Annual Program Statement Addendum

Addendum G: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Cameroon

U.S. Department of State
Bureau of Global Health and Security and Diplomacy (GHSD)

A. Basic Information

1. *Overview*

The Bureau of Global Health Security and Diplomacy (GHSD) invites organizations to submit a Statement of Interest (SOI) proposing a project (or projects) to assist with the implementation of the MOU between the Department of State and the Government of Cameroon. The purpose of this addendum is to indicate specific areas where the Department of State would like to receive SOIs. Submission instructions are included in the "Advancing Global Health" Annual Program Statement (APS). The submission of the SOI is the first step in a two-step process, in which organizations must first submit a concept note that presents a project approach and intended outcomes. Importantly, this is not a full application and will not result in a federal assistance award at this step; the SOI process allows interested organizations to submit project ideas for evaluation prior to requiring the development of a full proposal application.

Funding opportunity title	Advancing Global Health
Funding opportunity number	DFOP0017890
Addendum title	Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Cameroon
Deadline for questions	July 17, 2026 [1700 PM EDT GMT-4]
SOI due date	September 15, 2026 [1700 PM EDT GMT-4]
Number of awards anticipated	Up to 3 awards
Total estimated funding	Up to $5,400,000, subject to availability

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

As noted in the "Advancing Global Health" APS, the Department of State may opt to utilize a consultative program design process for certain Addenda, and SOIs submitted under this Addendum may be recommended for continued review through consultative program design prior to recommendation for funding and submission of phase two. Additional details about the consultative program design process can be found in the main APS document within Section F: "Application Review Information."

2. *Executive Summary*

The Department of State invites eligible organizations to submit SOIs to support Cameroon's

transition toward sustainable, integrated, and accountable health services, systems, and institutions that improve health outcomes, reinforce health security, and advance long-term country ownership under the U.S. Government–Government of Cameroon Health Memorandum of Understanding (MOU) (December 2025–December 2030).

B. Program Description

"Advancing Global Health Security in Cameroon" is a multi-year initiative to advance Cameroon's capacity to build a fully integrated, self-sufficient, and sustainably financed national public health architecture that supports outbreak preparedness and response. Consistent with the *America First Global Health Policy (AFGH*S) and the shared priorities of the U.S. government and the Government of Cameroon (GRC), this initiative seeks to sustain and expand gains in U.S. government-funded global health programs. Specifically, this initiative aims to accelerate global security (GHS) priorities, such as strengthened district health systems, integrated disease surveillance, and outbreak preparedness and response using a One Health approach, which recognizes the interconnectedness between human, animal, and environmental health. The program will strengthen core health system functions, including institutional governance, community health systems, public health laboratory ecosystems, emergency supply chain management, emergency coordination, and interoperable digital health systems. The initiative will support Cameroon's transition toward greater domestic leadership, technical ownership, and sustainable management of health programs while reducing the risk of infectious disease threats that affect both Cameroon and the United States.

Key gaps jointly identified by the GRC and the U.S. government include:

- Limited operational readiness of emergency response teams due to workforce capacity gaps, logistical constraints, and deployment challenges that impede timely response within the 7-1-7 accountability framework;
- Insufficient laboratory preparedness and decentralized diagnostic capacity, including gaps in biosafety and biosecurity protocols, limited molecular testing capability for zoonotic and other priority infectious disease threats at subnational levels, and an inadequately trained laboratory workforce;
- Gaps in surveillance coverage, data quality, and standardization, particularly in remote and underserved areas, and across zoonotic and priority disease reporting systems;
- Weak emergency supply chain management and response planning systems, including insufficient pre-positioning of essential supplies and equipment, inadequate logistics infrastructure, and incomplete emergency contingency plans that limit the GRC's ability to ensure timely and coordinated deployment of resources during public health emergencies;
- Weak infection prevention and control (IPC) systems in healthcare settings, including the lack of essential supplies, equipment, and protocols for healthcare-associated infection prevention and the safe management of fatalities during public health emergencies;
- Poor case management, referral, and patient transport systems that delay care-seeking, increase transmission risk, and undermine effective outbreak containment;
- Incomplete readiness at points of entry and border health systems, including limited veterinary border inspection capacity and insufficient surveillance of animal movement and livestock trade corridors, limiting Cameroon's ability to detect and respond to cross-border infectious disease threats in accordance with International Health Regulations

(IHR 2005) requirements;

- Limited capacity for field investigations, surveillance, and contact follow-up activities, including insufficiently trained field epidemiologists, insufficient capacity for joint human-animal outbreak investigations and veterinary field epidemiology, inadequate tools for rapid case detection, and weak contact tracing systems that delay containment of outbreaks at the source;
- Inadequate cross-border coordination and information sharing mechanisms, reducing regional and global health security and hampering timely notification and joint response to shared threats; and
- Persistent financial resource gaps, including heavy reliance on external donors, that limit the GRC's ability to implement, sustain, and scale priority preparedness and response activities.

Although the country has validated a draft decree creating a National Public Health Institute, unclear boundaries and overlapping mandates have impeded its full establishment, creating a critical leadership vacuum at the center of the country's emergency response architecture. Linkages between animal and human health systems remain sub-optimal and require substantial prioritization to achieve an operational One Health level of readiness for priority human health threats. Despite the fact that Zoonosis Program serves as the country's One Health platform for multisectoral collaboration, coordination is often ad hoc, with limited routine information sharing, lack of joint surveillance, lack of integrated risk assessments, and uncoordinated outbreak investigations. Strengthening One Health capacities will require: enhanced multisectoral governance; improved data sharing and interoperability; timely reporting across sectors; joint workforce development and simulation exercises; strengthened zoonotic disease surveillance; and greater collaboration between public health, veterinary, wildlife, and environmental authorities.

In order to successfully address these gaps and weaknesses, investments must prioritize integrated and sustainable service delivery models across Cameroon’s decentralized health systems, with a strong emphasis on district-level technical and institutional strengthening. This strategy will reinforce district leadership, operational efficiency, and sustainable financing to improve priority program areas. Strategic assistance activities are expected to: strengthen integrated disease surveillance systems; build laboratory and diagnostic networks for priority health threats; advance field epidemiology capacity for rapid case detection, field investigation, and contact tracing; strengthen emergency supply chain management; advance One Health coordination; and strengthen Integrated Disease Surveillance and Response digital interoperability. Activities funded under this APS are expected to synergize with other funded program areas to facilitate more resilient health systems and improved health outcomes. Broad-based integrated program proposals and highly specialized proposals and applications are both encouraged. These coordinated investments will support sustainable, country-led systems that strengthen health service delivery, improve outbreak preparedness and response, and advance shared bilateral GRC-USG global health security priorities for Cameroon.

1. ***Goals and Objectives***

This addendum compliments the existing AFGHS programming aimed at strengthening Cameroon's health system capacity to deliver quality, integrated health services that are accessible, affordable, and sustainable by 2030, with particular emphasis on district-level

institutional strengthening, and improved health outcomes for populations at increased risk across public, private, faith-based, and community health platforms. This addendum specifically seeks to strengthen integrated disease surveillance for outbreak preparedness, and emergency response systems through a comprehensive One Health approach. This initiative embodies a strategic partnership between the U.S. and GRC that: leverages technical expertise; aligns with the AFGHS and Cameroon's national health priorities; and empowers the GRC to lead comprehensive, sustainable health system transformation while building resilience against infectious disease threats that impact both nations.

Single Objective: Strengthen integrated public health systems to ensure global health security preparedness and response

Recipients will strengthen Cameroon's government-led integrated disease surveillance for outbreak preparedness and emergency response systems through a comprehensive One Health approach. Working with the Ministry of Public Health, Ministry of Livestock, Fisheries and Animal Industries, Ministry of Environment, and other stakeholders, recipients will address critical gaps in human, animal, and environmental health essential for protecting human health from priority zoonotic and other priority diseases impacting humans that cut across disease areas, with a focus on epidemic and pandemic-prone pathogens. The targeted assistance will build local ownership and program resilience to advance Cameroon's health system to maturity by transferring technical expertise to the Cameroon workforce, optimizing systems, and ensuring financial sustainability.

Activities such as targeted workforce development, simulation exercises, surveillance and laboratory strengthening, preparedness monitoring, logistics improvements, and enhanced multisectoral coordination will be critical to improving Cameroon’s ability to prevent, detect, and respond to public health threats and advancing broader global health security objectives. Successful applicants will address identified barriers, including: siloed surveillance systems leading to slow disease detection rates; slower than desired disease notification and response; lack of integrated health systems at the sub-national level; and multiple disease surveillance databases that do not communicate, creating dangerous information silos for zoonotic threat detection.

Key interventions under this objective include:

- *Emergency Preparedness, Rapid Response, and Emergency Supply Chain:* Establish and/or strengthen sub-national Public Health Emergency Operations Centers (PHEOCs); train and equip multisectoral Rapid Response Teams (RRTs), including Safe Burial Teams where needed; strengthen emergency supply chain management, including pre-positioning of supplies, logistics infrastructure, and operationalization of emergency contingency plans
- *Integrated Disease Surveillance and Field Epidemiology:* Strengthen integrated disease surveillance systems across sectors, including animal health; build field epidemiology capacity through accredited training programs (e.g., FETP) to improve rapid case detection, field investigation, and contact tracing; develop integrated systems that link human and animal data to support stronger health surveillance; expand early warning systems and real-time data dashboards to identify and address surveillance gaps promptly
- *Laboratory Systems:* Enhance laboratory capacity through accreditation, molecular

testing expansion, and integration with disease surveillance systems, including veterinary laboratory capacity and animal specimen testing; strengthen biosafety and biosecurity protocols at all levels, including training on sample collection, conditioning, and transportation; invest in structured laboratory workforce development pathways, including the Global Laboratory Leadership Programme (GLLP) and in-service training

- *Infection Prevention, Control, and Clinical Systems:* Strengthen IPC systems in healthcare settings, including provision of essential supplies, enforcement of protocols, and safe management of fatalities during public health emergencies; improve case management, referral pathways, and patient transport systems to reduce transmission risk and accelerate outbreak containment
- *Points of Entry and Cross-Border Health Security:* Strengthen readiness at points of entry and border health systems in accordance with IHR requirements, including veterinary border inspection capacity; improve cross-border coordination and information-sharing mechanisms, including integrated specimen transport networks, with neighboring countries
- *One Health Coordination:* Develop integrated systems linking human and animal health data to eliminate information silos and support joint risk assessments; conduct joint workforce development and simulation exercises across public health, veterinary and wildlife authorities
- *Digital Health and Data Interoperability:* Enhance data systems for IDSR data integration and evidence-based decision-making for outbreak response

All activities should be planned with sustainability in mind and coordinated with existing activities. These investments will bridge programmatic gaps by integrating disease-specific surveillance platforms into the national health information architecture, leveraging domestic surge capacity for outbreak response, and pre-positioning emergency supplies with established protocols. Recipients will support implementation of Cameroon's National Action Plan for Health Security, advance compliance with International Health Regulations (IHR 2005) core capacities, and strengthen the country's ability to prevent, detect, and respond to infectious disease threats according to the 7-1-7 surveillance framework. By building sustainable, country-led systems, these efforts will reduce cross-border disease transmission risk, protect both Cameroonian and American populations, and advance shared U.S.-Cameroon global health security priorities.

*2. **Guiding Principles***

Applicants should integrate the following principles into their proposed interventions to align with U.S. foreign policy goals:

- Integrated Disease Surveillance and Response: Service provision should be integrated across disease areas, to the extent possible, to address the long-standing challenge of siloed disease specific responses operating in parallel. Activities should strengthen integrated disease surveillance and response for prompt disease detection, reporting and containment, consistent with the 7-1-7 Framework.
- Country Ownership and Bilateral Cooperation: Consistent with the AFGHS, activities under this addendum should support and reinforce host-country leadership, national and regional response plans, and bilateral decision-making to advance MOU priorities. These investments complement, not replace, government-led efforts and strengthen national

capacities for effective health system management and outbreak response. Proposals should clearly identify technical capacity transfer mechanisms to ensure not only sovereignty, but also technical and financial ownership, with a clear roadmap to government-funded activities by 2030.

- Leverage Local Organizations: Engagement of local Cameroonian organizations should be prioritized, including civil society and faith-based organizations, to deliver services, strengthen local systems, and ensure culturally appropriate, sustainable, and accountable implementation at national and sub-national levels.
- Coordination and Stewardship: Foster strong coordination and collaboration among all stakeholders, including government entities at all levels, private sector, faith-based organizations and community leaders. Effective partnerships should be built on shared objectives, clear roles and responsibilities, and regular communication to ensure alignment, avoid duplication, and leverage complementary strengths. Collaborative mechanisms should facilitate joint planning, resource mobilization, and coordinated implementation that maximizes impact and advances Cameroon's health system goals while supporting U.S. government priorities. Recipients will be cost-effective in their implementation approach, which includes taking appropriate action to avoid duplicating activities funded elsewhere by the U.S. government, GRC, or other funders such as the Global Fund.
- Partnership with the Private Sector and Innovation: Leverage private sector expertise, technology, and investment to accelerate innovation, strengthen market systems, and expand the use of advanced technologies, standards, and solutions.
- Preparedness for Shocks and Emergencies: Leverage and adapt existing systems to withstand and rapidly respond to outbreaks, natural disasters, and supply disruptions through surge capacity and contingency planning.
- Data-Driven and Digitally Enabled Decision-Making: Promote secure, interoperable digital systems and real-time data to guide policy, resource allocation, outbreak detection, and emergency response.
- Accountability and Transparency: Ensure rigorous financial and program reporting, adherence to established performance indicators, and regular data-driven reviews to inform course corrections. Demonstrate transparent resource management, evidence-based decision-making, and commitment to delivering measurable outcomes that advance shared health priorities and protect taxpayer funds.