WACI Health

GAP 1.0

Supporting countries to bridge the gap in budgetary shortfalls for HIV & AIDS, TB and Malaria

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Introduction

Data

- Gap 1.0 uses country data submitted by countries themselves to the Global Fund as part of Global Fund funding applications.
- Data for all countries is the latest data available. For all countries, this is data provided in funding applications submitted in 2020.
- Budgetary shortfall (‘gap’) data is provided for the years 2021, 2022 and 2023.
- Data is available online: https://data.theglobalfund.org

Focus

Theme:
Budgetary shortfalls for HIV & AIDS, TB and Malaria, not for universal health coverage.

Country
Cameroon.
CAMEROON

Funding Need

Funding Gap

Funding Gap as a % of need
Historical investments by funding source (2013–2019)

**HIV & AIDS**

- **Global Fund Investments:**
  - 2014-2016 Allocation period: $14.6m
  - 2017-2019 Allocation period: $18.6m

- In 2014-2019, 41% of NSP need was funded.

**Malaria**

- **Global Fund Investments:**
  - 2014-2016 Allocation period: $18.4m
  - 2017-2019 Allocation period: $142.8m

- In 2014-2019, 41% of NSP need was funded.

**Tuberculosis**

- **Global Fund Investments:**
  - 2014-2016 Allocation period: $117.1m
  - 2017-2019 Allocation period: $141.7m

- In 2014-2019, 57% of NSP need was funded.
Health spending remains below key AU benchmarks

**How much does government spend on health?**

**Per Capita**
- ≥83%
- $3.2

**as % of GDP**
- >5%
- 0.2%

**as a % of the Govt budget**
- ≥15%
- 1.1%

**Fiscal space**
- Tax collected as a % of GDP
- ≥15.9%
- 15.9%

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**Cameroon spends below Africa’s $86.30 per capita benchmark:**

- Government health expenditure is $3.2 per capita in USD terms ($7.96 in PPP Int $).
- Total (current) Health Expenditure for all sources is $54.14 per capita in USD terms but rises above the benchmark to $134 in PPP Int $ terms.

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**Cameroon spends below the 5% of GDP benchmark required to achieve UHC:**

- Government health expenditure as a share of GDP is 0.2%.
- Total (current) Health Expenditure for all sources as a share of GDP is 3.53%, below the AU benchmark.

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**Cameroon spends below the Abuja target of 15% of government budget invested in health:**

- Government health expenditure as a share of the government budget is 1.1%.
Health spending is heavily dependent on out-of-pocket expenditure

- Government spending on health accounts for just 6% of total health expenditure (THE).
- At 76%, out-of-pocket spending (OOP) is well above the 15% benchmark of catastrophic health expenditure.
- Development partner spending (8%) exceeds all other sources of spending except for OOP.

Sources of health spending, (2018)
Conclusions – Cameroon

Cameroon spends significantly below Africa’s spending benchmarks:

- Of Africa’s 55 countries:
  - Only 2 countries (DRC and South Sudan) invest less per capita.
  - No country invests less as a % GDP.
  - No country invests less as a % of the government budget.
  - Yet has space to increase tax collection as a % of GDP towards the IMF benchmark of 15%.

At 76%, out-of-pocket health spending (OOP) is a cause for considerable concern

- As a share of total (current) health expenditure, OOP is higher (by only 1%) in just one other African country.

To bridge HIV, TB and malaria financing gaps

- Cameroon needs to demonstrate a political commitment to investing in the health and human capital development of its people.