Performance Based Financing: A Qualitative Assessment and Cost Implication on burden on Disease in Cameroon

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Background: Cameroon is lower middle-income country with modest resources. Despite increased spending in health, health outcomes are still progressing very slowly and Cameroon is still lagging behind key SDG targets. Performance-based financing has been introduced in Cameroon as a joint intervention by the ministry of health and the World Bank Group. An impact evaluation conducted in Cameroon suggested that PBF had impact on some health sectors and but not on others. Reflections on the approach have suggested that increasing demand may be strategic in making PBF even more efficient. There are existing opportunities including use of lay health workers that could be used to mobilize communities to support hospital performance and increase demand.

Objectives: To evaluate the financial contribution of PBF to health facilities in Cameroon. To evaluate the contribution of community involvement in improving health facility performance.

Methods: Community monitoring was developed as an approach to facilitate community mobilization process for healthcare demand, supporting health facilities to be more performant and adding value to the activities of community health workers. It utilized a community mobilization approach to provide feedback on community health priorities. This feedback considers community issues, hospital performance and community health workers performance and incorporated into hospital’s business plan. The approach was used in four health districts in the North-West Region between 2015 and 2017 and 96 communities experienced this approach.

We calculated the contributions of PBF to hospital production (equity and quality bonuses), quality of care, outreach, and ability to use community voice for decision making. We focused on diseases with highest disease burden, including malaria, HIV/AIDS and sexual and reproductive health services.

A qualitative assessment is important because it helps with bringing out the experiences of communities, health facilities and community health workers, which will help in meaningfulness of the program to these groups. Experiences and meaningfulness have been shown to play a key role in global health, policy and practice, and the evidence ecosystem.

Results: Total quarterly productions increased for all indicators and across all districts by a mean of 3,722.8 score (R: 1,244 – 6,629) new services provided. Three out four districts showed mean improvements in quality of 3.5 points (R: 1.6 - 5.1) over 15 months period while one health district showed depreciation in quality by -12.3 points, with depreciations being uniform across all technical quarterly quality assessments.

Discussions: PBF has become trendy with African health systems. It is popular amongst healthcare workers. However, there is need to take relevant evidence to policy makers including cost analysis and impact on burden of disease.