



The US CDC Global Health Security Partnership Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health in Cameroon

**2016- 2025**



**Local Implementing Partner:  
Association HEADA Cameroon (HEADA)**





# CDC-GHSA PROJECT: Executive Summary of Key Achievements

## PROJECT TITLE:

Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health in Cameroon.

## PERIOD OF PERFORMANCE:

June 1, 2016 – September 30, 2025

Country:  
Cameroon

## Funding Agency:

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

Implementing Partner:  
HEADA

Project duration:  
10 years

## Project background:

The Republic of Cameroon is located in Central Africa, with an area of 475,442 square kilometers and more than 25,216,267 inhabitants. Cameroon has 10 regional health delegations, 198 health districts, 1,806 health areas, and about 5,800 public and private health facilities.



**T**he epidemiological profile of the country is characterized by a predominance of communicable diseases, which in 2014 represented more than 25% of the global burden of morbidity in the country. The most important ones include HIV/AIDS, malaria, and tuberculosis. The persistence of those with epidemic potential, including meningitis, rabies, measles, and cholera, poses a major public health problem.

To cope with this situation, the country has established an integrated disease surveillance and response strategy to detect and confirm public health threats promptly and take response measures accordingly. This strategy is in line with the Global Health Security Agenda (GHSA), which aims to prevent global health threats due to infectious diseases. Specifically, GHSA efforts aim to support the following goals: to prevent or mitigate the impact of both naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens; to rapidly detect and transparently report outbreaks when they occur; to employ an interconnected global network that can respond effectively to the spread of infectious disease in humans and animals; and to reduce economic impact of infectious disease outbreaks.

The GHSA was launched in February 2014 and is a growing partnership of over 67 nations, international organizations, and non-governmental stakeholders to help build countries' capacities, create a world safe and secure from infectious disease threats, and elevate global health security as a national and global priority. It is in this light that, in partnership with the Ministry of Public Health, the CDC-GHSA project seeks to accelerate the country's progress toward a world safe and secure from infectious diseases. To this end, the CDC signed a cooperative agreement in June 2016 with Metabiota Inc., a U.S.-based public health company, for implementation in Cameroon. Following the closure of Metabiota's office in Cameroon in September 2023, a new cooperative agreement was signed between the CDC and Association HEADA Cameroon (HEADA) as new implementing partner HEADA is an independent local non-governmental organization under the leadership of former local employees of Metabiota, for the continued implementation of the project in Cameroon.

## Area of coverage:

The project is being implemented in all 10 regions of the country.

## Main ministerial departments involved:

### A. MINISTRY OF PUBLIC HEALTH:

1. The Department for Disease Control, Epidemics and Pandemics (DLMEP)
2. The Department of Health Promotion (DPS)
3. The National Public Health Laboratory (NPHL)
4. The Directorate of Pharmacy, Medicine and Laboratory (DPML)
5. The National Public Health Observatory (ONSP)
6. The Health Information Unit (HIU)

### B. MINISTRY OF LIVESTOCK, FISHERIES, AND ANIMAL HUSBANDRY:

Department of Veterinary Services (DSV)

### C. MINISTRY OF ENVIRONMENT, NATURE PROTECTION AND SUSTAINABLE DEVELOPMENT:

Cameroon Biosecurity Project (CBP)

## Beneficiaries:

The Cameroonian population.

## Challenges of the fight against communicable and non-communicable diseases in Cameroon:

For several decades, Cameroon has experienced numerous epidemic outbreaks, including cholera, meningitis, influenza, measles, and yellow fever. Some outbreaks could have been prevented by vaccination and sensitization of the population. Insufficient public health activities that focus on raising awareness on the prevention of communicable diseases have weakened the public health system's ability to quickly and effectively respond to epidemic threats; this represents an intervention axis requiring improvement. Despite the government's efforts to offer free vaccination to children below the age of 5 and pregnant women, other vulnerable groups of the population are still at risk, and further improvements are needed to achieve collective immunity and avoid future preventable





outbreaks. Infectious diseases are still the leading causes of morbidity and mortality in Cameroon, and threats exist of external or novel communicable diseases spreading into the country, such as Ebola or COVID-19. On the other hand, non-communicable diseases (NCDs) and injuries are on the rise worldwide, with 80% of annual deaths from NCDs occurring in low-and middle-income countries. In Cameroon, NCDs account for a growing proportion of morbidity and mortality risks. For example, the 2022 Integrated Disease Surveillance and Response (IDSR) report recorded 11,007 new cases of hypertension, 11,217 new cases of diabetes, and 688 new cases of alcoholism, with high mortality rates in the North (16%) and West (18%) regions. In this context, where the number of new cases of infectious diseases and non-infectious diseases, as well as resistance to available anti-infectious drugs, are constantly increasing, the challenge is to reinforce the institutional capacities that will adequately address the high incidence of communicable and non-communicable diseases, and the control of antimicrobial resistance in our context. Activities toward strengthening of the NCDs surveillance system were implemented between 2024-2025 exclusively in the Center region as a pilot phase.

## The CDC-GHSA Program goal:

To assist the government of Cameroon to prevent or mitigate the impact of infectious diseases. The GHSA program covers 11 action packages. In Cameroon, HEA-DA has helped to support the following 10 packages:

- a. Zoonotic Diseases.
- b. Antimicrobial Resistance.
- c. Biosafety and Biosecurity.
- d. National Laboratory Systems.
- e. Real-Time Surveillance.
- f. Reporting / Information Systems.
- g. Workforce Development.
- h. Linking Public Health.
- i. Medical Countermeasures.
- j. Emergency Management.

## Project objectives:

Contribute to strengthening the country's capacities for preventing, detecting, and responding to public health events.

## Alignment with the Health Sector Strategic axis or components:

The GHSA intervention packages align with the country's following health sector strategic axes:

- a. Health Promotion.
- b. Disease prevention.
- c. Case Management.
- d. Strengthening of the health system.
- e. Governance and strategic steering.

## GHSA major achievements aligned with the Health Sector Strategy 2016-2030:

### A. OVERALL PUBLIC HEALTH PROMOTION EFFORTS:



1. Four sensitization and communication meetings organized for the fight against rabies in 3 regions (Center, East and South).
2. Advocacy for the fight against rabies at district levels for three years (Ebolowa, Betare Oya).
3. Rabies advocacy and sensitization meetings for municipalities' authorities in the Center and South regions.
4. Youth sensitization campaign against rabies in Obala in the Center region.
5. Campaign against cholera in the Makary Health District (Fotokol and Sagme Health areas).
6. Sensitization meetings at catholic primary schools, reaching 300 schoolchildren.
7. Distribution of the following rabies sensitization

material: 150 flyers and brochures, 50 posters, and 02 banners.

8. Sensitization campaigns on event-based surveillance in the Betare Oya Health District.
9. Printing and dissemination of IPC, WASH, biosafety and biosecurity guidelines, and IDSR tools to support community sensitization activities.
10. Printing and dissemination of national and regional epidemiological bulletins (SITREPs) to reinforce public health awareness.
11. Community engagement strengthened through EBS and EWAR pilot implementation in Betare Oya and Deido Health Districts.

## **B. DISEASE PREVENTION AND CASE MANAGEMENT OF PUBLIC HEALTH EMERGENCY CASES:**

1. Investigation of Acute Flaccid Paralysis (AFP) cases in Batouri Health District, East region.
2. Investigation of measles cases in Doume Health District, East region.
3. Investigation of meningitis cases in Ndikinimeki Health District, Central region.
4. Investigation of food poisoning in Garoua Boulai Health District, East region.
5. Investigation of an environmental circulating vaccine-derived Polio Virus 2 in Mada Health District, Far North region.
6. Investigation of cholera outbreak in the Center, Littoral, and North regions.
7. Investigation of suspected rabies cases in Obala, Sa'a, and Nkolondongo health districts.
8. Acquisition of materials and equipment to strengthen epidemiological surveillance for health districts.
9. One hundred sixty (160) villages and households were provided with oral rehydration salts and Aquatabs in the Littoral (60) and Far North (100) regions.
10. Vaccination campaign against cholera in the Far North region, precisely in Mogode health district.
11. Investigation of yellow fever cases in the Far North region in 2021.
12. Operationalization of the elaborate COVID-19 epidemic response plan in the 10 regions.
13. Investigation of Cholera outbreak in the health districts of Bafia and Ntui in 2022.
14. Investigation of Cholera outbreak in the health districts of Bafia and Ntui in 2023.
15. Investigation of a suspected diphtheria case in the Mvog-Ada health district in the Center Region in 2023.
16. Investigation of Whooping Cough in the health districts of Sa'a, Biyem-Assi, Cité-verte Mvog-Ada, and Ndikinimeki in the Center Region in 2024.
17. Support to the DLMEP/CPC to organize the shipment to Centre Pasteur Bangui in the Central African



18. Investigation of a suspected epidemic of chronic wounds at Mbang health district (east region) in 2024.
19. Public health emergency preparedness and response capacity assessment using the CAT 2.0 tool in 2024.
20. Investigation of the Mpox case at Mbongue in the Southwest region in 2024.
21. Investigation of Dengue cases in Mvog-Ada and Efoulan health districts in the Center region in 2025.
22. Investigation of Dengue and Chikungunya cases in Djoungolo and Soa health districts in the Center region in 2025.
23. Investigation of Dengue and Chikungunya cases in New-Bell and Bonassama health districts in the Littoral region in 2025.
24. Investigation of the Rift Valley Fever case in Touboro in the North region in 2025.
25. Updated communication materials validated by the MoH were used during investigation missions.
26. Epidemiological data collected during investigations informed national and regional surveillance outputs.

## **C. STRENGTHENING OF THE CAMEROON PUBLIC HEALTH SYSTEM:**

### **Procurement of medical consumables and other products for detection and response to emergencies:**

1. Acquisition of reagents and other materials and supplies for the National Public Health Laboratory (NPHL).
2. Acquisition of 135 doses of human rabies vaccines to support investigations in the field.
3. Procurement of 34 Nextel modems for Central, Regional, and district-level community health care workers to improve communication and support.



4. Payment of accommodation hosting costs for the DHIS2 system for four years.

5. The District Health System (DHIS2) implementation and site hosting.

6. Procurement of conference telephones, communication credit, and a server for archiving data from the National Laboratory Network at the NPHL.

7. Purchase and delivery of laboratory supplies for the NPHL.

8. Acquisition of communication credit and modems for 4 years for community health workers and staff.

9. Procurement and distribution of PPE materials (Jackets, hats, hand gel, and liquid soap) in 4 health districts for 200 trained CHWs and 50 health staff for the identification of cases.

10. Procurement of reagents, commodities, and PPE for 20 targeted health facility laboratories according to identified priority needs, including disinfectants, hand wash, filter tips, and face masks etc.

11. Distribution of laboratory supplies and Mpox diagnostics reagents from the EOC to the Regions. These laboratory supplies, which were purchased by CDC in 2024 have been delivered to Hôpital Laquintinie Douala, LEID University of Buea, Bertoua regional hospital, and NPHL.

12. Support for the transport of samples of suspected MPOX cases from health facilities in health districts in the ten regions to storage points based at regional hospitals in the capitals of the ten (10) administrative regions, where they will be transported through the existing EPI mechanism for sample delivery to the NPHL in Yaoundé for analysis.

13. Purchase of laboratory consumables to support Mpox samples analysis at the National Public Health Laboratory (DNA extraction kit, Filter tips, Microcentrifuge tubes, Nitrile gloves, Absolute alcohol, etc.).

14. Calibration of PCR equipment at the National Public Health Laboratory (NPHL), Hôpital Laquintinie in Douala, and at the Regional Hospital/CHR of Bertoua to strengthen Monkeypox testing.

15. Reinforcement of the core capacities of supply chain management among medical store accountants, keepers, and logisticians.



16. Establishment of the distribution system for commodities used in public health emergency surveillance and response.

17. Procurement and distribution of office equipment (4 desktop computers, 4 video projectors, 4 projecting charts, 4 voltage regulators, and 4 pointers) and 4 generators were bought and distributed to Bertoua, Bonassama, Kousseri, and Mbengwi health Districts, to improve their capacity to hold virtual meetings.

18. Support for regional distribution of surveillance and laboratory tools to improve operational readiness.

### **Development of technical documents:**

1. Revision of the Integrated Disease Surveillance and Response (IDSR) Technical Guide (2016).

2. Production and distribution of 1,000 copies of administrative and technical operating procedures for laboratories, biosecurity guidelines, and other important national documents.

3. Elaboration and adoption of the National Laboratory Standard Operational Procedures (SOPs) for antimicrobial resistance surveillance.

4. Development of the Operational Plan of the National Laboratory Network.

5. Production of 200 copies of laboratory SOPs.

6. Elaboration of the specific guidelines for Cameroon across border disease surveillance and outbreak activities.



7. Elaboration of Guidelines for AMR in Cameroon.
8. Production and distribution in all regions of 650 copies of the National Biosafety & Biosecurity guidelines.
9. Elaboration of the Administrative and Technical Procedures for the National Public Health Laboratory Network (RENALAB) in 2018.
10. Printing 8,100 copies of the monthly report form for Integrated Health Facilities.
11. Printing and distribution of 100 district health maps.
12. Elaboration of the Algorithm and Procedures for the National Laboratory Network and Laboratory External Quality Assessment in 2019.
13. Printing and distribution at the regional level of 200 copies of the 2024-2030 Surveillance Strategic Plan (160 in French and 40 in English).
14. Elaboration of the IDSR Operational Plan (2024-2030) containing detailed operational activities and tasks, including assigned responsibilities in 2025.
15. Technical validation of the multi-risk plan for preparedness and response to public health emergencies in Cameroon in 2021.
16. Elaboration and validation of the call center guidelines, including EBS and medical regulation aspects.
17. Translation of the Call Center Guidelines and Call Center Action Plan.
18. Validation of the priority SOPs for PHEOC operations as determined by needs assessment.
19. Revision of the emergency supply chain management guide and the update of the list of products and suppliers in emergencies in 2021.
20. Finalization of the health protocols and medical coverage plan for the 2021 African Cup of Nations, organized in Cameroon in 2021.
21. Printing of 500 copies of the Infection Prevention and Control (IPC) Guidelines and handed them to the Department of Health Promotion at the Ministry of Health for dissemination.
22. Translation, production, and distribution of the updated IPC, WASH, BS&S, and Administrative and Operational laboratory procedures for 40 laboratories in 2021.
23. Development of the audit toolkit for COVID-19 deaths and other epidemic-prone diseases and the revision of the guidelines for the monitoring of COVID-19 in Cameroon in 2020.
24. Support the Cameroon Biosecurity Project in preparing the draft Biosecurity Law under the supervision of the Biosecurity Project Coordination Unit, MINEPDED, in 2017.
25. Revision and validation of the multi-hazard operational plan (PMRS) in 2024.
26. Elaboration of the 2024 annual workplan (PTA) for the Sub-directorate in charge of control of Epidemics and Pandemics at the MoH.
27. Revision, validation, and finalization of the updated surveillance strategic plan in 2024.
28. Development of a Combined RRT management and SOP guideline in 2024.
29. Adaptation of RIT training packages in 2024.
30. Finalization of the multi-year action plan for preventive cholera vaccination in 2024.
31. Printing 160 copies of the Diphtheria Readiness Action Plan.
32. Development of modules and a capacity building plan for the diagnosis of 10 targeted priority diseases, including Quality Assurance in 2023.
33. Validation of awareness and communication tools on respiratory pathogens in 2024.
34. Update public health emergency response toolkits during in 2024.
35. Elaboration and validation of SOPs and data collection tools for genomic surveillance in Cameroon.
36. Revision of existing IDSR guidelines (3rd edition), production of 50 copies (English and French), and dissemination at the regional level.
37. Printing and distribution of tools (250 handbooks, 100 registers, 252 manuals, 48 image boxes, and 252 posters) to 50 trained CHWs from 4 health districts for the reporting of cases /epidemiological signals.
38. Development of an electronic document describing the emergency supply chain management guide, including



ding an updated list of products and suppliers in public health emergency surveillance and response.

**39.** Development of an electronic document describing the distribution system for commodities used in public health emergency surveillance and response.

**40.** Production of copies of Integrated Surveillance tools for distribution in 10 regions to enhance the availability and accessibility of IDSR tools for healthcare professionals, leading to improved disease surveillance and reporting:

- 1,200 copies of the Community Health Workers logbook
- 2,458 copies of the IDSR technical guide
- 3,400 copies of the Register of Facility Alert Notification Forms
- 4,200 Weekly Epidemic-Prone diseases notification registers
- 5,200 Case-Based Disease Notification Registers.

**41.** Digitalization of EBS tools into DHIS2 and testing for the reliability of the variables as entered in the platform in 2025.

**42.** Printing and dissemination of the MoH 2024 national epidemiological bulletin and SITREPS.

**43.** Printing and dissemination of regional epidemiological bulletins (110 copies of 5 were printed: 22 per region. These included 2024 annual bulletins for the Adamawa, Northwest, Far North, Littoral, and North regions).

**44.** Printing and dissemination of 110 copies of the 2<sup>nd</sup> semester national epidemiological bulletin in 2025.

**45.** Review of Calibration SOPs and training module: an electronic version of the Calibration SOPs and of the training modules has been reviewed, and a national algorithm for the diagnosis of Mpox was elaborated in 2025.

**46.** Elaboration of indicators and analytical packages for NCD and trauma surveillance to support national reporting in 2025.

**47.** Elaboration of contextualized RRT management SOPs for subnational level in 2025. Availability at the regional level of contextualized RIT SOPs in the Far North and East regions, chosen for this purpose due to the resurgence of public health emergency events in these regions. The content was enriched with specificity from these regions.

## **Non-communicable Diseases (NCDs), Injuries, and Emergency Medical Services**

**1.** Harmonization and update of the Standard Operating Procedures (SOPs) for data management and NCDs, injury, and emergency medical services in 2024.

**2.** Identification of key indicators for monitoring Non-Communicable Diseases (NCDs), injury, and emergency medical services in 2024; a list of a total of 90 NCD surveillance and trauma cases were identified, of which there were 63 for NCD Surveillance and 27 for trauma (19 non-intentional and 8 intentional for trauma).

**3.** Set up of indicators and dashboards to track non-communicable diseases, injuries, and emergency medical services within DHIS2 in 2025; a list of 41 key NCDs and trauma indicators has been configured into the DHIS2 platform, with the development of a comprehensive dashboard.

**4.** Review of the event-based surveillance data collection tools for NCDs, injuries, and emergency medical services and event in 2025; updated versions of event-based surveillance and community-based surveillance guides, including NCD tools for some 20 prioritizing NCDs.

**5.** Elaboration of an electronic data analysis & visualization package of NCDs, injuries, and emergency medical services for the Center region and the central level in 2025.

**6.** Printing and distribution of 200 copies of the epidemiological bulletin on NCDs, injuries, and emergency medical services in 2025.

**7.** Coordination and monitoring of NCD indicators for quality control of collected data in 2025.

**8.** Strengthening of district-level surveillance practices through supportive supervision and validation of NCD and trauma reporting processes in 2025.





## Reinforcement of institutional capacities:

### Infrastructure and Equipment



1. Procure 01 equipment for viral transportation medium (VTM) preparation and provide a monthly fiber optic internet connection for NPHL for COVID-19 coordination efforts.
2. Purchase, install, and repair all required equipment necessary for the functioning of the specimen repository at the NPHL; 4 new splits were installed, and 8 voltage (5000VA) regulators were bought and installed. In total, 7 out of 9 freezers were repaired.
3. Acquisition of a thermocycler for the NPHL.
4. Acquisition of a conference television screen for the NPHL conference room.
5. Financial and technical support for the inauguration ceremonies of the National Public Laboratory (NPHL) in December 2016.



6. Construction of a safety tank for the NPHL.
7. Support for the management of laboratory waste disposal at the NPHL.
8. Financial and technical support for the Public Health Emerging Operation Center (PHEOC) groundbreaking in June 2017 and its inauguration ceremonies in December 2018.
9. Financial and technical support for the inauguration of the NPHL and its quality assurance and quality improvement (QA/QI) training center in November 2017.
10. Procurement and distribution of generators and office equipment (desktop computers, projectors, charts, voltage regulators, pointers) to select health districts to support virtual coordination and surveillance activities.





## Personnel training



1. Contributed to the training of six hundred and twenty-seven (627) personnel from the Ministry of Health and Ministries of Livestock, Police, Defense, and Justice on the basic Frontline field epidemiology training program (FETP).
2. Three hundred and sixty (360) community health workers (CHW) and 35 community leaders trained and re-trained on surveillance, response, and reporting of key diseases and public health events.
3. Two hundred and ninety-six (296) health personnel trained on the rapid response team concept.
4. One hundred (100) regional health personnel trained on Integrated Disease Surveillance and Response (IDSR) including event-based-surveillance (EBS) and early warning and response (EWAR).
5. Trained 160 surveillance focal points of the South and Central regions, improving their capacities in early detection, timely notification, and data analysis of diseases and other health events.
6. Supervised 18 health area chiefs and 332 community health workers during the pilot project phase of EBS and EWAR in the Deido and Betare Oya health districts in 2017.
7. Two personnel trained on 'Specimen Collection and Transport', 'Rapid Diagnostics Tests' and 'Data Flow and Reporting' in the District Health Laboratory (DHL).
8. Four personnel trained on the isolation and identification of *Vibrio cholera*.

9. Sixty-nine (69) laboratory personnel trained on the Strengthening Laboratory Management towards Accreditation (SLMTA) program, including three cohorts from 2016, 2017, and 2018.

10. One hundred (100) regional personnel trained on the emergency supply chain focal points and on the management of products needed to detect and respond to public health emergencies.

11. Forty-two (42) Health personnel from 14 health districts were trained on cholera diagnosis and monitoring tools in December 2020.

12. Twenty-five (25) personnel trained on data capture and monitoring on the DHIS2 platform during the cholera epidemic in 2019.

13. Twenty-five (25) health personnel trained on data quality audit tools and the IDSR supervision checklist in 2019.

14. Fifteen (15) training of trainers (TOT) conducted on unusual respiratory EBS in February 2017.

15. Eight (48) health personnel trained on Unusual Severe Acute Respiratory Infections (SARI) EBS in March 2017.

16. Three hundred and Eighty-four (384) CHWs trained on EBS and EWAR in Betare Oya in February 2017 and Deido health districts in March 2017.

17. Reinforcement of capacity building of 56 personnel from regional and district laboratories on biological diagnosis of cholera, meningitis, and salmonellosis in six regions.





**18.** National revision of the data from the call centers and the development of an action plan to correct identified bottlenecks.

**19.** Training of 50 health professionals on emergency response, Personal Protective Equipment (PPE) use, Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) protocols.

**20.** Training of 30 laboratory personnel and distribution of tools and procedures in selected districts for IPC, WASH, and BS&S.

**21.** Training of 107 health personnel for the operationalization of the COVID-19 epidemic response plan at the regional and district levels.

**22.** Training of 39 incident managers in the South and Littoral regions within targeted regional and district levels (capacity building of stakeholders at central level on the incident management system (IMS) and emergency operations centers (EOC), fundamental level).

**23.** Training of 200 community health workers (CHWs) and 50 surveillance focal points on event-based surveillance EBS in East (Abong Mbang, Doumé) and South (Ambam, Zoétélé) regions in March 2017.

**24.** Training of 30 field actors on the collection and reporting of public health priority program data from the port of entry (POE) in August 2022.

**25.** Support the training of 38 laboratory and district hospital staff from 10 selected districts in two priority regions (Littoral and Far North regions) on the diagnosis of priority diseases: cholera, typhoid fever, and malaria, including quality assurance in December 2020.

**26.** Support the logistics for the implementation of a pilot HCW strengthening curricula training on community case definitions for Lassa Fever, Yellow Fever, Polio Virus, Marburg Virus, Ebola Virus, Cholera, Covid-19, and Monkey Pox in Douala in May 2024, with technical support from CDC Atlanta SME.

**27.** Support to the DLMEP to organize a 5-days capacity building of staff at the Cameroon National Public Health Laboratory (INSP) and the Cameroon Pasteur Center (CPC) [Total of 6 lab staff] on the confirmation of suspected cases of whooping cough by RT-PCR in July and August 2024. The training was a great success in strengthening intercountry and inter-institutional collaboration, effective south-south competence transfers between Laboratory teams, also with the confirmation of the first Pertusis case in Cameroon.



**28.** A total of seventy-two (72) staff from the Ministries of Health, Livestock, Police, Defense, and Justice graduated after their participation in the basic Frontline Field Epidemiology Training Program (FETP). The training was conducted through nine workshop sessions and six site supervision visits, organized for three cohorts and three groups, between October 1, 2023, and September 30, 2024.



**29.** Provide support to Dr Ncham Evaristus, Coordinator of CAFETP advanced level and Dr. Etoundi Mbella George Alain, Director of disease control, epidemics and pandemics and director of CAFETP at the MoH, to take part in the Epidemic Intelligence Service international conference from 22 to 26 April 2024 in Atlanta, USA.

**30.** Training of 25 staff from the Directorate of Disease Control at the Ministry of Public Health on Capacity Assessment in March 2024.

**31.** Continuous training of Rapid Response Teams (using customized RIT training package from WHO standard content) at the national level (70 staff) in May 2024.

**32.** Training of 23 personnel at Point of Entry (PoE) in August 2022 on the collection and reporting of public health priority program data in Garoua in the North region of Cameroon.





**33.** Training of 35 personnel to reinforce the core capacities of supply chain management among medical store accountants, keepers, and logisticians in April 2021.

**34.** Training of 300 healthcare personnel in May and August 2023 in the 07 health districts of the City of Yaounde and surrounding area in the management of cholera in the hospital setting.

**35.** Support to the logistics for the implementation of a pilot HCW strengthening curricula training with technical support from CDC Atlanta SME. A total of 50 HCWs were trained in May 2025.

**36.** Training of 131 health personnel in four sessions at the regional level in the use of the IDSR (2024-2030) tools in the 10 regions in May and June 2025.

**37.** Dissemination of the newly elaborated IDSR (2024-2030) guidelines in the 10 regions in July 2025.

**38.** Organize one formative supervision in 4 regions in June 2025 on the follow-up on EBS data collection, recording, and reporting; 06 personnel (District heads, Focal points and data clerks) from each region were assessed, capacities enhanced on DHIS2 reporting, and corrective action plans developed, contributing to improved data quality and timely signal reporting.

**39.** Training of 30 personnel from 10 regions to disseminate the Rapid Intervention management plan contained in the Rapid Intervention Team management guide in March 2025.



**40.** Training of 24 personnel of the IDSR on Rapid Response Team All-Hazards for Responders in the Far North and East regions in September 2025.

**41.** Organized a sub-regional training workshop on arboviral and viral hemorrhagic fever (VHF) management in Brazzaville, Congo, from May 31 to June 8, 2025. This training brought together experts from six Central African countries (Cameroon, Congo, Gabon, Equatorial Guinea, Chad, and the Central African Republic). The workshop aimed to strengthen regional preparedness, surveillance, and response capacities against emerging and re-emerging viral threats.

**42.** Training of laboratory technicians on PCR processing and Mpox diagnosis was conducted in August and September 2025: this training strengthened the technical skills of 18 staff members from Cameroon's reference laboratories (4 from Bertoua regional hospital, 7 from NHPL, and 7 from Hôpital Laquintinie Douala) in molecular diagnosis of Mpox.

## **Non-communicable Diseases (NCDs), Injuries, and Emergency Medical Services**

**1.** Training of 27 healthcare providers from the district and regional level of the Centre region on SIMR, on surveillance of NCDs, injuries and emergency medical services in May 2025. This was followed by supportive supervision in 10 health districts (Mbalmayo, cité verte, Bafia, Ndikinimeki, Ngog Mapubi, Eseka, Ayos, Awae, Mbandjock, and Akonolinga).

2. Training of 40 Trainers (ToT) in April 2025 on the operation and quality control of data on NCDs, injury, and emergency medical services.

3. Training of 20 healthcare providers on case definition, data collection and analysis of NCDs, injuries, and emergency medical services to inform decision-making in June 2025.

4. Training of 50 Trainers (ToT) on Event Base Surveillance (EBS) of NCDs, injuries, and emergency medical services in July 2025.

5. Three (03) training sessions were organized for refresher of 58 FETP graduates on NCD modules with a particular focus on injury and emergency medical services in December 2024, August and September 2025.



## D. GOVERNANCE AND STRATEGIC STEERING:

### Elaboration of the following strategic and operational plans from 2016-2025

1. The National Action Plan for the fight against Antimicrobial Resistance using the "One Health" approach.

2. The Operational Plan for the Public Health Emergency Management Program, Hazards, and Threats.

3. The 2019-2021 National Laboratory Network Operational Plan.

4. The National Integrated Plan for the Elimination of Canine Rabies.

5. The Laboratory Biosafety and Biosecurity Guidance in Cameroon.

6. The National Integrated Control Plan for Rabies.



7. The case definitions and case management protocols for rabies.

8. The National Medical Countermeasure (MCM) Supply Chain Plan.

9. The Action Plan for Antimicrobial Resistance.

10. The Anthrax Strategic Plan.

11. The Action Plan for the implementation of the recommendations identified in the 2005 International Health Regulations (IHR) Internal Evaluation Report.

12. The Strategic Plan for the Integrated Disease Surveillance and Response (IDSR 2024-2030).

13. The Operationalization Plan of the 2024-2030 IDSR Strategic Plan.

14. The COVID-19 Epidemic Response Plan.

15. The National Cholera Elimination Plan.

16. The National Operational Research Plan for the Covid-19 Response.

17. The Continuity of Operations Plan (COOP) that utilizes a virtual operating environment (vEOC) framework.

18. The Multi-hazard Operational Plan (PMRS).





19. The Call Center Guidelines and Call Center Action Plan.
20. The Emergency Supply Chain Management Guide (revised and updated).
21. The Operational Plan of the National Laboratory Network.
22. The Algorithm and Procedures for the National Laboratory Network and the External Quality Assessment system.
23. The Specific Guidelines for Cross-border Disease Surveillance and Outbreak Activities.
24. The Guidelines for Antimicrobial Resistance in Cameroon.
25. The Administrative and Technical Procedures for the National Public Health Laboratory Network (RENALAB).
26. The National Biosafety and Biosecurity Guidelines (650 copies disseminated).
27. The Diphtheria Readiness Action Plan (160 copies).
28. The Rapid Response Team (RRT) Management and SOP Guideline, including contextualized regional RIT SOPs.
29. The Public Health Emergency Response Toolkits (updated).
30. The National Algorithm for Mpox Diagnosis.
31. The Genomic Surveillance SOPs and Data Collection Tools.
32. The National Laboratory SOPs for Antimicrobial Resistance Surveillance.
33. The Administrative and Technical Operating Procedures for Medical Laboratories (over 1,000 copies produced).

### Monitoring, Evaluation, and Coordination

1. Several multi-sectoral coordination meetings were held with the stakeholders (MINSANTE, MINEPIA, MINEPDED, MINADER, etc.) on topics concerning GHSA).

2. Financial and technical support to the country's IHR Joint External Evaluation (JEE) process in 2016, and the meeting in Yaoundé on April 07, 2017 for the adoption of the International Health Regulations (IHR) Internal Evaluation Report.

3. Quarterly coordination meetings were organized to follow up on Event-Based Surveillance (EBS) implementation at national and regional levels, including: Four half-day national coordination meetings gathering 25 participants each, to review EBS implementation progress, data quality, and reporting trends in all regions.

4. Coordination support was provided for the dissemination of revised national DHIS2 tools, IDSR guidelines (2024–2030), and surveillance documents, ensuring alignment between national, regional, and district-level actors.

## Strengths, success stories, and challenges:

### A. STRENGTHS:

1. Commitment and involvement of government partners at all stages of the implementation.
2. Integration of the health facilities in the IDSR surveillance system.
3. Use of One Health approach during implementation of activities.



### B. SUCCESS STORIES

1. A notable success has been the provision of internship opportunities for pre-graduate and post-graduate students. To date, more than 150 Cameroonian students have completed internships within HEADA, in collaboration



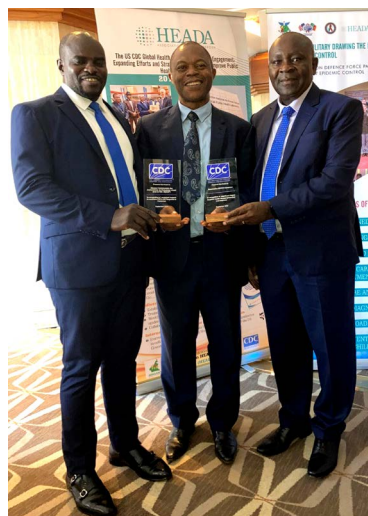
with the Cameroon Military Health Research Center, under U.S. Government-funded projects. These internships have strengthened practical skills in public health surveillance, laboratory operations, epidemiology, and research. Several post-graduate interns have subsequently secured employment within HEADA or in other organizations and national institutions, demonstrating the positive impact of the program on building a new generation of skilled public health professionals in Cameroon.



I'm **FONJIA CELIA TAZIFOR**, a MPH student at the University of Buea. I had the opportunity to be at HEADA as an intern for two months (from the 12th of August to the 14th of October 2024) where we learned a lot and achieved our objectives. I was marked by the hospitality at the organization and how the staff

engaged us in most activities. During this period, we participated in data entry, analysis, and presentation, we also learned cartography using the QGIS software, and data management with the DIHS2 and undertook several online courses from which we got certifications. We also acquired and improved soft skills such as effective communication, problem-solving, critical thinking, and time management.

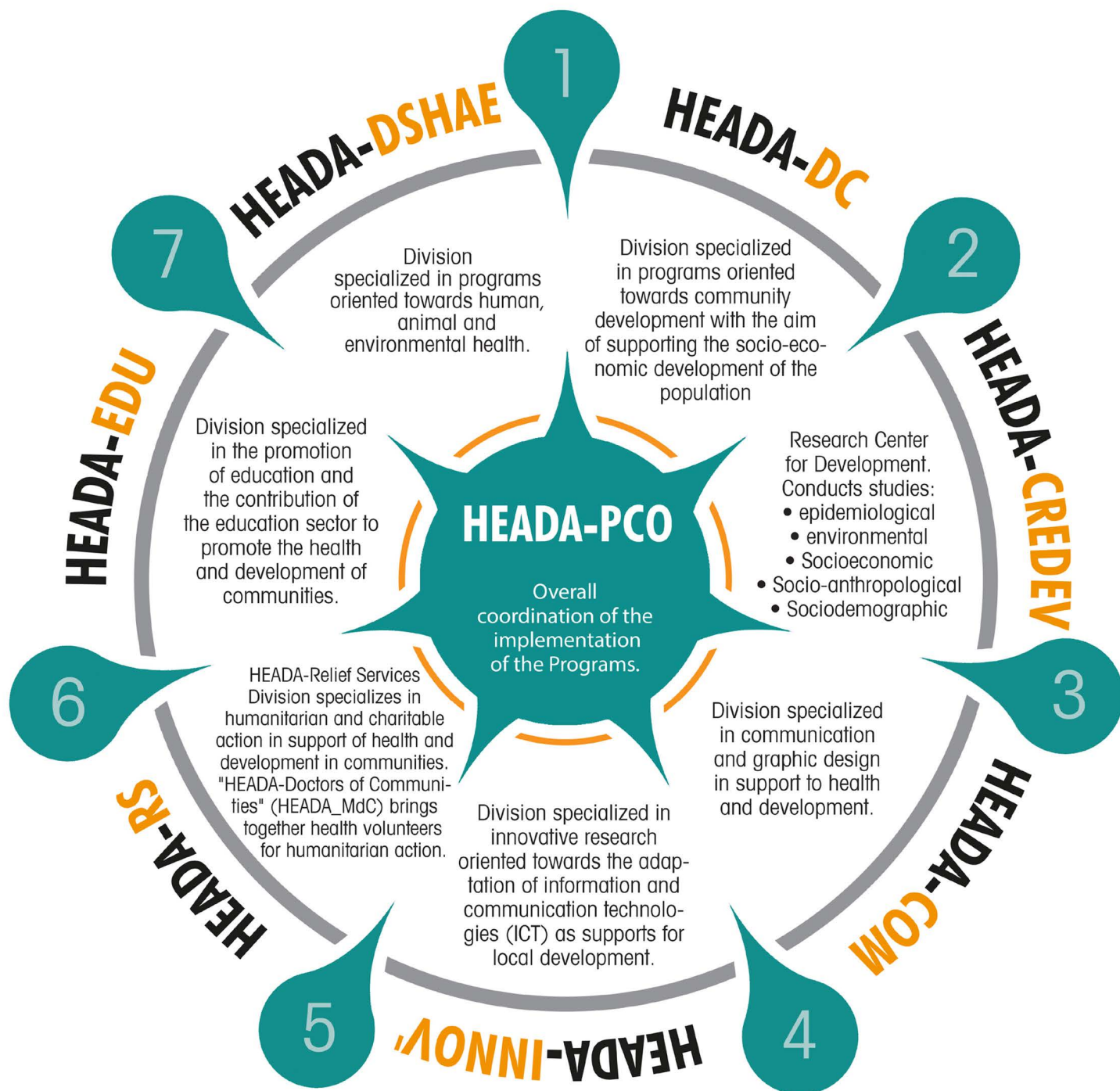
2. At the occasion of the celebration of the 20<sup>th</sup> anniversary of CDC in Cameroon on September 10<sup>th</sup>, 2024, HEADA was granted a recognition for its fertile contribution as implementing partner for over 10 years in the strengthening of the MOH – CDC partnership.



## C. CHALLENGES:

1. Insufficiency of financial resources to address all health needs.
2. Frequent outbreaks in neighboring countries (e.g., cholera, Lassa fever, Measles, Monkeypox, Polio, etc.) with poor cross-border collaboration, leading to an increased risk of outbreaks in Cameroon.
3. Next steps, looking forward to:
  - a. Strengthen the dynamics of the inter-sectoral dimension developed during the ongoing process to support the global health strategic vision.
  - b. Reinforce the institutional capacity to sustain Event-Based Surveillance (EBS) and epidemic response.
  - c. Reinforce the national laboratory network.
  - d. Reinforce antimicrobial resistance surveillance.





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