Texila International Journal of Management
Volume 4, Issue 2, Jul 2018

Performance based Financing as a Health System Reform: Success Story on How the Application Performance Based Measures Improve Performance Both in Quantity and Quality of Health in South West Region

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Abstract

*Background**:** In order to improve the health status of its population and to find practical solutions to the main challenges of the health system, the Government of Cameroon has been implementing the Performance Based Financing approach (PBF) since 2011.*

Following the pilot phase from 2011 to 2014, the project produced encouraging results as seen in the use of health facilities by the population, quality improvement and governance in health facilities. The project also enabled the actors involved to learn lessons during its implementation.

Methods: This paper is based on first hand observation carried out by the researcher alongside the ground implementers of the PBF system in the health sector (CDVA South West Region). The group developed some criteria to stimulate improvement in health care, by ensuring payment for greater performance. The group also developed main criteria to measure the improvement in performance which can be translated in monetary terms, coaching was regularly carried out to provide solutions to problems. These activities were carried out between 2011 and 2014 in four health districts of the South West Region of Cameroon.

Results: The paper starts with a discussion, to clarify the core concept of PBF and how the different terms are used. It then develops a framework of on the development of implementation, evaluation, monitoring, coaching and the final results.

Conclusion: The paper brings out a picture of the importance of the PBF system of health financing in the South West Region of Cameroon, showing the pictures of change and the changes in the quality and quantity of health care delivery by health facilities.

Keywords: *Performance Based Financing, Monitoring and Evaluation.*

Background

Challenges of the health system in cameroon

Cameroon aims to become an emerging economy by 2035 and will have to promote access to quality health services by all the populations with specific emphasis on the poorest. Cameroon is also committed to UHC and the 2015-2030 Sustainable Development Goals. The current challenges of the system are:

Low impact indicators: Since 1990, life expectancy of Cameroonians has decreased by about two years, whereas it has increased by an average of five years in the rest of sub-Saharan Africa. Cameroon is also one of the countries in the world where the under-five mortality rate (122 deaths per 1,000 live births) has decreased the least. According to the 2011 Demographic and Health Survey in Cameroon, maternal mortality rate is 782 deaths per 100,000 live births. These statistics are indeed alarming, and even "unacceptable" to quote the Minister of Public Health, Mr. ANDRE MAMA FOUDA.

Geographical disparities: 40% of medical doctors in the country work in the Centre Region (which includes Yaoundé, the capital) where only 18% of the population lives. Whereas, the Far North, which also accounts for 18% of the country's population, has only 8% of medical doctors.

Inefficiency of the system: Paradoxically, Cameroon spends more money on health than other countries in sub-Saharan Africa, that is, $ 61 per capita compared to an average of $ 51. More to that it is, Cameroonians themselves who pay (out-of pocket) the greater part. Of the $ 61, the Government only finances $ 20, of which $ 8 comes from donors (2014 WHO health accounts). Despite this level of expenditure, the results are not commensurate. The distribution of the State budget is directed largely towards the central level and major public hospitals.

DOI: 10.21522/TIJMG.2015.04.02.Art017
ISSN: 2520-310X

Poor universal health coverage: Another problem is access to care by the poor and the vulnerable, which generally is estimated at 5-10% of the population. In addition, the number of refugees and displaced persons is increasing because of events in neighboring countries. This affects the health system, particularly in the Northern and Eastern Regions.

Morbidity is still a cause for concern: Infectious diseases (cholera) persist due to hygiene and sanitation problems. HIV remains a major health issue. Non-communicable diseases are on the increase and require special attention. Malnutrition also poses specific problems in some regions.

Poor technical plateau: Baseline studies have also shown poor technical platforms of health facilities in terms of equipment, drugs, medical consumables and infrastructure. The review scores of professional quality are about 20-30% of the standard. This is also due to the low availability of human resources in quantity and quality and the unequal distribution of those available. Several health facilities in rural districts in Cameroon have no qualified personnel.

Fragmented and weak health information system: Poor collection and management of health data was observed. Data from public health facilities are unreliable and those from private health facilities are almost absent. Synthesis and analysis of all these data at the national level are not done, leading to decisions based on false or incomplete information.

Moreover, the request for data from HFs by the various programmes and departments of the Ministry of Health or by donors is not well coordinated. Consequently, one can sometimes observe up to 2040 monthly activities reports that the HF must complete every month. This overloads the HF personnel, who, faced with these excessive requirements will simply choose which forms to complete; Sometimes the forms are not understood by the personnel and are therefore wrongly filled in; Health personnel are not motivated to collect good quality data as they do not see the importance of these data; When there is no feedback on the data collected, it will even be more demotivating for the health personnel who generate and compile these data; Managers can deliberately under-report data to avoid taxes. Hence, the income is not simply presented in the reports and stays in the informal activities.

The geographical distribution of districts and health areas is not updated. As a result, the populations and geographical areas covered by first category hospitals and others ranking as such are not known or well-defined. The same applies to central and general hospitals.

Functioning of the health pyramid: There is a weak technical connection between the central departments of the Ministry of Public Health, regional delegations and health facilities. This leads to problems of technical supervision and monitoring of norms and standards of services in HFs, pharmacovigilance and quality assurance of drugs in HFs and pharmacies. The regular practice is that actors do not master their roles and activities to be carried out.

Strategic options for PBF implementation in cameroon

Performance-Based Financing is an approach that not only enables to improve the allocation mechanisms of resources that are scarce and strategic contracting, but also and above all, to make the necessary reforms for the development of the health sector. Several countries are implementing PBF today and some have made it their national health policy with extraordinary results. The inefficacy and inefficiency of a long input-based and process-based approach prevented many low- and middle-income countries and their multiple partners from taking advantage of considerable resources spent during these years. This paradigm shift that focuses more on results has courageously been undertaken by several countries and several organizations that seek to derive greater benefits from allocated resources.

PBF pilot phase in cameroon

The country experimented Performance-Based Financing (PBF) in 2006 in the East Region by the Catholic Church with the support of the international NGO Cordaid. In 2011, Cameroon started PBF in 26 health districts in 4 regions of the country (Littoral, East, North-West and South-West) thanks to financing of US $ 25 million from the World Bank. With the good results of this project, the Government financed the PBF to the tune of FCFA 670 million in the Littoral region in 2014. Additional funding of US $ 20 million from IDA funds, and a trust fund of 20 million US dollars from the Health Results Innovation Trust Fund (HRITF) was mobilized in 2014 to: (i) continue PBF in the Northwest, South-West, East and Littoral regions; and (ii) extend the project to the northern regions of Cameroon, where social and health indicators are the most alarming and the populations significantly poorer.

The World Bank's Board of Governors approved additional funding on June 24, 2014. There were no conditions for implementation. The project closing date was extended from 31 March 2014 to 31

December 2017. The World Bank declared the new funding (IDA credit of US $ 20 million) effective from 4 November 2014 and declared the 20 million US dollars Trust fund effective from 18 November 2014. In July 2015, Cameroon was selected as the recipient of the Global Financing Facility (GFF) in support of Each Woman, Each Child and must mobilize additional funds through a new World Bank operation and co-financing from the Government and partners, to extend the PBF progressively throughout the country by 2020.

In addition, other technical and financial partners such as UNFPA and UNICEF signed protocols for collaboration with the Ministry of Public Health since September 2015. WHO and the Global Fund expressed their willingness to contribute to the implementation of the PBF in Cameroon.

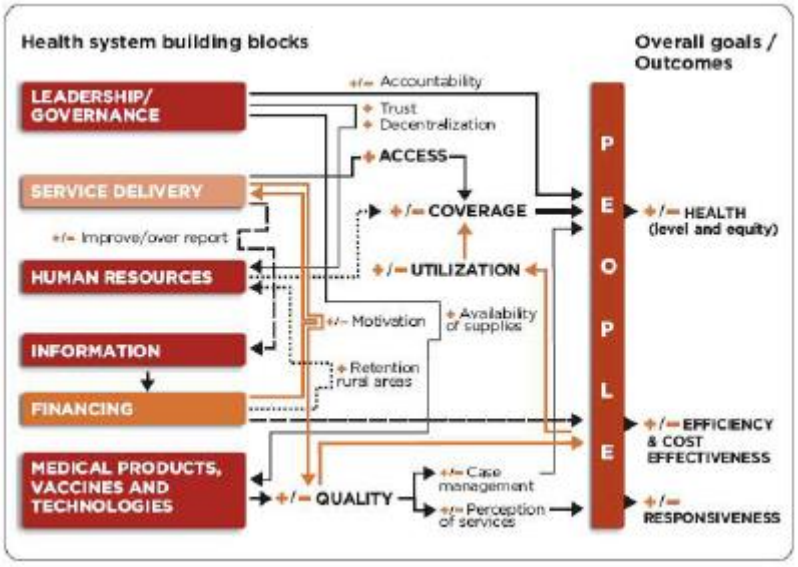


Figure 1. PBF conceptual framework

The impact of PBF in the various health services and health areas

Before, there was only one building for the CMA (Sub Divisional Medical Health Center). This made activities very difficult because the wards were very small and not many to accommodate the population using this health facility. Men and women sleep in the same ward together with children.

Figure 2. CMA with one ward

This picture shows the health center at the state were there was only one ward. This was a difficult situation for patients as women, men and children were forced to use the same ward.

DOI: 10.21522/TIJMG.2015.04.02.Art017
ISSN: 2520-310X

Figure. 3. CMA after construction of the wards

Due to the construction of this new building, the maternity has moved to the new site providing much space for the old building for hospitalization and other activities.

From Fig 3 it is clear that, PBF has been instrumental to the construction of the new building providing the initiative and necessary finances to achieve the results. This health facility had the capacity to provide better health care to the population but just needed innovation and finances to achieve high levels.

Figure 4. District hospital kumba

The district hospital Kumba have suffered much for long due to the absence of a private ward which made many personalities not accept to go through admission. But with the advent of PBF project in the south west region and subsequent coaching held in this Health facility, they are now proud of having VIP wards which has led to the high demand of private wards as seen above.

Creation of three new offices for outpatient screening and orientation at the district hospital kumba

As can be seen in Fig 6 below, there are three new rooms for screening with new chairs and tables for the patients which provide more comfort and information of the patients are confidential

There is a waiting hall for the patients which is more comfortable, they no longer sit along the corridors.

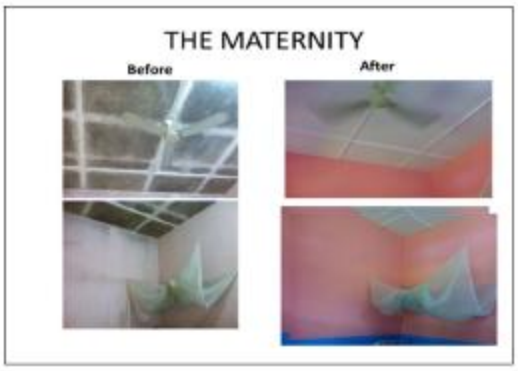
Figure 5. Previous situation of the OPD at the DHK

Figure 6. Current situation

The Out Patient Department (OPD) situation at the District Hospital Kumba (DHK) look like this before the implementation of PBF, which posed a problem in terms of delivery of health care and comfort of the patients.

The implementation of the PBF in the South West Region has provided an opportunity for improvement, providing comfort, privacy and quality health care.

Impact of pbf in limbe health district



DOI: 10.21522/TIJMG.2015.04.02.Art017
ISSN: 2520-310X

Figure 7. Improvement in limbe district hospital

Pre PBF situation

Outpatient services; poorly organized, poor reception, orientation & waiting conditions, improper triage system, no confidentiality, unclear user charger. **Inpatient services;** poor hygienic conditions, insecurity, poor patient follow up, parallel sales/malpractice.

Specialized services; financially inaccessible, poorly organized, under equipped and poorly maintained working equipment.

Administration and Finance: Poor human resource management, irregular technical meetings, subjective system of staff evaluation, personnel demotivation/absenteeism

After the implementation of PBF there has been considerable changes in the various areas listed above as can be seen in Fig 7.

Conclusion

The implementation of the PBF method of financing in the South West Region of Cameroon has been of great importance. The remarkable improvements noticed in the health areas and health facilities has been impressive. This method of financing has promoted competition among health facilities thus provision of quality and quantity health care to ensure retention of patients. The reward provide by PBF has thus lead to construction of facilities to aid the provision of health care. This article looked at the impact of the PBF method of financing, and found out that much improvement has been recorded. Of course much work needs to be done to reach to health facilities which are in hard to reach areas, and extend the implementation of the PBF financing strategy to the other health districts in the South West given the fact that there are 18 health districts. This scale up would also need to be done in the entire country and also which will greatly improve quality and quantity of health care. The funds used for the PBF project comes from donors (essentially World Bank), this therefore possess the question can the Cameroon government continue this project without support and if not what happens then?

Acknowledgement

I would like to gratefully acknowledge the assistance from the PFB branch office in South West and the Regional Delegation of Public Health from the South West Region.

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