Policy Briefing:

Universal Health Coverage Phase 1 in Cameroon: From Promise to Reality

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Overview:

This policy briefing synthesizes key insights from the Cameroon Town Hall for Healthcare Professionals session held on April 22, 2023 with His Excellency Dr. Manaouda Malachie, Minister of Public Health, ten days after the launch of Phase 1 of Universal Health Coverage (UHC). MINSANTE reported 1,295 participants online at the peak of the session.

Context:

Fewer than 7% of Cameroonians are covered by a social health protection mechanism, essential service coverage is 45%, and households pay about 70 to 72% of health spending out of pocket. Phase 1, launched on April 12, 2023 with a budget of 95.9 billion FCFA shared almost equally between the State and partners, targets children under 5, pregnant women and newborns in five regions, people living with HIV, TB and onchocerciasis, and dialysis patients, while the UHC law is still under government review.

Key Issues:

1. **No legal framework yet:** The UHC bill and implementing decree were with government. Compulsory affiliation, contributions and expansion to the whole population depend on them.
2. **Dependence on partners:** About half of Phase 1 funds, including most medicines and vaccines, come from partners such as the Global Fund and Gavi.
3. **Free for the patient, paid to the provider:** Uptake depends on facilities being reimbursed on time and on stopping informal payments and stockouts, which had already undermined free malaria care.
4. **Workforce:** UHC adds workload while staff leave; recruitment of 20,000 to 25,000 staff was only at the advocacy stage, and contract staff status remains unresolved.
5. **Geographic and private sector limits:** The maternal package covers five regions, and private facilities enter only where no suitable public facility exists.

Discussion Highlights:

- A pregnant woman pays 6,000 FCFA once for antenatal care, delivery including caesarean section, and newborn care to 42 days.
- Dialysis costs fell from about 720,000 to 800,000 FCFA a year to a 15,000 FCFA annual card.
- More than 15,000 people had enrolled within ten days of the launch.
- The Minister said facilities will be reimbursed to the last franc and that inspectors, and he himself, would check for informal payments.
- Patient mobility with the UHC card was presented as the most innovative feature.
- The Minister said the diaspora platform existed and the working group's terms of reference were out for comment.

Recommendations:

- **Adopt the UHC law and its financing:** Government and parliament should adopt the UHC bill and implementing decree, using the actuarial study to set contributions for households, the informal sector and companies. First step: publish the timetable for the bill's transmission to the National Assembly.
- **Publish the fortnightly Phase 1 report:** MINSANTE and the National Technical Coordination should deliver the public update every two weeks that the Minister proposed, with enrolment, use of services, reimbursement delays and stockouts by region, and the success indicators once finalised. First step: a public dashboard on the UHC platform with the 60% by 2025 target tracked by region.
- **Pay facilities on time and enforce no-payment rules:** The regional health promotion funds should set and publish reimbursement deadlines, and the General Inspectorates should carry out unannounced checks for informal payments and stockouts, with a hotline for patients. First step: a joint inspection round in the five maternal health regions.
- **Secure the medicine supply:** MINSANTE, CENAME and the regional funds should agree a stock plan for Phase 1 products, especially pediatric malaria kits and dialysis kits, and a plan to reduce dependence on partner-funded medicines. First step: monthly stock reporting from district facilities to CENAME.
- **Staff the scheme:** Government should approve a phased recruitment of health staff and settle the status of contract staff, while MINSANTE extends referral, telemedicine and performance and quality bonuses. Training schools and regional delegations should brief providers on how reimbursement works. First step: a recruitment plan for the five maternal health regions.

- **Use the diaspora:** MINSANTE and the town hall should finalise the diaspora working group's terms of reference and invite diaspora professionals to support provider training, telemedicine and accredited clinics in underserved areas. Diaspora members should send comments on the terms of reference through the town hall. First step: a joint list of diaspora offers matched to Phase 1 needs.

Next Steps: The Minister committed to regular public reporting (every two weeks), publication of success indicators, expansion of the basket once the UHC law is adopted, possible extension of the maternal package to other regions the following year, and completion of the diaspora working group after feedback on its terms of reference. He offered to return to the town hall when invited.

Conclusion: Phase 1 brings free or low-cost care to children, pregnant women, people living with HIV, TB and onchocerciasis, and dialysis patients, financed half by the State and half by partners. Its success will depend on timely reimbursement, steady medicine supply, enough staff and a UHC law that secures domestic financing. Participants welcomed the Minister's openness and his invitation to the diaspora to contribute.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of April 22, 2023. Recording: https://www.youtube.com/watch?v=gBCVh07J_Go