Epidemiological and demographic data as tools for budget prioritization in health: Cameroon's experience in the face of donor withdrawal

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Developing countries are being forced to reconsider how to allocate their budgets due to declining levels of external funding for health. Cameroon has experienced a major reduction in official development assistance and therefore needs to more rationally prioritize health interventions if it is to achieve Universal Health Coverage (UHC). This paper explores whether epidemiological and demographic data can act as a sound, operational, and efficient basis for prioritizing budgets when resources are limited. A review of the planning tools used by the Ministry of Public Health was conducted and data from the National Health Information System, Demographic and Health Surveys and Results-Based Management frameworks were used as reference points. The focus of this review is on the ways in which prioritization mechanisms have been developed over the past five years, particularly in relation to 2025, when United States funding ceased. The findings indicate that using epidemiological indicators, including an indicator of burden of disease, preventable mortality and prevalence of priority diseases is vital for determining budget priorities while using demographic variables (age-structure, geographical inequities and migration patterns) enhances the consistency of budget allocations; strengthens accountability and decreases vulnerability to donor conditionality. It is concluded that using epidemiological and demographic data as tools for budget decision making is a tangible means of achieving health sovereignty and systemic resilience; that it is critical that priority is given to strengthening national analytical capacities.