

OVERCOME THE CORONAVIRUS AND MOVE FORWARD: 36 PROPOSALS FOR TODAY AND TOMORROW

Introduction

Here we are. Circulation of the COVID-19 is a fact in the most beautiful triangle in the world: Cameroon. The three-color banner floats heavily as the world idles. From north to south and east to west, we are holding our breath as we listen to world news with the promise of our own inevitable fate and death count coming fast. After China, death is ransacking the Western world. Experts globally predict that Africa will be hit very hard. Unfortunately for us, what we believed was the African "anomaly" appears not to be an exception after all. The most optimistic models predict that the worst is yet to come, in a context of prevailing civil disobedience and precariousness. In addition, analysts predict that those who survive COVID-19 will face an unprecedented economic crisis. In front of this apocalyptic picture, far from wanting to add to the general anxiety, let's first give a technical look at the measures currently taken and then with optimism, let's dream of a post COVID-19 world because this virus is resetting the world to redistribute the cards. Will we be there?

I- CURRENT FIGHT: BETWEEN PRAGMATISM AND HESITATIONS

The first COVID-19 case in Cameroon was imported and confirmed on March 6, 2020. Today, as of March 25, 19 days later, official communication reports 75 cases and everything suggests that the virus is circulating locally and the epidemic in Cameroon is now evolving for its own. As comparison, the first 2 Italian cases were reported on January 31, 2020. On day 19, the count was only three cases. All other things being equal, we therefore see that the contagion is evolving more quickly here. Faced with this situation, the authorities have taken salutary measures to contain the disease, which can be summarized by two words: containment and distancing. When these are well managed, they are effective because they break the human-to-human transmission chain while infected people are taken care of. But a certain carelessness is noticed daily as fellow countrymen continue to move around scouring the streets, shops, and their neighborhoods by ignorance or necessity regardless of the rules. The current measures in place are good, but they do not go far enough. We make the below proposals to strengthen them:

- 1) Tighten the containment in the areas concerned.** In fact, despite the authorities' orders, the virus can still circulate. Indeed, reducing the number of passengers in public transportation vehicles does not prevent an infected person from leaving Douala for Kousseri for example. Population movements between infected and non-infected regions must be stopped completely. In the event of force majeure, an individual must be issued a pass by the administrative authorities. Exception must be made for law enforcement personnel, garbage collectors, medical or paramedical personnel. The Douala-Bangui and Douala-Ndjamena corridors that we want to preserve must be strictly supervised.

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- 2) **Make distancing measures mandatory.** Food businesses (except restaurants and drinking places) and pharmacies, must remain the only open businesses under supervision of law enforcement personnel, the police or the army if necessary.
- 3) **Ration water and food.** Every neighborhood that lacks running water supply should be rationed by tankers or wells drilled for this purpose. The poorest households must be identified by the councils and receive survival food kits. Firefighters, the military and civil protection can be involved.
- 4) **Close places of worship until further notice.** Indeed, the measures to reduce the size of these gatherings are insufficient.
- 5) **Intensify mass awareness campaigns on all types of media, supports and in all major local languages.**
- 6) **Quickly train health personnel for cases recognition and management.**
- 7) **Organize a fundraiser (coup de coeur) of national solidarity.** In fact, according to NIS in 2017, the tertiary sector contributes 60% to the GDP and 70% of Cameroonian employees receive less than the minimum wage. A good portion of the Cameroonian population therefore lives by the day in permanent precariousness. These categories cannot bear containment without assistance. A national mobilization in support of the State's resources could help these compatriots during the confinement. We are used to it. We did it for the 1994 World Cup and recently to support the war against Boko Haram. The enemy here is more invisible, more devious than Boko Haram.
- 8) **Update case definitions.** Indeed, the virus is already circulating locally. The notion of travel to a foreign country, although important, should no longer be central.
- 9) **Test wide and rigorously.** This is the winning strategy already experienced by China. This has been recommended by the WHO on March 17. More tests should be ordered. Indeed, the lack of tests does not currently allow for testing all those who should be.
- 10) **Decentralize the test procedure.** For the moment, there is only one test point for the Coronavirus SRAS-CoV-2 on the national territory, at the Centre Pasteur du Cameroun in Yaoundé. This is likely to delay the diagnosis and early management of affected patients. However, as in all respiratory diseases, early treatment ensures a better outcome. We recommend extending the diagnosis capacity to all health districts.
- 11) **Increase case management centers.** There is one case management center per region according to the current MINSANTE strategy. This implies that patients in every region will need to travel by their own means to reach a unique management center in their region. Such a mobilization is neither desirable nor easy because it would contribute to more spread and might be harmful for patients in severe conditions. This is the reason why some affected countries build new hospitals for the occasion. In our case, we could transform community infrastructure (schools, stadiums, churches, etc.) into treatment centers for this purpose. Ideally, each health district should have a treatment center that would coexist with public health experts for the identification of cases in the community.
- 12) **Protect health personnel.** The first line of defense against COVID-19 is the medical and paramedical personnel. They are not contained; they are at the frontlines. They are our best chance of getting out of it. Yet, on the ground they are helpless in the face of the pandemic. Regardless of their status (public health experts or clinical doctors or nurses, nursing assistants, hygienists, pharmacists), logistic, organizational, and training lacks are considerable. Many protect themselves as best as they can. Not enough suitable masks (FFP2 and FFP3), or hydro alcoholic solutions. We are not talking about other personal protective equipment (suits,

blouses, boots, hats and glasses). This staff is already so few! What will happen if decimated by this pandemic? There is an urgent need to provide adequate equipment at the treatment centers in all regions.

- 13) **Carefully test the nursing staff involved in the management of CoVID-19 according to an algorithm to be established.**
- 14) **Increase the number of intensive care beds for severe cases.** According to the World Bank, Cameroon has approximately 1.3 hospital bed per 1000 inhabitants (Vs 4.3 for China and 3.4 for Italy). There are even fewer beds for resuscitation / intensive care. In fact, this vital service is found almost exclusively at the level of first and second category health facilities. The number of resuscitation beds must be rapidly increased by allocating the necessary equipment (respirators, scopes, etc.) for severe cases management.
- 15) **Define a single national treatment protocol for COVID-19 infection.**
- 16) **Define conditions for the burial of bodies.** The cult of the dead is one strong characteristic of our society. If nothing is done, popular funerals will continue. Traditional autopsies will still be carried out. A uniform protocol for burials of dead bodies must be defined, which will be carried out under the supervision of local authorities through the police. Transportation of bodies over long distances should be prohibited. To this end, body bags must be made available in treatment centers.
- 17) **Give incentives and bonuses to health care workers, garbage collectors and law enforcers whose workload will be considerably increased by the epidemic.**
- 18) **Severely tackle rising inflation in food and health products.**
- 19) **Order or have chloroquine manufactured locally.** Even if clinical trials are still underway to determine the efficacy of this molecule, several countries have adopted this molecule now to treat their patients. Then why not us?

These measures are urgently needed while our country has not yet reached the peak of the epidemic which is reasonably to be expected. **We must act NOW.**

II- OUTLOOKS FOR TOMORROW.

As we can see, this unprecedented pandemic in our short national history exposes several limitations in our country. The COVID-19 will reset the world. The cards will be redistributed. On the global level, we are already witnessing a reshaping of international relations. Unsafe and non-respectable countries of yesterday are now providing first line help to other countries that have been abandoned by their friends who are tied at dressing their own wounds. Even the most powerful countries are struggling. They discover their limits, their dependence and the depth of their independence. Just like seeing the West world struggle during the Second World War encouraged the wind of African independence, the war against the COVID-19, by exposing our weaknesses, must prepare us to conquer a higher level of independence, Africa and Cameroon in particular must not miss this "chance" to take more advantageous positions on the world stage.

Regarding the health crisis itself, after the current electric shock, no one will ever doubt the importance and the urgency of building a coherent health system capable of bringing the nation to

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the much-desired emergence. One thing is certain: there is no emergence without health. The following measures are ESSENTIAL to achieve this.

1. **Implement a universal health insurance system.** This is the great Arlesian in the Cameroon's health system. Only such a system can make it possible to draw a good portion of Cameroonians from poverty in the short term because, according to certain authors (OWOUNDI JP, 2013), households contribute almost 70.4% to total health expenditure. Once taken care of for a small fee, their precious resources will be redirected towards creating wealth.
2. **Allocate at least 15% of the state budget to health.** It is a commitment that our country made in Abuja in 2001. This year, this allocation is 4.31% and fluctuated between 5.5 and 7% between 2001 and 2011. This is more than insufficient.
3. **Harmonize the statutes of state agents.** Indeed, equity in salaries is required for people providing the same workload with equal qualifications. Differences between civil servants, contract workers and even "decision-made" workers are not understandable. They appear unfair and create frustrations and demotivation.
4. **Harmonize and increase the retirement age.** In a context where human resources are scarce and very mobile between countries, it would be logical to allow specialized and highly qualified personnel (who spent more time learning and less practicing) to work longer (60-65 years).
5. **Define and harmonize the architecture and minimal content of each category of health facility and equip them accordingly.** Health facilities in the same category are not comparable in terms of equipment, quality of service, and personnel. This leads to disparities in the supply of care on the same territory. Yet all citizens are equal before the law.
6. **Freeze the creation of new health facilities and upgrade existing ones.** Indeed, some health facilities do not respond to any logic of health cartography. All are understaffed compared to actual needs. The scarcity of resources forces us to use them rationally.
7. **Increase health worker's benefits and wages.**
8. **Improve quality of initial training** by harmonizing the programs and equipment in training structures
9. **Provide each hospital or health district with a competent and functional maintenance service.** Indeed, the mess in our hospitals is such that very expensive equipment are bought and left unused in stores for minor breakdowns. In addition, a training component for maintenance should be part of the suppliers' contract with a substantial guarantee.
10. **Establish an annual numerus clausus** for medical training according to real country needs to avoid medical overcrowding which threatens the profession and populations' health.
11. **Facilitate and supervise installation procedures for private practice to reduce the overflow of trained and non-employed health personnel.**
12. **Set up an epidemic and disaster center in each health district with the assistance of Civil Protection.** This center will be equipped with all the facilities and consumables (masks, boots, beds, body bags, etc.) and will save time when a danger arises. Indeed, epidemics and natural risks are not uncommon (Nyos, Ngouache, cholera, etc.).
13. **Broaden the range of specialized paramedical training.** Indeed, there are still too few specialties to which a nurse can claim in our country.
14. **Provide financial support to young health officials from their first year of assignment.**
15. **Institute periodic certification of doctors and nurses to maintain their skills**



16. Institute financial incentives for staff working in isolated or insecure areas.
17. Constitute a sovereign fund for Emergencies, Epidemics and Disasters which will enable similar situations to be faced in the future.

Conclusion

The current COVID-19 pandemic is a difficult moment for all Cameroonians. By remaining disciplined and united, we can attenuate the forthcoming wave. This is an opportunity for us to correct the weaknesses in our system and to restore health to its due place in the center of our concerns, as the guarantor of our growth and our future. Together we will win.

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