Cameroon Townhall for Healthcare Professionals

Meeting Minutes, April 23, 2022

Host: Cameroon Townhall for Healthcare Professionals

Date: April 23, 2022

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator), Dr. Bryan Tegomoh (moderated the Q&A), Dr. Christelle Jouego Tagne (French-language co-moderator, in Yaounde), Dr. Louisa Viban (joined later)

Guest Speaker: Dr. Alexis Awungia Tazinya, MD (Faculty of Health Sciences, University of Buea), MSc (London School of Hygiene and Tropical Medicine); 2018 Mandela Washington Fellow, Chief Health Officer, Waspito (Douala); founder of Hospi Mobile Services, a telemedicine platform acquired by Waspito in 2020

Distinguished Guests: A Cameroonian laboratory and diagnostics regulation specialist in Edmonton, Canada, A public health participant who described specialist public health training in the UK, A participant who raised data confidentiality in the chat

Title: Digital Health and Telemedicine in Cameroon: The Waspito Experience

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Agenda Items:

1. Welcome and introduction of moderators by Elvis Ndansi
2. COVID-19 update by the Chair, Dr. Munoh Kenne Foma
3. Discussion on low COVID-19 vaccine uptake in Cameroon
4. Introduction of the guest speaker by Dr. Bryan Tegomoh
5. Presentation by Dr. Alexis Awungia Tazinya on Waspito and digital health in Cameroon
6. Discussion and Q&A

Opening Remarks:

- Elvis Ndansi welcomed participants and said the town hall, almost two years old, brings together Cameroonian health professionals in about 34 countries every two weeks, with about a thousand views per session online.
- COVID-19 update by the Chair: Omicron BA.2 remained dominant, with BA.2.12.1 rising in the US and BA.4 and BA.5 in South Africa. He defended masks after US

travel mask rules changed, noted that in China many people over 80 were unvaccinated, and said a fourth dose reduced severe disease by 78 percent in Israeli data. He said Cameroon had vaccinated only 6.9 percent of its population despite having vaccines, and that a COVID-19 PCR test in Cameroon now cost 30,000 FCFA, which would limit data.

- On treatment, he said WHO had updated its guidance: Paxlovid reduces severe disease by about 90 percent, molnupiravir and sotrovimab are options for non-severe disease, and corticosteroids and baricitinib are options in Africa for severe cases, while tocilizumab is expensive.
- Asked why uptake was low, Dr. Tegomoh said public health communication had been poor and called for sociology, anthropology and communication to be part of public health training. A participant added that messages designed for Europe and America cannot simply be transferred to Cameroon, where people weigh vaccination against malaria and poverty.

Presentation Points:

Presentation by Dr. Alexis Awungia Tazinya: "Waspito and Digital Health in Cameroon"

1. The access problem:

Dr. Tazinya said Africa has far fewer doctors per head than Europe and the Americas, and those doctors are concentrated in big cities, so a specialist consultation can mean travelling across many villages. This leads to self-diagnosis, self-medication and roadside drugs. He noted that many people already get informal phone advice from relatives who are doctors.

2. What Waspito offers:

Waspito was described as a health social network, 'a Facebook for healthcare', with instant consultations rather than bookings: a user sees which doctors are online and calls one by video, audio or chat. A generalist consultation costs 3,000 FCFA, against 10,000 to 15,000 FCFA in a Douala clinic, paid by Orange or MTN mobile money or through insurance. Anonymous discussion forums are free, and doctors can earn extra income and consult patients in other towns.

3. Reach and safeguards:

He reported about 25,000 app users, more than 2,000 consultations in two years, over 70,000 listed service providers (clinics, laboratories, imaging centres), a new office in Cote d'Ivoire and a recently closed seed round of about 2.7 million dollars. Every doctor is verified with the national medical council (in Cote d'Ivoire, with the local licensing body), and the platform is built to HIPAA standards for data

confidentiality. An early survey found more than 30 percent of patients were never physically examined during a consultation, which he called avoidable hospital visits.

4. Digital health policy in Cameroon:

Citing the government's 2020 to 2024 digital health strategic plan, he said Cameroon is still at a desk study phase, with registries and DHIS2 in place, some electronic medical record pilots in large hospitals, and no registry of health workers. On whether telemedicine is legal, he said it is not yet regulated by a legal framework, but it is not prohibited, and the plan budgets over 11 billion FCFA for digital health.

5. Challenges:

Challenges included internet access and quality, distrust of remote consultations by some users and providers, the absence of a legal framework (which makes some insurers reluctant to cover remote services), and slow technology development. From the government's SWOT analysis he listed political will, partners and DHIS2 as strengths, and weak interoperability, low funding, shortage of qualified staff, electricity and internet gaps, cyber security and only about 70 percent 3G and 4G coverage as weaknesses and threats. His own power cut during the talk illustrated the point.

Discussions and Q&A Session:

- **Elvis Ndansi asked what happens when power or internet fails during a teleconsultation.** Dr. Tazinya said the patient can call the doctor back without paying again and the doctor can ring the patient. Audio calls use less bandwidth than video, and patients can send photos by chat.
- **Elvis Ndansi asked whether the 3,000 FCFA price accounts for the patient's data costs and the doctor's time.** He said prices are set by the market and 3,000 FCFA had proved the right level. Patients pay a little more for data but save on taxis and waiting. Consultations averaged 6 to 15 minutes for generalists and 8 to 16 minutes for specialists, with no time lost between patients, so a generalist can earn a salary from home.
- **Dr. Tegomoh relayed chat questions on confidentiality, how DHIS2 works, and whether the National Medical Council (Ordre National des Medecins du Cameroun) regulates telemedicine.**

Recording: https://www.youtube.com/watch?v=6lsDNqwf_Ww

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