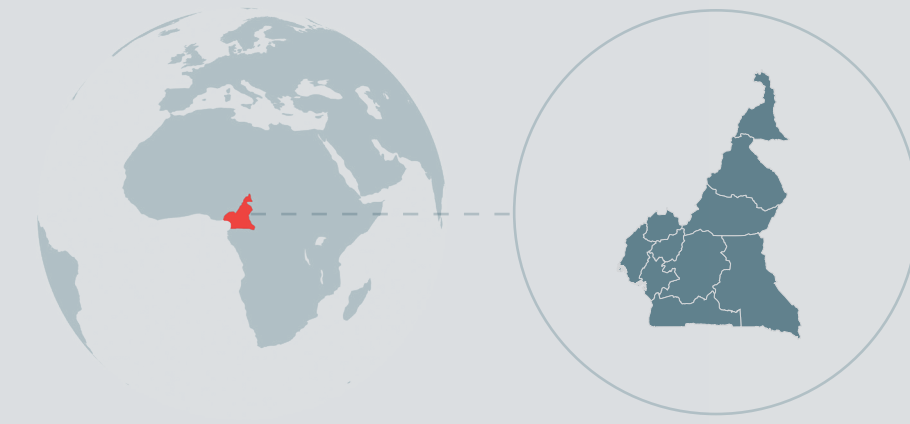




EVOLUTION OF UHC IN CAMEROON

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



GENERAL INFORMATION

Cameroon, officially known as the Republic of Cameroon, is a country in Central Africa, bordered by Nigeria, Chad, the Central African Republic, the Republic of the Congo, Gabon, Equatorial Guinea and the Atlantic Ocean. The capital city Yaoundé is located in the south-central part of the country. Cameroon has an estimated population of

25.2 million people, with a life expectancy of 56 years and an annual population growth rate of 2.56%. The population is characterised by its ethnic and cultural diversity.

The health insurance coverage and the quality of health care services in Cameroon is generally low, due to political, organisational,

functional and managerial reasons. Nevertheless, Cameroon is trying to establish and implement a health system which guarantees Universal Health Coverage, taking the socio-political, economic and structural context of its country into account.



NATIONAL UHC DYNAMICS CARD
www.p4h.world

towards
SDG 3.8.2

1987 - 1990

1987

Cost recovery and direct payments aggravate the problem of financial inaccessibility to health care with the consequent deterioration of health indicators.

Bamako Initiative
WHO conference



1990

End of the welfare state

Equitable access to quality health care becomes a major concern for the Cameroonian Government.

1998 - 2003

1998

Creation of the National Health Development Plan (NHDP) and setup of NHDP coordination teams.

2001

Adoption of the Health Sector Strategy 2001-2015 to improve equitable access to health care and to reduce poverty.

2003

Setup of an Expert Committee for the Reform of Health Insurance (CERAM) to make proposals and find technical and financial partners to develop and promote mutual health organisations.

430

Maternal mortality per 100,000 live births:

NHDP NATIONAL HEALTH DEVELOPMENT PLAN

MAIN GOAL

2001-2011

Development of several public health programmes, offering certain services and health care free of charge.

Promotion of mutual health organisations throughout the country to cover 40% of the population, particularly the poorest and most vulnerable groups.

2015 - 2020

2015

The Cameroonian Government commits to UHC, trying to reform its health care system and to progress towards UHC by 2030.

Creation of a multisectoral National Technical Group, which consists of technical and financial partners and executives from several ministries, including Public Health, Labour and Social Security, Social Affairs, Women and Family Promotion, Defence and National Security, Finance, etc.

Due to the bankruptcy of many mutual health organisations, the Ministry of Public Health no longer supports the promotion of mutual health insurance schemes. Other countries such as Rwanda, Ghana and Senegal had also failed at first, before subsequently perfecting their system by efficiently restructuring and revitalising mutual health insurance.

2004 - 2013

MUTUAL HEALTH ORGANISATIONS

2004

First initiatives for the promotion and the development of Mutual Health Organisations are launched in several health districts.

669

Maternal mortality per 100,000 live births:

2006

Adoption of the Strategic Plan for the Promotion and the Development of Mutual Health Insurance Schemes, to create at least one mutual health insurance scheme in each health district within five years.

101

Mutual health organisations

2009

Creation of a reflection committee, charged with proposing a general reform of the Cameroonian social security system with an emphasis on health insurance.

Three pieces of legislation on social health insurance coverage are developed:

- A general law on the Social Coverage of the Health Risk;
- A law governing social security mutuals, including mutual health organisations;
- A law governing the National Health Insurance Fund.

2010

Only 2% of the population are covered by mutual health insurance schemes, while many mutual health organisations are going bankrupt.

2011

Decreasing number of mutual health organisations.

782

Maternal mortality per 100,000 live births:

2013

58

Mutual health organisations

2019

The achievements of the National Technical Group include:

- Conducting the organisational and institutional analysis for the improvement of health financing (OASIS study).
- The development of the architecture of the Universal Health Coverage system, which will take the form of a single national health risk management structure with regional branches and links to other institutions.
- The definition of the Compulsory Basic Scheme of health insurance for the whole population, which offers a package of essential health care and services.
- The definition of the basic package of essential health care and services.
- The elaboration of health care protocols for the effective, harmonious and efficient care of patients.
- The definition of appropriate mechanisms for affiliation of workers in the informal economy and the agricultural sector to the health insurance system.
- The classification of the Cameroonian population according to socio-occupational categories and the determination of contributory capacities.
- The estimation of the cost of setting up the basic package of essential health care and services and the overall cost of setting up the system from 2018 to 2027.

158

Mutual health organisations

HEALTH FINANCING MECHANISMS 2010-2015

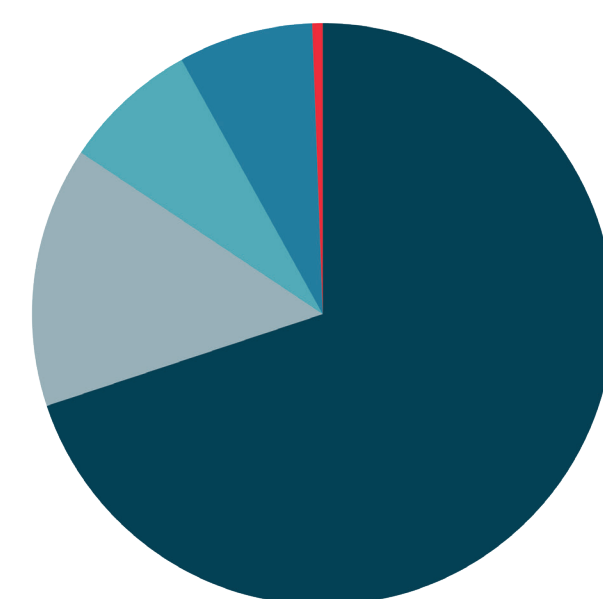
Three health financing mechanisms were introduced into the Cameroonian health system between 2010 - 2015. These are:

• Regional Funds for Health Promotion (FRPS): a solidarity mechanism to facilitate access to quality essential medicines even for the poorest.

• PBF (Performance-Based-Financing): a financing mechanism to improve quality and efficiency in health facilities

• The Health Voucher: a mechanism for subsidising health care for pregnant women and newborns.

DISTRIBUTION OF CURRENT HEALTH EXPENDITURE IN 2012 BY SOURCES OF FINANCING



- 70,42% Contribution of households
- 14,54% Public administrations
- 7,70% Private companies
- 7,11% multilateral and bilateral funding
- 1% NGOs

Source: Ministère de la santé publique (2017), Comptes Nationaux de la Santé de 2012.

HEALTH PROTECTION AND FINANCING

1. Public medical assistance for state employees is financed by the state budget/taxes.
2. The National Social Security Fund (CNPS) covers 100% of costs for occupational risks and diseases for all workers.
3. Companies' health services are funded by the business budget. Access to corporate health services is either completely free or partially free for all employees and their families.
4. Vertical public health programmes cover reproductive services and certain endemo-epidemic diseases (malaria, HIV/AIDS, tuberculosis, cancer, blindness, etc.) free of charge for all population groups.

2019-2020

Despite these many achievements, the country is slow to gain momentum in the process leading to UHC. This is why more relevant actions have been recommended by WHO during two missions carried out by its experts in January and February 2019. Following this, a UHC Development Plan has been underway since the end of 2019.



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National Health Expert, Health Economics / Financing specialist

"Like many other countries in sub-Saharan Africa, Cameroon has difficulties moving towards Universal Health Coverage. Achieving SDG 3.8 by 2030 risks being compromised unless a good health financing strategy is adopted and strong action is taken to implement it. Experience in Rwanda, Ghana and Senegal has shown that restructuring and revitalising mutual health organisations can be cost-effective and facilitate coverage of populations in the informal and rural sector."