Advocacy Brief

For Impacts In Social Health - FIS

"Simple actions for greater impacts"

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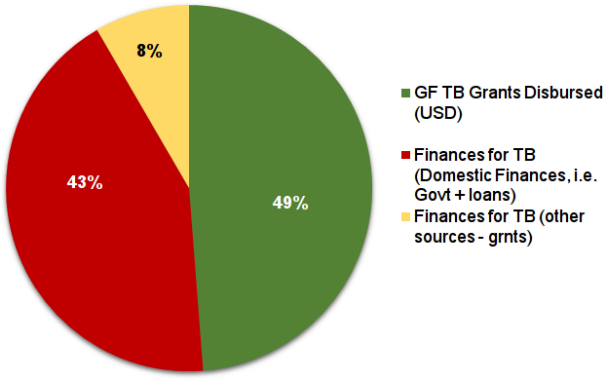
In the years 2006 – 2013, Cameroon received over USD 19 million to treat Tuberculosis (TB). Forty nine percent of that funding came from one donor, the Global Fund (www.theglobalfund.org), and forty three percent came from domestic sources (i.e. government plus loans).

In a nutshell, the Global Fund is supporting about half to two thirds of the cost of each notified case of TB found and treated in Cameroon. This is unsustainable and high risk.

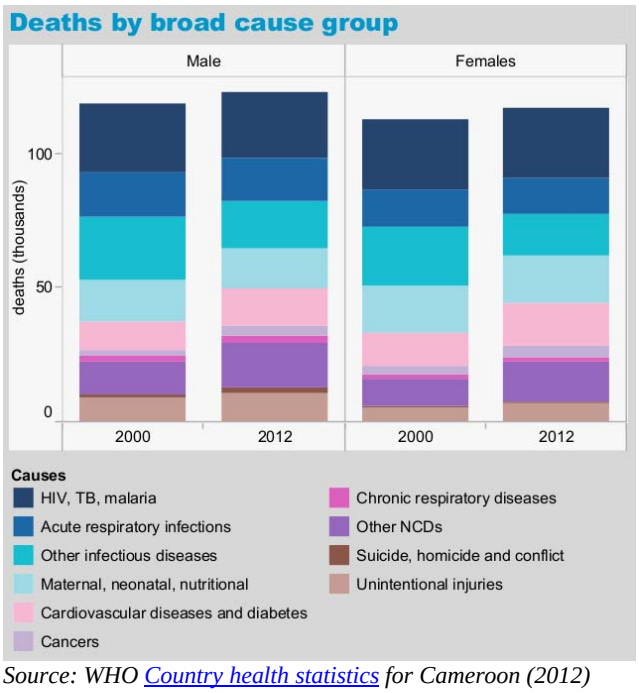
The average cost of treatment/service per TB cases notified during this period was USD96 – of which the Global Fund provided about USD41 per patient. The government spent on average USD 46 per patient.

Cameroon % of total funding for TB (2006 - 2013)

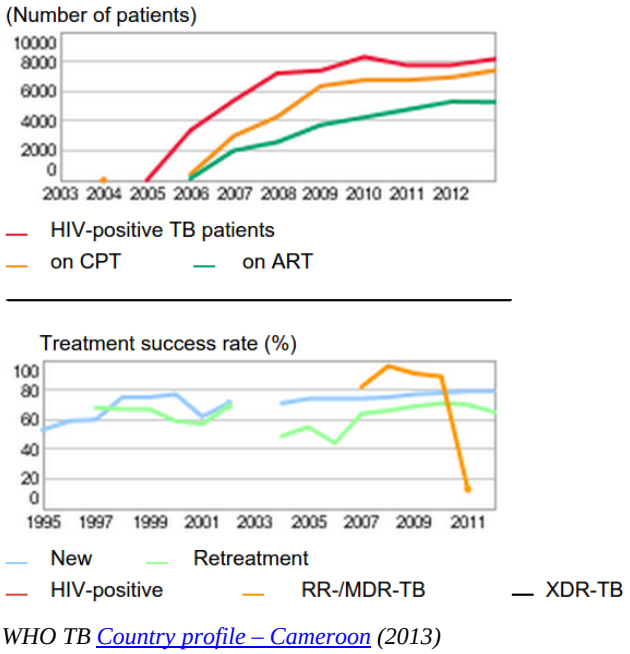


Considering the rise in reported TB cases, and despite the current funding coming from domestic sources there is need for the Government of Cameroon to increase its financial contributions, particularly to prevent interrupted treatment and improve adherence.

TB remains among the top most causes of death in Cameroon alongside HIV/AIDS and Malaria. According to estimates by World Health Organization (WHO), the incidence of TB in Cameroon was 118 cases per 100,000 people in 2013 up from 177 cases per 100,000 people in 2010 (NTP Cameroon, 2012). The increase in cases reported may be attributed also to better case detection particularly among HIV positive patients. Detection and numbers of patients treated for multi-drug resistant TB (MDR TB) has also increased by over 400% in last 4 years. The increase in treatment expenses for MDRTB patients does not match budget increases. Also, as these treatment expenses increase, other areas of TB control may suffer.



Source: WHO Country health statistics for Cameroon (2012)



WHO TB Country profile – Cameroon (2013)

Over the years, the country has increased the number of healthcare facilities with dedicated TB facilities from 222 facilities in 2011; to 244 currently (TB national strategic plan 2015-2019, page 18).Treatment success rates have also improved. In 2005, the rate of treatment success was about 50% and its now 84%[1]; a good improvement even if the country hasn't attained the 95% success rate required by the WHO. Despite free treatment however, and taking into account the increase in population numbers, the TB case detection rate has begun to drop. Since 2006, the number of TB cases has been around 25,000 cases annually (TB strategic plan 2015-2019, page 11).

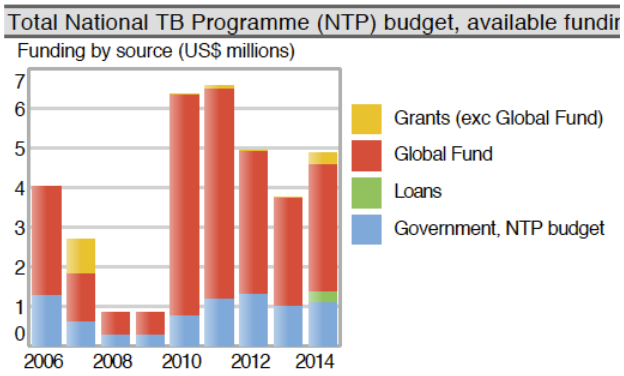
The Global Fund's investment in TB care and treatment in Cameroon – An analysis of cost of TB care

While the government's expenditure in health has improved over the years, there remains strong reliance on donor money.

Table: Financing TB control 2013

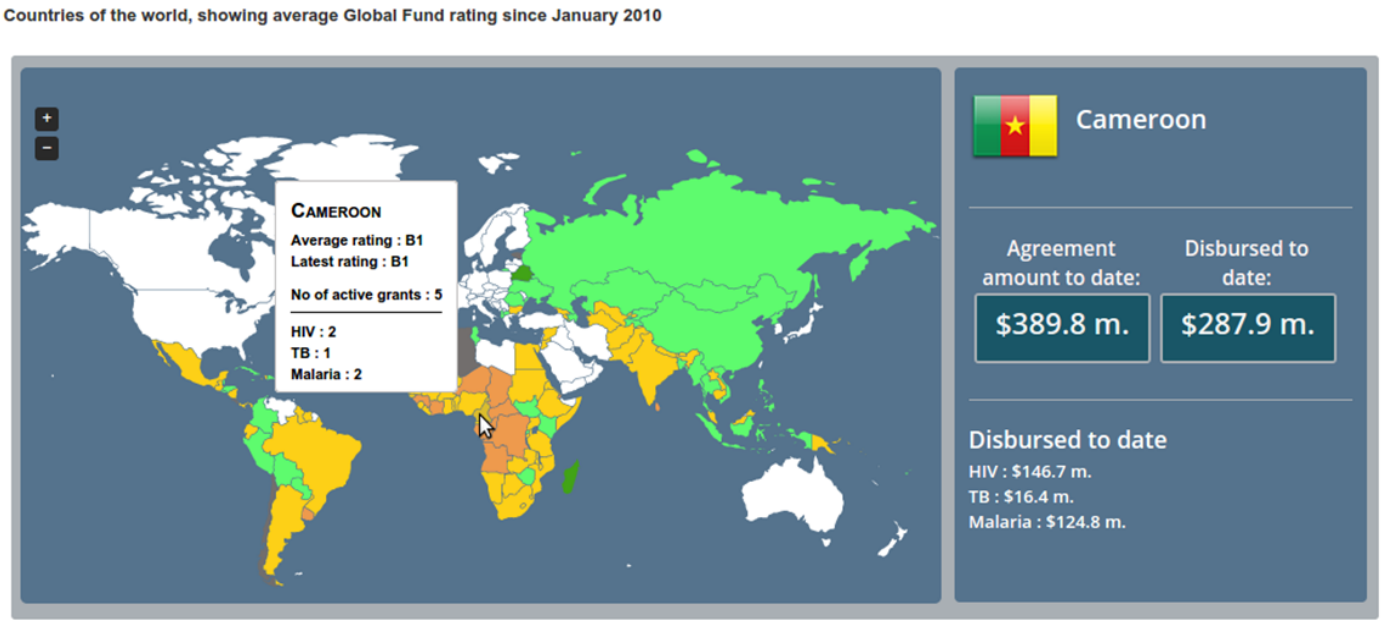
National TB programme budget (US$ millions)	4.9
% Funded domestically	28%
% Funded internationally	72%
% Unfunded	0%

Source: WHO TB Country profile – Cameroon (2013)



Source: Cameroon National TB programme NTP (2014)

Since 2006 the Fund has disbursed over USD287 million to Cameroon for TB, Malaria and HIV programmes. TB grants receive the smallest portion (6%) of the funds received, with the largest portion going to HIV/AIDS (51%). The Fund has more than USD6 million available for TB to Cameroon by 2016 if performance of current grants goes well.



The Global Fund covered 64% of the country's TB costs from 2006 – 2013, when the country had active Global Fund TB grants. In 2011 the Fund's resources covered 100% of TB costs.

[1] Source: WHO reports on Cameroon

The table below is a summary of the contribution of the Global Fund Grants in TB notified cases in Cameroun since 2006:

Grant Years	GF TB Grants Disbursed (USD)[3]	Finances for TB (Domestic Finances, i.e. Gov + loans)[1]	Finances for TB (other sources)[1]	Total Funding (USD)	TB Cases Notified[2]	Cost per TB case (GF only)	Cost per TB Case (DF)	Cost per TB Case (GF+DF+OTH)	% cost covered by Gov over total cost/case	% cost covered by GF over total cost/case
2006	462,069	1,767,332	1,353,704	3,583,105	24,002	19	74	149	49%	13%
2007	814,719	524,000	0	1,338,719	24,589	33	21	54	39%	61%
2008	1,128,589	No Data[4]	0	1,128,589	25,125	45	0	45	0%	100%
2009	1,030,362	886,880	0	1,917,242	25,174	41	35	76	46%	54%
2010	1,928,105	1,337,926	254,480	3,520,511	24,552	79	54	143	38%	55%
2011	0	2,692,120	160,000	2,852,120	25,126	0	107	114	94%	0%
2012	3,532,292	1,833,022	0	5,365,314	25,360	139	72	212	34%	66%
2013	1,398,193	1,288,416*	0	1,398,193	26,163	53	0	53	0%	100%
Total	**10,294,329**	**9,041,280**	**1,768,184**	**21,103,793**						

* According to National TB control Program (NTCP) records

Note: These data are from the reports required by WHO for all TB control programmes. These data on spending by national TB programmes don't include the cost of the human resources (e.g. medical staff) for treating TB patients, or the cost of buildings upkeep or the cost of external technical assistance or advisors (TA). Thus TB programmes actually cost much more than what is shown here but these financial data are useful because countries always enter the same data over time – thus a comparison is possible.

Data sources

- Financial data from WHO Download datasheets
- https://extranet.who.int/sree/Reports?op=vs&path=/WHO_HQ_Reports/G2/PROD/EXT/MDRTB_Indicators_charts
- http://apw.aidspan.net
- https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBFinancingCountryProfile&ISO2=CM&outtype=html

Tuberculosis case detection in Cameroon
Current TB control policies that are implemented by the Cameroon National TB control Program (NTCP) promise free access to TB medical services for the infected or affected. These services include the following: the whole treatment, monitoring of care, and infection control.
Note: Every TB facility is supposed to offer these services for free.

The policies used however do not include reaching out to those who will *not* come to health facilities.

Improving case detection – Case study:
A health center in northern Lima, Peru piloted a strategy to expand TB case detection in a high incidence population. Their work revealed that more cases were detected when active and passive case finding approaches were combined. Among the 1,094 households reached, the combined strategy reached 0.91% (914 per 100,000), much higher than with passive case finding alone (0.18%; 183 per 100,000). A significant difference according to the Cameroon NTCP.

An opportunity for better results - Better case detection, more domestic funding for TB

We advocate that the government of Cameroon increase its funding to TB programmes. The Government of Cameroon mainly supports treatment. Other TB services are largely financed using foreign money, which is risky when such money is stopped.

We advocate that the government explores active case detection strategies to supplement the current more passive approach being used. The following are examples of active case detection:

- Community involvement in case detection (with training from NTCP or relevant others)
- Mass campaigns for TB detection and sensitization, for instance in refugee camps and prisons
- Fund community and civil society organizations for communication activities

A combined approach can reach more people and dramatically improve entry into treatment programs and uptake of free services.

There are human rights considerations as well (access to treatment). The national strategic plan for TB (2015-2019) – identifies the following as key and affected populations – prisoners (77 Prisons and only 26 prisons are reached by TB programs – 33.8% coverage); refugees (there are 165,000); (Refugees and prisons are the main TB KAPS). The definitions and relevant strategies for each group need to be communicated to all TB-focused actors to enable a coordinated response such as Ministry of Justice to secure other aspect whose bad care weakened the TB treatment such as food supply. This will also be useful for NTCP's national planning.

Communication challenges. As indicated in section above, communication about TB key populations, case detection measures, and other treatment and support needs to be improved for a more coordinated response.

Based on the information in this brief and the current opportunities for more money from the new application (TB/HIV) made to the Global Fund, there are opportunities to do differently**. A Cameroon application for new funding for TB/HIV is currently being done. In it, the country seeks effective and high impact interventions that address human rights, have better communication and reporting and increased domestic funding. There is for country stakeholders to ensure this application and subsequent ones be strategically planned to achieve zero deaths, disease and suffering due to tuberculosis.**

About FIS: *FIS works to maintain and improve populations' health by contributing to a fair access of affordable quality health services. FIS recognizes the participation of the community as a process through which individuals/families/communities take care of their health issues while developing capacities to contribute to their development.*

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