendant.
4. Acquire a limited list of essential drugs.
5. Ensure the training of the village health workers and the birth attendants.

At Rica, Russia, in 1987 a global midterm evaluation showed that not the PHC concept but the so-called vertical PHC approach as outlined above had failed colossally :

- The approach was not sustainable
- It lacked field coordination and offered room for the duplication of interventions.
- It lacked supervision from the most peripheral health units with which it went into competition
- There was no real planning resulting in irrational use of scarce resources.
- It was difficult to retain village health workers who either deserted, or got entangled into embezzlement of the limited resources or into illegal professional activities beyond their skills and competences.
- Generally the population took the village health workers for health professionals whose performance was below expectation.

C) In 1990, Reorientation of Primary Health Care was introduced in Cameroon as a natural outcome of the failure of the vertical PHC programme. It is the result of two essentially African conferences seeking to redress the situation without necessarily changing the strategy or philosophy but simply reviewing the implementation of each concept involved. The two conferences are the 1985 Lusaka and 1987 Bamako conference of African Ministers of Health.

D) In spite of all these adjustments mentioned above, some shortcomings were observed notably :

Lack of a legal framework for community participation ;

- Lack of a legal framework for the national supply of essential drugs, notably the Regional pharmaceutical Supply Centre (RPSC) ;
- Lack of reforms in basic and continuous training ;
- Lack of a framework of collaboration between stakeholders ;
- Lack of regulation, supervision, monitoring and evaluation ;
- Strong centralized management of the sector ;
- Low use of public health care structures ;
- Inadequate organization of PHC in urban areas ;
- Low availability and accessibility of essential medicine ;
- Poor development of the referral/counter referral system ;
- Predominance of the direct payment for care.

-The Lusaka Conference 1985

-The Bamako Initiative 1987

The Reorientation of Primary Health Care

Using the result of the midterm evaluation of the Primary Health Care and the recommendations of both the 1985 Lusaka conference and the 1987 Bamako Initiative, the Government of Cameroon through the Ministry of Public Health began to reorganize its health system under the name Reorientation of Primary Health Care.

The Reorientation of PHC in Cameroon is not a programme as such but rather the reorganization (readjustment or correction) of the national health system so as to meet with the social objective of health for all. It counts on the active and effective community participation for the management and functioning of health services. The Reorientation of PHC has two major components : The reorganization of the national health system and the rationalization of the management of resources either provided to or generated by the sector, within the spirit of partnership between the state and the community. This is called co-management.

Reorganizations of the National Health System

The reorganization of the health system has three objectives :

- 1) Improve the accessibility of health to the population (take the services to the people).
- 2) Increase the efficiency of health services in order to better take care of health problems.
- 3) Improve the quality of health care by paying attention to the vulnerable groups(Women & children).

The reorganized health system in Cameroon has three levels viz :

1. The peripheral or operational level = Health District
2. The intermediate level = Health Region
3. The central level = National.