# Policy Briefing:

## Global Health at a Crossroads: Cameroon's Response to the US Aid Suspension

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**Overview:**

This policy briefing synthesizes key insights from the 116th session of the Cameroon Town Hall for Healthcare Professionals, held on February 8, 2025, an open discussion among the moderators and members on the suspension of US foreign aid and what it means for health in Cameroon.

**Context:**

In late January 2025 the US froze foreign aid, issued stop work orders and moved to dismantle USAID, and announced its withdrawal from WHO. In Cameroon most free antiretrovirals are bought with PEPFAR funds, and HIV, malaria, TB and maternal and child health programmes rely on US support, while the health ministry receives less than 5% of the national budget, as stated in the session.

**Key Issues:**

1. **Treatment interruption:** People on antiretroviral therapy, including in faith based networks, risk finding no drugs at the end of the month. Interruption raises viral load and transmission.
2. **Loss of the systems behind the drugs:** USAID staff cuts and layoffs of clinic and trial staff mean that drugs alone will not reach patients, and trial participants are being lost.
3. **Low domestic health financing:** Cameroon is far from the 15% Abuja target, and over 70% of health spending is out of pocket.
4. **Medicine quality risk:** When private importers replace PEPFAR procurement, counterfeit antiretrovirals may enter the market.
5. **Parallel data and weak surveillance:** Donor data systems run beside national ones, routine data are hosted abroad, and regional early warning and bioinformatics capacity are thin.

**Discussion Highlights:**

- Participants agreed the suspension is a wake-up call for political ownership of health in Cameroon.

- Prevention of mother to child transmission and continuity of HIV treatment were named as the first priorities.
- Every aid agreement should include a sustainability and phase out plan agreed at the start.
- PEPFAR left usable assets: viral load, CD4 and GeneXpert platforms and community health workers.
- Diaspora remittances and diaspora expertise were seen as resources to organise.

**Recommendations:**

- **Secure antiretroviral supply now:** MINSANTE and the National AIDS Control Committee should treat the gap as an emergency: map stocks by facility, release emergency funds, and negotiate directly with WHO prequalified generic manufacturers. First step: a stock and needs assessment covering public and faith based HIV sites, with priority to pregnant women and people already on treatment.
- **Protect medicine quality:** MINSANTE's pharmacy directorate and the medicines regulator should license and publish the list of approved antiretroviral importers and step up post-market testing, as was done for fuel after the SONARA fire. First step: a public register of authorised importers.
- **Raise domestic financing for health:** Government, with parliament, should set a path toward the 15% Abuja target and consider modest, protected patient co-financing for chronic treatment where it does not block access. First step: a costed transition plan for HIV, malaria and TB commodities now funded by the US.
- **Put sustainability into every aid agreement:** MINSANTE and partners should require a phase out plan and transfer of systems (laboratories, data, staff) in each new agreement, and integrate donor data into the national health information system. First step: a review of current agreements to identify the services most exposed.
- **Build on existing assets for surveillance:** Regional delegations and the public health emergency operations centre should reuse PEPFAR laboratory platforms and community health workers for other diseases, and strengthen regional reporting with neighbouring countries. Universities should train computer scientists in bioinformatics. First step: an inventory of PEPFAR funded equipment and staff by region.
- **Organise the diaspora:** Diaspora professionals and the town hall should channel remittances and expertise into coordinated projects such as laboratories and local production, working with the Ministry's diaspora committee. First step: a town hall working group to propose one costed project.

**Next Steps:** The town hall moved to monthly sessions; the next session was set for one month later. Participants proposed a grassroots working group, with the global health security specialist suggesting a data and AI project to predict where service gaps will hit first.

**Conclusion:** The aid suspension exposed how much of Cameroon's HIV and public health response rests on a foreign budget. Participants agreed that the immediate task is to keep people on treatment, and the longer task is domestic financing, local production and national ownership.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of February 8, 2025. Recording: https://www.youtube.com/watch?v=pPaumdshUmU