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| RESEARCH ARTICLE

An Assessment of "Cheque Sante" as a Policy Instrument in Cameroon

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| ABSTRACT

Health checks ("cheque sante") have been used throughout the developing world including countries in Asia, Africa, and Latin America. This system has gained prominence in Africa as a mechanism to improve access to essential healthcare services, especially among vulnerable population and are designed to subsidize the cost of healthcare services for targeted populations, typically the poor and underserved. In Cameroon, the health cheque policy or voucher system which was launched in 2015 aimed at reducing maternal and infant mortality in the sahel regions. The main objective of this paper is to assess "cheque sante" as a policy instrument to combat high neo-natal rate in the priority regions of Cameroon. As tool of analysis, the group model was used to examine the said policy instrument. A mixed method of data collection was adopted consisting of both qualitative and quantitative data collection using the descriptive design. Data for this study was collected from both primary and secondary sources. The primary source involved key informant interviews specifically beneficiaries of the project. To further assess the health check in Cameroon, personal observations, reports from service providers and researchers' were adopted while the secondary source was obtained from documentary sources. *A myriad of actors both nationally and internationally are involved in the successful implementation of the health check as an instrument to solve the infant mortality rate*. The "Cheque sante" policy instrument has increased access to maternal and child care services in the priority regions yet an extension, in particular to the East, North West and South West is imminent and envisaged in all regions within the framework of UHC.

| KEYWORDS

"Cheque sante", policy, public policy, policy instrument, Cameroon.

| ARTICLE INFORMATION

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1. Introduction

In sub-Saharan Africa, Stagnating indicators for several reproductive and child health conditions are a major concern for governments and development partners striving to achieve the Sustainable Development Goals (SDGs). The persistent poor maternal and child health outcomes raise questions as to whether the SDGs 3 of ensuring good health and wellbeing for all at all ages, is being realized. Many countries in the region (Kenya, Uganda and Tanzania)[1] suffered from reproductive health challenges and faced wide poor-rich inequalities with the poor bearing a disproportionate disease and economic burden. The burden of poor maternal health is particularly high where the maternal mortality ratio (MMR) of 546 deaths per 100 000 live births is 2.5 times greater than the global MMR and 46 times greater than that of high-income countries[2]. Despite the consensus on effective interventions for reducing the risks associated with pregnancy and childbirth, many women in low-income and middle-income countries do not access high-quality maternal health services due to a number of barriers, including limited availability, lack of transportation and high cost of care[3].

[1] Okal et al. Health Research Policy and Systems 2013, 11:38
[2] Graham W, Woodd S, Byass P, et al. Diversity and divergence: the dynamic burden of poor maternal health. Lancet 2016;388:2164–75.
[3] Koblinsky M, Moyer CA, Calvert C, et al. Quality maternity care for every woman, everywhere: a call to action. Lancet 2016;388:6736–

In 2012, the United States Agency for International Development convened an Evidence Summit to review the knowledge and gaps in the utilization of financial incentives to enhance the quality and uptake of maternal healthcare[4]. The goal was to provide donors and governments of the low- and middle-income countries with evidence-informed recommendations on practice, policy, and strategies regarding the use of financial incentives, including vouchers, to enhance the demand and supply of maternal health services.

In Cameroon, health statistics have not improved significantly over the last 20 years, and life expectancy has actually decreased, with Cameroonians bearing the brunt of the financial burden for health care, while public resources allocated for health are insufficient and poorly distributed. Cameroon, has set its sights on becoming an emerging economy by 2035, but according Cameroon Economic Update, a twice-yearly world bank publication, the nation will have to prioritize health care access for the poorest segments of the population if it is to make solid progress toward lasting growth[5]. Even though Cameroon's proportion of doctors (1.9 per 1,000 inhabitants) is twice the minimum recommended by the World Health Organization, the country's health statistics are paradoxically behind the curve. Life expectancy for Cameroonians has decreased by about two years since 1990, while it has increased by an average of five years in the rest of sub-Saharan Africa. Worldwide, Cameroon is also among the countries where the mortality rate for children under five years of age (122 deaths per 1,000 live births) has decreased the least. Statistics reveal that, though Cameroon spends more money on health than any other sub-Saharan country (except South Africa): US$61 per capita, as opposed to US$51 on average. It is Cameroonians themselves, however, who shoulder the majority of this financial burden. As the State finances only $17, out of the $61; and out of that sum, $8 comes from international donors". This reveals a strong correlation between health statistics and revenue statistics with well-off households and wealthy regions having better access to health services. Cameroon faces significant income and health inequalities, due in part to the health sector's reliance on out-of-pocket (OOP) spending, which accounts for 70% of total health expenditures. The main sources of funding for the health sector in Cameroon are: the state budget (3.6%); households (through cost recovery and other direct payments—at least 70% of health funding is from households); external financing; local authorities; non-governmental organizations (NGOs); and a marginal contribution from private health insurance or voluntary health insurance, which stands at about 6.8%[6].

Due to the fact that the cost of health care consumes a larger share of the nation's economic resources, the World Health Organization lays emphasis on promoting healthcare financing and universal health coverage policies to ensure equitable access to essential healthcare services for all citizens[7]. To address limitations of current healthcare systems and tackle financial barriers to access, alternative healthcare financing approaches have been developed that link pro-poor provider payments to outputs. Donors of health assistance to developing countries have emphasized the need for efficient and transparent spending of aid funds[8]. This is made possible via the health voucher or health cheque policy whereby cheques are distributed to a targeted population for free or subsidized prizes.

Anotole[9], in his analysis listed out the following as objectives of health cheque or voucher system, [10]reducing maternal and neonatal mortality which entails human, social and economic priority that has prompted the Cameroonian government and its partners to look into the issue and determine the necessary measures to be adopted. That said, the health cheque aims to reduce the financial barriers to access to obstetric and neonatal care, and improve the quality of care through a system of purchasing services at a fair price. In Cameroon, the health check policy or voucher system which was launched 2015 aimed at reducing maternal and infant mortality in the sahel regions. Since it's implementation, there is no formal evaluation policy document from a policy expert on the evaluation of the said policy. Evaluation being the final step of policy making[11] implies that policymakers, interest groups, bureaucrats, the media, think tanks, and so on seek to learn whether or not policies are achieving their stated goals; at what costs; and with what effects, intended and unintended, on society[12]. The year 2024 marks the end of the third phase of the health check

[4] Montagu D, Yamey G. Pay-for-performance and the Millennium Development Goals. Lancet. 2011;377:1383–5. [PubMed] [Google Scholar]
[5] Cameroon Economic Update, 2013.
[6] Universal health coverage: SUCAM could launch pilot phase in H1-2022. Business in Cameroon, 21 Oct 2021. At https://www.businessincameroon.com/public-management/2110-11985- universal-health-coverage-sucam-could-launch-pilot-phase-in-h1-2022, accessed September 27, 2022.
[7] World Health Organization, 2019.
[8] Meyer C, Bellows N, Campbell M, Potts M (2011) The Impact of Vouchers on the Use and Quality of Health Goods and Services in Developing Countries: A systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. ISBN: 978-1-907345-10-4
[9] Anatole ABE 2019) Objectives of the health check: the Cameroonian government doesn't less in any way in its fight against maternal and neonatal mortality, Ministry of Public Health
[10] *Anatole ABE 2019) Objectives of the health check: the Cameroonian government doesn't less in any way in its fight against maternal and neonatal mortality, Ministry of Public Health*
[11] Thomas R Dye. Understanding public policy, forth edition
[12] Thomas R Dye. Understanding public policy, forth edition

policy in Cameroon, as such, evaluation becomes vital. This paper therefore seeks to identify challenges in the implementation of the health check(cheque sante) policy in Cameroon and propose policy recommendations to the government and stake holders.

1.1 Development of the Health Check Policy

Nations around the world have been concerned on the welfare of their citizens and developing countries bear 93% of the world's disease burden and account for only 11% of the world's health spending. As a result of this gap between burden of disease and funding, the health sector in developing countries has been an important recipient of international aid[13]. This has been made possible through the health voucher, otherwise known as health check. Voucher programs can be designed in various ways, such as providing cash transfers to eligible households, subsidizing private health insurance premiums, or directly purchasing healthcare services from providers[14].

The first health voucher scheme was implemented in Colombia in 1993, and since then, various countries have adopted health voucher programs to increase access to healthcare, especially for vulnerable populations[15] Health voucher programs have been implemented in various African countries, including Kenya, Tanzania, and Zambia, to increase access to healthcare services, especially for vulnerable populations (Das et al., 2012)[16]. In Tanzania, the government implemented the Ubongo Bora voucher scheme in 2012, which provides subsidies to rural households to purchase healthcare services from private healthcare providers (Dar, 2013)[17]. In Kenya, the government launched the Linda Mama program in 2013, which provides vouchers to pregnant women and new mothers to access free maternity and newborn health services (WHO, 2020)[18].

Until the 2000s, most pregnant women did not attend prenatal consultations in health facilities in the Far North region. For socioeconomic, cultural, or geographic reasons, they preferred to use traditional methods while taking the risk of giving birth in community huts, assisted by traditional birth attendants in most cases[19].

The urgency of the health policy on health check was based on the rapid increase of infant mortality and neonatal rate in the Sahel Regions (Adamawa, North and Extreme North) of Cameroon which are considered the poorest regions of the country. Due to the high increase in the neo-natal mortality rate in the sahel regions of Cameroon, it was therefore imperative for the government to mobilise an instrument that will go a long way to solve the challenges in the nation. The maternal mortality in the country was 782 deaths per 100,000 live births in 2011[20] and so the "cheque sante" or health voucher program was launched in Cameroon in 2015. It is a joint program between Cameroon's Ministry of Public Health and voucher management agencies (German and French developing partners) which aims to promote the health of the mother and the newborn through a voucher system that allows the purchase of services related to pregnancy, childbirth, and postpartum follow-up for the mother and the newborn up to 42 days after childbirth. The check is sold at 6000 fcfa (about 9 USD) and has a set of coupons that are collected by the health facilities at the end of each stage of care for the pregnant woman, childbirth, postpartum, or follow-up/care. These cheques (which includes four (4) prenatal consultations with ultrasound and treatment of pregnancy and non-pregnancy related diseases during pregnancy; pregnancy and delivery complications) are then collected and purchased by the regional health check management unit to provide reimbursement for the expenses incurred by the health facilities to provide these services. The actual cost of the service package is estimated at XAF60,000 (about $US 109) per voucher and the system uses a co-payment mechanism whereby any pregnant woman living within the three Northern Regions of Cameroon is eligible to benefit from the scheme after a payment of 10% of

[13] Meyer C, Bellows N, Campbell M, Potts M (2011) The Impact of Vouchers on the Use and Quality of Health Goods and Services in Developing Countries: A systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. ISBN: 978-1-907345-10-4

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[15] World Health Organization (WHO), 2011. Voucher Schemes: A Means to Improve the Access of the Poor to Healthcare Services.

[16] Das, K., Tekola-Ayele, H., Ngugi, P., Hogan, D., & Tefera, T., 2012. Demand-side financing for maternal and child health in Africa: A review. Reproductive Health Matters, 20(39), 32-45.

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[19] Gérard Amougou et Victorine Oyane, « Le programme de chèque Santé appliqué dans les régions du Le programme de chèque Santé appliqué dans les régions du septentrion camerounais. Entre vision globale et logiques locales. URL: https://journals.openedition.org/faceaface/1758 ISSN : 1298-0390

[20] https://www-minsante-cm. "Health Check" coordination. All for effective and efficient synergy

July 12, 2022, the municipal circle of Maroua hosted the biannual evaluation meeting of the "Chèque-Santé" program which is being held less than a year before the closure of the Joint Minsanté-AFD-KFW Program. It was in the presence of the Mayor of the city of Maroua, who also expressed his sincere gratitude to the government for the worrying view and the constant interest shown in the health situation of the populations of his region. According to the local elected official, government achievements, particularly in the field of health, bring happiness to its constituents.

the total cost. Health facilities offering services for this scheme are compensated for extra costs incurred for prenatal and neonatal care[21]. The scheme has been run through a government program in Cameroon since 2015, with 90% of the funding supported by the German and French development partners.

2. Methodology

In this study, we adopted a mixed method of data collection which consisted of qualitative data collection, using the descriptive design from October 2021 to Febuary 2023. Data for this study was collected from both primary and secondary sources. The primary source involved key informant interviews specifically beneficiaries of the project in the North and Extreme North Regions of Cameroon. To further evaluate the implementation of health check in Cameroon, personal observations, reports from service providers and researchers' were adopted while the secondary source was obtained from documentary sources such as books, academic journals, articles, internet sources, decrees and official documents.

2.1 Theory

As tool of analysis, the group model was used to analyze the health check policy. Individuals with common interests band together formally or informally to press their demands on government. According to political scientist David Truman, an interest group is "a shared attitude group that makes certain claims upon other groups in the society"; such a group becomes political "if and when it makes a claim through or upon any of the institutions of government". Individuals are important in a state only when they act as part of, or on behalf of, group interests. The group becomes the essential bridge between the individual and the government. Politics is really the struggle among groups to influence public policy. The task of the political system is to manage group conflict by establishing rules of the game in the group struggle; arranging compromises and balancing interests; enacting compromises in the form of public policy; and enforcing these compromises. According to group theorists, public policy at any given time is the equilibrium reached in the group struggle. This equilibrium is determined by the relative influence of various interest groups. Changes in the relative influence of any interest group can be expected to result in changes in public policy; policy will move in the direction desired by the groups gaining influence and away from the desires of groups losing influence. There is hardly any personal or societal problem for which some group will not demand a government solution. In an attempt to solve the high infant mortality rate and the cry for financial help to solve the societal challenge, the Cameroon government signed a joint accord in 2014 known as the "health check policy". This policy was designed to alleviate personal discomfort or societal unease in the Sahel regions of the country otherwise known as the poorest regions. The relevance of this theory is due to the fact that, a particular group of persons are beneficiaries of this policy and so a post-evaluation of the policy on the said group becomes important.

3. Findings

3.1 Policy Actors Involved

Policy actors are any individual or group that is directly or indirectly, formally or informally, affiliated with or affected by the policy process at any stage. They can include governments, businesses, NGOs, civil society organizations and communities as well as individuals. Policy actors seek to influence the outcome of a policy process through either direct or indirect action. For example, a policy actor may directly participate in the process of defining policy goals and evaluating possible means to achieve them. Or, a policy actor may be a civil society organization struggling to bring local voices into policy decisions made at higher levels. Policy actors may also be those affected, positively or negatively, by a policy process. In assessing the health check policy in Cameroon, *a myriad of actors both nationally and internationally have been involved in the successful implementation of the health cheque as an instrument to solve the infant mortality rate.*

3.1.1 The Ministry of Public Health

The implementation of the Health Check system is carried out under the legal responsibility of the Ministry of Health. The Cameroon Ministry of Public Health is the government department at the forefront of the health voucher policy in Cameroon and is responsible for the design and implementation of the policy[22] at the national level while regional delegations are responsible for implementing the policy at the regional level, including the distribution of vouchers and the monitoring of healthcare service providers. The Cameroon Ministry of Public Health (MINSANTE) has played a key role in the development and implementation of the health voucher policy in the country. Some of its activities in this regard include[23]; designing and implementing the health voucher policy in collaboration with other stakeholders, such as AFD and the World Bank, overseeing the distribution of health

[21] Gérard Amougou et Victorine Oyane, « Le programme de chèque Santé appliqué dans les régions du septentrion camerounais. Entre vision globale et logiques locales », Face à face 16 | 2020, mis en ligne le 11 octobre 2020 : http://journals.openedition.org/faceaface/1758

[22] Campion-Vincent, C., Nkouawa, B., & Akpouete, E., 2020. Factors Influencing Participation in the Health Sector Reform in Cameroon: The Case of Community Health Insurance and Cheque Santé. Revue Française de Gestion Hospitalière.

[23] www.minsante.gov.cm// Ministry of Public Health, Cameroon. Cheque Santé: Amélioration de la couverture de soins de santé au Cameroun.

vouchers to eligible beneficiaries, monitoring and evaluating the program's effectiveness, including the number of beneficiaries and the type of services provided, disseminating information about the health voucher policy through the media and other channels.

3.1.2 The French Development Agency

It is a French public financial institution that provides funding and support for sustainable development projects in developing countries, including Africa, Asia, and Latin America. FDA's mission is to contribute to the eradication of poverty and promotion of sustainable development, focusing on areas such as climate change mitigation and adaptation, support for economic growth, infrastructure development, and social inclusion. This agency has been involved in supporting the health voucher program in Cameroon. Specifically, FDA has provided financing for the health voucher program through the "Cameroon Health Sector Support Project"[24]

3.1.3 The German Development Bank

The KfW, or Kreditanstalt für Wiederaufbau, is a German state-owned development bank Supporting maternal and child health programs: KfW has provided funding for maternal and child health programs in Cameroon, including the "Improving Reproductive, Maternal, Newborn, and Child Health" project, which aims to reduce maternal and child mortality and improve access to quality healthcare services.

3.1.4 Religious Bodies

Religious bodies have also played a role in implementing the health voucher program in Cameroon. During our field survey, it is worthy to note that some religious bodies have taken upon themselves to sensitize women on the danger of home births and educating them on the importance of health cheque. Catholic Relief Services (CRS): CRS, which is the humanitarian agency of the United States Conference of Catholic Bishops, has supported the implementation of the health voucher program in Cameroon[25] through its work on the "Improving Reproductive, Maternal, Newborn, and Child Health" project[26].

3.1.5 The Media

In general, the media are a fundamental pillar in raising awareness of health issues by providing information, education, advocacy and promoting positive changes in the health behaviour of individuals and communities. Media outlets in Cameroon, including TV, radio, and newspapers, play a significant role in informing the public about health check policies, raising awareness about health issues, and potentially influencing public opinion on health-related matters. In the implementation of the health voucher policy in Cameroon, the media has therefore played a pivotal role by raising awareness about the health voucher program, encouraging people to use the vouchers and to understand the benefits of using the vouchers.

3.2 Policy Instrumentation of health check (health voucher)

Policy instruments are specific measures used by governments to achieve desired outcomes or address particular problems. They can take various forms, including regulations, subsidies, taxes, information campaigns, or changes in organizational structure. Policy instruments are chosen based on their expected effectiveness, cost, and political feasibility[27]. The choice of policy instrument can be influenced by factors such as the nature of the problem, the target group, and the political and institutional context. The health cheque is therefore considered a policy instrument which came into being to solve the high increase in neonatal rate that had plagued the northern regions of the country for over a decade. As a result, health experts needed to seek for urgent measures to solve the health challenge in these regions. The Ministry of Public Health together in partnership with other actors therefore instituted the instrument.

As a policy instrument, health vouchers (cheque sante) are used to expand access to healthcare services, especially for vulnerable populations. The use of health vouchers in Cameroon can be considered a targeted subsidy, as it specifically aims to provide healthcare services to those who may not be able to afford them otherwise. By subsidizing healthcare services for vulnerable populations, the government hopes to improve health outcomes and reduce poverty and inequality[28]

[24] Agence Française de Développement, 2018. Annual Report 2017.
[25] CRS, 2018. Improving Reproductive, Maternal, Newborn, and Child Health. Catholic Relief Services.
[26] Iba, A., et al., 2017. Community Engagement to Improve Maternal and Child Health: Catholic Relief Services' Approach to Development. Journal of Health Communication, 22(9), 1078-1096.
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Generally, the cost of health care consumes a larger share of the nation's economic resources. In America about 15 percent of the gross domestic product is spent on health care (Thomas Dye). Public policy within the continent has become domant for some time, the main goal of the paper is to awaken the sleeping giant in public policy and to draw the attention of stakeholders both in the academia and administration the need to consider this domain as an utmost priority. Public policy is concerned with what governments do, why they do it, and what difference it makes. Within the African continent, many things are falling apart because of the lack of knowledge in public policy. Democratic systems in the continent face similar challenge partly because of lack of experts in the domain of public policy to give a professional analysis of policies. As a result, bloggers seem to be the main deciders for the people. As more and more Africans turned to government to resolve society's problems, government grew in size and public policy expanded in scope to encompass just about every sector of the economy. Learning about the consequences of public policy is often referred to as policy evaluation and our study therefore seeks to evaluate the health check policy in Cameroon. The evaluation also aims at drawing lessons and highlighting good practices that will serve as a basis for strategic, programmatic and operational learning and improvements for the government and stake holders. Health check policies are pivotal for promoting public health and mitigating disease burdens. However, assessing the effectiveness and challenges via evaluation of these policies is crucial for informed decision-making and policy refinement[29].

3.3 African Case Studies

3.3.1 Kenya

The first phase of the voucher system in Kenya was launched in 2006 . From 2006 to 2009, it was implemented in four counties (Kiambu, Kisumu, Kitui and Nairobi) of the country to grant poor women access access to public and private sector care and was later expanded to other counties. By 2013, the Government of Kenya announced a major maternal health financing policy change whereby, maternity services were to be provided for free in all public health facilities across the country with immediate effect with a standard reimbursement from the government for services provided[3031]. Evaluating the impact of a maternal health voucher programme on service use before and after the introduction of free maternity services in Kenya, we found that we found that while disparities in access to facility birth decreased between voucher and comparison counties after the introduction of free maternity services, births in voucher counties were more likely to have received a full package of 4+ antenatal care, facility delivery and postnatal care at the recommended timings and greater use of private sector providers in voucher counties accounts for the differences in levels of access to the full continuum of maternal health services both before and after the introduction of free maternity services.

3.3.2 Uganda

The maternal health voucher program was launched in Uganda in the year 2008 with three years of funding from the German Development Bank and the Global Partnership on Output-Based Aid (GPOBA-World Bank). Low-income women who qualified could purchase the voucher for 3,000 Uganda shillings (approximately US $1.40) to access safe motherhood services (four antenatal care visits, delivery, and postnatal care up to six weeks)[32]. In assessing the opportunities and challenges for public sector involvement in the maternal health voucher program in Uganda, public health facilities are understaffed with too few doctors and midwives to attend to the high volume of clients. The problem of understaffing increases workload and risks provider "burn-out" leading to poor RH service provision. Informants noted that understaffing in facilities often led to unnecessary delays in service provision, poor record keeping and under-reporting of essential maternal, child, and other health indicators. In addition, service providers were said to be poorly remunerated leading to low morale often translating to negative provider attitudes. Poor provider attitudes were linked with low utilization of reproductive health services. Similarly, many public health service providers were said to be running parallel activities leaving them with little time to attend to clients[33].

Health check policies were introduced in the health sector of a number of low income countries to increase access and use of key health services. Subsidizing users with resources enables their purchase of required services and choice of provider from a number of alternatives[34]. If implemented well, they have great potential for achieving increased access and use, reduced inequalities, and

[29] (Nkengafac et al., 2018).

[30] Dennis ML, et al. Evaluating the impact of a maternal health voucher programme on service use before and after the introduction of free maternity services in Kenya: a quasi-experimental study. BMJ Glob Health 2018;3:e000726. doi:10.1136/ bmjgh-2018-000726

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[34] Bellows, N.M., B.W. Bellows, C.E. Warren. 2011. Systematic Review: The use of vouchers for reproductive health services in developing countries: systematic review. Tropical Medicine and International Health 16: 84–96. DOI: 10.1111/j.1365-3156.2010.02667.
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enhanced program efficiency and service quality[35]. The implementation of this policy which varies across the continent ranging from government-led initiatives to donor-funded projects and public-private partnerships[36] have been considered successful[37]. In Cameroon, this policy has led to increase healthcare access and utilization, particularly among marginalized populations.[38] This goes in Tandem with the findings of Gorter et.al. in reviewing maternal and new-born health care and low and lower-middle income countries. Vouchers reduce financial barriers to healthcare services, leading to higher utilization rates for preventive and curative care.

Health check policies or voucher system can be used to access a range of services, including maternal and child health, family planning, pandemic and treatment for common illnesses. In developing countries, different health check policies has been applied ranging from immunization programs targeting childhood diseases such as measles, polio, and tuberculosis are critical with the aim to increase vaccine coverage rates, protect vulnerable populations, and prevent outbreaks of vaccine-preventable diseases**;** maternal and child health programs which aims at reducing maternal and neonatal mortality rates, improving prenatal care, and promoting safe childbirth practices; water and sanitation policies aimed at improving water quality, promoting hygiene practices, and expanding access to sanitation facilities thereby contributing to disease prevention and community well-being; nutrition and food security policies targeting children, pregnant women, vulnerable population and the poor to address malnutrition and food insecurity. These policy goes a long way to promote nutritional education, support breastfeeding practices, and enhance access to nutritious foods[39]; public health policies focus on disease surveillance, early detection, treatment, and prevention strategies to control the spread of these diseases and mitigate their impact on population health[40].

This policy has succeeded to remove barriers to healthcare-seeking behaviours through economic subsidies. These schemes range from universal with a 'broad' benefits package (e.g. national social insurance) to those targeted with a 'narrow' benefits package (e.g. maternal health voucher programmes). Health check policies were introduced in the health sector of a number of low income countries to increase access and use of key health services. Subsidizing users with resources enables their purchase of required services and choice of provider from a number of alternatives[41]. If implemented well, they have great potential for achieving policy objectives such as increased access and use, reduced inequalities, and enhanced program efficiency and service quality[42]. The implementation of this policy which varies across the continent ranging from government-led initiatives to donor-funded projects and public-private partnerships[43] have been considered successful[44]. Studies suggest that health voucher systems have the potential to increase healthcare access and utilization, particularly among marginalized populations[45]. Vouchers reduce financial barriers to healthcare services, leading to higher utilization rates for preventive and curative care.

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We also find that to enhance the effectiveness of health check policies in Cameroon, stakeholders must prioritize several key strategies. Strengthening healthcare infrastructure and workforce capacity is paramount to ensure equitable access to health check services across all regions[46]. Additionally, community engagement initiatives and targeted health education campaigns can raise awareness about the importance of regular health check-ups and preventive healthcare practices. Policy reforms aimed at addressing socioeconomic disparities and improving healthcare delivery mechanisms are also imperative to optimize the impact of health check policies in Cameroon.

3.4 Challenges of cheque sante as a policy instrument

The main challenge of this policy is its inability to be applied in other parts of the country where we have very poor individuals as a result of humanitarian crisis and influx of refugees. From the inception of the health check policy, the government geared the policy to the regions considered as the poorest in the country and which was also affected by the Boko Haram insurgence but as time went on, humanitarian crisis has further spread to other regions of the country. The armed conflict between non-state armed groups (NSAGs) and state security forces (SSF) in the Northwest and the Southwest Regions; NSAGs insurgency and climate-related disasters in the Lake Chad Basin affecting the Far North Region; and the influx of Central African Republic (CAR) refugees in the East, Adamawa, and North Regions. These resulted in over 1 million internally displaced persons[47] . It is therefore necessary for this policy to be applicable to other regions

Evaluation of the health check policy in Cameroon was of utmost necessity as the information gathered from primary and secondary sources enabled us to know the level of coverage of the policy and make better policy recommendations to the government. From our survey, the health check policy that was launched in the year 2015, by 2016 its implementation was in 41 health centers in the regions under consideration (Adamawa 12, North 15 and Far North 14 regions)[48]. By the year 2022, the health check or voucher system was present in 524 health facilities (113 Adamawa, 209 Far North and 202 in the North) 2022, i.e. a coverage rate of 60% (524/875) voucher system accredited health facilities, and a coverage of 91% (52/57) of Northern health districts[49]. As per the objectives of this policy, we could say that the purpose of this policy has been attained in the priority regions of the country.

We therefore recommend that the health check policy should be implemented in other regions of the country. This recommendation goes in tandem with Nguefack-Tsague et al. who stated that equitable access to health check services across all regions will lead to better results nationally[50]. Neonatal mortality rate is higher for those who do no benefit from the health voucher (health check) policy. A program report indicated that between 2016 and 2017, the institutional maternal mortality rate among women under the voucher program was around 2% while it was 5.6% for women without a voucher. Moreover, the institutional neonatal mortality rate among newborns benefiting from the voucher program was around 6%, less than the 9% observed with newborns without a voucher[51].

4. Conclusion

In conclusion, the evaluation of health check policies in Cameroon underscores both achievements and challenges in promoting public health and disease prevention. While these policies have yielded positive outcomes in certain contexts, systemic barriers and socioeconomic disparities continue to hinder their effectiveness. By implementing targeted interventions and policy reforms, Cameroon can strive towards achieving universal access to quality health check services and addressing the diverse health needs of its population as asserted by President Obama that "Moving to provide all Americans with health insurance is not only a moral imperative, but it is also essential to a more effective and efficient health care system[52] implying that all citizens should have equal access to health check policy. Despite the fact that the government has succeeded to a greater extent in solving the problems of neonatal mortality that existed in these regions, the scope of the voucher system in 2024 is still limited to the three priority regions (Adamawa, North, Far North). This is a great challenge for a project in its fourth stage to still be the same as at inception. This is

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contrary to the voucher system of Bangladesh where the voucher system (health cheque) policy that was launched in 2006 and by 2010, it had expanded greatly to other upazilas of the country.[53] Similarly, the voucher system was launched in Kenya in 2006 and by 2013 By 2013, the Government of Kenya announced a major maternal health financing policy change whereby, maternity services were to be provided for free in all public health facilities across the country[54]. This current study was limited only to parts of the North and extreme North Regions which were accessible, as poor road networks limited a wider coverage coupled with limited time factors. Limited Access to information from heath units hindered the ability to evaluate the overall achievement and implementation of the "Cheque Sante" policy instrument. Despite these claims, the voucher system in Cameroon has increased access to maternal and child care services in the priority regions, yet an extension, in particular to the East, North West and South West is imminent and envisaged in all regions within the framework of UHC[55]. We suggest that an in-depth assessment of the efficiency of the "Cheque Sante" be carried out to ascertain the exact proportion of the population benefiting from this program.

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