Hospital Information System as a key element for a social and sustainable health model in Africa
We are working for a sustainable, social healthcare model in Africa
For the right to quality, affordable, sustainable healthcare
In countries where health is an unaffordable luxury...

...we develop small non-profit-making hospitals
✓ Long-term
✓ Training
✓ Healthcare Management
Our Foundation

We began in October 2007 as a small, independent, secular, apolitical foundation. We have been growing sustainably since then.

We rely on the invaluable work of 700 volunteers.

Over 1,000 individual members put their trust in us, year after year.

We have the support of more than 60 companies and institutions.
Where do we work?

We began working and learning 5,400 km away, in Cameroon.

A country with more than 200 ethnic groups and a variety of religions (Muslims, animists, Christians, etc.) A region where life expectancy is around 50 years, and the population constantly lives with the threat of a wide range of endemic diseases. A country beset by corruption, where the minimum salary is barely 70€/month. A land surrounded by conflicts: Boko Haram in the north, CAR in the east.

We began in Cameroon but our activities grew and expanded to countries such as Burkina Faso, Democratic Republic of Congo, Benin, and Ivory Coast.
The reality of healthcare in sub-Saharan Africa

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The reality of healthcare in sub-Saharan Africa

15% of African children don’t make it to the age of 5
Our challenges in sub-Saharan Africa

David Evans: "Necesitamos asegurarnos de que la gente no tenga miedo a enfermar porque no puede pagar"
Despite its geopolitical stability, healthcare in a country like Cameroon is characterized by:

- **A private healthcare model**
  - Including emergency care, pediatrics and obstetrics.
  - Financial resources are needed

- **Very expensive healthcare**
  - A simple visit costs 10% of a minimum wage

- **Lack of human and technical resources**
  - Few specialist doctors: 21 anesthetists and 15 orthopedic surgeons.
  - There are more Cameroonian doctors in France than in the whole of Cameroon.
  - They have 2 CT-scanners in Yaundé, neither of which works.

- **High levels of corruption in the hospital**
  - You can pay twice or three times as much for a hospital visit or procedure.

- **Lack of prevention + late diagnoses**
  - No-one goes to the doctor
  - Traditional medicine?
  - 70% of childhood deaths could be avoided
Our fight against inequality in healthcare

1. Hospitals in Africa Program

2. Salud 2.0 Program

3. Treating African patients in Spain
1. Hospitals in Africa Program


2. Bring healthcare to the patient. The patient will go to the doctor, thanks to quality, low-cost healthcare (and corruption will be eliminated).
Our working model at “Recover”

Non-profit-making hospitals / Mid to long-term intervention = 4-5 years

PATIENT-TARGETED
• Hospitals that can be trusted
• Hospitals with affordable prices
• Hospitals that offer basic quality healthcare services

MANAGEMENT-TARGETED
• Mechanisms to control corruption and a philosophy of “things can be different”
• Healthcare professionals trained in basic services
• Trained healthcare management professionals
• Provision of management tools (waste management, purchase management, management model, etc.). We ensure sustainability
• Occasional provision of equipment for basic services and infrastructures
• Continuous contact with Spanish specialist volunteers via telemedicine (Salud 2.0 Program)
2. Salud 2.0 Program: Technology contributing to health

Salud 2.0, a collaborative, innovative emedicine project

11 African hospitals in the network and 4 in the process of joining

131 professionals (89 Africans and 42 Spanish specialist volunteers)

In Africa, professional profiles vary widely:

- 42% general physicians
- 40% nurses
- 13% technical staff
- 5% specialists
3. Treating African patients in Spain

Where we are born defines our access to healthcare

While African hospitals continue to develop their skills, they will see patients with diseases that still cannot be treated in their country of origin. For this reason, we have set up a PROGRAM FOR THE TREATMENT AND CARE OF AFRICAN PATIENTS, which aims to cure these diseases by evacuating patients - children, young people, adults - for interventions in SPAIN.

The Recover Foundation has treated 114 patients with different diseases, of which more than 55% are patients with heart disease.
What have we achieved?

Hospital Saint Martin de Porres, Yaundé
Opened in 2008: 4,287 patients with 17 staff members.
In 2015, 67,210 patients with 167 employees, now a reference hospital
What have we achieved?

Hospital Saint Dominique, Djunang
Rural area, more than 9,000 patients/year
What have we achieved?

Many, many patients
Low prices, “safety” and quality
What have we achieved?

Working with local staff
What have we achieved?

We have become established. We started with the resources we had and observed how they worked.
What have we achieved?

Two years later.
What have we achieved?

114 patients treated in Spain for diseases that were untreatable in their countries of origin, in 16 specialist areas.
What have we achieved?

Emedicine: Africans and Spaniards connected by a “Facebook”-type app.
Low cost/high efficacy
Next steps

STRENGTHEN HEALTH MANAGEMENT

SUSTAINABILITY

STRATEGIC ALLIANCE GNU SOLIDARIO - RECOVER
GNU Health implementation in Cameroon

- Double pilot in two health centers in rural areas of southern Cameroon

  Bikop Health Center

  Obout Health Center

- Local project leader: RAOUL TABAI
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Thank you for your attention! 😊