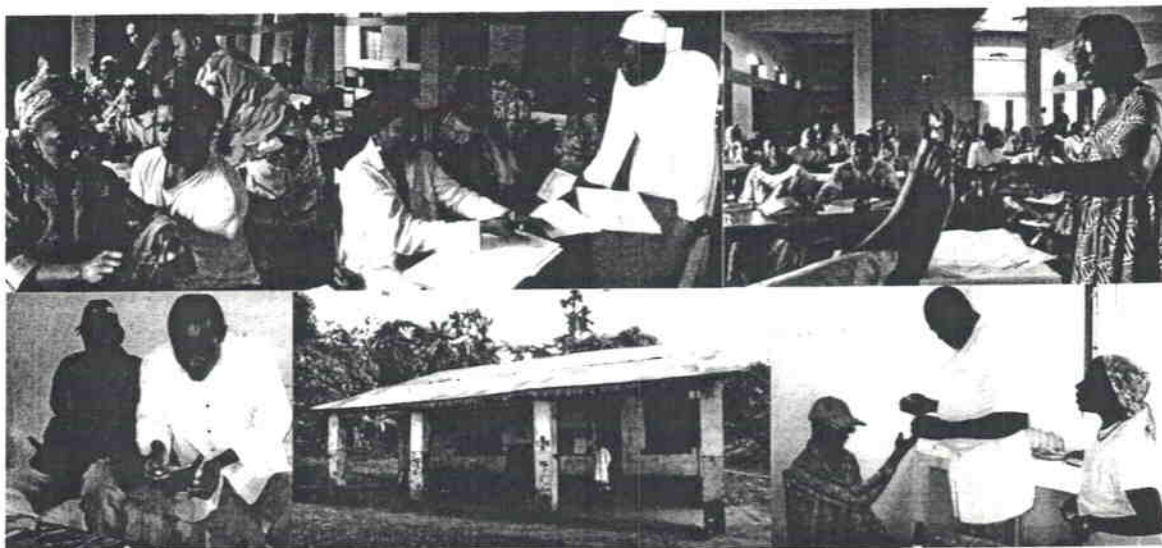


TropEd Masters Programme in International Health

TASK SHIFTING TO NON-PHYSICIAN CLINICIANS FOR INTEGRATED MANAGEMENT OF HYPERTENSION AND DIABETES IN RURAL CAMEROON: A PROGRAMME ASSESSMENT AT TWO YEARS



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Author

Niklaus Daniel Labhardt, MD

Supervisor

Bernadette Peterhans, RN, MPH
Swiss Tropical and Public Health Institute

ABSTRACT

BACKGROUND

To examine the effectiveness of integrating care for arterial hypertension and diabetes type 2 by task shifting to non-physician clinician (NPC) facilities in eight rural health districts in Cameroon.

METHODS

Of the 75 NPC facilities in the area, 69 (87%) received basic equipment and training in hypertension and diabetes care. Effectiveness was evaluated after two years on: status of equipment, knowledge among trained NPCs, number of newly detected patients and trends in blood pressure (BP) and fasting plasma glucose (FPG) among patients.

RESULTS

Two years into the programme, of 54 facilities (78%) available for re-assessment, all possessed a functional sphygmomanometer and stethoscope (65% at baseline); 96% stocked antihypertensive drugs (27% at baseline); 70% possessed a functional glucose meter and 72% stocked oral anti-diabetics (15% and 12% at baseline). NPCs performance on multiple-choice questions of the knowledge-test was significantly improved. During a period of two years, trained NPCs initiated treatment for 796 patients with hypertension and/or diabetes. The retention of treated patients at one year was 18.1%. Among hypertensive patients with ≥ 2 documented visits ($n=438$), systolic BP decreased by 23.5mmHg (CI 95%: 20.5 to 26.6; $p<0.0001$) and diastolic BP by 12.5 mmHg (10.6 to 14.5; $p<0.0001$). Among diabetic patients ($n=79$) FPG decreased by 3.4 mmol/l (1.8 to 5.1; $p<0.001$).

CONCLUSIONS

The integration of hypertension and diabetes into primary health care of NPC facilities in rural Cameroon was feasible in terms of equipment and training and showed promising BP- and FPG-trends. However, low case-detection rates per NPC and a very high attrition rate limited the effectiveness of the programme.