**WORKSHOP ON THE RESTITUTION OF RESEARCH ON THE PROGRESS OF STRATEGIC PURCHASING IN CAMEROON**

November 17 and 18, 2021

Location: Mbalmayo

**1-Context**  **and justification**

Policy makers in the Pays à Revenu Faible and Moyen (PRFM) face the challenge of improving the performance of their health systems. Achieving sustainable health (UHC) has become their central objective to achieve equitable and sustainable health outcomes and improve the well-being of their people. The path to CSU requires financing systems that enable people to access quality health services.

Cameroon has been resolutely committed to the path of under SU for some years. In December 2017, the Pr de la République said: *"We will continue our efforts to provide our populations with quality health care accessible to all. It is with this in mind that I have instructed the government to complete the reflections on the gradual implementation of universal health coverage."*

The Government of Cameroon has therefore taken a number of important steps and health financing reforms aimed at equipping people with UHC by 2035. This is also enshrined in national policy documents such as Vision 2035, the Strategy for Employment and Employment (DSCE), the Strategy for employment (DSCE), the Strategy of the Sector of employment (SSS 2016-2027), the Slan National of D health development (PNDS), the National Development Strategy 2021-2030.

As an essential function of health care financing, *procurement* refers to the allocation of pooled resources to providers to provide health goods and services to the covered population, in accordance with the defined benefit package. It can be passive (i.e., it is not evidence-based or aligned with health sector policy objectives, or resource allocation defaults according to historical models and provisions) or strategic. Purchasing health services in a strategic manner involves active, evidence-based engagement in defining services, volume and selection of providers to maximize societal goals. It also involves defining institutional arrangements, service standards (quality) and control provisions.

If strategically designed and undertaken, health procurement can promote quality, efficiency, equity and responsiveness in the delivery of health services, and ultimately play a facilitating role in the evolution towards a universal health system. The review of the evidence suggests that strategic health procurement (SA) has been one of the main objectives of recent health financing reforms in LMICs to improve the quality of services and promote system efficiency. Several studies have reported positive links between SA approaches and better quality of care, meeting unmet health needs, and improving outcomes.

Due to the potential benefits of strategic health procurement as well as recommendations from the World Health Organization (WHO), many LMICs have undertaken strategic health procurement reforms in their health policies. By moving from a passive health service procurement policy to a strategic health procurement policy, they hope to change service delivery and patient behaviour by committing, based on evidence, to define the range of services, volume, selection of providers, institutional arrangements, service standards (quality) and control arrangements to maximize societal objectives. Although the theoretical basis of SA is similar, implementation and experiences vary across different health systems, depending on how countries align tools with policy objectives.

Little effort has been made to document the various SA reforms that countries are implementing, particularly in the context of LMICs. To understand the implications of purchasing on health system performance, one must consider all dimensions of purchasing in multiple systems. In addition, it has been widely recognized that the increased interest in SA research for health is largely due to the need to move beyond concepts and theory to practical application, with researchers being asked to produce evidence that adequately informs policy debate and action.

This research program aimed to fill these gaps in the case of Cameroon.

**2- Objectives**  **of the research programme**

1. Describe general trends in strategic procurement activities at the national level to inform learning agendas and investment in practical resources to support implementation;
2. Better understand how strategic procurement activities lead to health system outcomes;
3. Identify "hot spots" where progress is being made and which offer learning opportunities at the regional level.

**About R4D International (**[**http://www.r4dinternational.org/**](http://www.r4dinternational.org/)**)**

Research for Development International is a registered organization based in Cameroon dedicated to health research, policy formulation and the implementation of innovative or evidence-based health interventions.

Since its inception in 2012, the organization has built part of its reputation on health financing work, including strategic procurement and underSU. R4D International continues to develop and intends to move in the same direction by becoming more involved in collaborative projects with the Cameroonian government.

In addition, R4D places capacity building at the heart of its work through the mentoring of junior experts by their senior colleagues, not only to ensure a generational process of knowledge transfer, but also to foster collaborative learning and the organization of learning.

In recent years, the organization has championed innovative knowledge brokering approaches to reduce the "knowledge gap," organized workshops and conferences, and advocated for cross-sectoral research and implementation projects. Our vision is for a more engaged development partnership, better positioned to give collective meaning and influence the rapidly changing world of health systems.

**3- Objectives**  **of the workshop**

This workshop aims to:

* Strengthen the capacity of stakeholders on the Strategic Procurement function
* Return the results of SA research in Cameroon
* Jointlydevelop new research proposals, based on the realities of the context and reflecting the needs of stakeholders in SA
* Identify priorities for SA action in the country and define key next steps for the country\*

**5- Methodology of the work**

The work will take place over two days, on 17 and 18 No.2021.

The workshop will be done mainly through:

* Theoretical presentations
* Brainstorming sessions and reflections

**4- Expected results**

At the end of the workshop, the following results are expected:

* the SA capacities of the actors are strengthened
* additional SA research priorities are identified
* recommendations on SA priorities for action in the country are identified and key saa next steps for the country are developed

**Agenda**

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| **Day 1 – Introductory session and theoretical presentations** |
| **Timetables** | **Activity** | **Responsible** |
| *9h00 – 9h30* | Welcome and brief presentation of the participants |  |
| *9h30 – 10h30* | Presentation of the workshop* context
* working methodology
* expected results
 |  |
| *10h30 – 10h45* | Coffee break |  |
| 10h45 – 11h30 | Strategic Health Procurement | XXXXX |
| 11h30 – 12h15 | SA Conceptual Framework (SPARC) | XXXXX |
| 12h30 – 14h00 | Lunch break  |  |
| 14h00 – 15h00 | Mapping Progress in Strategic Health Procurement in Cameroon: A Scope Review <https://www.tandfonline.com/doi/full/10.1080/23288604.2021.1909311> | XXXXX |
| 15h00 – 15h00 | Multiplicity of regimes and non-alignment of the care package in the context of strategic health procurement in Cameroon: Reflections and perspectives <https://sparc.africa/2021/08/multiplicity-of-schemes-and-non-alignment-of-the-healthcare-package-within-the-framework-of-strategic-health-purchasing-in-cameroon-reflections-and-perspectives/> | XXXXX |
| 15h30 – 15h45 | Coffee break  |  |
| 15h45 – 16h15 | Strategic health procurement in Cameroon. Multiple and fragmented schemes and opportunities for alignment in the context of universal health coverage<https://sparc.africa/2021/04/strategic-health-purchasing-in-cameroon-multiple-fragmented-schemes-and-opportunities-for-alignment-in-the-universal-health-coverage-context/> | XXXXX |
| 16h15 – 16h45 | Quantitative evaluation of the impact of the health voucher project on the attendance of health facilities by pregnant women for the first antenatal consultation and on assisted deliveries | XXXXX |
| 16h45 – 17h15 | Performance-based financing: A path to strategic procurement in Cameroon? A synthesis of the evidence | XXXXX |
| **Day 2 – Theoretical session and recommendations on priorities for action** |
| **Horair** | **Activity** | **Responsible** |
| *8h30 – 9h00* | *Report of*  *Jour*  *1* |  |
| 9h00 – 9h30 | Lessons from Sub-Saharan Africa on the Implementation of the Framework for Monitoring Progress in Strategic Health Procurement | SPARC Team |
| 9h30 – 10h45 | What additional SA research priorities are identified (small group reflection) | Group brain storming  |
| 10h45 – 11h00  | Coffee break |  |
| 11h00 – 12h30 | Recommendations on SA priorities for action | Group brain storming  |
| 12h30 – 13h00 | Evaluation of the workshop and reading of the general report |  |
| 13:00– 14:00  | Lunch and end of the workshop |  |

**Participants**

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