

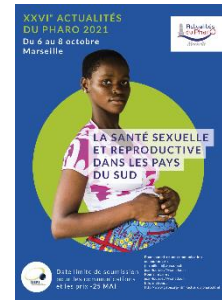
## Actualités du Pharo 2021 – Session 5

### Four years of experience of a reproductive health service in Cameroon and still a long way to go

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Since 2017, CIREs (Centre International de Recherche d'Enseignement et de Soins) has opened a sexual health service within the Akonolinga District Hospital (a semi-rural area 110 km from the capital), targeting women in the district for all needs outside of pregnancy: Sexually Transmitted Infections (STIs), family planning, cervical cancer screening, HIV screening and information on menstrual hygiene.

In 4 years of operation we have received a total of 3275 women from the entire health district, of whom 2775 (85%) were of childbearing age. The most frequent reasons for consultation were HIV screening and cervical cancer screening.

We screened 904 women for HIV and 1038 for cervical cancer. A total of 593 STDs were diagnosed and we provided 1228 women with contraception (including 349 long-acting methods).

Despite the varied and very affordable supply, the service is under-utilised with a coverage that does not exceed 31% of the target population.

Our experience shows that:

1. Decentralised activities in the community, carried out in coordination with health area managers and their community mobilisers, offering a varied and integrated range of care was the most effective strategy for reaching our target population.
2. Cervical cancer screening is not a priority for women in the area, as there is a lack of awareness of the possibilities for early diagnosis and management. There is still a huge need for education, communication and information.
3. Free services are very important to increase the acceptance of preventive activities.
4. Health personnel are also poorly informed about the evolution of screening and treatment modalities for precancerous lesions of the uterus
5. An integrated offer of several services is essential to meet the very different sexuality requirements of the female and male population.

Conclusion: In Cameroon in 2021, the needs in terms of sexual health for the rural population remain unmet and the barriers to an effective and integrated service are numerous. Cooperation between health personnel and the community is necessary to better adapt the offer of care to community demand.