

Reducing the Burden and Cost of Malaria through an Innovative Third-Party Payer Mechanism in Cameroon

Towards Universal Health coverage



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Introduction and Objectives

Malaria represents a major risk in Cameroon, especially for children and pregnant women with 11'200 deaths in 2018, 51% of which are children under five. There has been a “free health care” policy in place for several years for children under five, but it shows weaknesses and, overall, out-of-pocket payments are still relatively high. The National Malaria Control Programme (NMCP) and the BACKUP Health Programme team in Cameroon conceptualised a project aiming to improve access to malaria healthcare and increase transparency of healthcare funding through close monitoring. The Swiss Tropical and Public Health Institute (Swiss TPH) was mandated to carry out a costing study on actual healthcare costs related to Malaria and based on the results, to design a pilot project for malaria care coverage in Cameroon within the Universal Health Coverage (UHC) strategy.

Methodology

The study was divided into two main components: it involved collecting and analysing direct patient expenses and treatment costs at the health facility level and then carrying out projections in order to determine the budgetary impact of service coverage. A nationally representative sample was selected, targeting public and faith-based health facilities. Data collection took place between May 2022 in twenty health facilities located in eighteen health districts and in four regions (Centre, North, East and West).

Several workshops were organised with key national stakeholders under the leadership of the NMCP to define standard benefit packages, and to design the roadmap and the pilot for better management of malaria healthcare within the framework of the phase I of the national UHC program.

Results and Discussion

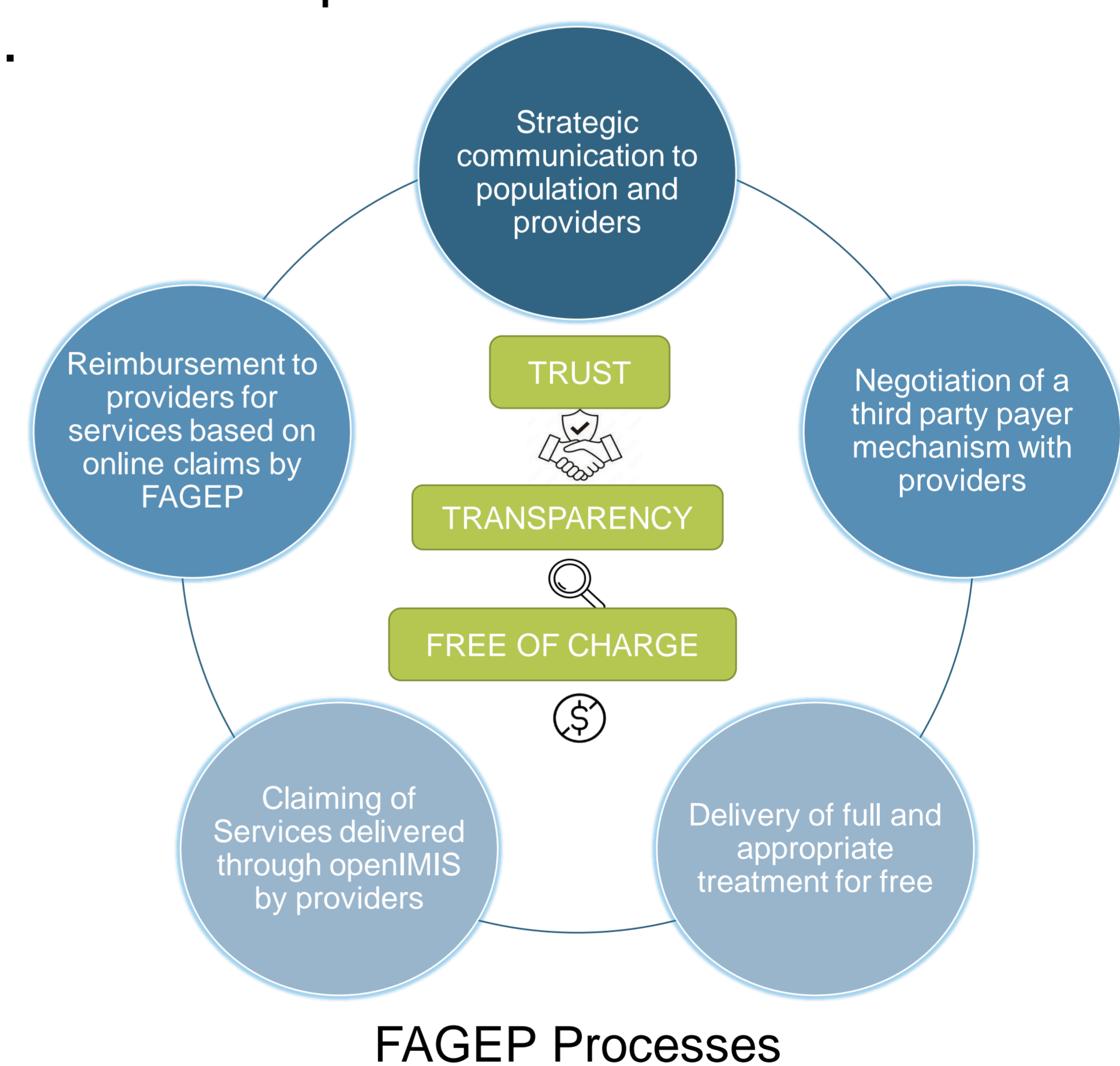
The results of the costing study show that the free healthcare policy is not fully implemented, in all regions, or in all facility types. The Budget Impact Analysis showed that in the case where the reimbursement to health facilities does not include the cost of free or subsidized inputs (i.e. provided by Global Fund), the budgetary impact of free coverage of malaria for the entire Cameroonian population is estimated at 48 billion FCFA, or a per capita amount of 342 FCFA for 2021-2025 (for the basic benefit package).



Payment at Bafoussam Regional Hospital, West Region, 12.05.2022

A key issue that came up in the costing study, and which is a challenge in the implementation of the free care policy, is the running costs of the health facilities. Indeed, when health facilities receive free medicines and consumables in view of providing free care for selected services (including consultations and further examinations), they do not necessarily cover their running costs (administrative costs, personnel salaries etc.) and therefore cannot deliver free care as expected.

This is how the idea of a third-party payer mechanism was developed, with the aim of providing adequate resources to remove user fees whilst contributing to health facilities' running costs, and ultimately improve the delivery, utilization and financing of malaria services. Named the Purchasing Fund for Effective and Durable Access to Free Malaria Services (FAGEP* in French), the mechanism is built on three cornerstones: 1) strategic communication to bring TRUST 2) use of openIMIS, a health insurance management information tool for TRANSPARENCY 3) claim reimbursement to guarantee FINANCIAL ACCESS. Ultimately, patients will seek treatment at an earlier stage which will limit complications and overall reduce costs of malaria.



Perspective

The Government has shown interest in integrating the FAGEP mechanism in the UHC programme and work has started to personalize openIMIS and to train users within the CTN-CSU and NMCP with financial support of the Global Fund, aiming to start implementing a pilot in 2024.

* FAGEP : Fonds d'achat de la gratuité effective et durable du paludisme