



EPFL



You must know that we are in a rural zone. It's true, we are not very far from Yaoundé. Between 55 and 65 miles, less than 65 miles. But it is actually mainly a rural zone where people mainly live off subsistence crops so they mainly live off agriculture. There are subsistence crops, cash crop cultivation, mostly cacao. Which means for cacao the harvest is one period of the year a certain period, from let's say September, till march of the next year. So at that moment, visitor levels are at their highest, meaning people come more often to the hospital, because at the moment with the cash crops it means they have more money, they'll come more willingly to the hospital it's easier for them because now they can really pay for their treatments and this period we could say, we could consider it also in health terms, as the high hospital attendance period, from November to December November to December roughly, then, it goes down bit by bit, until March, after March, the attendance falls. In our countries it is hard to use modern medecine because it is expensive and we don't have a social security system the patient pays for everything and sometimes, there are a lot of exams that a patient would need but because of their small income they cannot do them.

Notes

Summary



Om 13s



So we try to use our intelligence to make an early diagnosis and not always a clinical diagnosis because the living standard the buying power, doesn't allow it. Ad Lucem was created for the poorer population but between you and me, you cannot give good quality care and even medication for free so there is a small fee that the patient must pay for it to work. So the poverty problem means we often treat ill people that don't have money and that causes problems for our financial management because the hospital finds it difficult to get the money elsewhere for the debt created by these ill people so sometimes, we have to play a social role, if you owe us 100,000 and you come in for an emergency cesarian we will operate on you, and after the operation when it amounts to 100'000 but you can't even pay 50'000 and you stay 1 month sometimes two months, even three in the hospital stuck because of this 50'000 debt and we have to help these people sometimes we treat people and just let them go. So that creates a hole in our budget and there, without the public grants given by the government, a lot is given by the general direction for our service mode, we couldn't even function.

Notes

Summary

2m 24s





You would have to understand that we must manage the patients wallet, what I mean by that is his financial capacity, you need to be able to control that. You can't prescribe and exam and send him or her straight to Yaoundé because they feel like we are trying to get rid of them and that, at least they know that at Yaoundé the cost will be huge. When I try to look at the anatomy of the human body, the way, Lorie, she has slightly dislocated her knee the knee goes inward, so when she walks the foot is deformed it is deformed and you can see the deformity when she walks. That's it. And it from a lack of means, I could not possibly take her to Yaoundé to do the x-ray. The other challenge, is everything that has to do with the financial side of healthcare because unfortunately in Cameroon, households still suffer from the cost of healthcare and that really is something of an important challenge for the government, to be able to put into place a solidary system and insurance system to finally allow that all can have access to health treatments without paying a lot. In Cameroon, the price of health services is in fact lower than the actual cost which would be needed for the equipment, that is the first fact.

Notes

Summary

4m 30s





The second fact, when you buy a scanner, well, the scanners are very high tech pieces of equipment that need to work optimally, meaning they must do exams every single day constantly, you must do 20,30,40 scans a day to hope to be able to make it cost-effective after five years in use and that is not the case in our countries because the access to these treatments is still too expensive for the population to be able to afford these exams you have to have your family contribute, save up, look for money here and there, so the exam you must do within a day, will be done a week later, so when you multiply the exams, the machines are under-used, and the rate of use doesn't follow the life expectancy in order to make the machine cost effective and that, is how they break down so often when you haven't even started to amortize the cost. The problem is the durability of this equipment. And in the current context, the hospital must ensure a follow up from the income generated by the services done within these health facilities

Notes

Summary

6m 20s

