Capacity development, training and research uptake

PO - (8574) - LESSONS FROM ENGAGING AND TRAINING PRIVATE AND FAITH-BASED HEALTH FACILITIES FOR THE USE OF MALARIA RAPID DIAGNOSTIC TESTS IN CAMEROON.

Irene, Domkam (Cameroon)\textsuperscript{1,3,5}; Masumbe Netongo, Palmer (Cameroon)\textsuperscript{1,2,3}; Kamdem, Séverin Donald (Cameroon)\textsuperscript{1,3}; Maloba, Franklin (Cameroon)\textsuperscript{1,3}; Nji, Akindeh (Cameroon)\textsuperscript{1,2}; Tchoupe, Eric (Cameroon)\textsuperscript{1,3}; Bidias, Amel (Cameroon)\textsuperscript{3}; Namboh, Becky (Cameroon)\textsuperscript{3}; Kwedi-Nolna, Sylvie (Cameroon)\textsuperscript{3,6}; Athogo-Tiedeu, Barbara (Cameroon)\textsuperscript{2,3}; Dacombe, Russell (United Kingdom)\textsuperscript{4}; Mbacham, Wilfred (Cameroon)\textsuperscript{2,3}

1 - Molecular Diagnosis Research Group, Biotechnology Centre-University of Yaounde I (BTC-UY-I), Cameroon; 2 - Department of Biochemistry, Faculty of Science, University of Yaounde I (UY1), Cameroon; 3 - Initiative to Strengthen Health Research Capacity in Africa (ISHReCA), Biotechnology Centre-University of Yaounde I (BTC-UY-I); 4 - Liverpool School of Tropical Medicine, UK.; 5 - Centre International de recherche et de Référence "Chantal Biya" (CIRCB); 6 - 5Faculty of Medecine and Biomedical Sciences University of Yaounde I, Cameroon

Bespoke community engagement is critical for success of any intervention. Lessons learned from engaging and training of private and faith based health facilities professionals (grouped as informal health professionals -IHPs) in Cameroon could streamline training and community engagement activities of networks like ALERRT and PANDORA.

With the aim of establishing a system for monitoring malaria RDT accuracy in Cameroon, and support from WHO/TDR Impact grants, we tested the hypothesis that training IHPs and following-up with visits and telephone/online support will improve IHPs knowledge to perform RDT by 80%. This will also improve IHFs served communities’ access to accurate malaria diagnosis and treatment.

We conducted a baseline survey to map target IHFs (GPS location, staffing, training on RDT), as well as challenges through focus group discussions and group administered questionnaires. We then organised rotation classroom for a 3-days enhanced training on early diagnosis and prompt, effective treatment of malaria.

We found that though IHFs constitute approximately 30% of the country’s health system capacity, IHPs were seldom included in regional RDTs trainings by the National Malaria Control Program. Also, some IHPs had limited training to deliver health care services and not registered with the Ministry of health. Started as common initiative groups, IHFs constitute major physical access points for health within communities could be major players for community engagement within Cameroon as a sizeable population relies on them for “cheap” care. Our method is a feasible and cost-effective health worker-based approach for training and community engagement, which can help ALERRT to anticipate community preparedness for outbreaks in Cameroon and beyond.