Investment Case Priorities

1. Pursue a health financing strategy that allocates resources based on results, focuses attention on high-burden regions, and ensures that resources make it to primary and secondary healthcare facilities.

2. Leverage the comparative advantages of the private sector through performance-based contracting.

3. Use targeted subsidies to ensure access to healthcare services among the poor.

4. Strengthen community-level interventions through community health workers and qualified community organizations.

5. Focus effort on high-impact health interventions like Kangaroo Mother Care (to address newborn mortality) and family planning while also taking a multisectoral approach to address key social determinants for RMNCAH-N outcomes.

6. Focus on the health needs of adolescents to ensure access to services, mentoring, and education (planning performance-based financing in education).

Investment Case

- **Set of evidence based priorities financed**: Not yet identified
- **Country-led multi-stakeholder platform**: Not yet established
- **An inclusive country platform process with CSG engagement**: Not yet identified
- **Health financing reforms identified**: Not considered at this time
- **World Bank-funded project in support of the IC**: Not yet identified
- **Private sector engagement**: Not yet identified
- **Civil registration and vital statistics (CRVS) made a priority**: Not considered as a priority

Geographic Focus Areas

- **AFD & AFD/KFW**
- **GFF TRUST FUND**
- **GLOBAL FUND**
- **GAVI**
- **GOVERNMENT CMR (includes concessional financing)**
- **OTHER**
- **FINANCING GAP**

Resource Mapping

- **World Bank-funded Project (IDA/IDBR/OFF)**
  - **COUNTRY**: Cameroon
  - **BOARD DATE**: 5/3/16
  - **GFF APPROVED AMOUNT**: $27M
  - **IDA AMOUNT**: $100M

Health Financing Indicators

- **Core Health Financing Impact Indicators**
  - **Health expenditure per capita financed from domestic sources**: 9.2
  - **Ratio of government health expenditure to total government expenditures**: 3.11%
  - **Percent of current health expenditures on primary/uncomplicated health care**: 61.76%
  - **Incidence of catastrophic and impoverishing health expenditures**: 10.8% catastrophic, 1.8% impoverishing

- **Output Indicators**
  - **Share of health in total government budget**: 4%
  - **Monitoring of catastrophic and impoverishing health expenditure with data less than three years old**: No
  - **Country has implemented or updated a resource mapping exercise**: No
  - **Identified options for strengthening domestic revenue mobilization**: Yes
  - **Implemented strategies to reduce key drivers of insufficiency**: Yes
  - **Identified drivers of limited financial protection (especially in relation to RMNCAH-N services)**: No
  - **Taken actions to support domestic resource mobilization**: No
  - **Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N)**: Not available

- **Efficiency**
  - **DTP3 dropout rate**: 7.6%
  - **ANC dropout rate**: 38%

- **World Bank-funded Project (IDA/IDBR/OFF)**
  - **GAP**: US$138,054,027
  - **Total**: US$625,625,530

**FOCUS AREAS**

- **AIDS**
- **Polio**
- **Diabetes**
- **Malaria**
- **Malaria+**
- **Nutrition**
- **HIV**
- **Chronic conditions**
- **Other**
- **Health Financing**

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