Policy Briefing:

Global Health Funding Cuts: How Cameroon is Responding

Overview:

This policy briefing synthesizes key insights from the 117th session of the Cameroon Town Hall for Healthcare Professionals, held on March 15, 2025, with His Excellency Dr. Manaouda Malachie, Minister of Public Health, on how Cameroon is responding to the suspension of US global health funding.

Context:

The suspension of US funding in early 2025 left Cameroon with an estimated 51 billion FCFA gap for HIV and further gaps for maternal and child health, immunization, malaria, TB and onchocerciasis. Households pay 62% of health costs directly, and health receives 3 to 5% of the national budget.

Key Issues:

1. **Continuity of HIV and other services:** Staff paid by USAID and PEPFAR were suspended; the State moved its own staff in and asked community health workers to keep working.
2. **Domestic financing:** The universal health coverage law, health taxes and the innovative financing strategy are not yet in force; no new external partner has been secured.
3. **Cost of local production:** Local medicines cost two to three times more than imports, which limits a local-first purchasing policy.
4. **Workforce retention:** Staff leave rural postings and the country; housing and pay measures are under way.
5. **Barriers for the diaspora:** Bank financing, bureaucracy across ministries, and a restrictive National Medical Council document discourage investment, teaching and missions.

Discussion Highlights:

- The Minister described the suspension as an opportunity to regain autonomy and set 2028 for taking over these funds.

- The 6,000 FCFA maternal health voucher covers antenatal care, delivery and caesarean section.
- The Minister invited diaspora surgeons to assist operations by telemedicine from abroad.
- He said the National Medical Council's document on diaspora practice has no government endorsement.
- He told partners that funding restricted to workshops is not wanted.

Recommendations:

- **Pass and fund the universal health coverage law:** Government and parliament should adopt the universal health coverage bill and earmark health taxes, such as tobacco levies, to it. First step: publish the health financing strategy with innovative sources and a timeline for the 2028 takeover of donor-funded programmes.
- **Publish the transition and incident data:** MINSANTE should share regular updates from the incident management system on stocks, staff redeployed and service continuity for HIV, TB, malaria and immunization, so regional delegations, partners and the diaspora can target support. First step: a monthly public dashboard.
- **Make local production affordable:** MINSANTE, the Ministry of Finance and the Ministry of Industry should agree the tax incentives discussed with manufacturers, link local purchase to CEMAC pooled procurement for a larger market, and fast track the Cameroonian Medicines Agency. First step: a costed incentive package for the products local firms already make.
- **Deliver the retention measures:** MINSANTE should complete the 10 billion FCFA on-call housing programme and the staff retention plan, starting with the hardest-to-staff districts. First step: publish the list of districts and the construction schedule.
- **Open a clear door for diaspora professionals:** MINSANTE, the Ministry of Higher Education and the diaspora working group should launch the diaspora platform with one procedure for missions, teaching and investment, and publish the list of telemedicine-equipped operating rooms. Diaspora professionals and the town hall should channel offers through it. First step: a pilot of telemedicine-assisted surgery and a recurring surgical mission through the platform.
- **Align partner funding with national plans:** MINSANTE should require partners to fund national priorities under one plan, one budget and one monitoring framework, as raised in the Lusaka Agenda discussion, rather than workshops. First step: a review of partner budgets for workshop and training lines.

Next Steps: The town hall committed to prepare a policy document from the session and asked the Minister for digital copies of the documents he presented (Health

System Transformation Agenda, centres of excellence list). The diaspora working group's technical committee was due to meet soon.

Conclusion: The Minister set out a response that relies on State staff, universal health coverage and domestic financing to replace US funds, and placed the diaspora at the centre of investment, skills and advocacy. Participants welcomed his openness and asked that the measures be published and the barriers to diaspora engagement removed.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of March 15, 2025. Recording: https://www.youtube.com/watch?v=T68PHxgTt98