**TITLE:** Progress towards universal health coverage: Is Cameroon investing enough in primary care?

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**BACKGROUND**

Cameroon faces significant income and health inequalities, due to the health sector’s reliance on out-of-pocket spending for 70% of healthcare financing. This has resulted to serious income and health inequalities. To reverse this trend, the government in 2015 began reflections for the putting in place of a universal health coverage (UHC) scheme. The country has opted to limit the implementation of the first phase of the UHC to the essential package of activities offered by primary health care facilities. A number of planning, budgeting and resource management processes must be addressed in order to channel more resources to the PHC level and facilitate this reform.

**AIMS**

This paper aimed at reviewing the structure of the budget allocation within the MoH to assess if it reflects the government’s desire to enhance service availability and readiness at the primary health care level in the face of the impending UHC.

**OBJECTIVES**

* To describe the budget allocation trend to the MoH from 2014 to 2018
* To analyze and compare the budget distribution between the central, regional and operational or PHC level

**METHODS**

Data was derived from finance laws (chapter 40) of 2014 to 2018. The data was analyzed using Microsoft Excel. Using the budget codes (Article and Paragraph numbers), trends in spending between the central and district (operational) levels were categorized in terms of budget holder, regional earmarking, facility earmarking, spending types and programmatic funding. These were filtered and sorted using either the paragraph or article numbers.

**KEY FINDINGS**

* The budget allocation to the MoH dropped by a cumulative 26.23% between 2017 and 2018
* Only about 11% of the budget was allocated directly to the operational level (primary health care level) compared to 18% direct central level expenditure
* 40.2% of the budget represented investments for the operational level executed from the central level.
* Allocations to PHC structures dropped slightly from 2014 to 2015, remained fairly stable from 2015 to 2017 for all structures but doubled from 2017 to 2018.

**MAIN CONCLUSION**

* The results reveal a high centralization of the budget in favor of the central administration to the detriment of the operational or PHC level.
* Allocations to the regional and district levels are insensitive to the size and needs of the population of the regions and districts.
* There are great disparities between the regions and between urban and rural areas, leading to inequity in service delivery.