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Better Health & Social Care: How are Co-ops & Mutuals Boosting Innovation & Access Worldwide?
An International survey of co-ops and mutuals at work in the health and social care sector (CMHSC14)
Volume 2: National Cases

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For the research framework, the analysis of the national cases, and other research components, including a description of the research team members, refer to Volume 1: Report.

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Jean-Pierre Girard
LPS Productions
205 Chemin de la Côte Sainte-Catherine, #902
Montréal, Québec H2V 2A9
Canada
info@productionslps.com
URL http://www.productionslps.com

CAMEROON

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HEALTH SYSTEM

Three social security schemes exist in Cameroon:

- The system for civil servants and managed by a fund of the national Ministry of Finance.
- The system for private sector workers and government agents managed by the National Social Security Fund (Caisse nationale de la prévoyance sociale, CNPS). Social security in Cameroon covers nine types of universal social protection (sickness, old age pension, sick leave, unemployment, addiction, family benefits, etc.).[1] The State fully guarantees protection of employees against accidents and occupational diseases.
- Social insurance (including MHOs) for populations in the informal sector and rural areas, who still suffer from the lack of any law promoting their development and sustainability. The informal sector involves almost 90% of the population and its actors need access to social protection. This is why the promotion of MHOs over time has become a necessity.

Following the 1987 Bamako Initiative,[2] the Council of Ministers responsible for health in Cameroon and several African countries took measures inter alia to promote mutual health insurance as an alternative approach to the problem of cost recovery in the health system. In 1990, the law of association was voted by the parliament. In 1996, the constitution was revised to bring about integrated decentralization: the establishment of regions alongside municipalities. In 2004, the framework law on decentralization was adopted and Cameroon received support for the process.

Population (in thousands) total: 21,700

Population median age (years): 18.18

Population proportion under 15 (%): 43.08

Population proportion over 60 (%): 4.89

Total expenditure on health as a percentage of Gross Domestic Product: 5.1

General government expenditure on health as a % of total government expenditure: 8.5

Private expenditure on health as a % of total expenditure: 66.5

Until the present, mutual health organizations (MHOs) have been operating under the legal status of associations due to the absence of a special legal framework. They also have been creating endogenous relationships with local municipalities.

Reform of social security is underway in Cameroon with a strong orientation to the strategy of risk-pooling. Indeed, the Health Sector Strategy (HSS) adopted in July 2002 includes the promotion and development of risk-pooling as a priority.

A national Strategic Plan for the promotion and development of MHOs was adopted during the National Forum in February 2006. This Strategic Plan targets MHO coverage of at least 40% of the population by 2015. It is within this framework that any mutual health development initiative must be conducted in Cameroon.

Many initiatives already have been taken to implement a legal framework for MHOs: the Mutuality Code (Ministry of Labor and Social Security), framework legislation (Ministry of Public Health), etc. Thus, the State has a multitude of possible choices for a law that would govern the MHOs.

More and more players are interested in the promotion of MHOs in Cameroon. In addition to a platform comprising 30 civil society and cooperative actors, there is a "Task Force" established by ministerial decree for the implementation of the strategic plan. A 2013 inventory by PROMUSCAM (chaired by SAILD)[3] found that only 2% of the population of Cameroon was covered by MHOs.

THE CONTEXT OF MUTUAL HEALTH ORGANIZATIONS IN CAMEROON[4]

Mutual health insurance (microhealth insurance) is managed by the same people who created it for two purposes: to cope jointly with the financial difficulties of access to quality health care; and to contribute to the improvement of the quality of care in the community. MHO management and operations are similar to those of cooperatives.

It may be worth noting that MHOs are increasing in number in Cameroon, from 101 in 2006 to 158 in 2009 (56%). Since then another 20 new MHOs have emerged in the country.

Some Examples of Mutual Health in Cameroon

The Western Regional MHO Network: Created in 2007, this network counts 30 MHOs organized into unions at the health district level. In their early years, most received guidance from SAILD AWARE-RH/USAID[5] with the support of EED-Bonn[6] then from WSM[7] in the years 2007-2013. The network integrates all the local MHOs. The network has an advocacy mandate carried out by means of regular meetings at which health and development actors as well as resource persons can exchange information and advice. The network also manages a guarantee fund and assists MHOs when they experience cash flow difficulties. MHO unions work to support health care at a second level: inter-mutuality, data centralization, and management consulting with mutual basic health support. These apexes are financed by a portion of the fees collected by the MHOs at the base.

At the base, MHOs collect contributions from members for the delivery of an agreed package of health services at approved health facilities (clinics, hospitals, dispensaries, etc.) in case of disease.[8] The oldest MHO network dates to 2004. The majority of its MHOs were established between 2005 and 2010. A Strategy for the Promotion of Viable MHOs in the western region of Cameroon includes forging connections between MHOs and local MFIs (Micro Finance Institutions). The MHO signs an agreement in which it commits to apply seed money from the MFI to the health credit and to secure repayment. The MFI also makes, manages, and secures loans to MHOs.

Mutual Health Kumbo: This MHO is an initiative of the municipality of Kumbo in collaboration with GIZ.[9] This MHO has a total of 22,181 members, or 19% coverage of the target population. Since 2004, it has delivered health care to 19,617 people for a total of $393,542 USD (189,828,969 FCFA). MHO members who have already benefited from these services are unanimous that their health has improved considerably due to the quality of service, the speed, and the opportunity to go to health facilities at the first sign of illness.

Mutual Health of N'gaoundere: This MHO was set up by the residents of N'Gaoundéré in 2007 with the support of AWARE-RH /USAID, UNICEF, EED –Bonn, and SAILD. It covers the health district of N'Gaoundéré and works closely with its integrated health centres and hospitals under the supervision of the Adamawa Regional Delegation of Public Health. The MHO provides benefits based on annual contributions of $4.89 USD (2400 FCFA) per beneficiary. The services offered by the health insurance scheme include ambulatory assistance to health facilities for a maximum of $101.88 USD (50,000 FCFA) per consultation, hospitalization, or surgery. The main risks are those related to disease, birth, surgery, and epidemic.

CONCLUSION

Despite the delay of the Cameroonian government in adopting a legal and institutional framework for MHOs, the will of the State to promote MHOs is clear: two ministries – the Ministry of Public Health and the Ministry of Labor and Social Security – are involved in the process.

Sub-regional integration increasingly has become a reality in central Africa, and may be extended to other countries in the area. In addition, the Cameroonian government has embarked on a process of decentralization. Their goal is to increase the accountability of municipalities and communities in the shaping, implementation, and management of their own development.

The role of civil society is increasingly recognized, both nationally and regionally. Moreover, PROMUSCAM, with the support of PASOC (Support Programme for the Structuring of the Civil Society) has made an urgent plea for the establishment of health insurance for all in Cameroon. This requires integration of the following measures:

- Establishment of an interim national technical assistance body to support the promotion and development of MHOs.
- Implementation of comprehensive health coverage through the promotion and development of MHOs. Other sectors will progressively assume more responsibility in this regard.
- Support MHO funding streams by the following mechanisms:
  - Take a percentage on phone calls, on money transfers, on mobile phone usage, and require that communication operators reinvest 10% of their turnover in social protection (MHOs).
  - Take a percentage of forestry licence fees.
  - Take a percentage of the VAT on the consumption of alcohol and tobacco.
- Harmonization of the various ongoing health-funding initiatives, like Project "Health Check."
- Apply common performance indicators to the promotion of MHOs.

SOURCES

[1] Decree No. 2000/692 of September 13, 2000 lays down the procedure by which employees exercise the right to health.
[2] Launched in 1987 by the WHO and UNICEF, the Bamako Initiative sought to ensure universal access to quality primary health care. It had three principles: that patients contribute to the sustainability of service through payment of a fee; that access to better medicine, especially generic pharmaceuticals, is essential; and participation of community members in the governance of health care centres. See p. 383 of Churchill, Craig Farren. 2006. *Protecting the Poor: A Microinsurance Compendium*. Vol. 1. International Labour Organization.
[3] Services d'Appui aux Initiatives Locales de Développement (Support Services for Local Development Initiatives is an NGO based in Cameroon. Website: (http://www.saild.org).
[4] The data was collected with the assistance of PROMUSCAM (Programme d'Appui aux mutuelles de santé au Cameroun/Support Programme for Mutual Health Organizations in Cameroon).
[5] Action for West Africa Region, Reproductive Health conducted by the United Stated Assistance to Foreign Countries.
[6] Evangelischer Entwicklungsdienst (Church Development Service). This association of German Protestant Churches supports the development work of churches and other Christian and secular organizations through financial contributions, personnel involvement, scholarships, and consulting.
[7] World Solidarity/Solidarité mondiale is the NGO of the Christian Workers Movement in Belgium. It works mainly with social movements in the global North and South that pursue decent work, social protection, and job creation for workers.
[8] The content of the package is usually negotiated between the MHO and its members according to their levels of contribution. The conditions are generally summarized in the by-laws of MHOs.
[9] The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH/German Corporation for International Cooperation assists the German government in the field of international cooperation by providing demand-driven, tailor-made technical services for sustainable development.