



# THE CONSEQUENCES OF THE END OF USAID FUNDING IN WEST AFRICA AND THE LAKE CHAD BASIN: A CASE STUDY FROM CAMEROON

## INTRODUCTION

On 23 February 2025, the United States Agency for International Development (USAID) website announced a down-sizing plan affecting around 1,600 staff based in the United States<sup>1</sup>. This abrupt withdrawal had immediate consequences in many countries, affecting populations that were recipients of American public aid and turning the humanitarian and development sectors upside down. While the Trump administration has justified this decision by arguing that such aid does not serve, or even harms, the national interests of the United States<sup>2</sup>, opinions remain divided as to whether African states can or should do without it (Riche & Naudet, 2025, Machikou, 2024; Moyo, 2009).

Cameroon became a humanitarian emergency in 2014 in connection with the crisis in the Central African Republic<sup>3</sup> and the resurgence of Boko Haram attacks in north-east Nigeria, leading to major population displacements<sup>4</sup>. The response of the Cameroonian authorities from May 2014 onwards<sup>5</sup> accentuated this humanitarian crisis, which was made worse in 2016 by the crisis in the English-speaking regions<sup>6</sup>. Against this backdrop, funding for humanitarian action remains insufficient: while annual needs are estimated at \$500 million, only 17% was covered in 2017<sup>7</sup>.

In 2023, US aid committed to Cameroon amounted to \$166 million, including \$46.2 million from USAID, representing, according to stakeholders, 40% of total foreign aid funding. The withdrawal of USAID comes at a time when several African countries, including Cameroon, have left essential sectors of society dependent on humanitarian programmes.

This policy note assesses the impact of the end of US funding on the peace and development sectors in Cameroon and focuses on health while integrating other programmes related to peacebuilding, social cohesion and development due to their cross-cutting nature. Interviews with people from the US embassy, UN institutions and local and international organisations enable us to analyse the effects of the withdrawal, the strategies for circumventing it and the alternatives envisaged to limit its consequences. Finally, recommendations based on the perceptions of those stakeholders and of the affected populations are proposed.

<sup>1</sup> <https://www.usaid.gov/>. <sup>2</sup> see <https://foreignpolicy.com/2025/03/10/trump-rubio-usaid-cuts-foreign-aid>. <sup>3</sup> [The fall of President Bozizé in March 2013 plunged the country into crisis](#). According to the UNHCR's Central African Republic Regional Refugee Response Plan, Cameroon was hosting more than 222,000 Central African refugees in December 2014, resulting in the shift to an emergency. DW, [Central African Republic: chronology of a crisis](#), 14 January 2014. <sup>4</sup> IOM, [IOM helps Cameroonians fleeing Boko Haram and the communities that host them](#), Global Communiqué, 2 July 2015. <sup>5</sup> International Crisis Group, [Cameroon: Confronting Boko Haram, Africa](#), Report, no. 241, 16 November 2016. <sup>6</sup> International Crisis Group, [Cameroon's Anglophone Crisis at the Crossroads](#), Africa Report no. 250, 2 August 2017. <sup>7</sup> CERF, [2017 Annual Report of the Resident/Humanitarian Coordinator on the Use of Cameroon Underfunded Emergencies Round 1 Grants 2017](#). <sup>8</sup> see [https://usafacts.org/answers/how-much-foreign-aid-does-the-us-provide/countries/cameroon/?utm\\_](https://usafacts.org/answers/how-much-foreign-aid-does-the-us-provide/countries/cameroon/?utm_). <sup>9</sup> However, [this estimate seems excessive given the 2025 report by the International Monetary Fund \(IMF\)](#), which estimates Cameroon's Official Development Assistance (ODA) in 2023 at around \$591 million (total flows). This would put US aid at around 28%.

# 1 STATUS OF USAID PARTNERSHIPS AND FUNDING AT THE TIME OF THE WITHDRAWAL ANNOUNCEMENT

## 1.1 TYPES OF PARTNERSHIPS

Two types of partnership have been identified in Cameroon: direct partnerships and implementation partnerships. The first group includes USAID's direct partners: United Nations agencies (UNDP, UNICEF, FAO, UNHCR, OCHA), development NGOs, international organisations such as Family Health International 360 (FHI), Médecins du Monde, GAVI<sup>10</sup>, the US President's Emergency Plan for AIDS Relief (PEPFAR<sup>11</sup>), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Planned Parenthood Federation (IPPF) and Evidence for Sustainable Human Development Systems in Africa (EVIHDAF).

These partnerships generally rely on local players responsible for implementation, including The World We Want (3W), the Cameroon National Association for Family Welfare (CAMNAFAW), funded by the IPPF, Jeunes actifs de Mayo Tsanaga, supported by the FHI, and the Cameroonian Humanitarian Organisation Initiative (CHOI), which brings together nearly 300 local organisations. Some programmes are implemented directly by USAID, particularly in the health sector, through schemes coordinated by its teams.

## 1.2 THE STATE OF FUNDING: A SENSITIVE ISSUE?

The issue of funding emerged as a sensitive one during the interviews, both with USAID's partners and with state institutions such as the Ministry of External Relations (MINREX) and the Ministry of Territorial Administration (MINAT), concerning the limited access to quantified data. One interviewee mentioned an amount of \$86 million allocated to Cameroon before January 2025, but gave no further details. However, for fiscal year 2023, the USAFACTS website states that \$166 million in US foreign aid has been committed to Cameroon<sup>12</sup>, a significant portion of which is managed by USAID, including PEPFAR and humanitarian programmes.

In 2024, the USAID/BHA (Bureau for Humanitarian Assistance) committed between \$15 million and \$25 million<sup>13</sup>, primarily in the sectors of health (HIV/AIDS, malaria, maternal and child health, supply chains), humanitarian aid (food assistance, cash transfers, shelter, protection), education and protection (education in emergency situations, child protection, prevention of gender-based violence) and development and resilience (agriculture, means of support, social cohesion).

**Table 1: USAID funding in Cameroon 2020-2025**



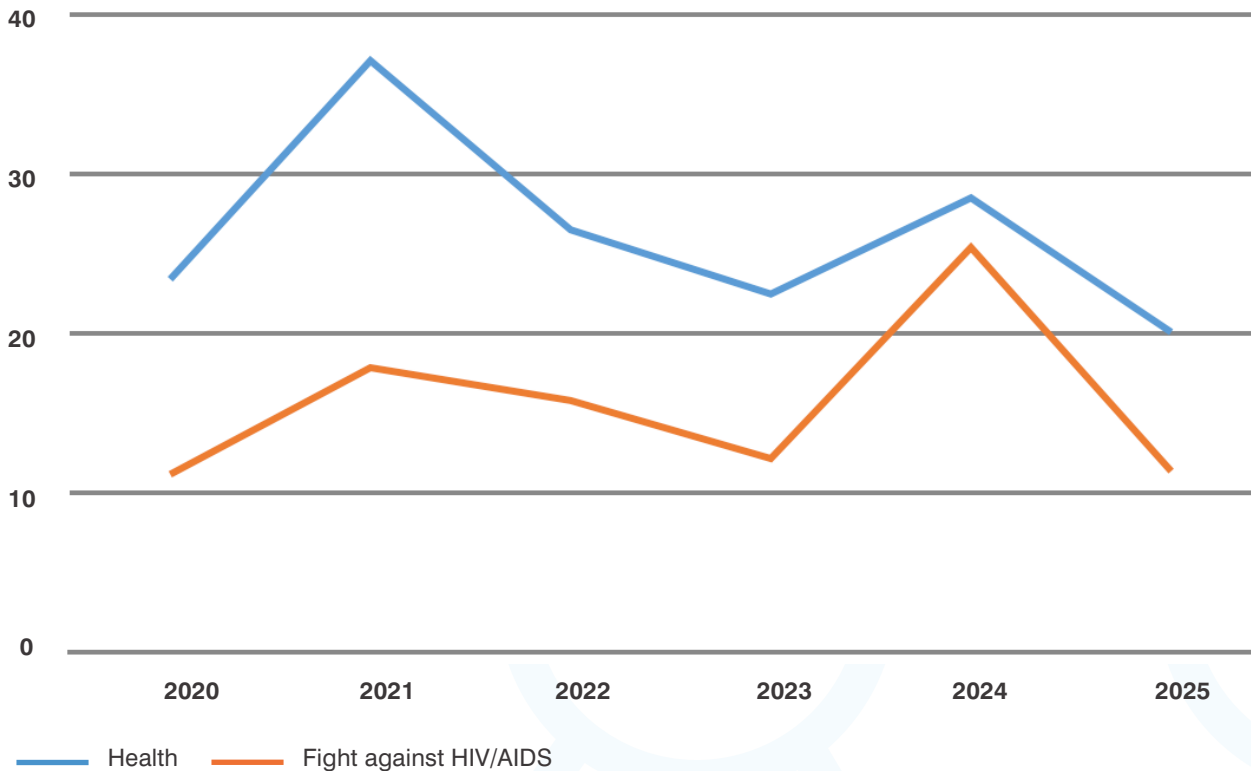
Funding was mainly distributed between major international organisations, whether NGOs or multilateral agencies such as the International Medical Corps or the International Rescue Committee; organisations specialising in health, often via PEPFAR, or in the fight against malaria (FHI 360, Chemonics International, Population Services International, ICAP at Columbia University); UN agencies (UNICEF, UNHCR, etc.) as well as local NGOs and civil society players<sup>14</sup>. The World We Want, for example, received between 70% and 80% of its funding from USAID, i.e. around \$90,000 per year, while the \$4 million allocated to CAMNAFAW for the period 2023-2027 (health) represented no more than 20% of its budget. For smaller local NGOs, the amounts were even more limited, such as the Mayo Tsanaga youth association, which received funding of 9 million CFA francs (€13,717), including salaries, for resilience activities.

<sup>10</sup> The Vaccine Alliance (formerly the Global Alliance for Vaccines and Immunization) was created in 2000 on the initiative of the Bill & Melinda Gates Foundation, the WHO, UNICEF, the World Bank and several donor countries. Its main mission is to improve equitable access to immunisation in low- and middle-income countries. <sup>11</sup> US President's Emergency Plan for AIDS Relief. This is an initiative launched in 2003 by the US government, under President George W. Bush, to fund the global fight against HIV/AIDS. <sup>12</sup> see <https://usafacts.org/answers/how-much-foreign-aid-does-the-us-provide/countries/cameroon/?utm>. <sup>13</sup> The Cameroon Assistance Overview - May 2024 report states that BHA's allocated assistance for Cameroon is «more than \$15 million in Fiscal Year (FY) 2024 funding ...». Meanwhile the Cameroon Assistance Overview - October 2024 report mentions that this aid is «nearly \$25 million in Fiscal Year (FY) 2024 funding ...». <sup>14</sup> Exact data on the distribution of budgets according to the size of the organisations was not able to be found in the databases, and the interviewees systematically refused to answer this question. Some associations gave us an idea of the amounts and percentages of USAID funding, but these remain orders of magnitude.

## 2 AREAS OF ACTIVITY MAINLY AFFECTED BY THE WITHDRAWAL OF USAID: THE HEALTH SECTOR IN CAMEROON

The sector most affected by the withdrawal of USAID withdrawal is health, supported in particular through vaccination programmes<sup>15</sup>, family planning and the fight against HIV, the latter accounting for more than 47% of US funding to Cameroon in 2024<sup>16</sup>. The high burden of disease, the structural weaknesses of the national healthcare system, the priorities of the world's major donors<sup>17</sup> and a humanitarian context that is increasing the demand for healthcare are the reasons for this large amount of external aid.

**Table 2: USAID funding by sector (in millions of dollars)**



**Source:** U.S. Department of State, U.S. Foreign Assistance by Country - Cameroon, USAID, disbursements, years 2020, 2021, 2022, 2023, 2024, 2025<sup>18</sup>.

**Note:** Data for the years 2024 and 2025 are partially reported.

After two increases in funding in 2021 and 2024, there was a sudden interruption in spring 2025. Allocations for health and HIV/AIDS are now below 2020 levels<sup>19</sup>. Until 2023, HIV funding was lower than that for basic healthcare, before a one-off increase in 2024. Among the activities funded by USAID, Impact Malaria (formerly APMSD), which is dedicated to strengthening systems for combating malaria, illustrates this trend, with funding falling from more than \$8.25 million in 2022 to less than \$3 million in 2024<sup>20</sup>.

Allocating barely 5% of its budget<sup>21</sup> to health, compared with the 15% recommended by the Abuja Treaty<sup>22</sup> (Witter, Jones & Ensor, 2014), the Cameroonian authorities resort to external funding to support the implementation of their health policy.

<sup>15</sup> <https://www.gavi.org/investing-gavi/funding/donor-profiles/cameroon>. <sup>16</sup> U.S. Foreign Assistance by Country. <sup>17</sup> The Global Fund Cameroon & The World Bank in Cameroon. <sup>18</sup> Ibid. <sup>19</sup> U.S. Department of State, U.S. Foreign Assistance by Country - Cameroon, USAID, 2020 instalments. Accessed on 13 November 2025. <sup>20</sup> Ibid. <sup>21</sup> United Nations Cameroon, Common Country analysis, 2020. <sup>22</sup> African Summit on HIV/AIDS, tuberculosis and other related infectious diseases, Abuja, Nigeria, 24.27 April 2001.

## 3 CONSEQUENCES AND IMPACT OF THE WITHDRAWAL OF USAID

### 3.1 IMMEDIATE AND HARMFUL CONSEQUENCES

The effects of the withdrawal were immediate and profound. Employees of USAID and agencies dependent on US funding are the first category to be affected, with a drastic reduction in staff numbers from almost 10,000 worldwide to around 250, including 12 in Africa and no posts in Cameroon (following the announcement).

Many projects have been halted, leading to office closures and redundancies: «Systematically, a number of staff have been sacked and several activities have been cut along the way»<sup>23</sup>. Similarly, «in some UN organisations (I won't mention the names, for reasons of confidentiality), missions, workshops and fuel supplies have been cut outright»<sup>24</sup>. In the Far North, FHI 360 and the UNHCR (United Nations High Commission for Refugees) have reduced or ceased their activities in certain localities, resulting in staff contracts being terminated without notice.

International NGOs are the second category affected. EVIDAF<sup>25</sup> lost more than 80% of its funding, leaving only the GODI (Global Open Data for Impact and Accountability Initiative) project, with a budget of less than 15 million CFA francs (22,860 euros)<sup>26</sup>. The Office for the Coordination of Humanitarian Affairs (OCHA) has closed several regional offices and is restructuring in Yaoundé, while Catholic Relief Services is closing several of its bases following the massive cancellation of USAID programmes in the spring of 2025<sup>27</sup>.

Cameroonian NGOs form the third category affected. CAMNAFAW has seen the suspension of funding for the Expand Family Planning and Sexual and Reproductive Health<sup>28</sup> (EXPANDPF) project, planned over 5 years, leading to the dismissal of 10 employees and the cessation of support for 20 health facilities<sup>29</sup>.

The fourth category concerns recipients: refugees, internally displaced persons and vulnerable populations. A Reuters investigation shows a rise in infant and young child deaths in the Far North, linked to the collapse of anti-malaria programmes funded by USAID<sup>30</sup>. In the North and Far North, almost 90% of the community health workers funded by the PMI<sup>31</sup> (USAID) are no longer operational, and malaria-related mortality, after falling between 2020 and 2024 (8%), has risen again to around 15%<sup>32</sup>.

Disruptions to anti-malaria programmes increase the risk of infant mortality. UNICEF and UNFPA report increasing pressure on primary health services, nutrition and WASH<sup>33</sup> in the first half of 2025<sup>34</sup>. Despite the treatment of thousands of children for acute malnutrition, the financial and operational needs remain high<sup>35</sup>. The reduction in mobile clinics, the distribution of mosquito nets and anti-malarial drugs and supply disruptions are putting increased pressure on the structures that are still operational.

### 3.2 IS THE WITHDRAWAL OF USAID AN OPPORTUNITY TO BE SEIZED?

In terms of national policies, the withdrawal of USAID is a challenge to the responsibility of governments. Although the announcement initially gave rise to concern, some of the local players we met saw it as an opportunity to rethink the way humanitarian organisations and development aid operate, to be self-critical and to redefine themselves as aid co-producers, capable of mobilising their own resources and aligning themselves more closely with national priorities.

The reduction in funding has put the emphasis back on the «localisation principle», understood as the transfer of resources from international institutions to local civil society organisations in order to strengthen their autonomy and capacity to respond. The implementation of this principle, affirmed at the 2016 World Humanitarian Summit<sup>36</sup>, which called for around 25% of funding to be allocated to local organisations, has been limited, however, due to structural and operational constraints<sup>37</sup>. It comes up against a system of structural dependence on actors in the South, and the control exercised by technical and financial partners over the direction of funding towards international and local NGOs.

The withdrawal of USAID opens up the possibility of denouncing an absorption system in which only 30 to 40% of funding reaches the recipients<sup>38</sup>. It also echoes work that criticises the emphasis on quantifying needs to the detriment of people (Glasman, 2019), and the paternalism and superficiality of the 'decolonisation' initiatives that continue to structure the humanitarian field (Alouda & Khan, 2022; Mosebo, 2025).

<sup>23</sup> Interview with the General Secretary of CHOI, July 2025, Yaoundé. <sup>24</sup> Interview with a sociologist from the University of Yaoundé I, who is also a manager in a humanitarian NGO, July 2025, Yaoundé. <sup>25</sup> Evidaf, [Breaking barriers with Asher](#), 12 May 2023. <sup>26</sup> Anonymous interview, July 2025, Yaoundé. <sup>27</sup> Catholic Relief Service, [CRS: Aid Cuts and Lack of Payment Threaten Millions of Lives](#), 17 March 2025. <sup>28</sup> CAMNAFAW. <sup>29</sup> These benefits included improved post-partum family planning and support for service delivery by community health workers (Interview with a CAMNAFAW executive, July 2025, Yaoundé). <sup>30</sup> Reuters, [Babies' Deaths in Cameroon Show How US Aid Cuts Curtail Malaria Fight](#), 2 October 2025. <sup>31</sup> This is the President's Malaria Initiative, a flagship programme of the US government, led by USAID and implemented jointly with the CDC (Centers for Disease Control and Prevention). <sup>32</sup> Note 33. <sup>33</sup> [Water, Sanitation and Hygiene](#). <sup>34</sup> From January to June 2025, [UNICEF reports that 37,350 children suffering from Severe Acute Malnutrition \(SAM\) received treatment](#). In its 2025 humanitarian appeal, [UNICEF estimates that around 450,000 children aged between 6 and 59 months will suffer from wasting \(being underweight\) during the year, including almost 160,000 children with severe acute malnutrition](#). <sup>35</sup> UNICEF, [Cameroon highlights. Humanitarian situation report n°2](#), 25 July 2025. <sup>36</sup> United Nations, [As World Humanitarian Summit Concludes, Leaders Pledge to Improve Aid Delivery, Move Forward with Agenda for Humanity](#), 24 May 2016. <sup>37</sup> DEVEX, [Opinion: Why a 'Grand Bargain' on Localization Keeps Falling Short](#), 13 January 2022. <sup>38</sup> Interview with the Director of Publication of the local newspaper Echo santé, July 2025, Yaoundé.

## 4 VARIOUS RESILIENCE AND ADAPTATION STRATEGIES

Resilience and adaptation strategies vary according to the status, capacities and areas of focus of the players involved. The Cameroonian government's priority response has been in the most sensitive area, health. To avoid a disruption in the supply of antiretrovirals, antimalarials and anti-tuberculosis drugs, the public authorities have put in place a mitigation plan<sup>39</sup> to ensure uninterrupted access to treatment. This plan<sup>40</sup>, to be deployed from February 2025, will enable direct funding from the US government to continue, while circumventing the suspension of USAID. In some projects, staff previously paid by US funds have been replaced by civil servants<sup>41</sup>.

At the same time, UN organisations such as the UNHCR and the IOM have adjusted their priorities towards the most vulnerable populations and sought alternative sources of funding, notably from the EU. The WHO, following the example of UNICEF, has benefited from a fund<sup>42</sup> enabling it to maintain its activities while reducing their scope<sup>43</sup>. This resilience and adaptation strategy consists of relying on health facilities by strengthening the autonomy of doctors in order to limit interventions in the field.

Although the search for alternative solutions had been underway for years, the end of USAID funding forced organisations to implement them quickly. Some promote development projects through the creation of plantations, community fields and income-generating activities. Others, such as CHAI Cameroon, were less affected because they diversified their funding fairly early on, combining private foundations (Bill & Melinda Gates<sup>44</sup>, Children's Investment Fund<sup>45</sup>), multilateral funds (Global Fund, Gavi) and bilateral cooperation, while positioning themselves as a recognised technical player. With the support of the International Planned Parenthood Federation (IPPF), CAMNAFAW has also put in place a \$240,000 mitigation plan to absorb the shock of the withdrawal of USAID.

## CONCLUSION

The withdrawal of USAID has had a profound effect on the field of humanitarian aid and development in Cameroon, affecting both implementing partners and the public authorities. While all sectors have been affected, the health sector has been hit particularly hard due to internal structural weaknesses, the priorities of major global donors and a humanitarian context that is increasing the demand for healthcare. However, over and above the immediate consequences, the field survey shows that this withdrawal is making it possible to devise and/or develop a range of resilience and adaptation strategies.

<sup>39</sup> This is the CAMPSAR plan (Cameroon Mitigation Plan for Sustained AIDS Response following the USAID/PEPFAR Suspension). <sup>40</sup> UNAIDS, Country Update, [Impact of the pause of US foreign assistance](#), 9 February 2025. <sup>41</sup> Interview with the editor of Echo Santé (Idem). <sup>42</sup> This is the Central Emergency Response Fund (CERF), [a United Nations humanitarian fund which recently released \\$5 million for humanitarian assistance in Cameroon](#), partly implemented by the WHO. It is funded by voluntary contributions from Member States, private foundations and other donors. <sup>43</sup> [The WHO remains a regular technical partner](#) (surveillance, standards, technical support to ministries) which, in June 2025, validated the 2025-2029 Country Cooperation Strategy (CCS) with the government, the framework of which includes change and rigorous monitoring of results. <sup>44</sup> [www.gatesfoundation.org](#). <sup>45</sup> [ciif.org](#)

## RECOMMENDATIONS ADDRESSED TO STATE, HUMANITARIAN AND DEVELOPMENT ACTORS

The recommendations are based on two approaches: the first (1 to 4) is normative and idealistic and would be compatible with applied research; the second (5 to 7), objective and utopian, explores avenues for transformation based on tangible data.

1. **Diversify partnerships beyond the United States**, such as the European Union, emerging countries and international foundations while encouraging domestic funding from national budgets and local authorities in key sectors.
2. **Build the capacity of local NGOs and community health systems** so that they can assume greater responsibility and develop community participation to better respond to real needs.
3. **Develop new partnerships**, in particular with the BRICS, notably India, which offers generic medicines, to limit dependence on Northern countries.
4. **Encourage African governments to respect the Abuja Declaration** (2000), which called on governments to allocate 15% of the national budget to the health sector.
5. **Improve targeting by prioritising projects according to their vital importance** (health, food, water/sanitation) and, in health, focus limited resources on national priorities such as HIV, malaria and tuberculosis.
6. **Strengthen emergency supplies of essential antimalarial drugs** through targeted partnerships and activate a national mitigation/continuity plan (already initiated for HIV) to be extended to other essential programmes (malaria, MCH, nutrition).
7. **Encourage public-private partnerships** to involve the private sector more in the provision of basic health, water, food and infrastructure services, and mobilise bridging finance through joint advocacy (government-NGOs) with the Global Fund, the EU, multilateral banks and foundations.

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