A provincial fund for health

Amida N. Ghogomu

In the face of a persistent economic crisis and a constantly growing demand for health care, the Cameroon government has enshrined cost-sharing as a cardinal principle of its present health policy. The North-West Provincial Special Fund for Health is a signal example in sub-Saharan Africa of user participation, not only in health financing, but also in health management and policy formulation at all levels.

The Fund is a non-profit-making charity which was officially inaugurated by the Minister of Public Health on 24 April 1992. But its activities began in 1986 as the North-West Propharmacy Association, supplying essential drugs to a number of rural health centres. Its starting capital took the form of donations and technical assistance from the German Agency for Technical Cooperation (GTZ), and financial contributions and infrastructure from the Ministry of Public Health and local councils in the North-West Province.

In essence, the Fund’s objectives are:

- to assist the Cameroon Ministry of Public Health in financing the establishment and functioning of health services and in monitoring health problems;
- to supply pharmaceutical products and materials to health units;
- to contribute towards improving the quality of health and the continuity of services in the province.

The mountainous terrain and very heavy rainfall make communication by road particularly difficult in the rainy season. Some 80% of the province’s population of 1.3 million live in the countryside and are engaged in agriculture and animal breeding. The people are very dynamic with a strong and long-standing spirit of communal cooperation for social advancement.

Working initially in the field of essential drugs, the North-West Provincial Special Fund for Health in Cameroon has pioneered a system for providing quality health care to the population with the full collaboration of users at every level of planning, implementation and evaluation.
The province has been subdivided into 13 health districts, corresponding to the operational level, as well as 107 functional health areas and 37 proposed health areas. Members of the health area committees are elected by the villagers in each area, and in their turn these committees elect two members per area to form the district health committees. Each district committee elects two members to represent it at the general assembly of the Fund.

**Managing the Fund**

The management of the Fund is assured through a general assembly, a management committee, and the head office. The general assembly is a democratic structure representing the users, but also includes delegates from the Ministry of Public Health and the German government. It meets once a year to adopt policy and the budget.

The management committee (minimum of 12 members) is answerable to the general assembly and meets quarterly. The head office has a general manager with administrative and technical staff who manage the Fund on a day-to-day basis. The general manager is appointed by the Minister of Public Health.

The Fund is now independent of donor financing except for a grant from the Ministry of Public Health for the salaries of government employees seconded to the Fund, and from the German government for technical expertise and consultancies.

The main source of funding comes from the turnover of activities during each financial year, but another source is the so-called health centre or community fund generated from the activities of each health centre (deliveries, consultations, clinics, etc.), collected as users' fees. These can provide a monthly income of anything between 20,000 and 200,000 CFA francs per centre. Gifts and legacies from donors and resources accruing from investments are other sources of income.

Although the Fund has ambitious objectives, only the essential drugs department is functioning at present. A second department, a garage for the maintenance and repair of vehicles and technical medical hardware, is just beginning. Others will be created as the need arises.

**Low cost – high quality**

The essential drugs department assures the procurement from abroad and from national wholesalers of low-cost but high-quality essential drugs in their generic forms, and their redistribution to all pharmacies in the province. This centralized system reduces the running costs and prevents misappropriation and embezzlement.

From a large central warehouse at headquarters, drugs are supplied to the health centres on a regular basis. No secondary warehouses exist. Each health unit makes an order to last two to three months. Health posts are served by the pharmacy of the appropriate health unit. Uniform prices for each item are maintained at below the market prices in the private pharmacies. Vital supplies (oral rehydration salts, antituberculosis drugs, condoms and so forth) have a lower mark-up than medicines that are in popular demand.
The department now employs 45 persons, 15 at headquarters and 30 serving at the level of the health centres as pharmacy attendants. In addition the services of a computer specialist, a legal retainer and a port clearing agent are permanently solicited.

The careful choice, training and regular supervision of pharmacy attendants are major concerns. The person must have at least the level of a school-leaving certificate, reside in the health area, be morally sound, and be selected by the community to undergo two weeks of training before serving at the pharmacy. The knowledge of each pharmacy attendant is assessed and improved upon during a two-monthly supervision and supply tour by trained supervisors as well as during an annual refresher course. During the tours, the supervisors pay salaries and incentives to the attendants, control their records and prepare a report.

**Renewed vitality**

Starting in 1986 with only 56 pharmacies, the programme now serves 84 pharmacies in both urban and rural settings, covering about 84% of all health units. From health-centre-generated funds including the sale of drugs, public health activities at the grass roots have improved in both quality and quantity. Vaccination activities are sustained through the regular supply of kerosene for refrigerators. Laboratory reagents and minor equipment are regularly replenished, buildings are renovated, and technical equipment and other logistic materials are purchased and/or repaired.

At the health centre, each health team receives reorientation on the guiding principles and practices of the district system approach. As a result, public health establishments are regaining their vitality and the number of consultations is steadily increasing. For example, health centre attendance in December 1990 was 210% of the attendance in December 1986.

The Fund offers training facilities and performs external consultancies for other organizations in Cameroon and other African countries on the setting up and running of an essential drugs programme. In Cameroon, two other Provincial Funds are being set up on the North-West model.

In short, the Fund has satisfactorily assured the availability of essential drugs at health units — there are no shortages — and has improved the quality of health care by a judicious use of profits to reinforce health services. These two moves have resulted in an increased use of services.

Among the positive factors that have contributed to this success are:

- regular control and supervision;
- strong motivation of staff through training and retraining, and payment of performance bonuses and incentives to workers;
- careful choice of generic drugs of proven high quality; and
- such safety measures as anti-burglar bars and employment of night watchmen.

These last measures have been necessary because, with the persistent economic crisis and more workers being laid off, there has been increasing theft at the community pharmacy level. There have been other constraints, such as resistance on the part of some staff to prescribe in generic form. The economic crisis may reduce the purchasing power of the community, and competition with the formal and informal private pharmacies could cripple the system. Such a situation can be avoided by limiting sales to only high-quality and effective generic drugs, by improving the diagnostic and prescribing abilities of health centre staff, by constantly educating users on the advantages of generic drugs, and by maintaining selling prices below market level.

The Fund is a genuine Cameroon experiment to find a system for providing quality health care to the population with the full collaboration of users at every level of planning, implementation and evaluation. In its pioneering role, the Fund has proved itself a practical instrument within the framework of primary health care for mobilizing community resources and activating participation at the local level.

The Fund is a genuine Cameroon experiment to find a system for providing quality health care to the population with the full collaboration of users at every level of planning, implementation and evaluation. In its pioneering role, the Fund has proved itself a practical instrument within the framework of primary health care for mobilizing community resources and activating participation at the local level.

Essential drugs can treat most of the infectious and parasitic diseases that scourge African countries.