Investment Case being Developed and initial Project approved and COUNTRY PLATFORM Established and initial Developed but not  

Cameroon

Country Focus Areas

- Support Government in increasing its budget share for health: from 3.9 percent in 2018 to 3.97 percent in 2019 and the share of the health budget going to primary and secondary care from 8 percent in 2017 to 21 percent in 2019.
- Scale up results-based financing in disadvantaged regions, in order to improve equity in spending.
- Strengthen Kangaroo Mother Care and neonatal health care through a development impact bond, in order to reduce neonatal mortality and the number of low birthweight and preterm infants.
- Focus on an adolescent reproductive health, which aims to reduce high rates of adolescent fertility and mistimed pregnancies, increase adolescent access to social services, and improve educational opportunities, especially for girls.
- Incentivize birth registration through performance-based financing, adopt international standards for the registration of events, improve the interoperability of systems, and increase registration centers and the number of civil registration officials.

RMNCAH-N Core Indicators

Maternal mortality ratio: 596 per 100,000 live births
Neonatal mortality ratio: 28 per 1,000 live births
Under-five mortality ratio: 79 per 1,000 live births
Adolescent birth rate: 123 per 1,000 women
Percent of births <24 months after the preceding birth: 21.3% 
Stunting among children under 5 years of age: 28.9% 
Moderate to severe wasting among children under 5 years of age: 4.3%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US$8.60
Ratio of government health expenditure to total government expenditures: 2.93%
Percent of current health expenditures on primary/outpatient health care: Not available
Incidence of catastrophic and impoverishing health expenditures: 10.78% catastrophic; 1.86% impoverishing

This resource mapping was conducted in 2018 and updated in 2019 and provides estimates for implementing the investment case for FY2017 to 2020. At the time of the resource mapping there was a 2% gap in financing of the IC.

Resource Mapping

<table>
<thead>
<tr>
<th>GOVERNMENT</th>
<th>WORLD BANK</th>
<th>GF TRUST FUND</th>
<th>AFD &amp; BMZ</th>
<th>GAVI</th>
<th>ISLAMIC DEVELOPMENT BANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Total US$625,625,530
Gap US$11,000,746
98%

Monitoring the Country-Led Process

- Investment Case for RMNCAH-N or equivalent (e.g., national health plan)
- World Bank-funded project in support of the IC
- Private sector engagement
- Management of medicines and supplies / supply chain interventions
- Civil registration and vital statistics (CRVS) made a priority
- Country has either included or identified a private sector intervention
- ODF not identified as a priority
- CRVS identified as a priority in the investment case
- ODF priority identified by example GF Trust Fund, GAVI, other
- Supply chain / commodity management not identified as a priority
- Supply chain / commodity management identified as a priority
- Investment Case complete
- Investment Case being implemented
- Country platform holds regular country meetings to discuss results arising from implementing the IC and corrective action
- Developed and initial assessment of results and financial capacity available
- Developed and initial assessment of results not yet identified
- Developed but not yet integrated
- Developed but not yet identified
- Project under preparation
- Project approved and available online
- Project disbursement
- Project not identified
- Project identified
- Project funded
- Project not identified
- Project identified
- Project funded
- Project not identified
- Project identified
- Project funded

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