Cameroon Townhall for Healthcare Professionals

Meeting Minutes, February 8, 2025

Host: Cameroon Townhall for Healthcare Professionals

Date: February 8, 2025

Session: No. 116

Chair: Dr. Munoh Kenne Foma

Co-Moderators: Elvis Ndansi (lead moderator for this session), Dr. Bryan Tegomoh, Dr. Katte Jean-Claude, Dr. Marthe-Sandrine Mpollo

Distinguished Guests: Dr. Boghuma Kabisen Titanji, infectious diseases physician and virologist, Emory University (Atlanta), Dr. Samuel Akombeng Ojong, Health Manager, UNICEF Mozambique (speaking in a personal capacity), Prof. Theodore Ngatchu, United Kingdom based founder of a private health centre in Cameroon, Prof. Mathias Fobi, who had just spent two and a half months in Cameroon, Dr. Obadia Mfuh Kenji, laboratory scientist, A global health security specialist with past PEPFAR and USAID projects, A US based physician with an interest in global health, A pharmacist who managed an HIV clinic patient list in Cameroon

Title: Global Health at a Crossroads: A Wake-up Call for Africa



Agenda Items:

1. Welcome and opening remarks by the moderators, Elvis Ndansi and Dr. Bryan Tegomoh
2. Remarks by the Chair, Dr. Munoh Kenne Foma
3. Framing of the US aid suspension and its effect on HIV, malaria, TB and maternal and child health programmes
4. Open discussion: impact on Cameroon
5. Open discussion: what Cameroon and Africa can do (ownership, financing, local manufacturing, regulation, surveillance, digital tools)
6. Closing reflections by Prof. Fobi and the Chair, summary and adjournment

Opening Remarks:

- Elvis Ndansi welcomed participants to the second session of 2025 and announced that the town hall had moved from fortnightly to monthly sessions, after three to four years without missing a fortnightly session, to allow better preparation and speaker selection. He said about 2,600 people from 36 countries had attended at least one session.
- Dr. Tegomoh said Africa was still recovering from COVID-19 while facing rising chronic disease, climate change and fast changes in AI. He cited the US withdrawal from the World Health Organization and its effect on the President's

Malaria Initiative, maternal and child health and TB control, and called for political ownership of the problem. He referred to a letter by the Minister of Health that week on how Cameroon would respond, and to the book 'Toxic Charity' on aid creating dependency.

- The Chair said USAID was created in 1961 under President Kennedy as an instrument of soft power, and that the US provides roughly 40 to 50% of all aid. He distinguished aid from loans, recalled that few African countries meet the Abuja target of 15% for health, and said the session had no single guest speaker so that public health and policy members could speak freely.
- Elvis Ndansi said USAID managed over $40 billion in appropriations in fiscal year 2023, more than a third of State Department foreign operations funding, and described disruptions in South Sudan, Afghanistan, Gaza and Haiti. For Cameroon he said most free antiretroviral drugs are bought through PEPFAR with US funds, and that stop work orders had already closed some HIV clinics.
- Dr. Katte, just back from a meeting in Denmark on type 1 diabetes care in sub-Saharan Africa, said insulin supply also depends almost entirely on donations, and that sustainability and government ownership dominated that meeting too.
- Elvis Ndansi said the Ministry of Public Health's share of Cameroon's recent national budget was below 5% (inviting correction), and later that the African average was about 7.4% in 2021 against the 15% Abuja target, with only a few countries such as South Africa meeting it.

Presentation Points:

Presentation: "Open discussion: the US foreign aid suspension and the future of health financing in Cameroon"

1. Out of pocket spending and the private sector:

Prof. Ngatchu, who runs a private health centre in Cameroon, said over 70% of health spending in Cameroon is out of pocket, so the country may be able to cover the remaining 30%, but the weakest will suffer. He said aid should help a country establish itself, not run its projects, and that after more than 60 years of USAID presence Cameroon should review why it remains dependent. His own paying patients would not be affected.

2. Diaspora remittances:

Dr. Mpollo said remittances from Cameroonians abroad, which the World Bank estimates exceed aid from international agencies, rose during COVID-19 and went largely to medical costs. She proposed a coordinated diaspora effort to channel

remittances into a sustainable system, since diaspora support does not depend on a foreign donor's willingness.

3. PEPFAR: what is at stake:

Dr. Titanji said PEPFAR, set up in 2003 under President George W. Bush as an emergency fund, has saved an estimated 20 million lives and prevented 5.5 million children from being born with HIV, and that 20 million people in sub-Saharan Africa still depend on it for treatment. She called it a travesty that after 22 years African governments had not ensured that life-saving drugs were not tied to a foreign government, when nearly all first line drugs are available as generics. She said the State Department exemptions limit PrEP to pregnant and breastfeeding women, cutting off young women aged 15 to 24, among whom she estimated about 4,000 new infections a week on the continent.

4. Damage beyond the drugs:

Dr. Titanji said that even if PEPFAR funds return, its logistics depend on USAID, which faced cuts from 10,000 to 14,000 staff to about 240, with 14 for Africa. Colleagues in Uganda, Kenya and South Africa had laid off clinic and clinical trial staff, so trial participants could not be followed and promises to them could not be kept. She said much of this damage may be irreversible even if funding is restored in 90 days.

5. Immediate steps for Cameroon:

She said people would arrive at the end of the month at facilities such as those of the Cameroon Baptist Convention Health Services and find no antiretrovirals. Cameroon should treat this as a crisis, release funds and negotiate directly with generic manufacturers in India and elsewhere now, since delivery could take months. She cited Nigeria's release of funds for malaria, TB and HIV, and set priorities: prevention of mother to child transmission and continuity of treatment first, PrEP and testing later. She estimated PEPFAR's cost of treatment at about $58 a year (about 25,000 FCFA) and suggested that a shared contribution, for example 12,500 FCFA a year from patients, would have reduced dependency.

6. Parallel systems and readiness:

Dr. Ojong said global health initiatives have improved access for the most vulnerable but often built parallel systems, with PEPFAR data diverging from national administrative data. Many countries, constrained by fiscal space and competing priorities, are not ready to take over. He called the abrupt cut unethical and said Africa should set its own agenda through the Africa CDC agenda of local production, local logistics and African defined health systems.

7. Surveillance, data and genomics:

A global health security specialist said sustainability plans in donor projects had become an academic exercise. She called for reliable data flowing from districts to regional and national emergency operations centres, and regional early warning between neighbours such as Cameroon, Gabon and Equatorial Guinea, building on PEPFAR community health workers. Dr. Kenji said Africa has sequencers and bench scientists but lacks bioinformatics capacity, and that computer science graduates, for example from the University of Buea, could be trained to build local pipelines rather than sending sequences abroad for analysis.

8. Drug supply, quality and regulation:

A pharmacist who had managed HIV patients in Cameroon warned that once PEPFAR stops buying, private importers will fill the gap and counterfeit antiretrovirals may appear within months. Drawing on the response to the SONARA refinery fire, she said Cameroon must know and monitor every importer. She noted it is easier to bring an FDA cleared drug into an African country than a drug cleared by another African country, and called for regional regulatory reform under the African free trade area.

Discussions and Q&A Session:

- **Elvis Ndansi to Prof. Ngatchu: how will the suspension affect the private health sector?** He said patients who pay out of pocket will continue to come, that those who rely on aid will suffer, and that Cameroon needs to go back to the drawing board after 60 years of aid.
- **Elvis Ndansi to Prof. Fobi, back from two and a half months in Cameroon including the Limbe Regional Hospital: what is the situation on the ground?** He said he could not say how much support came from USAID and that regional delegates in the North West and South West would know better. He described doctors as poorly paid, a gap between private and public care, and patients unhappy with public services, and said the crisis limited movement.
- **Dr. Tegomoh to Dr. Titanji: will the cuts lead to a resurgence of HIV and other infections, and how can aid be recalibrated so that it does not create dependency?** She said resurgence is a certainty because treatment is prevention. Every aid programme should come with a sustainability and phase out plan negotiated at the start, with the people most affected at the table, and build lasting assets such as self sustaining laboratories for CD4 and viral load testing.
- **Dr. Tegomoh to Dr. Ojong: what are the consequences of the US withdrawal from WHO?** Speaking in a personal capacity, he described parallel systems, weak fiscal

space and unpreparedness, and called for a multipolar global health system and an African agenda.

- **Dr. Tegomoh to the global health security specialist: which surveillance and early warning systems should African countries prioritise?** She called for sound data from district to national level, regional reporting between neighbouring countries, and use of existing community health worker networks.
- **Dr. Tegomoh to a US based physician: what infrastructure would make Africa most self-sufficient?** She said she would fund viral load and point of care laboratories and local manufacturing of antiretrovirals, and asked why African scientists cannot take up the patents.
- **Was anything lasting left by PEPFAR?** Dr. Titanji said every PEPFAR country can do viral load and CD4 testing, equipment that was used for COVID-19 testing, and most HIV facilities have GeneXpert for TB, now used for mpox. She added that Africa CDC itself is funded largely by external donors, that research on African patients has benefited the world and is leverage at the negotiating table, and that Uganda, Kenya and South Africa produce antiretrovirals locally, which the African Union could help scale.
- **Elvis Ndansi: who else benefits from USAID?** He said much of USAID procurement goes to US companies, citing Chemonics International with over $17 billion in contracts from 2008 to 2024 and about 190 contract opportunities worth $27.7 billion projected for fiscal year 2025, and called for African firms to compete for such contracts.
- **Dr. Tegomoh: can AI and digital infrastructure help?** Dr. Ojong said digital tools will bring gains, but routine health data in Africa such as DHIS2 is often hosted outside the continent and paid for by donors, and health workers may lack power and internet, so there is no quick fix. The global health security specialist proposed leapfrogging by bringing engineers into health. Dr. Titanji said Africa lacks investment in research, not talent.
- **A participant: what is the way out?** He said the real solution is political: governments should listen to health experts, negotiate cheaper drugs, pursue import substitution with generics, and tell citizens plainly when medicines are donor funded.

Call to Action and Closing:

- Prof. Fobi said the whole economic structure was built on dependence and that doctors should urge colleagues in government to end it, warning that 'what Trump has done is just the beginning'.

- The Chair said what matters is how Cameroon responds: whether it builds African solutions, invests 15% in health, brings back and supports its diaspora and its talent such as Dr. Titanji, and trains young people early to use AI on African problems. He said the problem is political, not only a health problem.
- Elvis Ndansi summarised: the government should ensure continuity of essential services, invest domestically in health, use public private partnerships, seek alternative funding and regional collaboration through ECOWAS and the African Union, support local manufacturing of medicines and supplies, expand community health programmes, strengthen governance against corruption and fake antiretrovirals, and invest in telemedicine and mobile health.

Next Meeting

In one month (next monthly session).

Recording: https://www.youtube.com/watch?v=pPaumdshUmU

Submitted by: Co-Moderators, Cameroon Townhall for Healthcare Professionals