MEMORANDUM OF UNDERSTANDING FOR DURABLE AND RESILIENT HEALTH SYSTEMS BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND THE GOVERNMENT OF THE REPUBLIC OF CAMEROON

PREAMBLE

This Memorandum of Understanding (hereinafter referred to as the "MOU") is made between the United States Department of State (hereinafter referred to as "U.S. Government") and The Government of The Republic of Cameroon (hereinafter referred to as "The Government of Cameroon"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

CONSIDERING that the Government of Cameroon aims to develop a durable and resilient health system that prevents disease, maintains the health of its population, and enables its economy to thrive;

FURTHER CONSIDERING that the U.S. Government seeks to advance its bilateral relationship with the Government of Cameroon and prevent the spread of emerging and existing infectious disease threats globally;

RECOGNIZING that United States global health investments made over the past 14 years have saved nearly half a million lives and substantially and meaningfully strengthened Cameroon's health system;

RECOGNIZING that the Government of Cameroon has made substantial progress in advancing its domestic health system over the past 14 years; and

FURTHER RECOGNIZING the benefits of ongoing collaboration between the Government of Cameroon and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Cameroon and the United States;

Have reached the following understandings:

SECTION 1
Objectives

1.1 Outcome Metrics: The Participants aim to work together to achieve the following outcomes metrics by the end of each of the specified years: (b)(6)

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	Baseline	2026	2027	2028	2029	2030
% People (15+) With HIV Who Know Their Status*	70%*	75%	80%	85%	90%	95%
% People (15+) Who Know Their HIV Status on Treatment*	96%*	96%	97%	97%	98%	98%
% People (15+) On Antiretroviral Treatment (ART) Who Are Virally Suppressed*	94%*	94%	95%	95%	96%	96%
% People (<15) With HIV Who Know Their Status	61%[1]	61%	67%	75%	85%	95%
% People (<15) Who Know Their HIV Status on Treatment	89%[2]	92%	94%	95%	95%	95%
% People (<15) On Antiretroviral Treatment (ART) Who Are Virally Suppressed	85%[2]	90%	93%	95%	95%	95%
# Malaria Deaths in Children Under 5	1370[2]	1500	1250	1100	900	825
Maternal Mortality Rate (per 100,000 live births)	258	250	225	200	170	140
Children Under 5 Mortality Rate (per 1,000)	70 [3]	58	40	32	28	25

*Based on preliminary Cameroon Population-based HIV Assessment (CAMPHIA) 2024–2025 results using ARV detection in blood to adjust outcomes of status awareness and treatment coverage among those aware. These findings may change once the final CAMPHIA 2024–2025 report is released. Upon publication of the final report, a supplementary appendix with the updated baseline values and targets may be added to the MOU.

1.2 Process Metrics: The Participants aim to work together to achieve the following process metrics by the end of each of the specified years:

	Baseline	2026	2027	2028	2029	2030
# people on ART	449,290[4]	472,911	485,448	496,000	505,000	514,000
# new HIV diagnoses among infants (0-18 months) annually	296[4]	550[5]	250	220	210	185
# new HIV diagnoses among children and adults (age 18 months or older) annually	35,875[6]	33,047	22,903	21,107	19,706	19,920
% pregnant and breastfeeding women living with HIV who receive ART	91%[6]	92%	93%	94%	95%	95%
% confirmed malaria cases that receive first-line antimalarial treatment	89%[2]	91%	92%	93%	95%	95%
# insecticide-treated nets distributed to populations at risk of malaria (routine+ mass campaign)	886,371 routine[8] 13,030,921 campaign	940,000	1,000,000	1,075,000 routine 15,000,000 campaign	1,150,000	1,175,000

[1] SPECTRUM, 2023
[2] NMCP/PNL Synthèse des Données de Surveillance du Paludisme en 2024
[3] WHO, 2023
[4] Rapport annuel 2024 des activités de lutte contre le SIDA au Cameroun / 2024 Annual Report on HIV/AIDS
[5] Target increases over baseline in 2026 due to a surge campaign to identify previously undiagnosed cases.
[6] National DHIS2, 2024 (b)(6)

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	Baseline	2026	2027	2028	2029	2030
Data accuracy score on MOH-led global health data quality audits (Percentage of correctly reported data compared to verified source data) for at least 2 key indicator per disease HIV, Malaria and TB indicators**	76% TX_CURR 15+	80%	85%	90%	95%	95%
# of health facilities where ScanForm AI technology is operational for digitizing routine patient data in real-time and fully integrated with DHIS2	0	500	1100	1200	1300	1500
Service Delivery Point stockout rate**	**	<7%	<5%	<2%	<2%	<2%
Product loss at central, regional, and site level due to expiry, damage, theft, or other causes**	**	<3%	<2%	<1%	<.5%	<.5%

**Baseline to be set within 90 days of the America First Global Health Strategy (AFGHS) start date, June 30, 2026

1.3 Infectious Disease Outbreak Response Metrics: To ensure infectious disease threats are quickly identified and responded to, the Participants also aim to achieve the following metrics throughout the term of this MOU:

- The Government of Cameroon detects suspected infectious disease outbreaks with epidemic potential in Cameroon within 7 days of disease emergence;
- The Government of Cameroon notifies the U.S. Government, including local representatives based at the U.S. Embassy in Yaoundé, within 1 day of detection for events that constitute a public health emergency of international concern (as defined by the International Health Regulation (IHR) 2005) or any threat whose spread poses an immediate risk to national security. Any other type of health event is expected to be subject to joint notification following validation by the National Surveillance Committee and accompanied by meaningful coordination and consultation with the U.S. Government; and
- The Government of Cameroon completes relevant initial response actions to respond effectively to infectious disease outbreaks within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Government of Cameroon's response.

Baseline and targets for the above 7-1-7 metrics are expected to be set within 90 days of the commencement of the AFGHS, by June 30, 2026.(b)(6) (b)(6)

SECTION 2
Areas of Cooperation

The Participants plan to collaborate in the following areas (each an "Area of Cooperation"):

2.1 Surveillance & Outbreak Response

2.1.1 2030 Vision: The Government of Cameroon envisions a country-level national surveillance and outbreak preparedness and response system led by a legally established and fully operational National Public Health Institute (NPHI) with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify relevant authorities including critical parties in the national public health system and the U.S. Government within 1 day of an infectious disease outbreak being detected; and, complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Cameroon.

2.1.2 Implementation Plan:

- The U.S. Government may fund assessments of the Government of Cameroon's outbreak surveillance system to include disease surveillance and response, and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Government of Cameroon commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessments, including the updating of Standard Operating Procedures (SOPs) to reflect disease notification to the U.S. Government.
- The Government of Cameroon commits to continuing to provide salaries and benefits to fund 90% of advanced and 90% of intermediate field epidemiologists previously trained by Cameroon Field Epidemiology Training Program (CAFETP) for human health or In-Service Training in Applied Veterinary Epidemiology (ISAVET) for animal health.
- By 2030, the Government of Cameroon commits to increasing field-based surveillance by deploying a minimum of two (2) field epidemiologists per health district, for a total of 410 nationwide. The U.S. Government plans to support training of at least 15 advanced and 30 intermediate field epidemiologists from human and animal health each year of this MOU. The U.S. Government further commits to support the Government of Cameroon to put in place a tracking system for the CAFETP to ensure trainees receive appropriate refresher training.
- The Government of Cameroon commits to use the United States Food and Drug Administration's (FDA) approval or Emergency Use Authorization of medical countermeasures as an accelerated reference to facilitate national authorization processes. However, FDA approval does not replace the sovereign evaluation of the Government of Cameroon, which remains the sole decision-making authority for the authorization and use of medical countermeasures for national health security.
- The United States and the Government of Cameroon plan to negotiate a specimen sharing arrangement that includes the elements set out in an accompanying Specimen Sharing Agreement for the purpose of providing physical specimens and related data, including genetic sequence data, of detected pathogens with epidemic potential to the United States ideally within five (5) days of detection. Both Participants intend for this specimen-sharing arrangement to have an initial duration of ten (10) years, thereafter renewable by mutual agreement every five (5) years. Matters related to the use and management of any materials or data derived from the specimens are expected to be governed by the terms of this

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specimen-sharing agreement, promoting mutual benefit to both the U.S. Government and the Government of Cameroon.

- The U.S. Government, in coordination with the Government of Cameroon, plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.
- The Government of Cameroon commits to push for the legal establishment of a National Public Health Institute (NPHI) and to include funding for the NPHI in the national budget by the beginning of CY27. In this light, the Government of Cameroon commits to conduct a study which is expected to inform the establishment of the NPHI by 2027.
- The Government of Cameroon commits to providing maintenance and upkeep funds for any equipment provided by the U.S. Government during the term of this MOU.

2.1.3 Funding Plan:
The U.S. Government intends to provide the following support for surveillance and outbreak response activities in each of the specified years, subject to the availability of funds:

Year	U.S. Government Surveillance & Outbreak Response Funding	% Change
2026	$8.46m	
2027	$7.68m	-9%
2028	$7.21m	-6%
2029	$6.12m	-15%
2030	$4.02m	-34%

U.S. Government surveillance and outbreak response funding is expected to fund activities outlined in Section 2.1.2. The U.S. Government plans to provide funding through mechanisms it identifies, with advice and input from the Government of Cameroon.

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Cameroon envisions a connected network of 5 highly specialized national reference laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential (including whole-genome sequencing, biobanking and quality control) and 15 accredited and strategically located regional laboratories that have the capabilities to perform high quality diagnosis, real-time surveillance, and serve as training and coordination hubs for surrounding district laboratories.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $5.63 million of laboratory commodities used in 403 USG-supported labs and approximately 314 positions (312 Full Time Equivalent) frontline lab workers in Cameroon.
- The U.S. Government plans to fund 100% of the aforementioned lab commodities in 2026 and 2027, subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline gradually with the Government of Cameroon funding 87% of these commodities by the end of this MOU as outlined in Section 2.2.3.(b)(6)

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- The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes 312 FTE laboratory technicians and assistants in CY26.
- The Government of Cameroon commits to maintaining on their payroll approximately 62 full-time lab technicians in 2028, 125 in 2029 and, and 187 lab technicians onto government payrolls in 2030.
- The U.S. Government intends to support the Government of Cameroon to ensure all non-accredited regional and reference laboratories are enrolled in an accreditation program by the end of 2028, with a target of achieving ISO 15189 accreditation for at least 80% of enrolled laboratories by 2030. Appendix 4 includes a list of 43 laboratories recommended for prioritization for U.S. Government support.
- The Government of Cameroon plans to establish and maintain enabling systems to facilitate enrollment and compliance with accreditation standards. This includes strengthening national accreditation policies, establishing a cost-efficient local accreditation body, and providing recognition and sustained support to accredited laboratories. In the long term, the Government of Cameroon may consider establishing a Directorate of Laboratories to institutionalize and oversee these efforts.
- Any sample transport support provided by the U.S. Government plans to be transitioned to the Government of Cameroon by 2030. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2030. The Government of Cameroon commits to put in place a fully functional and funded integrated sample transport system for all programs by the end of 2030.
- The Government of Cameroon reaffirms its commitment to strengthening the country's public health infrastructure by advancing the decentralization of its diagnostic network. The Government further pledges to support the establishment and operationalization of a mobile laboratory unit, which is expected to enhance the country's capacity to respond rapidly to public health emergencies, improve disease surveillance, and extend diagnostic services to underserved and remote areas.
- The Government of Cameroon commits to advancing national health security by developing and implementing comprehensive biosafety and biosecurity policies that align with international standards by January 1, 2028.
- The Government of Cameroon commits to signing a Service Level Agreement for lab commodities to guarantee functioning equipment on which to use U.S.-procured lab commodities and to secure competitive pricing for lab commodities as the procurement responsibilities of these commodities shifts from the U.S. Government to the Government of Cameroon.
- The U.S. Government plans to fund the establishment of a functional national biobank by the end of CY2026.

2.2.3 Funding Plan:

The Participants intend to provide the following support for lab commodities in each of the specific years, subject to the availability of funds:

Year	U.S. Government Funding	New Minimum Funding, Government of Cameroon	Existing Government of Cameroon	Cameroon Total Funding
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			Domestic Funding	
2026	$5.63m	-		$5.63m
2027	$5.63m	-		$5.63m
2028	$5.11m	$524,519		$5.63m
2029	$4.33m	$1.30m	$524,519	$6.15m
2030	$2.85m	$2.78m	$1.82m	$7.45m

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to purchase its lab commodities through an Implementing Partner through CY26 and then explore alternative procurement mechanisms with the Government of Cameroon. The Government of Cameroon commits to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through the Government of Cameroon government owned supply chains. The Government of Cameroon further commits to comply with established Standard Operating Procedures for cold chain storage and distribution to maintain product viability and stability. For purposes of this MOU, lab commodities include the actual cost of the commodities as well as related commodity distribution costs including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Government of Cameroon in the table above is expected only to include funding provided directly by the Government of Cameroon and is not expected to include funding from other donors or multilateral organizations.

The Participants intend to fund the following number of frontline lab workers in each of the specified years, subject to the availability of funds:

Year	U.S. Government # FTEs Funded	Government of Cameroon New # FTEs Funded	Government of Cameroon Existing # FTEs Funded	Cameroon Total # FTEs Funded
2026	312	-	-	312
2027	312	-	-	312
2028	249	62	-	311
2029	156	63	62	281
2030	62	62	125	249

The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3. The U.S. Government plans to provide funding for frontline lab workers through Implementing Partners through CY28 and then through explore alternative mechanisms from CY29, including Government-to-Government funding models. The total number of lab workers is expected to reduce from the baseline to reflect introduction of innovative technology and streamlined implementation. For purposes of this MOU, funding is expected to cover the

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salary and benefits for frontline lab workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline lab workers are commensurate to pay rates for such workers employed directly by the Government of Cameroon. This funding does not include any costs related to data systems or technical assistance for frontline lab workers, which are covered in Sections 2.5.3 and 2.6.3 respectively. Positions funded by the Government of Cameroon in the table above are expected only to include positions funded directly by the Government of Cameroon and are not expected to include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: The Government of Cameroon envisions an integrated health care commodity supply chain system, free of stock tensions and stockouts that uses a pooled procurement vehicle, and Central and Regional Health Stores for distribution to health facilities.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $11.8M in commodities annually including ARVs for adult and pediatric populations, HIV Pre-exposure Prophylaxis (PrEP), HIV rapid diagnostic tests, TB Prophylaxis, Insecticide-Treated bednets, malaria treatment (first-line oral treatment and injectable treatment for severe malaria), malaria rapid diagnostic tests, and seasonal malaria chemoprevention.
- The U.S. Government plans to fund 100% of the aforementioned commodities in 2026 and 2027 in the amount specified in Section 2.3.3, subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline gradually with the Government of Cameroon funding 100% of these commodities at the end of this MOU as outlined in Section 2.3.3.
- The Government of Cameroon commits to revising regulations to consider diagnostic products separately from pharmaceuticals for the purpose that import waivers and shelf-life requirements be expressed in fixed months rather than as a percentage to improve product order turnaround time and maximize product usability.
- The Government of Cameroon commits to fully implementing the recommendations identified in the Strategic Plan for Strengthening Public Supply Chain of Health Products in the Government of Cameroon 2022-2026 or other relevant assessment of supply chain systems.
- The Government of Cameroon commits to updating its Supply Chain Strengthening strategic plan to cover at least the period of this MOU.
- The Government of Cameroon commits to fully implementing a system based on GS1 global standards for tracing commodities funded by the U.S. Government under this MOU and distributed through the Government of Cameroon's government-owned supply chain by the end of CY27.
- The Government of Cameroon commits to completing the upgrade of its warehouse management system at CENAME (Centrale Nationale d'Approvisionnement en Médicaments et Consommables Médicaux Essentiel/ National Centre for the Supply of Essential Medicines and Medical Consumables) and the Regional Health Funds and the rollout of the eLMIS at all levels by the end of CY27.
- The U.S. Government plans to engage the services of an external party to conduct data quality audits of U.S. Government procured commodities and verify supply chain process indicators through the end of CY26. The Government of Cameroon commits to procuring

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similar external audits from CY27 through the end of this MOU. The Government of Cameroon commits to provide rights and access to the U.S. Government and designated third party at CENAME and the Regional Health Funds for the purpose of conducting data validation or data quality audits.

- The Government of Cameroon commits to developing a fraud risk policy and operational plan by the end of CY26 which includes provisions for preventing, detecting, and reporting fraud at the central and regional level.
- The Government of Cameroon commits to notify the U.S. Government as soon as there is suspicion of theft or diversion of U.S. Government funded commodities.

2.3.3. Funding Plan:
The Participants intend to provide the following amount of support for commodities in each of the specified years, subject to the availability of funds:

Year	U.S. Government Funding	New Cameroon Funding	Existing Cameroon Funding	Total Cameroon Funding
2026	$11.80m	-	-	$11.80m
2027	$11.80m	-	-	$11.80m
2028	$10.70m	$1.10m	$0.00m	$11.80m
2029	$9.08m	$1.62m	$1.10m	$11.80m
2030	$5.97m	$3.11m	$2.72m	$11.80m

The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2. The U.S. Government plans to purchase its commodities through an Implementing Partner through CY26 and then explore the CENAME or alternative national procurement mechanisms with the Government of Cameroon. The U.S. Government plans to distribute its commodities through an Implementing Partner through CY26 and then through the CENAME or explore alternative national mechanisms with the Government of Cameroon. The Government of Cameroon commits to establishing a technical working group tasked with assessing procurement and distribution approaches, including private sector approaches, which could be considered in Cameroon and making a recommendation for appropriate approaches in Cameroon. The Joint Health Cooperation Steering Committee (JHCSC) is expected to be tasked with reviewing the recommendations and identifying follow-up actions. For purposes of this MOU, commodity funding includes the actual cost of the commodities as well as commodity distribution costs including warehousing, shipping, and trucking. Commodity costs do not include any costs of data systems or technical assistance related to commodity procurement and supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Government of Cameroon in the table above is expected only to include funding provided directly by the Government of Cameroon and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The Government of Cameroon envisions integrating 13 doctors, 168 nurses, 131 community health worker FTE positions, and 1,660 frontline clinical workers currently funded by the U.S. Government into its permanent healthcare workforce.

2.4.2 Implementation Plan: (b)(6)

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- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes support to a total of 23,314 full and part-time positions (the equivalent of 5,038 full time positions) doctors, nurses, and community health workers.
- The Government of Cameroon commits to transition at least 13 additional full time doctor positions, 168 nurses, and 130 full time community health worker positions, or their equivalent part-time positions from PEPFAR support to be employed and paid by the Government of Cameroon.
- The Government of Cameroon commits to developing a framework to classify positions (titles, minimum qualifications, salary) to allow for alignment and position transparency across public health service delivery sites.
- The Government of Cameroon commits, with support from the U.S. Government, to develop an electronic HR system and health worker registry to manage its public and community health workforce by the beginning of CY30. The Government of Cameroon commits, with support from the U.S. Government, to develop an eLearning platform for front line health workers by the end of CY27.
- The Government of Cameroon commits, with support from the U.S. Government, to build the capacity of health district teams in public health leadership and planning by the end of CY28.

2.4.3 Funding Plan:
The Participants intend to fund the following number of frontline healthcare workers in each of the specified years, subject to the availability of funds:

Year	U.S. Government	Government of Cameroon	Government of Cameroon	Cameroon
	#FTEs Funded	New # FTEs Funded	Existing # FTEs Funded	Total # FTEs Funded
2026	5,039	-	-	5,039
2027	5,039	-	-	5,039
2028	4,038	1,001	-	5,039
2029	2,615	923	1,001	4,539
2030	1,192	922	1,924	4,038

The breakdown by type of frontline healthcare worker is in Appendix 3. The transition is expected to take place in a standardized and stepwise fashion. In FY26 and FY27, the U.S. Government plans to continue 100% support for Frontline workers as negotiated with the Government of Cameroon to give sufficient time to plan for the transition and to allow the U.S. Government to enforce non-compliance. Starting in FY28, the U.S. Government plans to begin a phased transition of the frontline healthcare workers to the Government of Cameroon. Compared to the baseline, in FY28, the Government of Cameroon is expected to absorb 20% and the U.S. Government plans to continue with 80%; in FY29 the Government of Cameroon plans to absorb 40% and the U.S. Government is expected to continue with 50%; in FY30 the Government of Cameroon is expected to absorb 60% and the U.S. Government is expected to continue with only 20%. By FY31, U.S. Government support is expected to end, and the Government of Cameroon is expected to be fully responsible. The absorption between 2026 and 2030 is not expected to be one-to-one due to various factors including introduction of new

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technologies and streamlined/simplified operational models that the U.S. Government envisions changing the way of doing business.

The U.S. Government plans to provide funding through Implementing Partners until identified positions are absorbed into the national government. For purposes of this MOU, this funding includes the salary and benefit for frontline healthcare workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline healthcare workers are commensurate to pay rates for such workers employed directly by the Government of Cameroon. To this end, the U.S. Government is expected to collaborate with the Government of Cameroon to ensure transparency and alignment between funded Implementing Partners and Government of Cameroon human resource categorizations pay rates and progressive transition of into the government payroll. The implementing partners under this MOU may have separate MOUs with the Government of Cameroon to ensure alignment of their activities with the health sector strategy. This funding does not include any costs related to data systems or technical assistance to support frontline healthcare workers, which are covered in Sections 2.5.3 and 2.6.3 respectively. Positions funded by the Government of Cameroon in the table above are expected only to include positions funded directly by the Government of Cameroon and are not expected to include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Cameroon envisions a unified, secure, and interoperable digital health ecosystem that enables real-time, accurate, and standardized data exchange across all health programs and levels of care. The Government of Cameroon envisions developing and implementing a national framework for standards and interoperability to enable standardized and secure information sharing across data systems, including a patient management system, laboratory management, surveillance and outbreak response systems, health commodity warehouse inventory and distribution system, and pharmacy management systems. The Government of Cameroon envisions modernizing data capture using ScanForm, an AI-powered tool, to transform existing handwritten paper forms into digital data that can be seamlessly integrated with national data systems in real time. In this vision, the District Health Information Software (DHIS2) is expected to serve as the national health data warehouse, while the country remains flexible to specific data system applications, provided they are able to be certified according to the standardized guidelines set by the Ministry of Health (MoH).

All digital systems (DAMA, ScanForm, DHIS2, VLSM, eLMIS) are expected to be hosted on seeure servers under the jurisdiction of the Government of Cameroon, with technological reversibility clauses to ensure continuity and national ownership at the conclusion of this MOU or subsequent agreements.

2.5.2 Implementation Plan: The Government of Cameroon plans to establish a harmonized, standards-based, and secure digital health environment that enhances data-driven decision-making, strengthens health system performance, and advances national ownership and sustainability.

- The Government of Cameroon commits to continue using and maintaining digital systems that have been fully or partially funded by the U.S. Government to facilitate timely data access, analysis, and use for decision making for the purpose of individual level client registries, digital data collection, Health Management Information System, viral load

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sample management and transportation tracking, electronic proficiency testing, Animal Health Information System, Malaria management and health data warehouse. The specific software currently in use has been included in Appendix 5.

- The Government of Cameroon commits to completing a Health Management Information System (HMIS) strategic plan by the end of CY26. This plan is expected to outline key objectives to upgrade the national data infrastructure and associated hardware, alongside other negotiated joint data systems priorities.
- The Government of Cameroon commits to complete and disseminate a costed Digital Health Strategic Plan by the end of CY26.
- The Government of Cameroon commits to a comprehensive roll out of the AI powered ScanForm to scan and digitize paper forms to collect HIV patient level data and malaria data nationwide in all health facilities by 2028.
- The Government of Cameroon commits to integrate ScanForm with central-level clinical systems for areas including lab, sample transport, malaria case management and prevention data.
- The DAMA client registry is currently used at 400 sites that cover 90% of HIV service delivery sites. The Government of Cameroon intends to explore options for harmonization across all HIV service delivery sites, including the rollout of DAMA to reach 100% coverage at health facilities and the scale-up to other health areas.
- The Government of Cameroon commits to develop an integrated Logistics Management Information System (LMIS) plan by the end of CY26 which covers procurement, inventory, warehouse, transportation, order and distribution management.
- The Government of Cameroon commits to developing and implementing its national standards and framework for the operationalization of the interoperability layer between data systems by finalizing guidelines, harmonizing datasets, and operationalizing core services like the Master Facility List, Indicator Registry, Terminology Services, and Unique Person Identity Management.
- The U.S. Government intends to support the Government of Cameroon's digital infrastructure, consistent with the table in 2.5.3 in the following ways:
    - The U.S. Government plans to support the development, implementation and dissemination of a costed Digital Health Strategic Plan by December 2026.
    - The U.S. Government plans to support operationalizing core services like the Master Facility List, Indicator Registry, Terminology Services, Health Worker Registry and Unique Person Identify Management and to consider allowable improvements in patient management systems for military and civilian patients served at military hospitals.
    - The U.S. Government plans to support the transition to digital data through redesigning the paper-based registers to make them compatible with ScanForm technology, the purchase and configuration of local servers and the interoperability of ScanForm with DAMA and DHIS2 until the end of CY2027.
    - The U.S. Government plans to support the Viral Load Sample Management (VLSM) and associated hardware, the maintenance costs for the sample transport and tracking over the term of this MOU consistent with Section 2.5.3. The Government of Cameroon commits to adopt this VLSM as the electronic Lab Information Management System (eLMIS) for sample tracking, test result management, lab commodity inventory management, and reporting.
    - The U.S. Government plans to support the scale-up and use of the Government of Cameroon's eLMIS after the initial launch in CY2026.
    - The U.S. Government plans to support scaleup of the Event Based Surveillance (EBS) over the term of this MOU consistent with Section 2.5.3

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- The Government of Cameroon commits to adopt the VLSM.
- Both the U.S. Government and the Government of Cameroon intend to identify or develop a system to track compliance to the co-investment commitment.
- The United States and the Government of Cameroon intend to negotiate a data sharing arrangement for the purpose of exchanging data on the long-term performance of this MOU and for accountability to the United States Congress for appropriated funds. Both Participants expect this data sharing arrangement to continue for ten (10) years renewable by mutual agreement every five (5) years thereafter. Intellectual property and full rights over national data are expected to remain fully held by the Government of Cameroon.

2.5.3 Funding Plan:
The U.S. Government intends to provide the following amount of funding for data systems in each of the specified years, subject to the availability of funds:

Year	U.S. Government Data System Funding	% Decrease relative to baseline
2026	$13.37m	-
2027	$12.12m	9%
2028	$11.38m	15%
2029	$9.66m	28%
2030	$6.35m	52%

In 2026, the U.S. Government intends to provide the following funding for data systems: $3,957,471 for EMR, national data warehouse and surveillance and outbreak systems, $89,367 for laboratory management data systems, $3,607,022 for a robust and integrated Health Management Information System including the operationalization of the interoperability of the data systems, $200,000 for surveillance and outbreak response data systems and $1,780,000 for Malaria management Information systems, including the expansion of ScanForm to cover malaria forms. The U.S. Government intends to support the development of an integrated Logistics Management Information Systems, and the development of national health data system costed implementation plan with funding of up to $3,750,000. For purposes of this MOU, U.S. Government support is expected to include the cost of developers, product managers, systems engineers and other similar personnel: the cost of cloud computing capacity, software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

During the term of this MOU, the Government of Cameroon commits to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems outlined in this Section 2.5 that are not specifically paid for by the U.S. Government.

2.6 <u>Strategic Assistance</u>

2.6.1 2030 vision: The Government of Cameroon envisions its health system having the capabilities, systems, and skills necessary to fully implement and oversee its global health programming, including providing all its own technical assistance without U.S. Government support by the end of 2030 with the exception of surveillance and outbreak response technical assistance and technical assistance to support the rollout of new innovative diagnostics, vaccines, drugs, and other interventions.(b)(6) (b)(6)

2.6.2 Implementation Plan:

U.S. Government strategic assistance aims to transform health systems and enable critical programmatic activities across HIV/AIDS, malaria, and global health programs, with a major focus on health systems strengthening to support national self-reliance by 2030. These strategic investments are expected to be made in four critical domains: (1) fast-tracking and achieving the priority health outcomes in this MOU, (2) modernizing and transforming supply chain systems, (3) accrediting laboratories and integrating sample transport, and (4) using AI technology for sustainable data automation.

2.6.2.1 Strategic Domain #1: Fast-Tracking and Achieving Priority Health Outcomes

- Accelerating the Triple Elimination of Mother to Child Transmission (MTCT) of HIV, Syphilis, and HepB: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in accelerating the Triple Elimination of MTCT of the three diseases by 2030, using the antenatal care (ANC) platform as a key integration pillar. Major cost drivers for this investment area are expected to include programmatic costs associated with scaling up duo testing for HIV and syphilis during ANC, scaling up a national HIV self-testing campaign to reach male partners, scaling up HBV DNA testing for pregnant women to determine prophylaxis needs, and introducing or scaling up injectable PrEP for high-risk clients; as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic assistance area with strong accountability for U.S. taxpayer funds.

- Using Gold-Standard Evidence and Innovations to Revamp HIV Case Finding: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in rapidly diagnosing more than 100,000 people living with HIV who are unaware of their status and ensuring their same-day linkage to lifesaving treatment. These efforts are expected to be intensified between FY26 and FY27. Major cost drivers for this investment area are expected to include new or enhanced interventions for impactful approaches to case-finding, extending testing points within health facilities to avoid missed opportunities for diagnosis, and achieving 100% rollout of the three-test algorithm endorsed by the Cameroon Ministry of Public Health; as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

- Saving More Lives via Return-to-Care Campaign and Treating Advanced Disease: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in returning to care more than 10,000 clients previously on ARVs who are either lost to follow-up or have interrupted their treatment. These efforts are expected to be intensified in FY26–FY27, during which clinical programmatic interventions to treat advanced HIV disease are expected to be revamped to meet clinical standards of care. Major cost drivers for this investment area are expected to include logistical support to frontline workers to enable community-based tracing of clients lost to follow-up, and training of frontline workers in advanced disease diagnosis and management (as many are still untrained or insufficiently trained); as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

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- Fast-Tracking High Coverage of Evidence-Based Malaria Control Interventions: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in reshaping critical support for vector control through proven, cost-effective methods for distributing insecticide-treated nets (ITNs), implementing seasonal malaria chemoprevention, leveraging new innovations, and integrating malaria prevention and control measures into national health systems to ensure a comprehensive approach to disease management. Major cost drivers are expected to include high-quality execution of community-based activities that require short-term surge staffing, community-based supervision and oversight, commodities, and logistics for movement, as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

2.6.2.1 Strategic Domain #2: Modernizing and Transforming Supply Chain Systems

- The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon to digitize and modernize its supply chain. This investment is expected to include integrated health commodities quantification including forecasting, supply planning, and capacity building on the QAT and other associated tools to facilitate the procurement and availability of essential commodities across all programs, including ARVs, rapid test kits (RTKs), and malaria medications, while strengthening capacity for inventory management, storage, and last-mile distribution. Investments are expected to ensure digital inventory control and distribution systems are in place as well as accountability measures developed and implemented. These investments are expected to help modernize the supply chain. Major cost drivers are expected to in-country logistics, as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

2.6.1.3 Strategic Domain #3: Accrediting Laboratories and Integrating Sample Transport

- Modernizing the National Laboratory Network and Accelerating Laboratory Accreditations: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in modernizing the national laboratory network and accelerating the accreditation of all reference and regional laboratories in the country. Major cost drivers are expected to include minimally necessary upgrades to laboratories to meet biosafety and biosecurity standards; required training of laboratory personnel (especially new personnel) on quality assurance and quality control standards; and the establishment of a local accreditation body to provide a more cost-efficient accreditation approach (instead of relying on costlier external accreditation bodies); as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

- Scaling up an integrated and comprehensive sample transport system: The U.S. Government intends to provide a time-bound strategic investment between fiscal years 2026 and 2030 to assist the Government of Cameroon in eliminating siloed sample transport systems, modernizing cost-effective approaches, and fully pivoting to a hub-and-spoke model, ensuring a functional integrated sample transport system with nationwide coverage for HIV, TB, malaria, and epidemic- and pandemic-prone diseases. Progress

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already made in harmonizing HIV sample transport is expected to serve as a foundation for success in this strategic investment area, with a fully integrated sample transport system in place by the end of 2028. Major cost drivers are expected to include necessary logistics for transporting samples between hubs and spokes and between hubs and reference laboratories nationwide, as well as the minimally required technical assistance, staffing, and operations costs to ensure effective and timely delivery of the strategic investment area with strong accountability for U.S. taxpayer funds.

2.6.2.4 Strategic Domain #4: Using AI and Emerging Data Technologies

- The U.S. Government plans a strategic investment from fiscal years 2026 to 2030 to help Cameroon streamline and digitize its data systems. This investment is expected to include scaling AI technology via ScanForm nationally to automate data collection, eliminate duplicative entry, and improve timely, accurate data across the public health ecosystem. ScanForm is expected to be expanded to key disease areas such as HIV, TB, malaria, and Global Health Security domains like Event-Based Surveillance. Data is expected to be hosted locally in compliance with Cameroon's laws, and ScanForm is expected to be interoperable with DHIS2 for data aggregation and DAMA for patient-level management. Investments are expected to support Cameroon in developing a costed roadmap, considering private sector solutions. Opportunities for U.S. companies to support streamlined data architecture are planned for exploration. Major cost drivers are expected to include system integration, printing scannable forms, user testing, staff training, technical assistance, staffing, and operations to ensure effective delivery and accountability for U.S. taxpayer funds.

2.6.3 Funding Plan:

The U.S. Government intends to provide the following amount of strategic investment funding in each of the specified years, subject to the availability of funds:

Year	U.S. Government Strategic and Technical Assistance Funding	% Decrease relative to baseline
2026	$18.47m	-
2027	$16.75m	9%
2028	$15.73m	14%
2029	$13.35m	28%
2030	$8.77m	52%

In 2026, the specific strategic and technical assistance the U.S. Government plans to fund includes $11.38 million for achieving priority health outcomes, $3.63 million to modernize the supply chain, $2.29 million to accredit laboratories and integrate sample transport, and $1.17 million to operationalize using AI technology for data automation. The U.S. Government intends to provide its funding through contract and cooperative agreement mechanisms it identifies, with advice and input from the Government of Cameroon where feasible to do so consistent with all applicable law and regulations. For purposes of this MOU, this technical assistance funding includes all costs not specified in Section 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3.

Strategic Investment Domain	FY26	FY27	FY28	FY29	FY30	Total
#1: Fast-Tracking Achieving Priority Health Outcomes	$11.38m	$10.32m	$9.69m	$8.22m	$5.40m	$45.02m

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#2: Modernizing and Transforming Supply Chain Systems	$3.63m	$3.29m	$3.09m	$2.62m	$1.72m	$14.35m
#3: Accrediting Labs and Integrating Sample Transport	$2.29m	$2.08m	$1.95m	$1.65m	$1.09m	$9.06m
#4: Using AI and Emerging Data Technology	$1.17m	$1.06m	$0.99m	$0.85m	$0.56m	$4.64m
Total	**$18.47m**	**$16.75m**	**$15.73m**	**$13.35m**	**$8.77m**	**$73.06m**

2.7 Additional Responsibilities

- The Government of Cameroon commits to exempt from taxation in Cameroon any U.S. Government funds used to implement any element of this MOU, including U.S. Government funds deployed through an implementing partner, contractor or sub-contractor, consistent with the most favorable terms included in this MOU or other U.S. Government assistance agreements with the Government of Cameroon. At a minimum, this should include being exempt from: (a) customs duties, import duties, taxes or fiscal charges of equal effect levied or otherwise imposed on items imported into Cameroon and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Cameroon.
- The Government of Cameroon further commits to exempt from custom duties, import duties, and other taxes all assistance covered by the MOU whether procured by the U.S. Government or other entities. Tax exemption requests, if relevant, are expected to be planned and prepared in advance of commodity arrivals to prevent plug-in and storage fees.
- The Government of Cameroon and the U.S. Government commit to work together to facilitate the Food and Drug Administration's approval or Emergency Use Authorization of medical countermeasures, in collaboration with the Directorate of Pharmacy, Medicines, and Laboratories (DPML within applicable domestic laws to use medical countermeasures to respond to infectious outbreaks.).
- The Government of Cameroon commits to prevent new HIV cases through expanding access to PrEP, including increasing availability of PrEP across all geographic areas and to anyone who self-identifies as being at high risk of contracting HIV, choice in oral or injectable regimens, and including Lenacapavir within national guidelines to facilitate the introduction of Lenacapavir in the future.
- The Government of Cameroon commits to increasing the number of people who know their HIV status by expanding access to HIV testing services to those who are 16 and above, with HIV self-tests available to those who are at least 18.
- The U.S Government intends to establish a mechanism to provide funding to the Government of Cameroon for the implementation of activities under this MOU.
- Under this MOU, upgrades to health system physical infrastructure may be permissible, subject to the prior approval of both the U.S Government and the Government of Cameroon

SECTION 3
Implementation

3.1 Implementation Plan: Within 90 days of signing this MOU, Participants expect to develop a detailed implementation plan ("Implementation Plan") that includes the precise timing and mechanisms for implementing all Areas of Cooperation outlined in Section 2 as well as for collecting all the data elements outlined in Section 1.

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3.2 Steering Committee: The Participants plan to establish a Joint Health Cooperation Steering Committee (JHCSC) composed of senior representatives from both governments and other key stakeholders as mutually decided by the Government of Cameroon and the U.S. Government. The JHCSC is expected to meet at least bi-annually to review this MOU and the associated Implementation Plan and recommend modifications to either document as needed. A Terms of Reference for the steering committee is expected to be developed within 90 days of commencing the new strategy (by June 30, 2026).

3.3 Technical Secretariat: The Participants intend to establish a Joint Technical Secretariat ("Technical Secretariat" as a sub-body of the JHSC") responsible for supporting the implementation of this MOU and the associated Implementation Plan. The terms of reference for the Technical Secretariat are expected to be developed by June 30, 2026.The Technical Secretariat is expected to ensure day-to-day coordination, technical follow-up, and timely information sharing between the Participants. It is expected to prepare documentation for meetings of the Joint Health Cooperation Steering Committee, support monitoring of progress against agreed indicators, and facilitate communication with relevant national and subnational institutions. The Technical Secretariat is expected to meet on a quarterly basis and may convene additional meetings as needed to address emerging issues.

SECTION 4
Audit

4.1 Outcomes Survey: Both Participants acknowledge the importance of ensuring accurate outcomes data. To this end, the U.S. Government plans to fund up to two rounds of a survey for up to $10 million in per round subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the Government of Cameroon intend to work together to mutually decide upon the design and execution of the survey. Any audit conducted by the U.S Government is expected to be governed by a joint access protocol ensuring confidentiality, non-disclosure of strategic information, and no access to military, security, or classified data.

4.2 Process Metric Audit: The Government of Cameroon acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the Government of Cameroon commits to provide the U.S. Government with any data access, on-site access, or other information needed at CENAME, Regional Health Funds, or service delivery sites where U.S. Government procured commodities are stored to audit the process metrics in Section 1.2 and 1.3 in up to five percent (5%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: The Government of Cameroon acknowledges that so long as the U.S. Government is providing funding for commodities as described in Section 2.2 or 2.3 of this MOU, the U.S. Government has a significant and material interest in ensuring there is minimal waste and no fraud in the supply chain. To this end, the Government of Cameroon commits to provide the U.S. Government with any raw data or onsite access or information needed to audit supply chain leakage. This commitment is expected to include but not to be limited to timely access to distribution plans, proof of delivery documentation, and warehouse inventory records.(b)(6)

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4.4 Co-Investment Audit: The Government of Cameroon acknowledges that so long as the U.S. Government is providing funding for activities described in section 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Cameroon is making its committed co-investment. To this end, the Government of Cameroon commits to provide the U.S. Government with any data access or information needed to audit any accounts from which or to which co-investment funding is being provided. Data are expected to be made available within 90 days of the close of any period.

4.5 Regulatory Compliance Audit: The Government of Cameroon acknowledges that so long as the U.S. Government is providing funding in support of any activities described in this MOU, the U.S. Government has a significant and material interest in ensuring compliance with all U.S. laws and policies including the Helms Amendment, which prohibits certain U.S. Government assistance from being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. To this end, the Government of Cameroon commits to provide the U.S. Government with any data access or information needed to monitor compliance with applicable legal requirements, including to confirm no U.S. Government funding is being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

4.6 Effect of Failure to Provide Data: The Government of Cameroon acknowledges that failure to provide the data access or information requested under 4.2, 4.3, 4.4, or 4.5 could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

4.7 Effect of Failure to Fulfill Specimen and Data Sharing Commitments: The Government of Cameroon acknowledges that so long as the U.S. Government is providing any foreign assistance funding for activities contemplated under this MOU, the U.S. Government has a significant and material interest in ensuring that the Government of Cameroon fulfills all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively and that failure to fulfill any commitments in these arrangements could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

SECTION 5
Co-Investment & Performance Benchmarks

5.1 Co-Investment Requirements: In the event that the Government of Cameroon does not make the required co-investment outlined in Section 2.2.3, 2.3.3, and/or 2.4.3 within the specified calendar year, the Participants are expected to meet as the JHSC to conduct a root-cause analysis and develop a remediation plan by mutual decision. The remediation plan is expected to be accomplished within 180 days and should include a catch-up plan for co-investment. For purposes of this Section and Sections 2.2.3, 2.3.3, and 2.4.3, co-investment by the Government of Cameroon may only be calculated based on funds raised directly by the

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Government of Cameroon and may not include funds from other donors or multilateral organizations.

In addition, taking into account the Government of Cameroon's historical expenditure patterns and medium-term fiscal capacity, the Government of Cameroon commits to progressively increasing its domestic health expenditures by the amounts indicated below. In the event of a national emergency as declared by the Government of Cameroon, the JHSC is expected to be tasked with developing recommendations, including a catch-up plan to meet the total minimum increase in health budget by the end of this MOU. Increases in the national health budget are to be subject to the finance law of Cameroon.

Year	U.S. Government MOU budget	Government of Cameroon Total Health Expenditure Increase over baseline
2026	$100.9m	$30m
2027	$91.5m	$60m
2028	$85.9m	$90m
2029	$72.9m	$120m
2030	$47.9m	$150m
Total	**$399.3m**	**$450m**

A precise definition of domestic government health expenditures is expected to be mutually decided by the Participants upon during the implementation period but is expected to include all domestic government health expenditures and is not expected to include grants or other funds from the U.S. Government, other donors, or multilateral organizations. The Participants intend to work together during the implementation period to determine the amount the Government of Cameroon is spending on domestic government health expenditures in 2025 and this amount is to be the baseline.

Both Participants acknowledge that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the co-investment outlined in this Section 5.1 occurs. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding 1:1 under this Agreement if the Government of Cameroon fails to meet the above co-investment. For example, if the Government of Cameroon only increases its domestic government health expenditures by $150 million in 2029 versus the 2024 baseline, the U.S. Government would decrease its total funding by $20 million in 2030 ($47.9M - $20M = $27.9M).

5.2 Performance: In the event the Government of Cameroon does not maintain the baselines outlined in Section 1.1 and 1.2 or achieve the metrics outlined in Section 1.3, both Participants

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acknowledge that the U.S. Government may substantially decrease or eliminate funding for one or more Area of Cooperation in future years.

5.3 Performance Incentives: In the event that the Government of Cameroon achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, the Government of Cameroon is expected to be eligible to receive a performance incentive for 2027 or 2028 respectively, subject to the availability of funds. The U.S. Government reserves the right to build a composite score of these metrics for the purpose of calculating eligibility for the performance incentive if doing so in no way decreases the Government of Cameroon's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (the population in Cameroon divided by the population of all countries who are eligible for the performance incentive) times the size of the performance pool. In no event would the Government of Cameroon's performance incentive for a given year be greater than $2 per person per year. For the purposes of this calculation, Cameroon's population is considered to be 30,640,817 in 2026[7]. Performance incentives may be used by the Government of Cameroon to fund any health-related costs that would be allowed under this MOU.

SECTION 6
Additional Terms

6.1 Duration: The activities under this MOU are intended to commence on April 1, 2026, and to continue through December 31, 2030.

6.2 Modification: This MOU may be modified by a mutual concurrence of the Participants in writing.

6.3 Discontinuation: Either Participant may discontinue cooperation under this MOU at any time but is expected to make best efforts to give 180 days' advance notice to the other Participant. In event the U.S. Government decides to discontinue cooperation under this MOU, the U.S. Government commits to work together with the Government of Cameroon to put in place a mitigation plan to ensure the continuity of life saving activities during a 180 days' transition period.

6.4 Confidentiality: Unless otherwise authorized under this MOU or its appendices, Participants are expected not to disseminate or otherwise make available any information exchanged under this MOU to any third party (with the exception of the Participants' contractor support personnel) or use the information for purposes other than those for which it was provided, without the prior written consent of the Participant that provided the information, unless otherwise required by applicable law and regulations; however, for the avoidance of doubt, either Participant may make this MOU itself public.

6.5 Notices: Any notice required under this MOU is expected to be provided to:

For the U.S. Government	For Government of Cameroon
Christopher J. Lamora U.S. Embassy, Ave Rosa Parks Yaoundé, Cameroon	Dr. Manaouda Malachie Ministry of Public Health

[7] United Nations World Population Prospects, 2025 projection (b)(6)

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Either Participant may, by notice in writing to the other Participant, designate additional representatives or substitute other representatives for those designated in this Section. The Participants intend any notice, request or other communication under this MOU to be in writing and delivered to the address specified in this MOU or such other address as either Participant may provide to the other Participant.

6.6 Compliance with Applicable Laws: The cooperation between the Participants is expected to be carried out consistent with applicable law and the relevant rules and regulations of the Government of Cameroon and the U.S. Government.

6.7 Privileges, Immunities and Facilities of Both Participants: Nothing in this MOU should be interpreted or construed as a waiver of the privileges, immunities and facilities which the Participants enjoy by virtue of the international agreements and laws applicable to the Participants.

6.8 Subject to Funding Availability: Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Department of State and the Government of Cameroon. All activities described in and/or pursued by the Participants under this MOU are subject to the availability of funds, personnel, and other resources.

6.9 Legal Status: This MOU is not an international agreement and does not give rise to legal rights and obligations under international or domestic law. Nothing in this MOU is intended to override or invalidate any existing agreements between the U.S. Government and the Government of Cameroon.

6.10 Resolution of Differences: The Participants intend to resolve any differences between them arising from or in connection with the interpretation or performance of this MOU through consultations between themselves.

SIGNED in Yaoundé on December 16, 2025, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

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Ambassador to Cameroon
H.E. Christopher Lamora

FOR THE GOVERNMENT OF

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Minister of Public Health
Dr. Manaouda Malachie

Appendix 1: Co-Funding Summary

The below represents the total planned financial support by both the U.S. Government and the Government of Cameroon during the term of the MOU:

Year	U.S. Government MOU budget	Government of Cameroon Total Health Expenditure Increase over baseline
2026	$100.9m	$30m
2027	$91.5m	$60m
2028	$85.9m	$90m
2029	$72.9m	$120m
2030	$47.9m	$150m
Total	**$399.3m**	**$450m**

Within the Cameroon's increase of $450m in health expenditures, the Government of Cameroon intends to support an increasing co-investment in commodities and HRH as follows:

Year	U.S. Government	Government of Cameroon
2026	$100.9m	$11.67m
2027	$91.5m	$11.67m
2028	$85.9m	$13.30m
2029	$72.9m	$15.69m
2030	$47.9m	$20.29m
Total	$399.3m	$72.62m

The below represents the total planned financial support by the U.S. Government during the term of the MOU:

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response ($)	$8.46m	$7.68m	$7.21m	$6.12m	$4.02m
Lab Commodities ($)	$5.63m	$5.63m	$5.11m	$4.33m	$2.85m
Frontline Lab Workers (# FTEs)	312	312	249	156	62
Frontline Lab Workers ($)	$1.93m	$1.75m	$1.64m	$1.39m	$0.92m
Other Commodities ($)	$11.80m	$11.80m	$10.70m	$9.08m	$5.97m
Frontline Healthcare Workers (# FTEs)	5,039	5,039	4,038	2,615	1,192
Frontline Healthcare Workers ($)	$22.17m	$20.11m	$18.88m	$16.02m	$10.53m
Data Systems ($)	$13.37m	$12.12m	$11.38m	$9.66m	$6.35m
Strategic Assistance ($)	$18.47m	$16.75m	$15.73m	$13.35m	$8.77m
Management & Operations	$19.10m	$15.69m	$15.29m	$12.98m	$8.53m
Total	**$100.93m**	**$91.53m**	**$85.93m**	**$72.93m**	**$47.93m**

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The below represents the new minimum planned financial support for commodities and FTEs described in this MOU that the Government of Cameroon plans to add during the term of the MOU:

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	-	-	563,193	$2.03m	$1.82m
Frontline Lab Workers (# FTEs)	-	-	63	125	187
Other Commodities ($)	-	-	$1.10m	$2.72m	$5.83m
Frontline Healthcare Workers (# FTEs)	-	-	1,001	1,924	1,423
Total	-	-	**$1,663,193**	**$4.75m**	**$7.65m**

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Appendix 2: 2026 Planned U.S. Commodity Funding

The U.S. Government intends to provide the following Commodity funding in 2026:

Lab Commodities

Lab Commodity	Total Cost
Viral Load Reagents & Consumables	$5.46m
EID Reagents & Consumables	$175,000
Total	**$5.63m**

Other Commodities

Commodity	Total Cost
ARVs for Infant Prophylaxis	$251,406
ARVs for Treatment	$577,406
PrEP (TLD)	$357,406
HIV Rapid Tests	$696,406
TB Pharma Prophylaxis	$600,000
Malaria Prevention (LLINs, SMC)	$3.22m
Malaria Rapid Tests	$1.70m
Malaria Treatment (SP, Inj, Artesunate, ACTs)	$4.30m
Emergency Commodities Rapid Response Fund	$100,000
Total	**$11.80m**

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Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Government of Cameroon intend to provide the following funding for frontline lab and healthcare workers:

Frontline Lab Worker Type #1: Lab Technicians

Year	U.S. Government	Government of Cameroon	Government of Cameroon	Cameroon
	# FTEs Funded	New # FTEs Funded	Existing # FTEs Funded	Total # FTEs Funded
2026	312	-	-	312
2027	312	-	-	312
2028	249	62	-	311
2029	156	63	62	281
2030	62	62	125	249

Frontline Lab Worker Type #2: Epidemiologists/ACRR

Year	U.S. Government	Government of Cameroon	Government of Cameroon	Cameroon
	# FTEs Funded	New # FTEs Funded	Existing # FTEs Funded	Total # FTEs Funded
2026	1101	-	-	1101
2027	1101	-	-	1101
2028	881	220	-	1101
2029	550	220	220	990
2030	220	220	440	880

Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government	Government of Cameroon	Government of Cameroon	Cameroon
	# FTEs Funded	New # FTEs Funded	Existing # FTEs Funded	Total # FTEs Funded
2026	68	-	-	68
2027	68	-	-	68
2028	54	14	-	68
2029	34	20	14	68
2030	14	20	34	68

(b)(6) **Frontline Healthcare Worker Type #2: Nurses** (b)(6)

Year	U.S. Government # FTEs Funded	Government of Cameroon New # FTEs Funded	Government of Cameroon Existing # FTEs Funded	Cameroon Total # FTEs Funded
2026	376	-	-	376
2027	376	-	-	376
2028	301	75	-	376
2029	188	75	75	338
2030	75	76	150	301

Frontline Healthcare Worker Type #3: Community Health Workers

Year	U.S. Government # FTEs Funded	Government of Cameroon New # FTEs Funded	Government of Cameroon Existing # FTEs Funded	Cameroon Total # FTEs Funded
2026	1364	-	-	1364
2027	1364	-	-	1364
2028	1091	273	-	1364
2029	748	207	273	1228
2030	404	207	480	1091

(b)(6)

(b)(6)

Appendix 4: List of Prioritized Laboratories Under the Bilateral Agreement

There are over 500 laboratories in Cameroon. The following table includes 43 laboratories, comprising 25 reference laboratories and 18 regional laboratories. Of these prioritized laboratories, only eight currently hold ISO 15189 accreditation. Three labs recently received accreditation, while four are presently enrolled in an accreditation program. Under this MOU, the U.S. Government plans to support the Government of Cameroon to ensure the following non-accredited regional and reference laboratories are enrolled in an accreditation program by the end of 2028, with a target of achieving ISO 15189 accreditation for at least 80% of enrolled laboratories by 2030(b)(6)

(b)(6)

SN	Laboratory Name	Type	City	BSL Rating	2025 Baseline Accreditation Status	2030 Endline Accrediation Target
National						
1	NPHL	Reference	Yaounde	BSL2	Enrolled in SLMTA	ISO 17043+15189
2	Centre Pasteur Cameroun	Reference	Yaounde	BSL3, BSL2+, BSL2	ISO 15189+ISO 17025	ISO 15189+ISO 17025
Adamaoua region						
3	Regional Hospital Ngaoundéré	Regional	Ngaoundéré	BSL2	ISO 15189:2022	ISO 15189
Center region						
4	HGOPY	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
5	CRESAR	Reference	Yaounde	BSL2	ISO 15189:2022	ISO 15189
6	CIRCB	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
7	CHU	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
8	CREMER	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
9	LANAVET	Reference	Yaounde	BSL2+	Not accredited or enrolled	ISO 15189
10	Central Hospital	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
11	CNPS	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
12	DREAMS Nkolonom	Reference/private	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
13	Regional Hospital Ayos	Regional	Ayos	BSL2	Not accredited or enrolled	ISO 15189
14	Centre for Research in Infectious Diseases	Reference	Yaounde	BSL2	Not accredited or enrolled	ISO 15189
East region						
15	CHR Bertoua	Regional	Bertoua	BSL2	Not accredited or enrolled	ISO 15189
16	Bertoua Regional hospital	Regional	Bertoua	BSL2	Not accredited or enrolled	ISO 15189
Littoral region						
17	General Hospital Douala	Reference	Douala	BSL2	Not accredited or enrolled	ISO 15189
18	HGOPED	Reference	Douala	BSL2	Enrolled in SLMTA	ISO 15189
19	Laquintinie Hospital	Reference	Douala	BSL2	Enrolled in SLMTA	ISO 15189
20	Edea regional Hospital	Regional	Edea	BSL2	Not accredited or enrolled	ISO 15189
21	Nkongsamba Regional Hospital	Regional	Nkongsamba	BSL2	Not accredited or enrolled	ISO 15189
22	Mboppi Baptist Hospital	Referece/Faith based	Douala	BSL2	Enrolled in SLMTA	ISO 15189
23	Saint Jean de Malte	Referece/Faith based	Njombe	BSL2	Not accredited or enrolled	ISO 15189
North region						
24	CPC Garoua Annex	Reference	Garoua	BSL2	Not accredited or enrolled	ISO 15189
25	LANAVET Garoua	Reference	Garoua	BSL2	Not accredited or enrolled	ISO 15189
26	Garoua Regional Hospital	Regional	Garoua	BSL2	Not accredited or enrolled	ISO 15189
27	CHR Garoua	Reference	Garoua	BSL2	Not accredited or enrolled	ISO 15189

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(b)(6)

SN	Laboratory Name	Type	City	BSL Rating	2025 Baseline Accreditation Status	Accrediation Target
Far North region						
28	Maroua Regional Hospital	Reference	Maroua	BSL2	ISO 15189	ISO 15189
29	Yagoua Regional Hospital	Reference	Yagoua	BSL2	Not accredited or enrolled	ISO 15189
30	Annex CNPS Maroua	Reference	Maroua	BSL2	Not accredited or enrolled	ISO 15189
31	Pette Hopital	Regional/private	Pette	BSL2	Not accredited or enrolled	ISO 15189
Northwest region						
32	TB Reference Laboratory Bamenda	Regional	Bamenda	BSL2	Not accredited or enrolled	ISO 15189
33	Bamenda Regional Hospital	Regional	Bamenda	BSL2	ISO 15189	ISO 15189
South						
34	Ebolowa Regional Hospital	Regional	Ebolowa	BSL2	Not accredited or enrolled	ISO 15189
35	CHR Ebolowa	Regional	Ebolowa	BSL2	Not accredited or enrolled	ISO 15189
36	Sangmelima Reference Hospital	Regional	Sangmelima	BSL2	Not accredited or enrolled	ISO 15189
37	CHR Sangmelima	Regional	Sangmelima	BSL2	Not accredited or enrolled	ISO 15189
Southwest region						
38	National Early Infant Diagnosis Referral Laboratory (EID) Mutengene.	Reference	Mutengene	BSL2	ISO 15189	ISO 15189
39	Limbe Regional hospital	Regional	Limbe	BSL2	ISO 15189	ISO 15189
40	Buea regional hospital	Regional	Buea	BSL2	ISO15189	ISO 15189
West						
41	CHR Bafoussam	Regional	Bafoussam	BSL2	Not accredited or enrolled	ISO 15189
42	Bafoussam Regional hospital	Regional	Bafoussam	BSL2	Not accredited or enrolled	ISO 15189
43	DREAMS Dschang	Reference/private	Dschang	BSL2	Not accredited or enrolled	ISO 15189

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Appendix 5: List of Data Systems Currently in Use Fully or Partially Supported by the U.S. Government

System Name	System Use
System Name District Health Information Software 2 (DHIS2) as its HMIS	The national data warehouse and the main health information management system
Viral Load Sample Management (VLSM)-interoperable with DAMA	Supports laboratory workflows for viral load and early infant diagnosis testing.
Tableau des validations des données (TAVADON)	Sample transport management system used to produce monthly dashboard reports and fact sheets for information sharing and communication
sTrac for sample transport	Sample tracking platform used to enable real-time tracking of transported samples and sample transport agents
Electronic Proficiency Testing Tool (ePT)	For assessing laboratory performance and verifying the accuracy and reliability of test results
IASO	Community-Based Health Information Systems (CBHIS) for Malaria management information system
Animal Health Information System (CAHIS) and	Used as an animal health information system
Cameroon One Health Information System (COHIS)	Used as a national data warehouse
SAGE X3 ERP	Commodity management and the open LMIS at CENAME and Regional Health Funds at health facilities
Data Management (DAMA) System	Patient Management System (national electronic patient registry)
AI-Powered ScanForm	Patient Management System (OCR Automated form processing)

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