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Situation Analysis Of Eye Care Service Delivery In The North West Region In The Armed Conflict Context.

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Abstract

The objective was to carry out a situation analysis of eye care service delivery in the context of armed conflict in a region in Cameroon. This methodological look at eye care service delivery was carried out in Bamenda, the capital city of the North West Region of Cameroon, hit by the socio-political crisis. Information combined in the report was obtained from the media, journals, observations, reports from NGOs, and eye care scientists. Eye care services before the crisis in remote areas were mainly delivered through outreach services. During the crisis, this community service has been seriously imperiled. Armed groups should be sensitized to the protection of health workers, transports, and infrastructure during warfare. To continue outreach services in remote areas, community-based health workers need to be trained in the detection and referral of eye diseases that can cause needless blindness while waiting for the crisis to be completely resolved.

I- INTRODUCTION

The ongoing armed conflict in the North West Region has jeopardized the planned eye health activities in all 7 divisions of this administrative unit. Outreach services were an important strategy put in place by various eye clinics to link underserved people in remote areas with eye care all over the region.

According to an international NGO operating in Cameroon, "it is estimated that nearly a quarter of a million people in Cameroon are blind and 600.000 suffer from vision loss, with cataracts contributing nearly half of all cases of blindness" [1]. In addition, eye care researchers found a prevalence of blindness of 0.6% and visual impairment of 2.3% in the Fundong District, North West Region of Cameroon [2]. In the same vein, another ophthalmic researcher came out with a prevalence of blindness of 1.1% in Wum District [3].

The socio-political armed conflict made many people in remote villages fly from areas where the insecurity is high to relatively safer zones like Bamenda. Unfortunately, those remaining in the remote villages are exposed to avoidable blindness because of the absence of formerly organized outreach services. Equity in eye health among potentially vulnerable subgroups is greatly affected by this conflict. The legitimate expectations and demands of villagers with eye care are a stone inside the shoe that has to be removed.

In Cameroon, the main mode of settlement for eye care services is through the out-of-pocket payment of health expenditures. Consequently, the financial hardship prevailing in those remote areas during this crisis period contributed substantially to eye health inequity.

The investigator wishes to carry out a situational analysis of eye care service delivery before and during the armed conflicts and come up with probable solutions that can help facilitate villagers accessing eye care during this difficult period, thereby maintaining the achievements of Vision 2020 campaigns in the region.

II- SITUATION OF EYE CARE SERVICE DELIVERY BEFORE THE ARMED CONFLICT IN THE REGION

The armed conflict in the North West Region started on November 21st, 2016. The whole region gradually becomes inflamed, and all the activities are turned down, including health-planned activities such as vaccination campaigns, outreach eye care services, etc.

II.1 HUMAN RESOURCES

Before the advent of the crisis, the North West Region was blessed with five ophthalmologists, a dozen trained ophthalmic nurses and technicians, very few opticians and refractionists, two rehabilitation officers, and one low-vision expert.

This package of eye care practitioners was not evenly distributed throughout the region. The scarcity of human resources for eye care is real since there is no formal school for the training of eye care practitioners, which is why a researcher wrote in published research that "getting ophthalmic workers has been a challenge" [4]. A referral hospital in Bamenda, mile 5, was coming up with a huge project in the eye department, including a clinical internship for student ophthalmic nurses and resident ophthalmologists. This project, which started smoothly, couldn't go through due to the increased insecurity in the area of execution.

II.2 OUTREACH SERVICES

Outreach services were well-planned activities for faith-ooriented eye care clinics (Catholic, Presbyterian, Baptist) in areas like Batibo, Guzang, Widikum, Jakiri, Ndumbu, Balikumbat, Oshie, Fundong, Wum, Ndu, etc. With the advent of this armed conflict, outreach activities slowed down. During outreach services, the following eye health activities were carried out:

- Eye health education for avoidable blindness,
- Encouraging people for vaccination (measles),
- Vitamin A supplement,
- Prevention of eye injuries,
- Effects of using traditional medicine or breast milk in the eyes
- Hygiene and sanitation,
- Prevention of contagious viral eye diseases,
- Prevention of blindness from onchocerciasis.
- Prevention of trachoma spread through the distribution of antibiotic ointment and education,
- The importance of treating refractive error and low vision
- Detection and treatment of eye diseases that can cause irreversible blindness
- Referral of cases of treatable blindness to a referral hospital
- Census of blind people for rehabilitation programs

- Detection of leucocoria in children for rapid intervention

This is a huge package of activities during an outreach program to serve the underserved population of the region.

The eye care services in the region were provided by these main clinics:

- Acha Presbyterian Eye Clinic, with extended branches,
- Mbingo Baptist Eye Department, with extended branches,
- Regional Hospital Bamenda,
- AB II Specialist Eye Clinic,
- SOHDECAM Eye Department, Bamenda,
- Saint Blaise Eye Clinic,
- Mezam Polyclinic Bamenda
- An NGO with a center for the prevention of avoidable blindness in Belo provides financial support to patients with cataracts who need surgery.

II.3 DONORS / NGO ACTIONS

Before this crisis started sponsors of eye health project use to pay a visit to people of remote areas to assess their impact on the target population. Since the armed conflict started, these activities have been suspended.

II.4 COLLABORATION BETWEEN EYE CARE PROFESSIONAL IN THE REGION

Before the armed conflict, a researcher stated that "Anecdotally, we are aware that collaboration between eye care professionals does appear to be ineffective because many professionals do not know each other and structures are not in place to foster collaboration". Solutions were proposed to render collaboration effective in the Region in the next common years.

III- SITUATION ANALYSIS DURING THE ARMED CONFLICT

III1. HUMAN RESOURCES

During the armed conflict, there is a drastic drop in the Eye Health human resources in the Region. The ophthalmologists dropped from 5 to 3. The project of building a referral hospital in Bamenda was stopped. This could have brought more eye care practitioners to the Region, thereby increasing the manpower. Human resource development paid a price during this crisis as the scarcity of eye care practitioners intensified. Most of them are in the capital city Bamenda where there is a relatively calm atmosphere. Some of the ophthalmic nurses and technicians ran away from most Divisions to the Capital city abandoning their posts to safer zones.

III.2 OUTREACH EYE CARE SERVICES

This population-based eye care service was no longer rendered. There is a minimum package of services that is delivered during outreach. No outreach eye care services delivered in a specific community will automatically wean the population with these activities, therefore increasing the proportion of avoidable blindness. Eye health education on diseases that can cause avoidable blindness is absent. The detection of treatable blindness and eye diseases that can cause irreversible blindness is significantly reduced during the crisis. In brief, nearly all eye health promotion, preventive, and curative activities are tampered with, thus defeating all the achievements of the Vision 2020 program.

III.3 INTERVENTION OF INTERNATIONAL NON-GOVERNMENTAL ORGANISATION "DOCTORS WITH BORDERS" (MEDECINS SANS FRONTIERES MSF)

According to an international NGO, "Over 1.4 million people are considered in need of humanitarian support in the North West and South West Regions of Cameroon" [5]. This NGO assisted the critical health situation of the Northwest Region by supporting health facilities, setting up the only free 24/7 ambulance service, and supporting community health volunteers to reach remote populations and those struggling to access health care facilities. Unfortunately, their activities were suspended as "Cameroonian authorities accused the NGO of being too close to the nonstate armed group in the area [6].

III.4 DONORS / NGO

No NGO on the field to check the eye care project. Research on eye diseases in remote areas is disrupted. What a disastrous situation!!!

III.5 ATTACK ON HEALTH CARE PROVIDED

Healthcare providers were wounded and some were killed on their way to work or on their return from outreach services. This was the main reason for stopping this service to remote areas, it should be recalled that during international and non-international armed conflict, "medical professionals must be protected" by the Geneva Convention [7]. This convention went further to state that" attacking buildings material, medical units and transports or

person displaying the distinctive emblems is a war crime [8].

III.6 EYE EQUIPMENT

Eye clinics in the Region lack updated eye equipment because of the armed conflict. The turnout to eye clinic is low making the investment budget also to be cut down. The absence of referral hospitals also means low infrastructure with the latest technological equipment.

III.7 SOCIO-ECONOMIC ACTIVITIES

During the crisis, villagers of remote areas can no longer sell their goods to the Divisional or Regional cities. This contributes to slowing down their purchasing power. Traveling to seek eye care services in the major city town of Bamenda becomes difficult. Reversely goods from cities to villages become very expensive. This aggravates poverty. Research found out that "The percentage of the population living below the National poverty line was to be 37.5% in 2014, with a higher level in rural areas" [9].

III.8 ABSENCE OF COLLABORATION BETWEEN EYE CARE PROFESSIONALS IN THE REGION

The absence of collaboration during the crisis intensified between eye care practitioners in the Region. Solutions that were proposed to tackle ineffective collaboration by **OKWEN** were yet to be applied [12]. This makes sharing of eye cases experience among professionals to be less effective

III.9 EYE CARE STRUCTURES

Many people have moved from North West Region to other Regions of Cameroon causing a reduction of population. All eye care structures therefore cannot function to their maximum capacity – since the eye patient turnout is low. Fortunately, Dr. Marvice Okwen consultant Ophthalmologist set up an eye clinic with new modern equipment like OCT machine to assist in the diagnosis of tough eye diseases like glaucoma, diabetic retinopathy, age-related macula degenerations, and other macula-related disorders.

IV- ENVISAGED SOLUTIONS TO CONTINUE EYE CARE SERVICE DELIVERY IN THE REGION DESPITE THE ARMED CONFLICT

Eye care services in remote areas have to continue despite armed conflicts in the North West Region.

IV.1 REFERRAL HOSPITAL

The government should re-launch the construction of the referral hospital which is already functional in other regions, of the country. The eye department attached to this referral health unit will boost human resource development and also act as a referral government eye care service for the Region.

IV.2 TRAINING OF COMMUNITY-BASED HEALTH CENTERS WORKERS

The majority of health centers which are the entry point to health care are still functional in remote areas. The community health workers are very used to their respective communities. They can be trained in Bamenda capital city of the North West Region where there is a little amount of peace in the prevention of avoidable blindness and referral to eye clinics.

IV.3 TRANSPORTATION

Transportation from remote areas to Bamenda, the capital of the Region has been multiplied by 5. A transport fare from Bamenda to Banso (two ways) for example will cost 25.000 XAF against 5.000 XAF before the crisis. Under the supervision of community health workers and the drivers using the roads, government services or other NGO can subsidize the transportation of the poor villagers to Bamenda for eye care to be delivered. This exercise will be under the supervision of the community health workers, the eye patients, the driver, and the eye clinics.

IV.4 INFLOW OF VILLAGERS TO BAMENDA CITY

Furthermore, there is an inflow of people from the 7 Divisions that make up the administrative unit to Bamenda the Capital of the Region. These are called internally displaced populations (IDPs) who because of poverty and financial constraints are unable to afford eye care services. Universal health coverage was launched in April 2023, but the eye health services package is not yet included. The out-of-pocket payment scheme is what prevails. This intensifies inequity in eye health.

IV.5 EDUCATION OF ARMED GROUPS ON THE PROTECTIONS OF HEALTH CARE PROVIDERS AND ALSO INFRASTRUCTURE DURING ARMED CONFLICT

Armed groups need to be sensitized on the protection of health personnel, transports, and infrastructures during armed conflicts. According to a writer, "Even wars have limits, health workers and facilities must be protected" [10]. He went further to state that "It's a painful paradox that in time of

greatest needs, the availability of health care is at its lowest" [11]; therefore, attacking medical personnel on their humanity duties is a war crime that can be addressed.

V- CONCLUSION

Armed conflict in this zone has greatly retarded the development of the Region in all aspects including health and specifically eye health. Progress realized during the Vision 2020 initiative needs to be maintained or sustained. Proposed solutions should be well applied so that all actors in eye care delivery should accommodate the conflict while waiting for its complete resolution.

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