

TRANSITION FROM INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS TO NATIONAL PERFORMANCE PURCHASING AGENCIES: THE CAMEROON EXPERIENCE

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Performance-Based Financing (PBF) under the World Bank Health Sector Support Investment Project started in 2011 in the Littoral region of Cameroon and was scaled-up to three additional regions in 2012. PBF started with negotiations, advocacy and mobilization of relevant stakeholders at all levels.

After a situational analysis, four health districts were identified from each of the regions involved except the East Region where all the health districts (14) were included. It was observed that apart from the Littoral region, the other three regions (North West, South West and the East) did not have competent structures or services that could take up the functions of the Performance Purchasing Agency (PPA). As a result of these challenges in the originally proposed institutional model, a strong need arose to acquire services from international non-governmental agencies to take up the very important duties of the PPA.

International PPAs were recruited for the North West, South West and East region. In the Littoral region, the Littoral Regional Special Fund for Health Promotion, which was responsible for performance purchasing for the region since the beginning of the program, continued to play the role of PPA.

The international PPAs (AEDES and Cordaid) for the PBF projects in the North West, South West and East regions had a mandate of three years at the end of which they were to hand over their duties entirely to the local or national agencies. The process of handing over is further described as the transition of the activities of international PPAs to national PPAs in Cameroon.

Given the fact that many countries implementing PBF may one day go through a similar transition phase, the Cameroon experience will be quite interesting and important to share with other PBF practitioners.

It is worth noting that one of the key activities of international PPAs and the Ministry of Public Health (the Regulator) at the central and regional levels was to mentor and coach the potential and eventual national PPAs right from the beginning of the project by gradually building their capacities for the transition period and an effective take over.

The mentoring and coaching were implemented in the first three years of PBF in Cameroon in the following way:

- As Regional Special Funds for Health Promotion (RSFHP) in the North West, South West and East region were identified as the eventual national PPAs to take over from the international PPAs, several initial steps took place:
 1. RSFHP were adequately informed on the principles of PBF;
 2. Key personnel of the RSFHP was trained on PBF and the roles and functions of PPAs;
 3. Key management people from the RSFHP became members of the PBF regional steering committees, which held quarterly meetings. These steering committee meetings were very important forums for the exchange of experiences amongst the Regulators, PPAs and health units involved in PBF as well as representatives of the beneficiary committees.



- The transition started in July 2014 and was completed on March 31, 2015. The Ministry of Public Health, the World Bank Project Implementation Unit (PAISS) and the World Bank task team in Cameroon coordinated the transition period at the central level. At the regional level, coordination was assured by the Regional Delegate of Public Health for each of the three regions in very close collaboration with the Regional Delegate of the Littoral Region as well as the administrator of RSFHP and the manager of the Littoral PPA, a national PPA right from the beginning of PBF. The Littoral PPA was not involved in the transition activities but served as a good source of lessons learned.
- At the beginning of the transition period, a series of meetings with stakeholders were held. The meetings brought forth the terms of reference required to ensure a smooth transition. The terms of reference clearly outlined the following:
 1. A deadline, in order to give a specific date when the international PPA would stop working and hand over to the national PPA.
 - A specific date when the necessary and appropriate staff were to be recruited according to the established profiles and needs.
 - A specific time frame to work out salary scales and modalities for staff motivation, taking into consideration national guidelines and norms, as well as sustainability considerations after the end of the project period (with the vision of domestic financing replacing donor support).
 2. Preparation and signing of modalities of collaboration with the RSFHP for handling the activities of PPA.
 3. Recruitment of the manager and staff of the new PPA.
 4. Signing of contracts with all recruited staff.
 5. Training and orientation of recruited staff.
 6. Thorough inventory of PPA goods and equipment and transfer of the said property from the international PPA to the national PPA. This process was facilitated by the regional health delegates (Regulators)
 7. Preparation and validation of a budgeted action plan for the new PPA for 2015.
 8. During the recruitment exercise for the national PPAs, priority was given to the personnel of the dissolved international PPAs, taking into account their prior experience in implementing PBF. Previous PPA staff still had to apply for the positions.



The above activities were carried out by the regions involved. Regular sharing of ideas and in some cases, inter-regional meetings were held to coordinate activities, modalities, strategies and to ensure a harmonized way of implementation of the PBF principles by the different PPAs. Great importance was given to the acknowledgement of national health policies (regulations) and norms as well as respect towards PBF principles.

The transition was supposed to end by December 31, 2014, when the international PPAs handed their responsibilities over to the national PPAs. However, the exercise of recruiting personnel and signing of contracts for the new national PPAs to become fully functional was not completed in accordance with the deadline. The situation prompted the Minister of Public Health to issue a service note instructing the personnel of the now closed international PPAs to continue working for the first three months of 2015, during the transition period.

This additional time allowed the PPAs to complete all the activities in accordance with the terms of reference cited above.

The transition ended on March 31, 2015. The new PPAs assumed duties April 1, 2015.

EFFECTS OF THE TRANSITION ON PERFORMANCE AND PBF PROGRAM RESULTS

Delays in the payment of subsidies and signing of new performance contracts with the health facilities were the main cause of activity slowdown in the health facilities during the transition period. This challenge, coupled with the fact that there was a gap between the departure of the international PPAs and the takeover by the national PPAs, raised concerns among health facility staff about a possible termination of the PBF program. After observing this phenomenon, the Regional Health Delegate Regulator addressed their anxiety and encouraged them to continue with business as usual. As a result, the transition gap had a very limited effect on the results.

The timeline of activities during the transition period needed to be very precise in order to avoid gaps. However, in reality, the chronological sequence of activities was not strictly sustained and slightly varied between regions. More coordination and follow up coming from the central level would have allowed a smoother transition.

WEAKNESSES OBSERVED DURING THE TRANSITION PERIOD

The fairly long recruitment process for the national PPA personnel started late.

The potential national PPAs were not adequately coached and informed during the first three years of PBF by the international PPA and the various Regional Health Delegations. This was in part due to the uncertainty on the ability of the RSFHP to take over the role of PPAs. However, repeated advocacy, sensitization and education on PBF, provided them with the knowledge and skills to engage effectively after the initial transition period ended.

LESSONS LEARNED FROM THE TRANSITION

A well-established transition plan with a clear timeline of activities should be prepared right when PBF activities with an international PPA begin.

The terms of reference for a smooth transition from an international PPA to a national PPA should be elaborated right from the start of the PBF project in the country or region.

Advocacy, sensitization, information, coaching and even PBF training for institutions, with potential to take over PPA activities from international PPAs, should be carried out in a systematic and timely manner, in order to allow a smooth transition.

Personnel for international PPAs, if possible, should be nationals that can possibly be recruited by a national PPA for easy continuity.

Memorandums of understanding between the Ministry of Health and potential institutions for national PPA (in the case of Cameroon, the Special Regional Funds for Health Promotion) should be produced early on, in order to keep away doubts and fears that might block the engagement of institutions.

The central PBF coordination unit of the Ministry of Health should carry out supervision and coaching of the new PPAs regularly in order to support their activities during the initial period after the transition.

FUTURE PERSPECTIVES

The Cameroonian experience discussed above and the lessons learned clearly prove that the Regional Special Funds for Health Promotion can be rendered capable and effective in taking up the functions of national PPAs in each of the ten regions of Cameroon within the framework of scaling up PBF.

So far, the overall performance on activities taken over by national PPAs is in no way inferior to the international PPAs. The RSFHP should be retained as model for every region.

Given the fact that the Ministry of Public Health (the Regulator) in Cameroon is now quite aware and knowledgeable of the PBF principles, and taking into account the very strong political will to scale up PBF to the northern regions and eventually to the entire country, the future of PBF in Cameroon is bright. The Littoral experience, which started with Littoral RSFHP as the national PPA, as well as the initiative of the Government of Cameroon to take over the payment of subsidies to Health facilities and the running cost of the PPA, prove the sustainability of PBF in Cameroon in the long run.

Moreover, the initiatives and willingness of international partners like UNICEF and UNFPA to co-finance some of their activities through PBF in Cameroon also add to the positive outlook for PBF in Cameroon.

Community participation in health care delivery in Cameroon is already well-established in most of the regions. In this regard, Community PBF and community monitoring have been initiated in the North West Region with plans for further extension to the northern regions.

In conclusion, we believe that the Cameroonian experience in transitioning from international NGOs to national PPAs is a key step in the national scale-up and can provide a concrete example of how a country can move towards a sustainable home-grown model after an initial pilot period supported by development partners. We hope this experience provides insight to other countries aspiring to institutionalize PBF in their own specific contexts.

