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| **REPUBLIC OF CAMEROON**  **MINISTRY OF LA SANTE PUBLIQUE** MINISTRY OF PUBLIC HEALTH **MINISTRY OF LA SANTE PUBLIQUE** MINISTRY OF PUBLIC HEALTH ***Peace – Work – Homeland***  **---------------** |  | **REPUBLIC OF CAMEROON**  ***Peace – Work – Fatherland***  **---------------** |
| **MINISTRY OF PUBLIC HEALTH**  **------------------** |  | **MINISTRY OF PUBLIC HEALTH**  **------------------** |
| **GENERAL SECRETARIAT**  **-------------------** |  | **SECRETARIAT GENERAL**  **--------------------** |
| **HEALTH OPERATIONAL RESEARCH DIVISION**  **----------------------** |  | **OPERATIONAL RESEARCH**  **DIVISION OF HEALTH**  **------------------------** |

N°\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /R/MINSANTE/SG/OVER

**REPORT**

**Report of the workshop for the dissemination of the results of the studies entitled: *"The effect of the health voucher program on the intermediate results of the health system and the delivery of health services in Cameroon"***  **and**  ***"The place of strategic health purchasing instruments in the fight against the COVID-19 pandemic in Cameroon",*9 and 10 December 2021, Mbalmayo, Cameroon**

**DAY 1**

On Thursday 09 December 2021, se is held at the Departmental Hotel of Mbalmayo, the work of the first day of the workshop of dissemination of the results of the aforementioned studies.

The following institutions were present (see attendance sheets in theannex):

* DROS, DRFP, DPS, Joint Programme, PNLP
* CIDR- healthcheck , CTN-PBF
* R4D
* AMREF
* MINEPAT
* Catholic University
* FMSB-UY1
* ONSP
* Positive Generation
* Social Broker

**1)** **Opening**  **of** the **workshop**

After the registration and installation in the room of the participants, the workshop began at 09:50min with the welcome speech delivered by the session president, XXXXX, Head of Division of Operational Research in Health / MINSANTE. In his opening remarks, XXXXX welcomed the participants, and congratulated R4D (Research for Development) International for the research carried out and the initiative to report the results. She also stressed the importance of strategic procurement in strengthening the health system for Universal Health Coverage (UHC), and recalled the objective of the Strategic Document for Health Financing (DSFS 2019-2027) which is to provide by 2027 a financing system that guarantees financial protection against the risk of disease by strengthening the strategic procurement mechanism. In this sense, Cameroon is already implementing some purchasing strategies such as the PBF, Chèque Santé and the COVID Response Plan.

This workshop is marked by the presence of XXXXX, AMREF, KENYA who works with R4D in the framework of the Strategic Heallth Purchasing in Africa - SPARC project, and XXXXX, FECO-CI of Côte d'Ivoire.

The objective of the workshop and the working methodology of this workshop will then be presented by XXXXX of R4D International.

Ø **The objective of the workshop**

This workshop (whose agenda appears in the annex) had as its main objective the restitution of the research work carried out by R4D on the strategic purchase in health in Cameroon conducted 3 years ago.

Ø **Working methodology**

The work was carried out according to powerpoint and Discussions presentations.

**2) Presentations**

The speakers alternately made presentations that were followed by discussions open to all participants:

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| **N0** | **Theme** | **Presenter** | **Key** points |
| 01 | Strategic Health Procurement | XXXXX (R4D) | - What is strategic purchasing: align funding and incentives with real needs and services offered. Focus on quantitative and qualitative performance measures  - buying on a continuum from passive to strategic buying  - difference between allocation of resources and payment of providers  -The actors involved in the purchase  - difference between the purchase of health services (purchasing) and the purchase of goods and supplies (procurement)  - sources of inefficiency and inefficiency  - the 3 key areas of strategic purchasing: what is-what we buy, who are we going to buy from, how we buy |
| 02 | Strategic Procurement Conceptual Framework (SPARC) | XXXXX (AMREF) | - Framework used to describe purchasing scheme in 9 African countries  -SPARC’s pillars (connect-match-share)  - financing within the overall health system  - UHC intermediate objectives  - Final coverage goals  - What is purchasing  - SPARC technical partnership  - The existence of many gouvernance system, one for each SHP scheme  Another framework ( vision, objective, target audience) |
| 03 | Mapping progress in strategic health procurement in Cameroon | XXXXX (R4D) | - study was a scoping review  - 30 financing scheme: 19 /30 related to vertical program. 5 with element of SHP and have been stated in policy as being the avenue to achieve UHC (NHI, PBF, Voucher system, private health insurance, MHO).  - the main purchasers, governance, financial management, benefits specification, contracting arrangement, provider payment, performance monitoring  - purchase made across purchasing function. |
| 04 | Lessons from Sub-Saharan Africa on the Implementation of the Framework for Monitoring Progress in Strategic Health Procurement | XXXXX (AMREF) | - SPARC Theory of change  - SPARC Technical partnership (SPARC is hosted by AMREF Health Africa and is connected to regional institute around the continent  - SPARC’s unique approach generating shared knowledge and understanding though SHP functional mapping (benefits package specification, contracting, provider payment, provider monitoring)  - some drivers of progress were identified  - when schemes duplicate functions (different institutions and policies)  - represented in 9 countries. |
| 05 | 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,  R4D | - The objective was to check whether the Cheque santé project has changed the trend level of the indicators of use of health services (CPN1 and Childbirth achievement)  - quasi-experimental "before-and-after" study, interrupted time series  - Study period: January 2013-May 2018, secondary data   * Statistical analysisandstatistical modeling, meta-analysis, 81 fosa CS had been analysed initially,but less than 40 had complete data * The evaluation highlighted contrasting results in terms of CPN1 or deliveries in FOSA * Before the extension of the project to other Fosa, it is necessary to conduct the other investigations to understand the reasons for success and not success in other FOSA * Improving the quality of the data, including completeness, is necessary to ensure that the results of the study reflect reality. |
| 06 | Approach to Strategic Procurement in Malaria Management | XXXXX (SP/PNLP) | * Organization of implementation   The transition from a free policy to a strategic purchasing mechanism   * The selection of indicators   The criteriafor validating output indicators   * Calculation of targets by indicator at all levels * The main challenges and prerequisites * Approach for finalizing costing * Approach to implementation |

**3) Discussions**

The questions asked by participants during the presentations and the comments that followed are presented in the table below.

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| **Talking points or questions** | **Comments and suggestions** |
| * Is prevention always better than cure? * Why Strategic Procurement is more important for universal health coverage * Scenario proposals for UHC implementation * Can the programme budget be considered as strategic procurement? * Is PBF equal to AS? What are the elements of the PBF that make him an AS? * Can the SPARC system be considered the PBF? * Does SPARC focus only on health? Is there a link between SPARC and the Africa CDC Health Economics Committee? * The challenges of the purchasing function in Cameroon * Why is it not easy to defragment in some countries, is there no platform? Lessons learned from other countries | * Investing is prevention, health promotion is important. The three types of primary, secondary and tertiary prevention must be seen anddecisions must be taken on the basis ofeconomic evaluations. * According to the WHO's 2010 Global Health Report, more health is needed for money. Resources must be mobilized, pooling and then purchasing. We must think about the needs of the populations. * UHC will be implemented in Cameroon from January 2022. The PEC of malaria and HIV will have to be added to the health voucher * Scenario 1: health check approach with accreditation, but some FOSAs will be excluded and therefore some children * Scenario 2: we base ourselves on the populations to be enlisted, all fosas are retained and their technical platforms will have to be raised, which will take more time * In the programme budget the resources used are reported, but in strategic procurement there are contracts, the results are purchased and the contract can be reviewed. * NO. PBF is an element that falls within the function of the AS,just like the health check. It is acomplementary method of payment to others. You can make the strategic purchase without PBF. The elements are the consideration of performance, population needs, information and evidence. There is a differentiation betweenbuyers and providers. * - SPARC does not focus on PBF, but it considers what PBF does. It looks at governance, communication, managerial factors, bottlenecks, barriers. Defragmentation purchasing mechanisms and the ability to have a single system. It organizes the dialogue on strategic purchasing with decision-makers * SPARC is specifically interested in health. It collaborates with the African Union, but would be interested in collaborating with CDC * Fragmentation: each regime has its own system of governance * Lack of a pool for strategic purchasing * Providers are not autonomous * Non-alignment of service packages (severalplans cover the same services) * Low participation of the population to ensure the accountability of the system, opportunity to capitalize on the existence of health and management committees * All systems are fragmented, the most important thing is how to organize all payment microsystems * Ghana, Rwanda and Thailand are examples,all started with the separation of functions. * Public funding still insufficient to no longer depend onpartners, need to identify own sources of funding * How to overcome the problem of late repayment * Strategic decisions are more political than technical. * Need for a legal framework * The government must take advantage of communication errors, lessons learned from healthchecks, PBF and put in place a governance mechanism that encompasses all plans. Make information interoperable * Improving communication, people are not aware of the benefits * Those who have succeeded are those who have a clear long-term strategy, strong political will, strong leaders,progressive enrolment, domestic financing, civil society involvement. You need someone upstream to better observe and analyze. * Another factor is the attitude of health workers. We have a weak institutional capacity to monitor programmes and little involvement of the operational level where policies have to be transformed into actions. * We do not have a unit of thought to work in groups to drive change. In this context, the system must be strengthened. A strong important framework to have the convincing results. Set up a working group with stakeholders. Each actor should play his role. |
| * Why take only two indicators? (CPN1 and childbirth) * Isn't the sample size small? * The importance of a qualitative study to answer certain questions | * The indicators chosen were those available * Size is not an issue given the methodology or type of study used (the time series method). |
| * How can we make children aged 0-5 know that their malaria treatment is free? * How in practice will you combine with the other purchase plans since you already have the funds? * Health voucher and malaria, whatisproposed for UHC? | * The demand-driven approach must be usedto encourage the population to go to FOSA * Calculate the targets to do the costing, then identify scenarios and choose whether to start with a few priority regions or all regions * Make the unit cost that is flexible * We can harmonize with LCA to integrate the indicators, have the same tools, the same auditors, the same payer |

**4)Recommendations**

- All stakeholders (PBF, health check, PNLP, PNLP, free user fees,R4D ...) should work with the DROS in small groups for one or two weeks in order to bring out the policy briefs on the subject (upgrading FOSA, how to integrate fragmented mechanisms to inform UHC implementation, health management in the context of decentralisation among others).

As the items on the agenda had been exhausted, the meeting was closed at 17:50 minutes by the SP/PNLP, XXXXX.

**DAY 2**

On Friday, December 10, 2021, at the Departmental Hotel of Mbalmayo, the work of the second day of the workshop for the dissemination of the results of the aforementioned studies continued.

The second daybegan at 9.45 a.m. with the adoption of the agenda (see annex) and the reading of the report of the first day followed by the amendments.

**1)The objective of the workshop and the working methodology**

The objective of the workshop and the working methodology were the same as those of the previous day.

The work took place according to powerpointpresentations, discussions and group work.

**2) Presentation**

A presentation was on the agenda which was followedby discussions open to all participants:

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| **Theme** | **Presenter** | **Key** points |
| Strategic procurement approaches in Covid-19 preparedness and response plans in Cameroon | XXXXX, R4D | **Type of study**; exploratory qualitative study  **Place and period:** 5 regions (Littoral, Centre, Adamaoua, Nord and Extreme–Nord),August-December 2020  **Population:** decision-makers, responsible for the fosa involved in the response to the covid-19 pandemic in Cameroon.  **Sampling technique**: reasoned choice of actors and snowball effects.  **Data management and analysis**: interviews were recorded, transcribed, analyzed using QDA minersoftware. The coding of the data was carried out in a particular way with the research team and the data were organized around conceptual categories related to the different functions of the purchase.  **The results** focused on governance, resource mobilization, the payment mechanism, the service package, the management of the information system and the complaint management and case tracing mechanism.  **Lessons learned:-** the significant role of strategic procurement approaches in the provision of appropriate services, the removal of financial barriers,the reduction of wait times for providers and the rapid and efficient allocation of resources.- the need to consolidate ownership of strategic procurement for future responses. |

**3) Discussion**

The questions asked by participants during the presentations and the comments that followed are presented in the table below.

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| **Talking points or questions** | **Comments and suggestions** |
| What is the bridge between research results and decisions? How will we proceed? ? | * R4D is willing to work with the government as they create a bridge between scholarly knowledge and implementation. IF R4D is solicited it will bring its expertise. * There must be an investment between evidence and policies, this investment is often lacking hence the need to provide time and resources for advocacy * Decision-makers must be identified * Create a platform for negotiation, advocacy * Create a budget when writing the protocol, and also at MINSANTE * Importance of civil society involvement |
| What makes the COVID response plan a strategic purchase? who are the buyers, service providers, what were we buying? | * The COVID response plan has certain elements of the purchase straégique in particular the autonomy of the FOSA in the purchase,the financial incentives of the service providers * The COVID response plan provides lessons that could be capitalized on for UHC implementation, including special procurement through lean schemes |

**4)**  **Group work**

Participantswere then divided into 3 groups for brainstorming on 1) additional research priorities for strategic procurement, 2) recommendations for strategic procurement action priorities.

The tables below present the proposals given by these groups.

1. **What are the additional research priorities for strategic procurement?**

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| **Group** | **Proposals** |
| **Groupe 1**   * XXXXX (President) ((DROS) * XXXXX (Rapporteur) (MINEPAT) * XXXXX (CTN-PBF) * XXXXX (FMSB) * XXXXX (CTN-PBF) * XXXXX (CNLS° * XXXXX (DROS) | * Place of Strategic Purchasing (SA) in the issue of supply management and stocks of medicines and inputs in Cameroon. * The role of SA in the production and use of strategic information in the health sector. * SA's approaches in the process of achieving the 95-95-95 HIV/AIDS goals. * How SMA can promote the integration of different health financing mechanisms. * Strategic procurement approaches in UHC. |
| **Groupe 2**   * XXXXX (President) (R4D) * XXXXX (R4D) * XXXXX (DRFP) * XXXXX (Rapporteur) (Generation positive) * XXXXX (DPS) | * The determinants favoring the transition from passive to strategic purchasing. * Assessment of knowledge attitudes and practices of SA stakeholders * Assessment of the level of implementation before and after the transfer of competences. |
| **Groupe 3**   * XXXXX (Rapporteur) (SocialCourt) * XXXXX (FENO-CI) * XXXXX (AFAIRD) * XXXXX (President) (CIDR) * XXXXX (Catholic University) * XXXXX (JointProgramme) | * Proposal for a model for linking fragmented financing mechanisms * Cameroon's AS initiatives improve the performance of passive purchasing mechanisms (direct payment) * Sustainability of SA mechanisms and mobilization of additional nationalresources. |

1. **Recommendations on SA priorities for action**

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| **No** | **Recommendations** | **Responsible** | **Time** |
| 1 | Create a WhatsApp group to follow up on workshop recommendations | OVER | A week |
| 2 | Set up a working group to draft policy briefs on lessons learned fromthe SA mechanism and their link to UHC | OVER | Three months |
| 3 | Transform selected research priorities into a research protocol/project | R4D International | Six months |
| 4 | Identify andmobilize funding for advocacy and implementation of selected projects | R4D International | Six months |
| 5 | Establish a SA Working Group | DCOOP, R4D International,DPS | One month |
| 6 | Develop an advocacy and communication action plan for strategic procurement | DPS, Celcom, Civil Society, | Six months |
| 7 | Strengthening of the operational technicalcapacities of SA actors | DOST, HRD, DRFP, DLMEP, all programs | One year |
| 8 | Create a community of good practice en n face-to-face or virtual | DSF, PBF, Chèque Santé, Free User Fees, PNLP, PNLT | One month |
| 9 | Mobilising civilsociety, intensifying its involvement and advocacyon UHC | Positive Generation, Social Broker, AFAIRD, Recap +, One way, | Three months |

**5) Evaluation de l’atelier**

At the end of the work each participant had the opportunity to make an anonymous written evaluation of the workshop to R4D international.

**6) Closing of the workshop**

The floor was first given to XXXXX, R4D International who welcomed the presence of AMREF and CT3, then expressed his satisfaction with the participation of all stakeholders, and stressed the importance of following the recommendations. He also recalled that R4D will continue to support actors in research for the implementation of strategic purchasing.

XXXXX, CT3 MINSANTE then praised the commitment of the participants during two working days and invited them to follow the recommendations.

The items on the agenda having been exhausted, the workshop was closed at 13:47 minutes by the Technical Committee No. 3 of the Minister's office, XXXXX.

**The rapporteurs**

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