Policy Briefing:

After the 2025 Funding Shock: Priorities for Cameroon's Health System in 2026

Overview:

This brief draws on the year-end session of the Cameroon Town Hall for Healthcare Professionals held on December 20, 2025. Co-moderator Dr. Bryan Tegomoh reviewed the year, and clinicians, researchers and diaspora leaders discussed priorities for 2026, with a focus on health financing, public health basics, health data and artificial intelligence.

Context:

In 2025 most USAID funding to Cameroon was cut, affecting HIV, malaria, tuberculosis and maternal and child health programmes. Speakers reported that Cameroon avoided stock-outs of antiretroviral drugs and malaria and tuberculosis supplies, signed a new memorandum of understanding with the United States, and recorded about a 20% fall in malaria incidence in the National Malaria Control Programme's 2025 report (as reported in the session). A cholera outbreak affected the Far North region. Most health facilities still keep paper records without a unique patient identifier, and the medical curriculum does not cover artificial intelligence.

Key Issues:

1. **Dependence on a few funders:** The cuts showed how exposed priority programmes are when one external donor withdraws.
2. **Paper records and no patient identifier:** Patients returning to a facility often leave no trace of earlier visits, which blocks follow-up, data use and any digital tools.
3. **AI used without training:** Students and clinicians already use large language models, but there is no formal training on how to use them, check their outputs or handle responsibility for errors.
4. **Data that do not reflect Cameroon:** Models are trained mostly on non-African data, and Cameroon has little curated clinical data of its own.
5. **Public health basics under pressure:** Speakers warned that hygiene, sanitation and vaccination, which account for most gains in survival, are being undermined by misinformation.

Discussion Highlights:

- Dr. Foma: hygiene and sanitation, vaccination and antibiotics did more for survival than most later medical advances.
- Prof. Joshua Tambe: start digital records by giving every patient a unique medical record number.
- Dr. Obadia Mfuh Kenji: AI, like laboratory automation, makes staff more efficient rather than replacing them.
- Dr. Marthe-Sandrine Mpollo: AI is a tool; teach people to frame questions and review outputs.
- Prof. Tambe: responsibility stays with the clinician; AI works best with a human reader.

Recommendations:

- **Diversify and protect financing for priority programmes:** MINSANTE and the Ministry of Finance should keep a standing contingency line for HIV, malaria, tuberculosis and immunisation commodities and publish a plan to increase domestic funding. First step: report how the 2025 contingency plan was used and what it would cost to maintain.
- **Introduce a unique patient identifier:** MINSANTE, with regional delegations and hospital directors, should require a medical record number for every patient in public referral hospitals, as a first step towards electronic records. First step: pilot the identifier and a standard intake form in one regional hospital and one district, drawing on private facilities that already use them.
- **Add AI and health data to training:** Faculties of medicine and health sciences, with MINSANTE and the Ministry of Higher Education, should add a module on the responsible use of AI, critical appraisal of outputs and data protection to the harmonised curriculum. Town hall experts can deliver an initial CME series in 2026.
- **Set rules for clinical use of AI:** MINSANTE should issue guidance that AI tools are decision support only, that the clinician remains responsible, and that patient data shared with AI services are protected. First step: convene clinicians, radiologists, pathologists and lawyers to draft the guidance.
- **Keep public health basics funded and visible:** MINSANTE and regional delegations should protect funding for water, sanitation and hygiene, immunisation and community health workers, and counter vaccine misinformation with clear public messages.

Next Steps: The moderators will survey participants on the 2026 format, plan sessions and a possible CME series on artificial intelligence in health, and continue work with the Ministry's diaspora working group.

Conclusion: Cameroon came through the 2025 funding shock without major stock-outs, but the year exposed how fragile priority programmes are. In 2026 the town hall's participants want steady financing, digital patient records and responsible use of AI, built on the public health basics that have saved the most lives.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of December 20, 2025. Recording to follow.