NATIONAL DIGITAL HEALTH STRATEGIC PLAN

2026 2030

CouvertureSantéUniverselle-UniversalHealthCoverage

MINSANTE

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

icap Global Health

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ACRONYMS AND ABBREVIATIONS

AHAIC 2023 : Africa Health Agenda International Conference 2023

AI : Artificial Intelligence

ANTIC : National Agency for Information and Communication Technologies

AU : African Union

AU-OHDAA : African Union One Health Data Alliance

BMZ : German Federal Ministry for Economic Cooperation and Development

BUNEC : National Civil Registry Office

CDC Africa : African Centers for Disease Control and Prevention

CDC : Centers for Disease Control and Prevention

CENAME : National Supply Centre for Essential Drugs and Medical Consumables

DOHP : Digital One Health Platform

EMD : Electronic Medical Record

EU : European Union

GDP : Gross Domestic Product

GIDH : Global Initiative on Digital Health

GIZ : German Federal Agency International Cooperation for Sustainable Development

HDI : Human Development Index

HF : Health Facility

HRH : Human Resources for Health

HSS : Health Sector Strategy

ICAP : Global Health Cameroon

ICT : Information and Communication Technologies

ITU : International Telecommunication Union

M&E : Monitoring & Evaluation

MINPOSTEL : Ministry of Posts and Telecommunications

MOH : Ministry of Public Health

MTTR : Mean Time to Repair

NDHSP : National Digital Health Strategic Plan

NDS30 : National Development Strategy

NHDP : National Health Development Plan

NHIS : National Health Information System

RCA : Regional Committee for Africa

SDG : Sustainable Development Goal

SWOT : Strengths, Weaknesses, Opportunities, Threats

UHC : Universal Health Coverage

USD : United States Dollar

WHO AFRO : World Health Organization (African Region)

WHO : World Health Organization

YiDHN : Youth in Digital Health Network

DEFINITION OF KEY TERMS

Digital health : It is the cost-effective and secure use of information and communication technologies in support of health and health-related fields, including healthcare services, health surveillance, health literature and health education, knowledge and research.

Digital health governance : The strategic and ethical framework for integrating digital technologies into health systems in a safe, equitable and sustainable manner.

Digital/Health Data Sovereignty : The principle that health data is subject to the laws and regulations of the country where it is generated, stored, or processed. It ensures that patients and the State retain control, confidentiality, and governance over this data

Interoperability : It is the ability of different digital health solutions to seamlessly communicate, exchange information, and use data across various systems, regardless of the applications used. It relies on adopting open, consistent standards for data representation to ensure continuity of care, improve health outcomes, and facilitate efficient, secure information sharing .

Telemedicine : It is the provision of health services by health professionals, where distance is a critical factor, using information and communication technologies to exchange valid information for the purposes of diagnosis, treatment and prevention of diseases and injuries, research and evaluation, and to facilitate the continuing education of health professionals, with the aim of safeguarding the health of individuals and communities2.

Universal Health Coverage : a situation in which every person can access the health services they need, where and when they need them, without facing financial hardship. This includes the full range of essential health services, including health promotion, prevention, treatment, rehabilitation, and palliative care throughout life .

World Health Organisation. eHealth; 2026.

World Health Organisation. Global Digital Health Strategy 2020-2025; 2020.

World Health Organisation. Universal Health Coverage; 2026.

PREFACE

Digital transformation is now an essential lever for strengthening health systems worldwide. In Cameroon, this dynamic is fully aligned with the Government's development vision, which places innovation, the modernization of public services, and the continuous improvement of the population's well-being at the core of its priorities.

The 2026-2030 National Digital Health Strategic Plan reflects our country's firm commitment to optimally leveraging the opportunities offered by information and communication technologies to improve the accessibility, quality, efficiency, and resilience of our health system. It builds on the achievements of the previous strategic plan and includes lessons learned from its implementation, while taking into account the rapid evolution of the global technological landscape and the recommendations of international bodies.

In 2020, Cameroon embarked on this dynamic by adopting its first National Digital Health Strategic Plan, covering the period 2020-2024. The implementation of this plan has led to significant progress. In particular, it has encouraged the emergence of a dedicated governance framework, the definition of a national architecture, the deployment of key tools for the National Health Information System, the introduction of digital solutions to support Universal Health Coverage, and the progressive strengthening of human resource skills.

These achievements, while substantial, have also emphasised the need to go further: consolidating interoperability, guaranteeing the sovereignty of health data, strengthening digital trust, ensuring the sustainability of investments, and placing citizens and healthcare professionals more firmly at the heart of innovation. It is to meet these requirements that the Government has developed the 2026-2030 National Digital Health Strategic Plan.

The development of this plan was based on an inclusive and participatory approach, mobilizing public administrations, technical and financial partners, the private sector, civil society, and national and international experts.

Our ambition for 2030 is clear: to equip Cameroon with an integrated, inclusive, resilient, interoperable and secure digital health ecosystem capable of effectively supporting Universal Health Coverage, improving the well-being of our population, and strengthening the resilience of our health system in the face of health emergencies.

The successful implementation of this plan will

require the continued involvement of everyone, adequate resource mobilization, and strong collective leadership. Together, we can build an integrated, secure, and person-centred digital health ecosystem, serving a healthier population and a more efficient health system.

I would like to express my deep gratitude to all the stakeholders whose commitment, expertise, and collaboration have led to a consensus-based, ambitious, and hopeful document. I hope that this 2026-2030 National Digital Health Strategic Plan will become a reference document for action and a trigger for the sustainable transformation of our healthcare system.

I therefore invite all stakeholders to take ownership of this plan, to make it a tool for uniting our efforts, and to work together to ensure that digital technology becomes a concrete accelerator of health and social progress. Together, let us make digital health a major pillar of the modernization of our healthcare system and a mechanism of development for our country.

Dr MANAOUDA Malachie,

Minister of Public Health

EXECUTIVE SUMMARY

In 2020, Cameroon adopted the 2020-2024 National Digital Health Strategic Plan (NDHSP) in order to take advantage of the potential of digital technology in the health sector. Its implementation has led to numerous milestones, including: the creation of an Inter-ministerial Digital Health Committee, the adoption of a national digital health architecture, the signing of a number of agreements with technical and financial partners, the deployment of many applications at the national level, such as DHIS2 and Universal Health Coverage (UHC) management tools, and finally, the building of human capacity through the training of thousands of healthcare professionals.

Building on the 2020-2030 Health Sector Strategy, the progress made and lessons learned during the implementation of the 2020-2024 National Digital Health Strategic Plan, and international and regional trends and experiences in digital health, Cameroon is resolutely committed to the digital transformation of its health system to accelerate the achievement of Universal Health Coverage, promote the well-being of the population, and strengthen national resilience to health challenges. It is with this in mind that, following a collaborative and consultative process, and drawing on several activities, the 2026-2030 National Digital Health Strategic Plan was developed.

Its vision is that by 2030, Cameroon will have an integrated, inclusive, resilient, interoperable, secure, and people-centred digital health ecosystem that guarantees digital sovereignty over health data, supports informed decision-making, and contributes significantly to achieving Universal Health Coverage.

Its overall objective is to improve, by 2030, the delivery, accessibility, quality, effectiveness, and efficiency of health services, epidemiological surveillance, prevention, and response to health emergencies. This will be done through the optimal, secure, integrated, and equitable use of digital health, with a view to achieving Universal Health Coverage, improving individual well-being, and building resilience against disease.

This 2026-2030 National Digital Health Strategic Plan is structured around eight (8) priority strategic areas, defining the digital health interventions to be carried out over the next five (5) years. These are: leadership and governance, legislation, policies and compliance, human resources, infrastructure, strategy and investments, services and applications, standards and interoperability, research, innovation, and the promotion of initiatives.

The budget for the 2026-2030 National Digital Health Strategic Plan amounts to FCFA twenty-nine billion seven million (29,007,000,000) over a five (5) year period, or approximately fifty-two million three hundred and seventy-eight thousand one hundred and fifteen (52,378,115) US dollars.

The budget is distributed as follows:

- Axis 1. Leadership and Governance: FCFA 1,192,000,000 (2,152,402 USD)
- Axis 2. Legislation, Policies, and Compliance: FCFA 165,000,000 (297,941 USD))
- Axis 3. Human Resources: FCFA 4,286,000,000 (7,739,256 USD)
- Axis 4. Strategy and Investments: FCFA 595,000,000 (1,074,395 USD)
- Axis 5. Services and Software: FCFA 7,112,000,000 (12,842,181 USD)
- Axis 6. Infrastructure: FCFA 13,470,000,000 (24,322,860 USD)
- Axis 7. Standards and Interoperability: FCFA 918,000,000 (1,657,638 USD)
- Axis 8. Research and Innovation: FCFA 1,269,000,000 (2,291,441 USD)

1. INTRODUCTION

The Cameroon health system faces numerous challenges, including: geographical and financial access issues, quality and continuity of care, low demand for healthcare services, insufficient healthcare funding, climate and demographic changes, and the emergence of innovative health technologies (artificial intelligence, big data, connected devices), etc. These challenges hinder the health system's ability to fully achieve Universal Health Coverage (UHC). The digital transformation of the health sector is currently a major pillar for developing health systems to address some of these challenges . In accordance with the Sustainable Development Goals (SDGs), the guidelines of international and regional organisations such as the World Health Organization (WHO), the International Telecommunication Union (ITU), and the African Union (AU), the 2020-2030 National Development Strategy (NDS30), the 2020-2030 Health Sector Strategy, and the 2020 Strategic Plan for a Digital Cameroon, a National Digital Health Strategic Plan (NDHSP) was developed and implemented for the 2020-2024 period. Although many challenges remain, the evaluation of this plan shows that significant progress in digital health has been made, particularly with regard to governance, the legal framework, infrastructure development, services and applications, and capacity building . This progress, which lays down the foundation for a structured use of information and communication technologies (ICTs) to improve access to the quality, continuity, effectiveness, and efficiency of care, as well as the effectiveness of health data management and informed decision-making, contribute to progress towards Universal Health Coverage (UHC).

Following the development of digital health strategies, a new national digital health strategic plan has been developed. The 2026-2030 National Digital Health Strategic Plan is fully aligned with all the issues and challenges mentioned. This 2026-2030 plan aims to position Cameroon as the sub-regional leader in digital health. It builds on the achievements of the 2020-2024 plan, particularly regarding the progress made and lessons learned during its implementation, in order to accelerate the adoption and implementation of digital health for a resilient, inclusive, and population-centred health system. It also incorporates recent advances and international, regional, and national trends. Its implementation is intended to be gradual and will depend on strong, committed, participatory, and collaborative leadership from the Ministry of Public Health and all relevant sectors, technical and financial partners, private sector actors, and civil society. A detailed operational plan and a monitoring and evaluation framework for the next five years are attached to the 2026-2030 NDHSP.

[4] World Health Organisation. Global Digital Health Strategy 2020-2025; 2021.

[5] Ministry of Public Health. Evaluation Report of the 2020-2024 National Digital Health Strategic Plan; 2026.

2. METHODOLOGY

The 2026-2030 NDHSP was developed through a collaborative and consultative process, drawing on several activities, namely document review and analysis, semi-structured interviews and consultations with key stakeholders, and co-creation, interactive discussions, consensus-building, and validation activities, to gather all relevant information for its development.

2.1 DOCUMENTARY REVIEW AND ANALYSIS

This phase identified documents relevant to the development of the 2026-2030 NDHSP. These included descriptions of the Cameroon background and health system, the evaluation report of the 2020-2024 NDHSP, and documents outlining international and regional trends, initiatives, and experiences in digital health.

This activity enabled to describe Cameroon background, particularly its health system, gather information on progress made in digital health, identify challenges, and present lessons learned during the implementation of the 2020-2024 NDHSP. It also allowed us to analyse international and regional trends, initiatives, and experiences in digital health

2.2 SEMI-STRUCTURED INTERVIEWS AND CONSULTATIONS

LSemi-structured interviews were conducted with selected stakeholders involved in the implementation of digital health at the strategic and operational levels. These included key informants from the IT Unit and the Health Information Unit of the Ministry of Public Health (MOH), the Projects Division of the Ministry of Posts and Telecommunications (MINPOSTEL), and stakeholders involved in health data management at the district and health facility levels, which host digital health applications and services. Consultations with national and regional digital health experts were also conducted, providing additional information.

In addition to gathering information on progress made, challenges encountered, lessons learned during the implementation of the 2020-2024 NDHSP, trends, initiatives, and international and regional experiences, these interviews also provided insights into the needs and perspectives of various stakeholders regarding digital health in Cameroon

2.3 CO-CREATION ACTIVITIES, INTERACTIVE DISCUSSIONS, CONSENSUS-BUILDING AND VALIDATION

Three workshops, each bringing together around fifty people active in the digital health sector were organized to develop, validate, review, and finalize the 2026-2030 National Digital Health Strategic Plan (NDHSP). During these workshops, the recommendations from the first two activities, submitted by the consultant were read, analysed, discussed, and amended during plenary sessions and group work. Thereafter, they were validated and adopted by consensus.

3 BACKGROUND

3.1 GEOGRAPHICAL SITUATION

Cameroon is a Central African country with a total surface area of 475,650 km², including 466,050 km² of land and 9,600 km² of maritime area. It shares borders to the west with Nigeria, to the south with Congo, Gabon, and Equatorial Guinea, to the east with the Central African Republic, and to the northeast with Chad. The country is notable for its great geographical diversity: the Centre, East,

3.2 DEMOGRAPHIC SITUATION

In 2025, Cameroon population was estimated at approximately 30,176,297 inhabitants, according to demographic projections from the United Nations Department of Economic and Social Affairs – Population Division. The age pyramid shows a predominantly young population, with a broad base (approximately 45% of the population is under 15 years old). Furthermore, this population is composed of 49% of men and 51% of women.

Urbanization is high, with more than half (59.37%) of the population living in urban areas. It should be noted that this population is unevenly distributed across the national territory. The most populated regions are the Centre, Far North, Littoral, and North.

By 2030, the population is projected to reach 33,777,190 inhabitants, highlighting the need to strengthen the health system to provide services adapted to future challenges.

3.3 SOCIO-ECONOMIC AND CULTURAL SITUATION

Cameroon is a democratic State that promotes political pluralism as well as individual and collective freedoms. The two official languages are French and English. The country is organized into 10 administrative regions, 58 departments, 360 districts, and 360 councils. Significant institutional progress has been made over the past decade. This includes the establishment of the Senate (upper house), which constitutes the parliament, together with the National Assembly (lower house, already operational for several years). The Constitutional Council, responsible for promulgating election results and managing electoral disputes, has also been established. Furthermore, Law No. 2019/024 of 24 December 2019 to institute the General Code of Regional and Local Authorities and consolidating the implementation of the decentralization process, has been promulgated.

The current political context is characterized by persistent humanitarian and security challenges in the Northwest, Southwest, and Far North regions. This context remains a key factor for national development and the functioning of the health system. Cross-border crises and ongoing internal conflicts in these regions have led to massive population displacements and increased pressure on social services, particularly health facilities. These dynamics have direct implications on the performance of the health

information system and digital health, namely: discontinuity in data collection, difficulties in supervision, potential underreporting in affected areas, and infrastructure instability. Strategic planning for digital health must therefore integrate approaches adapted to fragile contexts, including resilient technical solutions and service continuity mechanisms.

3.4 SOCIO-ECONOMIC AND CULTURAL SITUATION

In 2024, Cameroon's current gross domestic product (GDP) was estimated at FCFA 32,316.2 billion, with a growth rate of 3.5% . The inflation rate remained under control, averaging approximately 2% per year, below the CEMAC convergence threshold (3%).

In 2022, the monetary poverty rate was approximately 37.7%, with significant variations across regions and an intensification of poverty in rural areas, reaching nearly 56.3% .

Households, particularly in rural areas, face challenges in accessing basic infrastructure. Access to drinking water and electricity is insufficient.

Cameroon has developed a National Development Strategy (NDS30) , which is aligned with the 2035 Vision. It aims to strengthen governance, strategic planning, and the management of State resources in order to effectively meet the legitimate aspirations of citizens and promote inclusive and sustainable development. The ambition by 2030. is to achieve a structural transformation of Cameroon's economy for endogenous and inclusive development, with the goal of attaining Newly Industrialized Country (NIC) status by 2035.

The overall objective is to increase average annual GDP growth to 8.1% over the 2020-2030 period. Furthermore, the Government aims to significantly reduce monetary poverty from 37.5% (in 2014) to less than 25% by 2030, while also lowering the overall underemployment rate from 77% (in 2014) to less than 50%. The government also plans to improve human capital, targeting a Human Development Index (HDI) of 0.55 by 2030.

3.5 TRANSPORT INFRASTRUCTURE

Cameroon has a dense transport infrastructure system including road and rail networks. The road network has developed considerably, reaching approximately 121,873 km in 2024, of which 10,575.94 km (8.7%) are tarred. The country has an air network with four international airports (Douala, Yaounde, Maroua, Garoua) and several secondary airports. It also has a maritime network consisting of four port authorities: Douala, Garoua, Limbe, and Kribi. The railway network connects the cities of Yaounde (Centre Region) and Douala (Littoral Region) over approximately 262 km, and the cities of Yaounde and Ngaoundere (Adamawa Region) over approximately 662 km. Major infrastructure projects are planned to extend the railway network to other regions.

3.6 ICT AND DIGITAL ECONOMY SITUATION

lds with a fixed and/or mobile phone has increased significantly, rising from 30.2% in 2005 to 89.4% in 2017. Internet access remains a significant challenge, with only 11.1% of households having internet access in 2022 and only 4% having fixed broadband access (at least 2 Mbps) at home. The cost of internet access remains high for the population. In 2026, the average cost to access 2 gigabytes of mobile internet data is FCFA 1,000 (approximately US$1.60).

The telecommunications and data sector

[6]National Institute of Statistics. National Health Accounts of 2024; 2025.

[7]National Institute of Statistics. Fifth Cameroon Households Survey: main indicators; 2024.

[8]Ministry of Economy, Planning and Regional Development. 2020-2030 National Development Strategy; 2020.

in Cameroon is governed by several laws, notably (i) Law No. 2010/012 relating to cybersecurity and cybercriminality ; (ii) Law No. 2010/013 of 21 December 2010 governing electronic communications , as amended and supplemented by Law No. 2015/006 of 20 April 2015 ; (iii) Law No. 2010/021 of 21 December 2010 governing e-commerce ; (iv) Law No. 2015/007 of 20 April 2015 governing audiovisual activity ; (v) Law No. 2020/010 of 20 July 2020 governing statistical activity and (vi) Law No. 2023/009 of 25 July 2023 to institute the Charter on Child Online Protection ; (vii) Law No. 2024/017 of 23 December 2024 relating to personal data protection ; (viii) Law No. 2024/016 of 23 December 2024 to organize the civil registration system .

Cameroon Government has demonstrated a clear political will to promote ICTs and recognizes their role in transforming all key development sectors. This ambition was formalized in the strategic plan for a digital Cameroon by 2020, whose vision is to make Cameroon a “digital country.” This plan is structured around the three pillars of digital economy: supply, demand, and governance. It unfolds across eight major intervention areas, primarily focused on: developing broadband infrastructure, ensuring comprehensive network security, increasing the supply of local content, and digital transformation of public administration (e-government) and businesses. Particular attention is paid to strengthening digital trust and improving human capital. The ultimate goal is to guarantee a high-performing and interoperable digital space, essential for accelerating ICT use and sustainably improving national competitiveness.

Despite progress in mobile phone penetration, access to fixed broadband remains limited, and territorial disparities persist between urban and rural areas. This situation requires adifferentiated approach to deploying digital health solutions, integrating hybrid architectures (offline operation, delayed synchronization, alternative connectivity) and prioritizing strategic health facilities. The gradual improvement of national connectivity is therefore a necessary but limited condition for scaling up digital health.

3.7 HEALTH SITUATION

3.7.1 GENERAL DESCRIPTION OF THE HEALTH SYSTEM

The Cameroon health system is pyramidal and structured into three levels: the central level, the intermediate level, and the peripheral level. Each level of the pyramid has administrative, health, and communication structures. The central level includes the Ministry of Public Health (MOH), general hospitals, central hospitals and facilities of the same category, and the university teaching hospital. The intermediate level includes regional delegations, regional funds, regional hospitals and facilities of the same category. The peripheral level includes health districts, district hospitals, medicalised health centres, integrated health centres, clinics, and private practices.

With regard to sectors, the health system includes: the public sector, the for-profit lay private sector, the non-profit denominational private sector and finally, the traditional medicine sector.

3.7.2 EPIDEMIOLOGICAL SITUATION

The epidemiological situation is dominated by a double burden linked to an epidemiological transition, where communicable and non-communicable diseases coexist.

Regarding communicable diseases, malaria, HIV/AIDS, and tuberculosis were the major pu-

9PAGIRN-PPTIC. Rapport principal de l’enquête sur l’accès et l’utilisation des TIC au Cameroun ; 2023.
[10]Presidency of the Republic of Cameroon. Law No. 2010/012 relating to cybersecurity and cybercriminality in Cameroon; 2010.
[11]Presidency of the Republic of Cameroon. Law No. 2010/013 of 21 December 2010 governing electronic communications in Cameroon; 2010.
[12]Présidence de la République de Cameroun. Law No. 2015/006 of 20 April 2015 amending and supplementing Law No. 2010/013 of 21 December 2010 governing electronic communications in Cameroon; 2015.
[13]Presidency of the Republic of Cameroon. Law No. 2010/021 of 21 December 2010 governing e-commerce in Cameroon; 2010.
[14]Presidency of the Republic of Cameroon. Law No. 2015/007 of 20 April 2015 governing audiovisual activity in Cameroon; 2015.
Presidency of the Republic of Cameroon. Law No. 2020/010 of 20 July 2020 governing statistical activity in Cameroon; 2020.

blic health issues in 2021 . Malaria is endemic, with an incidence of 262.96 per 1,000 inhabitants in 2022 . HIV prevalence among the 15-49 age group was projected to be around 2.6% in 2025 . As for tuberculosis, its incidence (including HIV-TB) was estimated at 150 per 100,000 inhabitants in 202320. It is also noted that neonatal conditions and respiratory infections are playing an increasingly important role in the mortality profile.

Meanwhile, non-communicable diseases are on the rise. In 2021, the age-adjusted mortality rate for the four main non-communicable diseases (cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes) reached 841 deaths per 100,000 people among men, compared to 652 among women19. The increase in NCDs is associated with a rise in major risk factors (hypertension, high body mass index, dietary risks), reflecting changes in lifestyles (urbanization, sedentary behaviour, dietary habits).

Furthermore, despite a notable decrease, the maternal mortality rate remains alarming, at approximately 406 deaths per 100,000 live births in 2018.

These trends reinforce the need for a health information system and digital solutions capable of producing disaggregated, regularly updated, and usable data for the efficient allocation of resources.

3.7.3 HEALTH SYSTEM PILLARS AND CHALLENGES

3.7.3.1 SERVICE PROVISION

This mainly concerns primary health care, specialized health care and services, and other types of care (traditional and alternative medicine). Primary health care consists of the minimum health package and the complementary health package. The minimum health package is provided by all peripheral health facilities, while the complementary health package is provided in district hospitals. These two health packages cover four (4) main areas: (i) maternal, adolescent, and child health, (ii) disease control, (iii) health promotion, and (iv) health district sustainability.

Specialized health care and services are specific care and services within fields such as surgery, paediatrics, obstetrics and gynaecology, or oral health, etc.

Other types of care (traditional and alternative medicine) are based on the body of knowledge and practices, whether rational or not, specific to a culture and used to prevent, diagnose, and manage mental or physical illnesses. To formalize activities in this area, Law No. 2024/018 of 23 December 2024 relating to the organization and practice of traditional medicine in Cameroon was promulgated.

The main challenge for this pillar remains the limited geographical and financial access to health services, particularly for rural and vulnerable populations, due to their low socioeconomic status and the negative impact of related factors such as dysfunctional referral systems, and the increasing reliance on informal care (self-medication, street drugs).

3.7.3.2 HUMAN RESOURCES

The human resources sector is characterized by a shortage of qualified personnel in health facilities. According to data from the 3rd Human Resources Census, the health personnel-to-population ratio is 2.3 per 1,000 inhabitants, which remains below the WHO standard. Regarding the distribution of human resources, it should be noted that the Centre and Littoral regions have the highest concentration of health personnel. The main professional categories found in Cameroon are: physicians (general practitioners and specialists), nurses/nursing assistants (the most represented category in

[16]Presidency of the Republic of Cameroon. Law No. 2023/009 of 25 July 2023 to institute the Charter on Child Online Protection in Cameroon; 2023.

[17]Presidency of the Republic of Cameroon. Law No. 2024/017 of 23 December 2024 relating to personal data protection in Cameroon; 2024.

[18]Presidency of the Republic of Cameroon. Law No. 2024/016 of 23 December 2024 to organize the civil registration system in Cameroon; 2024.

terms of numbers), medical and biomedical technicians, pharmacists, dentists, midwives, sanitary engineering technicians, and finally, hospital administrative staff.

This pillar presents two main challenges. The major challenge lies in the quantitative and qualitative shortage of healthcare professionals exacerbated by the unequal distribution of available healthcare professionals across the country. Indeed, nearly two-thirds of the doctors and nurses are concentrated in the Centre and Littoral regions (Yaounde and Douala), leaving remote areas in a critical situation. The second challenge concerns the management and retention of available human resources, which is characterized by high staff turnover, high absenteeism rates in public health facilities, and low job retention, leading to an increase in brain drain abroad.

3.7.3.3 MEDICINES AND OTHER PHARMACEUTICAL PRODUCTS

The supply and distribution of pharmaceutical products in Cameroon are ensured by the National PharmaceuticalSupplySystem.Thissystemintegratesa chain of actors, from manufacturing units to dispensing facilities, organized around three sub-sectors: public, private-for-profit, and private not-for-profit. Central coordination is ensured by the National Centre for the Supply of Essential Drugs and Medical Consumables (CENAME), in partnership with the Regional Funds for Health Promotion found in each region.

Donations in medicines also constitute a source of supply which, according to donation guidelines, must beintegratedintothehealthsystem. Thankstosupport from various partners and government subsidies, certain therapeutic classes are provided free of charge (TB drugs, first- and second-line antiretrovirals, malaria treatment, leprosy drugs, etc.). Other therapeutic classes are available at a reduced cost (obstetric kits, contraceptives, insulin, etc).

Four main challenges remain in this sector. The first concerns the supply chain, which faces significant stock-outs and overall inefficiency. The second is the quality and authenticity of medicines. The sector is exposed to significant illicit trafficking and the sale of counterfeit drugs, which represent approximately 30% of the pharmaceutical market. The third challenge has to do with the local production of medicines and pharmaceutical products, which is still at infancy stage and covers less than 5% of national needs. The fourth challenge concerns to the limited availability of safe blood products, which covers only about 20% of annual needs.

3.7.3.4 NATIONAL HEALTH INFORMATION SYSTEM

Cameroon's National Health Information System has undergone significant evolution since 2015, transitioning from a multitude of fragmented subsystems supported by various donors, to an integrated platform through the adoption of the DHIS2 software in 2017. This integration has led to notable progress, with the completion rate of monthly activity reports increasing from 11.4% in 2017 to 80.1% in 2020, as well as increased availability of aggregated data by district and region, which facilitates the identification of priority intervention areas. It should be noted that a new 2026-2030 Strategic Plan for the National Health Information System is currently being adopted. This marks a decisive step in the Government's commitment to modernizing and unifying the national health

[19]World Health Organisation's Regional Office for Africa. Country disease outlook for Cameroon; 2023.

[20]Organisation Mondiale de la Santé. Données et statistiques de santé du Cameroun ; 2023.

[21]Ministère de la Santé Publique du Cameroun. Communiqué radio-presse D13-44 sur la situation épidémiologique du VIH au Cameroun ; 2026.

data ecosystem, in line with the guidelines of the 2020-2030 Health Sector Strategy and Cameroon's international commitments regarding Universal Health Coverage (UHC) and the Sustainable Development Goals.

The national health information system still faces several challenges, particularly with data collection, analysis, local use for decision-making, and the lack of systematic feedback to lower levels on the results of data use.

3.7.3.5 HEALTH FINANCING

Health sector financing in Cameroon is primarily provided by five sources: the State, international cooperation, households, the private sector, and non-governmental organizations.

Household contributions, particularly through direct payments, are by far the highest, accounting for 72% of current health expenditure in 2018-2019 . The Government's contribution is estimated between 5.5% and 7% of current GDP. International cooperation mainly takes the form of budget support, although there is a downward trend in this mechanism in favour of direct transfers to health facilities. Meanwhile, private national financing, notably from local NGOs, has seen a significant increase, from FCFA 1.4 million in 2012 to over FCFA 576 million in 2019, driven by targeted interventions such as the fight against HIV/AIDS and Neglected Tropical Diseases22. However, US funding for some health programmes was suspended in 2025.

It should be noted that a Universal Health Coverage (UHC) initiative is currently underway, in its Phase I. This phase covers a care basket that includes two main categories of care and services: preventive/promotional and curative. Preventive/promotional care and services include vaccination (BCG, rotavirus, yellow fever, etc.), nutrition (integrated management of acute malnutrition, deworming, vitamin A supplementation, etc.), and community interventions (newborn follow-up, outreach strategies, etc.). In terms of curative care, there are free consultations for children aged 0-5, free malaria treatment for pregnant women and children aged 0-5, HIV/AIDS care, and subsidies for haemodialysis (contributing to a reduction in costs from over FCFA 300,000 /year to FCFA 15,000 /year), etc. However, the health package offered under Universal Health Coverage (UHC) is expected to expand to include chronic diseases such as diabetes and hypertension.

With regard to expenditure, between 2018 and 2019, total health expenditure ranged between FCFA 821 and 874 billion22. This expenditure was primarily composed of current health expenditure, amounting to FCFA 803.7 billion in 2018 and FCFA 848.8 billion in 2019. Investment expenditures, on the other hand, were approximately FCFA 17.3 billion in 2018 and FCFA 25.7 billion in 2019 (3 %).

The main challenge for this pillar is that households bear about 72% of total health expenditure in the form of direct payments, which constitutes a significant barrier to accessing care and exacerbates their vulnerability.

3.7.3.6 LEADERSHIP AND GOVERNANCE

LThe MOH provides leadership in the development and implementation of government public health policy. To fulfil its missions, it relies on its various structural bodies (Secretariat General, Departments, Divisions, Units, Observatories, Permanent Secretariats,

[19]World Health Organisation Regional Office for Africa. Country disease outlook for Cameroon; 2023.

[20]World Health Organisation. Cameroon Health statistics Data; 2023.

[21]Ministry of Public Health. Radio-press release D13-44 on the epidemiological situation of HIV in Cameroon; 2026.

etc.) as well as on inter-ministerial bodies.

This pillar presents three main challenges. The first concerns the fragmented and outdated legal and regulatory framework governing the health sector, with persistent legal gaps. The second relates to the shortcomings observed in the coordination and monitoring and evaluation of health interventions at all levels of the system. The emphasis is primarily placed on programming and budgeting to the detriment of operational planning and monitoring and evaluation. The third challenge concerns the effectiveness of decentralization, particularly the delays observed in its implementation despite the Government's commitment, which was formalized by Law No. 2019/024 of 24 December, 2019 to institute the general code of regional and local authorities.

3.7.4 HEALTH STRATEGIES AND INITIATIVES IN CAMEROON

In Cameroon, numerous strategies and initiatives exist and serve as a framework for guiding public health interventions. In this work, we focused on the following strategies: the 2020-2030 National Development Strategy (NDS30), the 2020-2030 Health Sector Strategy (HSS), the 2021-2025 National Health Development Plan (NHDP), the 2026-2030 Strategic Plan for the National Health Information System, and the Agenda for the Transformation of the Cameroon Health System: Time to Act.

3.7.4.1 2020-2030 NATIONAL DEVELOPMENT STRATEGY (NDS30)

NDS30 is a strategic framework aimed at the structural transformation of the economy, the development of human capital, and the improvement of governance . The objective in the health sector is to guarantee equitable and universal access to quality health services for all segments of the population, with a view to developing a healthy and productive human capital.

To achieve this, interventions will be based on three fundamental principles: improving the governance of the health system, strengthening the technical capacity of central and referral hospitals, and finally, harnessing local therapeutic potential. The NDS30 provides for a progressive increase in the share of the budget allocated to the social sector, particularly health, which is to reach 15% of the national budget by 2030. Implementation will involve decentralization and the promotion of public-private partnerships for infrastructure and services.

3.7.4.2 2020-2030 HEALTH SECTOR STRATEGY

The 2020-2030 Health Sector Strategy is the instrument that implements NDS30 for the health sector. The vision is to ensure universal access to quality health services for all social strata by 2035, with full participation of communities. Its overall objective is to contribute to the development of a healthy, productive human capital capable of fostering strong, inclusive, and sustainable growth .

The Health Sector Strategy (HSS) is structured around five components: health promotion and nutrition, disease prevention, case management, health system strengthening, as well as governance and strategic steering.

Operational objectives include reducing communicable (HIV, malaria, tuberculosis) and non-communicable diseases, reducing maternal and

[22]Ministry of Public Health, Cameroon. Report on Cameroon Health Accounts 2018-2019; 2022.

infant mortality, and ensuring the viability of 80% of health facilities at the intermediate and peripheral levels. The strategy emphasizes financing reform to reduce out-of-pocket payments from households to 40% (compared to 70.6% in 2012) and increasing social security coverage to 50% of the population.

3.7.4.3 2021-2025 NATIONAL HEALTH DEVELOPMENT PLAN

The 2021-2025 National Health Development Plan is the first operational plan of the 2020-2030 Health Security Strategy. It prioritizes strengthening the health system and governance to implement high-impact interventions . The total cost of this five-year plan is estimated at FCFA 2,764.9 billion. Specific objectives include improving the availability of human resources for health (HRH) in health facilities, increasing coverage of preventive interventions (HIV, malaria, vaccination), and improving case management, particularly for mothers and children. The largest share of the budget (37%) is allocated to strengthening the health system (infrastructure, medicines, HRH), followed by case management (30%). Other key interventions include developing risk-sharing mechanisms to reduce out-of-pocket payments from households to 30 %.

3.7.4.4 2026-2030 STRATEGIC PLAN FOR THE NATIONAL HEALTH INFORMATION SYSTEM

A Strategic Plan for the National Health Information System (NHIS), covering the 2026-2030 period is in its validation phase . Its ambition is to bring about a major transformation in health data management, thereby serving as a lever to strengthen health governance in Cameroon. The strategic pillars of this plan are: strengthening leadership, fully digitizing the national health information system, harmonizing tools and indicators, professionalizing data managers, improving the quality and accessibility of statistics, and establishing a sustainable financing model for the NHIS.

3.7.4.5 AGENDA FOR THE TRANSFORMATION OF THE CAMEROON HEALTH SYSTEM : TIME TO ACT

The Agenda for the transformation of the health system aims to improve all components of the health system, notably quality, humanization, prevention, financial and geographical access to care, and hospital modernization . The approach is patient-centred and calls for structured and comprehensive action involving all stakeholders. The Agenda proposes specific projects organized around the six pillars of the health system. These projects include improving the quality of reception and care, hospital reform, the relevance of production and management of human resources for health, improving the National Health Information System (NHIS), managing medical products, and strengthening financing, leadership, and governance.

[23] Ministry of Economy, Planning and Regional Development; National de Development Strategy 2020-2030; 2020.

4 SITUATION ANALYSIS OF DIGITAL HEALTH

4.1 SITUATION OF DIGITAL HEALTH IN CAMEROON

4.1. INTRODUCTION

In the field of digital health, since January 2020, Cameroon has adopted and implemented a National Digital Health Strategic Plan covering the 2020-2024 period, which constitutes the guiding framework for the digital transformation of the Cameroon health system . This plan aimed to modernize health services through the integration of digital technologies. It was aligned with the country's vision of economic emergence by 2035, with the operational objectives of improving equitable access to care, ensuring the interoperability and security of health data, and strengthening the system's resilience to current and future health challenges. With an estimated operational cost of FCFA 11.3 billion, the Plan was structured around seven pillars: leadership and governance, legislation, policies and compliance, human resources, strategy and investments, services and applications, infrastructure, and finally, standards and interoperability. The progress made and the challenges encountered during the implementation of this National Digital Health Strategic Plan (NDHSP) are described in the sections below.

4.1.2 PROGRESS MADE AND CHALLENGES ENCOUNTERED DURING THE IMPLEMENATION OF THE 2020-2024 NATIONAL DIGITAL HEALTH STRATEGIC PLAN

4.1.2.1 LEADERSHIP ET GOUVERNANCE

An inter-ministerial committee was established to monitor the implementation of the 2020-2024 NDHSP. Its activities laid the essential groundwork for strengthening governance and improving the monitoring and coordination of digital health activities within the framework of the 2020-2024 NDHSP. The committee's sessions provided a framework for achieving numerous results, such as the validation and adoption of the work related to the national digital health architecture and the validation of the Master Patient Index (MPI) implementation strategy in Cameroon.

Many agreements were signed with technical and financial partners. These efforts ensured local hosting of MOH data and applications at the CAMTEL Data Centre, secured technical support from the IT Unit within the framework of the Universal Health Coverage (UHC) initiative, obtained financial support for developing a strategy to implement a national patient index (MPI) registry, and finally, secured financial support for activities related to the deployment of Electronic Medical Records (EMR) and the development of the national digital health architecture.

However, challenges hindered the full achievement of these strategic objectives. The main challenge lies in the weakness of the formal and permanent multi-sector governance mechanism dedicated to digital health, due to the lack of clear prerogatives and dedicated resources. Other challenges include difficulties in inter-sector steering and coordination of digital health interventions due to the multiplicity of stakeholders (ministries, organizations, technical and financial partners, etc.), the weak alignment of these stakeholders with the strategic plan, the fragmentation of digital health initiatives, inadequate health data governance, and the non-implementation

[24]Ministry of Economy, Planning and Regional Development; National de Development Strategy 2020-2030; 2020.

[25]Ministry of Public Health. 2021-2025 National Health Development Plan.

of the Monitoring and Evaluation Plan of the 2020-2024 NDHSP.

4.1.2.2 LEGISLATION, POLICIES AND COMPLIANCE

Regarding policy and ethics improvements, five (5) circular letters from the MOH were signed. These letters defined the rules and procedures for service delivery and the use of IT equipment at the MOH, as well as the rules for hosting health data in Cameroon, thus moving towards digital sovereignty.

Furthermore, ethical considerations in the digital realm were addressed during the workshop on health data governance and the national consultations on the use of artificial intelligence.

In addition, a draft text on telemedicine was developed in a workshop in 2023 by the Ministry of Public Health. Its validation and adoption are still pending.

Moreover, more general laws have been enacted, notably those relating to cybersecurity and cybercrime, statistical activity, and the protection of personal data. Work has also been carried out on digital identity and sovereignty, with the drafting of related legislation.

This evolution of the legal environment confirms institutional awareness on the importance of regulatory compliance and constitutes an essential legal foundation for trust, scalability, and the sustainability of the digital solutions currently being deployed.

The main challenges include: (i) the absence of a specific legal and regulatory framework for digital health and health data management, (ii) a lack of awareness among stakeholders and insufficient enforcement of digital legislation, (iii) strengthening cybersecurity in the health sector, and (iv) harmonizing solutions and aligning with national standards. These are strategic priorities for securing the digital transformation of the healthcare system.

4.1.2.3 HUMAN RESOURCES

First-level training for healthcare personnel was at the forefront of the implementation of the 2020-2024 NDHSP. In fact, 8,137 personnel were trained in the use of various IT tools. Actors at different levels of the health pyramid operating within the routine health information system were trained in the management and analysis of health data. The same applies to digital health managers at the Ministry of Public Health (MOH) and the Ministry of Posts and Telecommunications (MINPOSTEL), who received training in data use and digital health leadership. Given the logistical constraints often associated with in-person capacity building, particularly regarding transportation and time lost, the MOH has set up an e-learning platform to facilitate continuing education for healthcare personnel.

Furthermore, it should be noted that a University Diploma in Digital Health was introduced in 2024 at the Faculty of Medicine and Biomedical Sciences of the University of Yaounde 1. It is intended for physicians, dentists, pharmacists, IT specialists, and senior healthcare personnel.

In addition, 86 ICT experts have been deployed at the central and peripheral levels, notably in district hospitals. More than 10 staff members with application development and system administration skills have been trained, contributing to the development of internal

[26]Ministry of Public Health. 2026-2030 National Health Information Strategic Plan.

[27]Malachie Manaouda. Agenda for the Transformation of the Cameroon Health System: Time to Act.

technical capacity for the development and maintenance of digital health services and applications. The availability of these skills reduces dependence on external providers and lays the groundwork for monitoring digital health interventions.

The implementation of activities under this component has faced numerous challenges and obstacles. The primary one was insufficient funding to carry out these activities (training, recruitment, deployment and redeployment of staff, etc.). The second challenge was related to the logistical and operational constraints associated with staff traveling to attend in-person training outside their place of work. The third challenge was the high staff turnover in health facilities, which limits the sustainability of the skills acquired through training.

4.1.2.4 STRATEGY AND INVESTMENTS

Throughout the implementation period of the 2020-2024 National Digital Health Strategic Plan (NDHSP), no specific annual funding plan for digital health was developed. However, funding for digital health activities during this period was obtained through existing budget lines in the MOH or other ministries budgets. Notable achievements include: the availability of funding for IT equipment (MOH annual budget), the availability of funding for the digitization of Regional Hospital Centres (RHCs), the availability of funding for patient management IT systems within the framework of Universal Health Coverage (UHC), and the availability of funding at the Ministry of Posts and Telecommunications (MINPOSTEL) for telecommunications infrastructure and networks, as well as cybersecurity.

Fundraising meetings were held with technical and financial partners which resulted in the signing of numerous agreements with these partners, including (but not limited to) agreements with the WHO, GIZ, CDC, CHAI, PEPFAR, the Global Fund, etc. The funding obtained represented approximately 0.5% of the 2020-2024 NDHSP budget. Many projects benefited from this funding, including the Master Patient Index project for unique patient identification, the DHIS2 project for health data collection, and the Electronic Medical Record (EMR).

Regarding this component, two difficulties hindered the plan's implementation: heavy reliance on external partners funding (due to the lack of a national budget dedicated to digital health and an annual funding plan) and weak alignment of development partners' investments with the 2020-2024 NDHSP.

4.1.2.5 SERVICES AND SOFTWARE

Several applications were developed, deployed, or expanded by the MOH and its partners during the implementation of the 2020-2024 NDHSP, including: flagship applications for the implementation of Universal Health Coverage (Cameroon Health Coverage for patient enrolment and OpenIMIS for billing and payment of services); the District Health Information System 2 (DHIS2), which was deployed nationwide; and the DHIS2 Tracker, which was deployed in some sites for patient management (such as TB patients, etc.); the DAMA registry and the electronic medical record (EMR) (Bahmni) have been deployed in approximately fifty pilot health facilities, etc. These services and applications have improved health information management in the various health facilities where they have been implemented, ultimately contributing to improved quality of health data and statistics, as well as enhanced health facilities management.

Furthermore, in the current situation, several subsystems and platforms generate information that is not yet systematically integrated into national reporting (notably certain health data related to prisons, the military, and the police).

Regarding telemedicine, the establishment of a national telemedicine platform has not yet been completed, but private sector initiatives are contributing to the gradual improvement of access to care.

The establishment of the toll-free number 1510 during the COVID-19 pandemic, as well as the organization of various message campaigns as part of untargeted communications towards communities contributed to improving guidance and communication with the population.

Furthermore, the integration of health data collection systems from the various programmes into the national health information system was achieved, with a completion rate estimated at approximately 70%.

The main challenges encountered were related to the multiplicity of data collection applications, resistance during the organizational reforms necessary for integrating digital health applications into professional processes, data sovereignty issues associated with hosting national health information abroad and finally, the prioritization by health facility managers of financial management solutions for health facilities at the expense of clinical information management (e.g., electronic medical records).

4.1.2.6 INFRASTRUCTURE

Efforts have been made in terms of digital infrastructure, particularly with regard to strengthening internet connectivity, computer equipment, maintenance mechanisms, and alternative power supply. Furthermore, the interconnection of regional hospitals has laid the groundwork for continuity of care for patients treated in these health facilities.

In addition, hosting the Ministry of Health's services and applications within the CAMTEL Data Centre has improved the availability of digital health services and applications deployed by the MOH, as well as the preservation and strengthening of sovereignty over health data.

The challenges encountered in this area during the implementation of this plan were: limited internet access in many health facilities that do not yet have broadband internet access; the lack of an alternative source of electricity in most facilities, which compromised the continuous operation of digital services; and finally, the very limited maintenance of the IT infrastructure.

4.1.2.7 STANDARDS AND INTEROPERABILITY

An interoperability framework has been established between the DHIS2 system of the MOH and the Civil Registry Management System of the National Civil Registry Office (BUNEC) for birth registration.

The two main groups of obstacles identified were: the absence of national standards reference guides, interoperability guidelines, and a national accreditation system for digital health services and applications. This leads to a proliferation of non-compliant software and limits their interoperability.

The second challenge concerns insufficient human technical capacity and the lack of clear guidelines for health data management, security, and privacy protection, thus limiting the secure exchange of health data.

[28] Ministry of Public Health. 2020-2024 National Digital Health Strategic Plan; 2020.

4.1.3 ANALYSIS OF THE STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS TO DIGITAL HEALTH IN CAMEROON

4.1.3.1 STRENGTHS

- Existence of an inter-ministerial committee responsible for overseeing and implementing the 2020-2024 NDHSP;
- • Emergence of committed governance and leadership in digital health;
- Existence of a national digital health architecture;
- Existence of a digital health learned society;
- Availability of high-level local expertise in digital health;
- Existence of the Centre of Excellence in Medical Informatics at the Faculty of Medicine and Biomedical Sciences of the University of Yaounde I;
- Existence of a University Diploma in Digital Health to build the capacities of healthcare personnel in digital health;
- Strategic partnership with CAMTEL for the local hosting of health data;
- Substantial investments by the State of Cameroon in the development of digital infrastructure;
- Existence of multiple agreements with technical and financial partners: GIZ, WHO, CDC, CHAI, etc., which have provided financial and technical support to key projects.

4.1.3.2 WEAKNESSES

- Absence of a dedicated, permanent, and multi-sector digital health governance mechanism or structure;
- Weak integration of health sector planning with digital planning;
- Lack of effective implementation of the monitoring and evaluation plan;
- Inadequacy of the legal framework for digital health and health data governance;
- Weak enforcement of existing laws (law on cybersecurity and personal data protection law);
- Limited deployment of personnel with digital skills in training programmes, such as those in district hospitals;
- Existence of a multitude of vertical and sometimes redundant services and applications, thus increasing the workload of health personnel and fragmenting data sources;
- Absence of a framework for norms, standards, and interoperability;
- Limited interoperability between digital health services and applications and the national health information system (DHIS2), restricting the effective use of health data for decision-making;
- Absence of a national accreditation process for digital health services and applications;
- Limited interconnection of health facilities;
- Limited access to the internet and alternative sources of electricity in health facilities;
- Poor maintenance of IT infrastructure, particularly in rural areas;
- Lack of dedicated financial resources for digital health;
- Heavy reliance on ad hoc project funding, particularly from technical and financial partners;

- Weak alignment of technical and financial partners' investments with the Plan's activities.

4.1.3.3 OPPORTUNITIES

- Existence of political will for the implementation of Universal Health Coverage (UHC);
- General awareness of the importance of health data for informed decision-making and the mobilization of financial resources;
- Developing human capital base (growing interest among young people pursuing training in digital and digital health professions);
- Emergence of artificial intelligence technologies and connected devices in digital health;
- Existence of a network of supportive and active technical and financial partners who act as a lever for mobilizing funding for digital health.

4.1.3.4 THREATS

- Resistance to change from various stakeholders in the health system;
- High turnover of trained staff;
- Persistence of the digital divide (access to equipment, connectivity, energy, etc.) between urban and rural areas, thus exacerbating inequalities in access to care;
- Technological and security risks (leakage of sensitive health data, dependence on uncontrolled technologies or external providers).

4.2 INTERNATIONAL AND REGIONAL SITUATION IN DIGITAL HEALTH

4.2.1 INITIATIVES AND TRENDS IN DIGITAL HEALTH

The United Nations' 2030 Agenda includes 17 Sustainable Development Goals (SDGs) defined in 2015. SDG 3, relating to health and well-being, aims to: «ensure healthy lives and promote well-being for all at all ages.» Furthermore, digital health is recognized as a health intervention capable of contributing to the achievement of universal health coverage. It is with this in mind that several initiatives have been implemented to promote the development of digital health internationally

4.2.1.1 INITIATIVES ET TENDANCES INTERNATIONALES EN SANTE NUMERIQUE

4.2.1.1.1 RESOLUTIONS ET DECISIONS DE L'ORGANISATION MONDIALE DE LA SANTE EN SANTE NUMERIQUE

The development of digital health worldwide has received the political support and commitment of the World Health Organization, its partners, and Member States through resolutions, decisions, and strategies developed during World Health Assemblies: resolution WHA58.28 (2005) on eHealth, which recognizes the potential impact of information and communication technologies on healthcare delivery ; resolution WHA66.24 (2013) on standardization and interoperability in eHealth, which encourages Member States to integrate standardization and interoperability in eHealth into their national strategies ; Finally, resolution WHA71.7 (2018) on digital health encourages Member States to use digital technologies to improve access to equitable and affordable healthcare in order to achieve the SDGs and Universal Health Coverage (UHC) .

Furthermore, there is decision WHA73 (28) - 2020, which endorsed the 2020-2025 Global Digital Health Strategy, currently extended until 2027 .

4.2.1.1.2 2020-2025 GLOBAL DIGITAL HEALTH STRATEGY

The Global Digital Health Strategy, which was planned for the 2020-2025 period, has been extended to 2027 . The objective of this strategy is to strengthen Member States' health systems through the application of digital health technologies for consumers, healthcare professionals and providers, and industry, in order to empower patients and achieve the vision of health for all. In this strategy, digital health is a key lever for achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Its main strategic pillars are:

- Strategic objective 1: Promote global collaboration and knowledge transfer on digital health, with key actions including experience sharing between countries and capacity building through skill-based training to inspire, guide, inform, share knowledge, and strengthen collaboration with other countries.
- Strategic objective 2: To advance the implementation of national digital health strategies, with the primary action being to support countries in defining, owning, adapting, and strengthening their national digital health strategies in a way that best suits each country's vision, national context, health situation, trends, available resources, and core values.
- Strategic objective 3: strengthen digital health governance at the global, regional, and national levels, with the primary action being the creation of sustainable common frameworks, tools, principles and values, standards, and ethics to promote the appropriate use of digital technologies as public goods to address key health system challenges. Digital health governance also aims to strengthen the capacities and skills needed by countries (e.g., policymakers, managers, practitioners) to promote, innovate, and develop digital health and to promote standards of safety, security, confidentiality, interoperability, and ethical use of health data.
- Strategic objective 4: Advocate for people-centred health systems, with the main actions being to promote the adoption and use of digital health technologies to expand and strengthen health service delivery and ensure that these technologies effectively serve the various stakeholders.

4.2.1.1.3 RECOMMENDATIONS ON DIGITAL HEALTH INTERVENTIONS

As part of its strategic guidance and technical assistance to Member States on digital health, and a thorough evidence-based evaluation, WHO published recommendations in 2019

[29]World Health Organisation. Fifty-eighth World Health Assembly: resolutions and decisions, Annex; 2005.

[30]World Health Organisation. Sixty-sixth World Health Assembly: resolutions and decisions, Annex; 2013.

[31]World Health Organisation. Seventieth World Health Assembly: resolutions and decisions, Annex; 2018.

[32]World Health Organisation. Seventy-third World Health Assembly: resolutions and decisions, Annex; 2020.

[33]World Health Organisation. 2020 – 2025 Global Digital Health Strategy extended to 2027; 2021.

on digital health interventions that have high potential and are effective in strengthening health systems and improving population health .

These recommendations aim to guide public health decision-makers in adopting evidence-based digital health interventions. Taking into account the advantages, disadvantages, effectiveness, acceptability, feasibility, resource requirements, and equity, they encourage Member States to institutionalize the digital health interventions listed below (Table 1).

Table 1. Recommendations on digital interventions for strengthening health systems systèmes de santé.

	Interventions de santé numérique	Définitions
1.	1. Birth Notification	Digitalsolutions tofacilitatebirth notification, trigger birth registration and certification steps, and compile vital civil status statistics
2.	Death Notification	Digital solutions to facilitate death notification, trigger death registration and certification steps, and compile vital statistics, including information on death causes..
3.	Inventory Notification and Product Management	Digital solutions for tracking and reporting on inventory levels, as well as the consumption and distribution of medical products.
4.	Provider-to-Person Telemedicine	Remote healthcare service delivery: when healthcare pro-fessionals and individuals (patients) are separated by dis-tance (consultations, monitoring, referrals, and advice)
5.	Provider-to-Provider Telemedicine	Remote healthcare service delivery: when two or more healthcare professionals are separated by distance (discussions/exchanges or obtaining remote second opinions for case management).

	Interventions de santé numérique	Définitions
6.	Targeted Communication to Populations/Individuals	Transmission of personalized health information to different audience segments. This may include: - Transmission of alerts regarding health events to a specific population group; - Transmission of health information based on health status or demographic characteristics; - Alerts and reminders to patients; - Transmission of diagnostic results or notification of the availability of results.
7.	Decision Support for Healthcare Professionals	Digital decision support solutions that combine an individual's health information with clinical knowledge and protocols to assist in clinical decision-making (diagnosis, treatment)
8.	Monitoring of population health	Digital solutions used by healthcare professionals to collect and record patient health information to monitor their health status and the services provided.
9.	Provision of Training and Educational Content	Management and provision of digital training content for healthcare professionals.

[34]World Health Organisation. WHO Guideline on Recommendations on Digital Interventions for Health System Strengthening; 2022.

4.2.1.1.4 WHO GLOBAL INITIATIVE ON DIGITAL HEALTH

The Global Initiative on Digital Health (GIDH) is a global network led by WHO, launched during the G20 meeting in October 2023 . This network of organizations, institutions, development partners, and government agencies aims to support the digital transformation of health systems worldwide by facilitating funding, knowledge sharing, and the implementation of national digital strategies to improve access and quality of care.

The objective of this initiative is to assist countries at every stage of their digital transformation, from planning and financing to implementation and governance. The goal is to move from pilot or experimental phases to scaling up, while establishing fundamental pillars such as the political and legal framework, governance, and public digital infrastructure.

4.2.1.1.5 NATIONAL E-HEALTH STRATEGY TOOLKIT

The National eHealth Strategy Toolkit, jointly published by the World Health Organization (WHO) and the International Telecommunication Union (ITU) in 2012, serves as a methodological framework for developing national digital health plans . Its objective is to provide normative guidance to member countries to make sound investments in digital technology in order to achieve Universal Health Coverage (UHC).

The Toolkit articulates the development of digital health around seven key strategic areas (or components): leadership and governance; legislation, policy, and compliance; human resources; strategy and investment; services and applications; infrastructure; and standards and interoperability. Furthermore, this Toolkit proposes the use of a model to assess the level of maturity in digital health by identifying gaps in the various components, determining the efforts required for their optimization, and planning their continuous improvement.

4.2.1.1.6 GLOBAL DIGITAL HEALTH CERTIFICATION NETWORK

The Global Digital Health Certification Network is a system that provides secure and portable medical records accessible everywhere, including in the event of a health emergency . It allows countries to securely and reliably verify foreign digital health certificates approved at the national level. This system builds on the European Union's (EU) Digital COVID Certificate, which has facilitated the verification of tests, vaccinations, and recovery certificates for international travellers through a network connecting 76 countries and territories. The goal of this network is to strengthen pandemic preparedness and improve the health and well-being of populations.

In 2025, at the World Health Assembly, the World Health Organization (WHO) and the EU signed an agreement aimed at facilitating the digital transformation of health systems and the wider adoption of this global digital health certification network in sub-Saharan Africa. Both parties (WHO and EU) will collaborate to strengthen national efforts to advance the digital transformation of health systems in sub-Saharan African countries.

The agreement provides for an EU grant of €8 million for the 2025-2028 period.

In Africa, only four countries have joined this network to date: Benin, Cabo Verde, Seychelles, and Togo.

[35]World Health Organisation. Global Digital Health Initiative; 2023.

[36]World Health Organisation. National eHealth Strategy Toolkit.

4.2.1.2 AFRICAN REGION INITIATIVES AND TRENDS IN DIGITAL HEALTH

4.2.1.2.1 WORLD HEALTH ORGANIZATION (AFRICAN REGION) RESOLUTIONS ON DIGITAL HEALTH

WHO, through its Regional Office for Africa (WHO AFRO), has adopted several resolutions specific to digital health during various sessions of the Regional Committee for Africa (RCA). These resolutions aim to guide Member States in the development and implementation of their digital health strategies in order to strengthen health systems and improve the health status of populations. They are aligned with the goals of achieving the SDGs and Universal Health Coverage (UHC).

Resolution AFR/RC60/R3 (2010) - eHealth solutions in the African Region: current context and prospects

This resolution, adopted at the 60th session of the Regional Committee for Africa (RCA), encourages Member States to develop national eHealth strategies to optimize the use of information and communication technologies in healthcare . It focuses on telemedicine, electronic medical records, and professional training. It is accompanied by a working document that analyses the context and proposes implementation perspectives.

Resolution AFR/RC63/R5 (2013) - Leveraging eHealth Solutions

Adopted at the 63rd session of the Regional Committee for Africa (RCA) in Brazzaville, this resolution (part of a set of five resolutions on women's health, HIV, eHealth, traditional medicine, and neglected tropical diseases) calls for leveraging eHealth solutions to improve national health systems in the African Region .

Resolution AFR/RC71/R10 (2021) - Framework for Implementing the WHO Global Digital Health Strategy in the African Region

At the 71st session of the Regional Committee for Africa (RCA), WHO AFRO adopted a framework for implementing the WHO Global Digital Health Strategy. This resolution encourages countries to adopt national eHealth policies, aligned with World Health Assembly resolution WHA71.7 (2018) . It emphasizes digital health governance (implementation of multi-sector institutional arrangements for the implementation of digital health strategies), the establishment of mechanisms to build the capacities of healthcare professionals in digital health, the development and use of mature digital health systems adapted to our contexts, the protection and security of health data, the adoption of interoperability standards and frameworks and finally, the financing of digital health.

Resolution AFR/RC74/INF.DOC/3 (2024) – Situation report on the implementation framework of the global digital health strategy in the WHO African Region Adopted at the 74th session of the RCA, this resolution assessed progress and urged Member States to accelerate the adoption of digital health strategies and prioritize activities based on Member State needs, strengthen governance, and increase support for resource mobilization to ensure adequate funding for the expansion of digital health solutions .

4.2.1.2.2 AFRICAN UNION AND PARTNER INITIATIVES IN DIGITAL HEALTH

The African Union (AU) has made digital health a key priority. Its Agenda 2063, its 2020-2030 Digital Transformation Strategy for Africa and specific initiatives led by its partners,

35 World Health Organisation. Global Digital Health Certification Network; 2024.

such as Africa CDC (African Centres for Disease Control and Prevention) and others, all aim to strengthen health systems, improve access to care, and foster technological innovation across the continent.

4.2.1.2.2.1 STRATEGIE DE TRANSFORMATION NUMERIQUE DE CDC AFRIQUE 2023-2030

The Africa CDC Digital Transformation Strategy launched on 6 March 2023 in Kigali, Rwanda, at the Africa Health Agenda International Conference 2023 (AHAIC 2023) spans till 2030, and was developed in collaboration with the African Union Member States, the CDC (United States), Smart Africa, and the Mastercard Foundation.

This strategy aims to harness the potential of digital technologies to strengthen public health systems in Africa. Aligned with the AU's Agenda 2063 and its 2020-2030 Digital Transformation Strategy for Africa, this strategy emphasizes the "digital leap" to overcome challenges such as insufficient funding, limited infrastructure, and shortages of skilled personnel.

The vision of this strategy is to support Member States in implementing digital solutions that contribute to the sustainability of health outcomes and health security in Africa, while positioning Africa CDC as a leading digital organization.

The 2023-2030 Africa CDC Digital Transformation Strategy comprises seven strategic objectives, namely:

1. Establish or strengthen digital health governance mechanisms and strategic documents in each Member State, in a sustainable manner and based on the national context;
2. Support Member States in adopting best practices (coherent architecture and interoperability of digital health solutions) when implementing digital health platforms and solutions;
3. Integrate digital technology as a central area of human resource development in health through promoting digital health capacity building in Member States;
4. Promote the adoption and use of technological infrastructure and public digital goods (digital resources, tools, and platforms) made available to the public to improve the provision of public services;
5. Assist Member States in designing and implementing the hardware infrastructure (electricity, internet connection) necessary to provide digital health solutions to health facilities and healthcare professionals;
6. Foster the development of a market for digital health innovations that address African health challenges and encourage the emergence of African digital health solution providers;
7. Finally, review and digitize Africa CDC's professional processes to optimize its operational excellence (effectiveness, efficiency) in implementing this strategy.

4.2.1.2.2.2 HEALTH DATA GOVERNANCE INITIATIVE IN AFRICA

The flagship Health Data Governance Initiative was officially launched in 2023 at the African Health Technology Summit as one of the pillars of Africa CDC's digital transformation

[38]WHO Regional Committee for Africa. Resolution AFR/RC60/R3 (2010); 2010.

[39]WHO Regional Committee for Africa. Resolution AFR/RC63/R5 (2013); 2013.

[40]WHO Regional Committee for Africa. Resolution AFR/RC71/R10 (2021); 2021.

[41]WHO Regional Committee for Africa. Resolution AFR/RC74/INF.DOC/3 (2024); 2024.

[42]African Union Digital Transformation Strategy for Africa (2020-2030); 2020.

strategy . This initiative was led by Africa CDC, Transform Health, and HELINA (Pan-African Health Informatics Association).

The overall objective is to develop a harmonized African regional framework for health data management, «which establishes an agreement between Member States on optimal legislation and regulations for effective and equitable health data governance, and which would promote the Continent alignment and collaboration around a harmonized African position on health data governance, and finally, supporting cross-border data flows with the necessary safeguards.»

This initiative has three specific objectives:

- - Develop, approve and promote an African framework to build national consensus around a set of legal standards for health data governance, which would help governments strengthen their national legislation;
- - Provide resources, tools and technical support to governments to assess and strengthen relevant legislation and regulations for health data governance and identify areas that need improvement;
- - Promote exchanges, collaboration and implementation of the framework for health data governance at the continental level.

To date, this initiative has resulted in the development of a model legislation on health data governance and its implementation guide. This continental framework for health data governance will be submitted to Member States for approval at the African Union Summit in February 2026.

4.2.1.2.2.3 AFRICA DIGITAL HEALTH BLUEPRINT

It is an initiative launched in 2024 and supported by approximately forty (40) countries, Africa CDC and the Republic of Rwanda .

The objective is to deliver equitable, quality and accessible healthcare services to all through interoperable and secure digital health systems (communicating and exchanging data effectively and securely); capable to “deliver timely care, regardless of the technological platform or provider” and guarantee privacy and data security.

This blueprint provides a strategic framework to enable African countries to align their digital health priorities at the regional, continental and global levels. It recognises the diversity of digital health needs in Africa and the desire to improve multilateral collaboration on digital health initiatives. With this in mind, it places significant emphasis on the concept of technological platform.

At the national level, this platform should, on the one hand, have the infrastructure or technologies capable of hosting digital health applications. On the other hand, it should be able to interact with a continent level platform envisaged to facilitate the exchange of health information between countries. On this basis, this blueprint proposes the following solutions and provides recommendations on prerequisites at the national level and actions at the continental level. These include:

- Patient identity document (ID): a continental platform to facilitate requests;
- Access to intended patient’s information: implementation of adequate mechanisms for the correct identification of a patient by healthcare professionals at each point of contact;
- Setting up of key registries: setting up of basic registries (registries for healthcare

[43]Africa CDC Digital Transformation Strategy; 2022.

[44] Transform Health. Health Data Governance Principles; 2023.

professionals, health facilities, and terminologies, etc.);

- Semantic interoperability: establishment of unified semantics at the continental level so that countries can communicate with one another;
- Patient consent management and data access: implementation of a process to obtain patient consent through the platform so that a healthcare professional in the host country can access the data of a patient from another country;
- Data integration: integration of patient data from different national sources into a national health data bank and establishment of an interoperability framework for exchanges at the continental level.

4.2.1.2.3 OTHER AFRICAN REGIONAL INITIATIVES IN DIGITAL HEALTH

4.2.1.2.3.1 AFRICAN UNION DIGITAL ONE HEALTH PLATFORM

The Digital One Health Platform (DOHP) project, launched and under development since 2023 on the initiative of the African Union One Health Data Alliance Africa Project (AU-OHDAA) funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and supported by the German Federal Agency for International Cooperation for Sustainable Development (GIZ), aims to develop a continental One Health platform to integrate human, animal and environmental health, using digital technologies for disease surveillance and response to health threats (climate change, zoonoses, etc.) .

Based on a decentralised “Data Mesh” architecture, this platform connects the information systems of Member States. It contains data integration modules, a learning hub and a decision-making situation room for better decision-making.

4.2.1.2.3.2 YOUTH IN DIGITAL HEALTH NETWORK

The Africa Youth in Digital Health Network (YiDHN) launched in 2024 by Africa CDC, is a strategic initiative that aims to promote youth-led innovations and participation in digital health .

The objective is to identify and mobilise dynamic young leaders (aged 18-35 years) to innovate in digital health through: capacity-building and digital training for young people; their involvement in governance and regulatory bodies; facilitating access to funding and sustainable expansion channels; and connecting them with key actors in digital health. The goal is to build a visible and impactful network that can inform policy, strengthen local innovation ecosystems, and amplify youth leadership in digital health across the continent.

4.2.2 REGIONAL EXPERIENCES IN DIGITAL HEALTH

The digital transformation of healthcare in sub-Saharan Africa is accelerating rapidly. Since 2010, a growing number of countries have adopted digital health strategies, especially since the COVID-19 pandemic. These strategies are very often aligned with the WHO-ITU tool for the development and implementation of national digital health strategies, which describes seven (7) strategic areas or components.

[45]Republic of Rwanda, Smart Africa, CDC Africa. Digital health blueprint: an approach for facilitating seamless health and care delivery across the African continent; 2025

The objectives of these strategies (which are very often common to these countries) are: strengthen health systems (implementation of UHC, accessibility and continuity of care, better use of resources, etc.); structure the digital ecosystem (improvement of governance, leadership, legal framework, implementation of interoperability, data security, etc.); and accelerate the use of technologies (telemedicine, electronic medical records, mobile health, digital registries).

Nowadays, the question is no longer whether these countries have digital health strategies, but rather what challenges they face in implementing them. The main challenges identified for the implementation of these strategies are: weak coordination mechanisms; incomplete or poorly enforced legal frameworks; insufficient sustainable funding; limited digital infrastructure and connectivity; fragmentation of services and applications (multiple non-interoperable software, dependence on donors); insufficient human resources in digital health, project management and cybersecurity; maintenance and technical support issues; and finally, regional inequalities (poorly connected rural areas, insufficient equipment).

Based on these challenges in implementing digital health strategies, three country profiles emerge in sub-Saharan Africa:

- "Structured pioneers": these countries have relatively long-standing digital health strategies that are regularly updated to incorporate digital health components such as AI, big data, etc. In these countries, structural elements exist such as national interoperability frameworks, national platforms such as disease registries, DHIS2, unique identifiers, etc.
- Countries in the formalisation phase: in these countries, strategies are often recent and have very often benefited from the support of the WHO, ITU or technical partners in their development. Priority is often given to streamlining scattered pilot projects to avoid fragmentation and "pilotitis" (a multitude of pilot projects without scaling up).
- Countries with emerging or fragmented strategies: in these countries, there are often numerous digital pilot projects (digital health, epidemiological surveillance, vertical solutions) but without a strong national framework or effective implementation. Where they do exist, strategies are sometimes poorly funded and poorly implemented.

[46]AU-OHDAA. One Health Data Alliance Africa; 2026.

[47]CDC Africa, GIZ. Youth in Digital Health Network (YiDHN); 2026.

5. CONCEPTUAL FRAMEWORK

The 2026-2030 National Digital Health Strategic Plan is aligned with the Sustainable Development Goals (SDGs), the guidelines of international and regional organisations such as the World Health Organization (WHO), the International Telecommunication Union (ITU) and the African Union (AU), the 2020-2030 National Development Strategy (NDS30), the 2020-2030 Health Sector Strategy, and the Strategic Plan for a Digital Cameroon by 2020.

On the one hand, it takes into account the current challenges affecting the Cameroon health system, such as geographical and financial access to healthcare, including in rural areas, the crisis in human resources for health, the shortcomings of the national health information system and constraints on health system financing.

On the other hand, it builds on current advances in the health system, notably the implementation of UHC, including care for pregnant women and newborns up to 42 days of age, care for children aged 0-5 years suffering from malaria, care for people living with HIV/AIDS, tuberculosis and onchocerciasis, and dialysis for people with chronic kidney disease. It also draws on the need to implement a more inclusive UHC, progress made, challenges observed and lessons learned during the implementation of the 2020-2024 NDHSP, international and regional trends, initiatives and experiences in digital health; and, finally, technological advances around the world, particularly with regard to the development and use of emerging technologies (artificial intelligence, big data, connected devices, etc.) and their use in health.

It is also based on the fundamental principles of digital health, namely: strengthened governance, system interoperability, capacity building and optimal use of data, in order to contribute effectively to UHC and the resilience of the health system in the face of current and future challenges.

5.1. VISION

The vision of the 2026-2030 National Digital Health Strategic Plan is:

By 2030, Cameroon's digital health ecosystem will be more integrated, inclusive, resilient, interoperable, secure, and people-centred, ensuring data sovereignty in digital health, supporting informed decision-making, and contributing significantly to the achievement of universal health coverage.

5.2. MISSION

This 2026-2030 National Digital Health Strategic Plan primarily aims to:

Provide a coherent national framework for the development, deployment and governance of digital health, by mobilising all actors in the public and private sectors, regional and local authorities, technical and financial partners, and civil society around a participatory, multi-sector approach, while promoting local technological innovation, sustainable financing and data sovereignty in digital health.

5.3. GUIDING PRINCIPLES

This strategy is based on fundamental principles adapted to the Cameroon context and aligned with international best practices:

- Local ownership of digital health: systematically involve local stakeholders in the design, implementation and management of digital health services and applications to ensure that they are tailored to local health priorities and needs and make them sustainable.
- People-centred solutions: placing the populations at the heart of the healthcare

system is essential to improving their health and well-being, taking their needs into account, involving them in the various design, development and implementation processes, ensuring they have easy access to digital health services and applications and finally, improving the coordination of their interactions with the various actors in the healthcare system.

- Implementation of Universal Health Coverage (UHC): developing digital health will help accelerate the implementation of UHC by improving access, equity, quality, effectiveness and efficiency of care.
- Equity and inclusion: prioritising equitable access to health services, taking into account socio-economic and cultural disparities, with a focus on rural areas and vulnerable populations, to ensure that no one is left behind.
- Digital health governance: ensuring strong and appropriate governance in digital health is essential to ensure a coherent, secure and patient-centred health system.
- Human capacity: encourage local or regional development of training and capacity-building activities for stakeholders to improve their digital literacy, enhance their skills in digital health, and increase their engagement and involvement in health processes.
- Standards, norms and interoperability: adopting standards and norms and implementing an open and scalable interoperability framework will ensure consistent health data exchanges to facilitate communication between different digital health services and applications.
- Security, confidentiality and data protection: ensuring system security, confidentiality and data protection for citizens, as well as the application of sanctions in accordance with legal, regulatory and ethical frameworks, will guarantee their trust in digital health services and applications.
- Costs and sustainability: prioritising the use of scalable, affordable solutions, locally sourced where possible, and that comply with internationally recognised standards and norms, to ensure the sustainability of digital health interventions.
- Data sovereignty in digital health: ensuring secure and reliable hosting of health data within the national territory is crucial to guaranteeing strategic autonomy, maintaining decision-making power, preserving innovation and developing the local digital economy.
- Partnerships and collaboration: promoting partnerships and collaboration at the international, regional and national levels, among different sectors, and between the public sector, the private sector and civil society to ensure a swift and integrated digital transformation of the Cameroon health system.
- Research and innovation: Encourage local research and innovation to nurture talent, harness emerging technologies, improve the effectiveness of digital health interventions, and inform decision-making in digital health.

5.4. GENERAL OBJECTIVE

By 2030, improve the provision, accessibility, quality, effectiveness and efficiency of health services, epidemiological surveillance, prevention and response to health emergencies

through the optimal, secure, integrated and equitable use of digital health, with a view to achieving universal health coverage, individual well-being and resilience to disease.

5.5. STRATEGIC GUIDELINES

The 2026-2030 National Digital Health Strategic Plan is structured around eight (8) priority components or strategic axes for digital health (see Figure 1), seven (7) of which are inspired by the WHO National eHealth Strategy Toolkit[36]. Namely:

1. Leadership and governance;
2. Legislation, policy and compliance;
3. Human resources;
4. Infrastructure;
5. Strategy and investment;
6. Services and applications;
7. Standards and interoperability;
8. Research, innovation and promotion of initiatives.

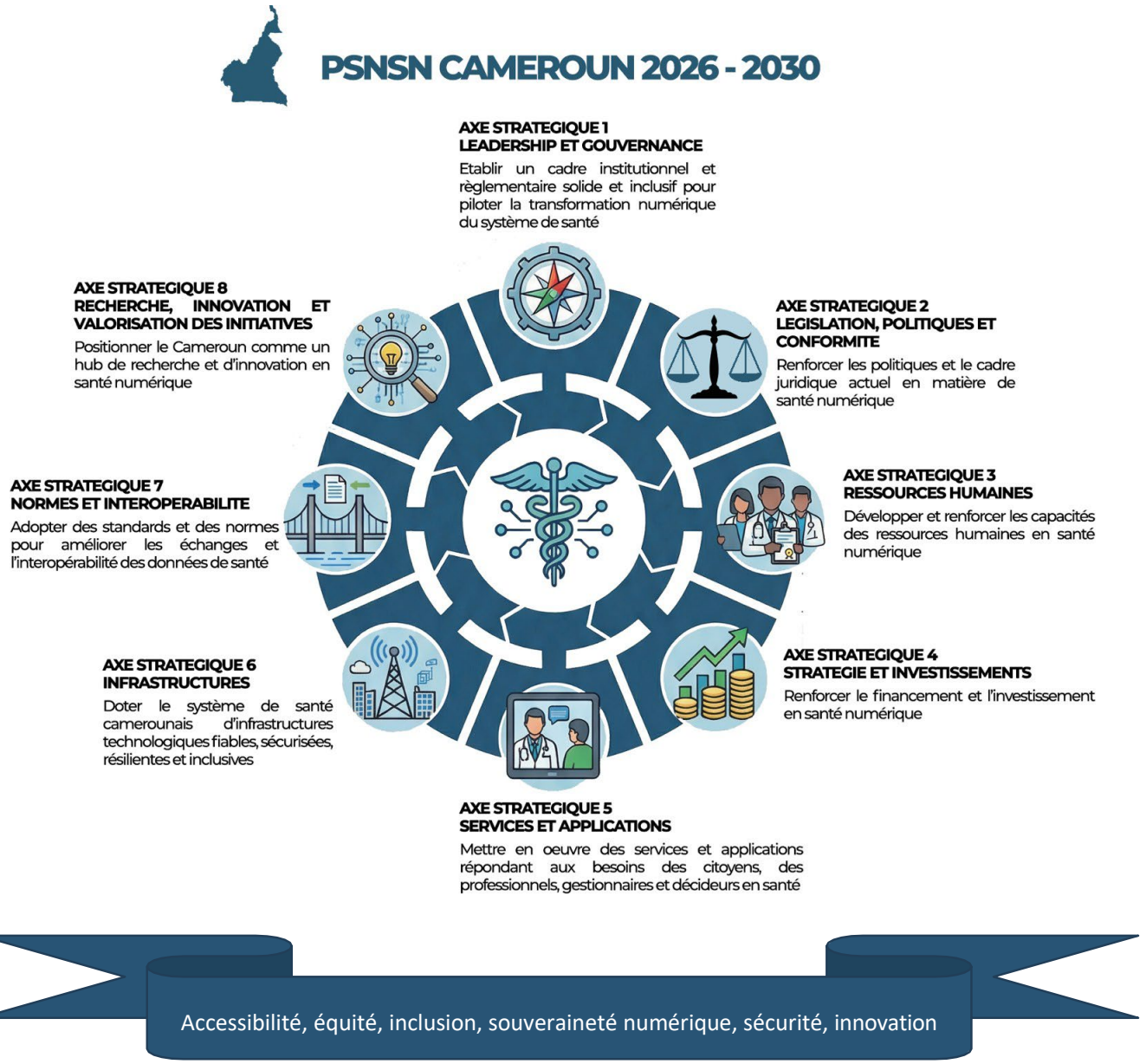

Figure 1. Synthèse des axes stratégiques du PSNSN 2026- 2030

5.5.1 STRATEGIC AXIS 1: LEADERSHIP AND GOVERNANCE

PREAMBULE

This strategic axis aims to establish a strong and inclusive institutional and regulatory framework to steer the digital transformation of the Cameroon health system. It draws on lessons learned from the 2020-2024 National Digital Health Strategic Plan, the digital health governance framework proposed by Africa CDC, and the recommendations from WHO's global digital health strategy, which emphasises strengthening governance and national leadership to address weaknesses in digital health coordination in our countries.

STRATEGIC OBJECTIVE 1.

D'ici 2030, établir un leadership national et une gouvernance multisectorielle pour la mise en œuvre cohérente, efficace, efficiente, équitable et durable de la santé numérique, en assurant une coordination harmonisée entre acteurs nationaux et internationaux.

By 2030, establish national leadership and multi-sector governance for the coherent, effective, efficient, equitable and sustainable implementation of digital health, ensuring harmonised coordination between national and international actors.

SPECIFIC OBJECTIVE 1.1.

By 2028, significantly strengthen digital health governance at the national level.

ACTIVITY 1.1.

- Update the national inter-ministerial committee for the supervision and multi-sector coordination of digital health activities;
- Define the institutional framework for governance of standards and interoperability in digital health;
- Develop the national strategy for health data hosting;
- Develop and implement a digital health communication plan;
- Translate, produce and disseminate documents and tools produced within the framework of digital health.

SPECIFIC OBJECTIVE 1.2.

By 2028, create and operationalise a permanent national governance and coordination body dedicated to digital health (the National Digital Health Programme or the National Digital Health Agency).

ACTIVITY 1.2.

Draft legal instruments and monitor procedures for the creation of a permanent national governance and coordination body dedicated to digital health (the National Digital Health Programme or the National Digital Health Agency).

SPECIFIC OBJECTIVE 1.3.

By 2027, implement regular steering, monitoring and evaluation processes for digital health activities.

ACTIVITY 1.3.

- Develop a national directory for archiving digital health documents and initiatives;
- Develop and implement tools for steering, monitoring and evaluating digital health.

5.5.2 STRATEGIC AXIS 2: LEGISLATION, POLICY AND COMPLIANCE

PREAMBLE

This strategic axis aims to fill the legal voids identified in the implementation of the 2020-2024 National Digital Health Strategic

Plan. It builds on recent progress, notably the enactment of Law No.2024/017 of 23 December 2024 relating to personal data protection in Cameroon, which includes health data as sensitive data. It is aligned with the recommendations of WHO's Global Strategy on Digital Health, which emphasises the need for robust regulatory frameworks for cybersecurity, ethics and compliance in Africa.

STRATEGIC OBJECTIVE 2.

By 2030, strengthen existing policies and the legal framework for digital health to ensure data sovereignty, ethical use of digital health technologies and to gain the trust of populations.

SPECIFIC OBJECTIVE 2.1.

By 2030, update and develop digital health policies.

ACTIVITY 2.1.

Update and develop digital health policies.

SPECIFIC OBJECTIVE 2.2.

By 2030, update and develop laws and regulations relating to digital health.

ACTIVITY 2.2.

- Strengthen the regulatory framework for strategic and technical coordination of digital health;
- Conduct a situation analysis of the existing legal and regulatory framework;
- Update existing legal instruments, draft new instruments, including those relating to the creation of structures, and monitor their enforcement.

5.5.3 STRATEGIC AXIS 3: HUMAN RESOURCES

PREAMBLE

This strategic axis is the driving force behind digital transformation, as the success of digital health depends more on the adoption of digital health technologies by healthcare professionals than on the technologies themselves.

STRATEGIC OBJECTIVE 3.

By 2030, develop and build the digital health capacities of human resources to ensure the effective and secure use of digital technologies by addressing current quantitative and qualitative gaps.

SPECIFIC OBJECTIVE 3.1.

By 2030, assess the needs and necessary skills for the deployment of digital health human resources in health facilities.

ACTIVITY 3.1.

- Draw up a competency framework for digital health;
- Conduct a national survey on digital health needs and skills;
- Advocate for and deploy digital health human resources in health facilities.

SPECIFIC OBJECTIVE 3.2.

By 2030, develop undergraduate and continuous training programmes in digital health.

ACTIVITY 3.2.

- Develop undergraduate and continuous training programs in digital health;
- Strengthen the University Degree in digital health.

5.5.4 STRATEGIC AXIS 4: STRATEGY AND INVESTMENT

PREAMBLE

This strategic axis aims to strengthen investment and funding for digital health, which has been identified as a major challenge. The challenge is to move from a project-based

funding model (often supported by isolated donors) to a structured and sustainable national investment model.

STRATEGIC OBJECTIVE 4.

By 2030, mobilise and secure adequate, sustainable and predictable funding for the digital transformation of the health sector, while ensuring that all public, private and partner investments are aligned with national priorities.

SPECIFIC OBJECTIVE 4.1.

By 2030, mobilise sufficient national and international resources to finance digital health.

ACTIVITY 4.1.

- - Develop and adopt a national financing and investment model;
- - Integrate digital health into the priorities of the 2026-2030 National Health Financing Strategy (NHFS);
- - Validate financing plans and estimate annual expenditure related to digital health;
- - Mobilise financing for digital health.
- SPECIFIC OBJECTIVE 4.2.
- By 2028, develop innovative mechanisms for financing digital health.

ACTIVITY 4.2.

- Identify/prepare projects envisaged as public-private partnerships (PPPs);
- Establish a fund dedicated to digital health;
- Leverage health data for local research and innovation;
- Leverage the certification/accreditation process for digital health solutions operating at the national level.

SPECIFIC OBJECTIVE 4.3.

By 2030, achieve and monitor financing and investment in digital health.

ACTIVITY 4.3.

Implement a national directory for monitoring and tracking financing and investment in digital health to avoid counter-productive duplication.

STRATEGIC AXIS 5: SERVICES AND APPLICATIONS

PREAMBLE

This strategic axis aims to develop services and applications that meet the needs of citizens, healthcare providers, health managers and administrators. It capitalises on recent advances and research carried out in Cameroon and is aligned with WHO Global Digital Health Strategy, which identifies priority digital health interventions, as well as current regional trends.

STRATEGIC OBJECTIVE 5.

By 2030, develop, deploy and sustain integrated digital health services and applications in order to improve access to quality, effectiveness, efficiency and continuity of health care and health monitoring, promoting equity and inclusion.

SPECIFIC OBJECTIVE 5.1.

By 2030, establish, maintain and sustain UHC management systems in 90% of health facilities.

ACTIVITY 5.1.

Continuously deploy and maintain UHC management systems.

SPECIFIC OBJECTIVE 5.2.

By 2030, develop and sustain services and applications that comply with norms and standards to support hospital management and productivity in 50% of health facilities (HFs).

ACTIVITY 5.2.

- Conduct a national survey on the applications deployed and used in health facilities (HFs);
- Strengthen the framework for the deployment of health facility management systems.

SPECIFIC OBJECTIVE 5.3.

By 2029, deploy and sustain telemedicine nationwide in 70% of health facilities, ranging from referral hospitals to district hospitals.

ACTIVITY 5.3.

- Implement telemedicine at the national level, covering the main telemedicine activities;
- Create a national operational body for telemedicine management (National Telemedicine Centre), integrating all telemedicine activities throughout the country.

SPECIFIC OBJECTIVE 5.4.

By 2030, implement and sustain the necessary standards for the interoperability of digital health services and applications.

ACTIVITY 5.4.

- Strengthen the DHIS2 management plan and the interoperability framework between DHIS2 and certain digital health services and applications;
- Implement and monitor national reference frameworks (national patient registry, national registry of health professionals, national registry of health facilities, national registry of essential medicines, clinical terminology, indicator registries, etc.);
- Develop and/or deploy various digital health services and applications;
- Create a health data warehouse to support decision-making, research and innovation.

5.5.5 STRATEGIC AXIS 6: INFRASTRUCTURE

PREAMBLE

The development of digital health depends on the availability of reliable, secure, resilient and inclusive technological infrastructure, which is essential for the continuity and quality of digital health services. This strategic axis aims to provide the health system with robust and sovereign infrastructure capable of supporting connectivity, the deployment of digital health services and applications, and the secure use of health data throughout the country.

STRATEGIC OBJECTIVE 6.

By 2030, equip the Cameroon health system with reliable, secure, resilient and inclusive digital infrastructure, ensuring high-quality connectivity, sovereign hosting of health data and the operational continuity of digital health services.

SPECIFIC OBJECTIVE 6.1.

By 2030, ensure functional and secure connectivity in health facilities, primarily relying on existing infrastructure and supplementing it with alternative solutions adapted to rural and under-serviced areas:

- 100% of category 1 and 2 health facilities;
- 100% of category 3 health facilities;
- 60% of category 4 health facilities;
- 30% of category 5 and 6 health facilities.

ACTIVITY 6.1.

- Conduct a situation analysis of healthcare facility connectivity;
- Carry out a gradual roll-out of connectivity, with priority given to rural areas;
- Monitor service quality (connectivity).

SPECIFIC OBJECTIVE 6.2.

By 2030, ensure sovereign hosting, security, availability and resilience of health data through the strengthening of existing infrastructure and the implementation of business continuity mechanisms.

ACTIVITY 6.2.

- Strengthen the health data hosting capacities of existing national data centres;
- Implement business continuity plans (BCPs) and disaster recovery plans (DRPs) for critical systems;
- Strengthen the security of digital health infrastructure by integrating them into the existing national cybersecurity system;
- Conduct annual security audits of health data infrastructure.

SPECIFIC OBJECTIVE 6.3.

By 2030, provide at least 70% of health facilities with digital equipment that is standardised and adapted to national digital solutions, by upgrading existing equipment and supplementing existing resources.

ACTIVITY 6.3.

- Define the minimum ICT equipment package for health facilities;
- Conduct a national inventory of existing digital equipment.
- Organise and distribute priority allocations of ICT and healthcare equipment.

SPECIFIC OBJECTIVE 6.4.

By 2030, ensure reliable and sustainable energy access in at least 70% of health facilities, building on existing electrical infrastructure and supplementing it with standardised alternative energy sources.

ACTIVITY 6.4.

Deploy alternative energy solutions (solar/ hybrid).

SPECIFIC OBJECTIVE 6.5.

By 2030, establish a structured national system for maintaining digital health infrastructure and equipment, as well as energy systems, by strengthening and capitalising on existing mechanisms, skills and contracts, in order to guarantee an availability rate of over 90%.

ACTIVITY 6.5.

- Develop a national maintenance strategy;
- Implement a national asset management system;
- Monitor performance and maintenance (using the mean time to repair [MTTR] indicator).

5.5.6 STRATEGIC AXIS 7: STANDARDS AND INTEROPERABILITY

PREAMBLE

The effective implementation of digital health requires the adoption and application of harmonised standards and interoperability mechanisms to ensure the consistency, security and quality of health data exchanges. In a context marked by the use of heterogeneous collection tools and fragmented services and applications, this strategic axis is aligned with WHO's global strategy, which emphasises open standards and interoperability.

STRATEGIC OBJECTIVE 7.

By 2030, establish a harmonised national framework of norms, standards and interoperability for digital health services and applications and strengthen their governance, enabling secure, seamless and efficient exchange of health data between all actors and contributing to an integrated, resilient ecosystem aligned with international standards.

SPECIFIC OBJECTIVE 7.1.

By 2030, adopt and promote digital health norms and standards.

ACTIVITY 7.1.

- Develop a national reference framework for digital health standards and interoperability;
- Set up a national digital health interoperability platform;
- Update the national digital health architecture.

SPECIFIC OBJECTIVE 7.2.

By 2029, implement mechanisms and procedures for certification, monitoring and compliance control in digital health.

ACTIVITY 7.2.

- Set up a certification/accreditation, compliance and control commission for digital health, linked to the Data Protection Authority;
- Develop a code of procedure for the certification/accreditation of digital health solutions;
- Conduct annual audits to monitor and supervise compliance in digital health.

SPECIFIC OBJECTIVE 7.3

By 2030, promote cross-border exchanges of digital health data, in line with regional and international initiatives.

ACTIVITY 7.3.

Draw up agreements governing cross-border exchanges of digital health data.

5.5.7 STRATEGIC AXIS 8: RESEARCH, INNOVATIONANDPROMOTIONOFINITIATIVES

PREAMBLE

This strategic axis aims to position the country as a hub for research and innovation in digital health in the African region, promoting a multidisciplinary, inclusive, ethical and socially impact-oriented approach.

STRATEGIC OBJECTIVE 8.

By 2030, contribute to the creation of a centre of excellence for research and innovation in digital health, generating local technological solutions tailored to the needs of the health system.

SPECIFIC OBJECTIVE 8.1.

By 2030, promote research in digital health.

ACTIVITY 8.1.

Provide support for digital health research networks and think tanks.

SPECIFIC OBJECTIVE 8.2.

By 2030, continuously promote innovation and local initiatives in digital health.

ACTIVITY 8.2.

Promote local innovations and initiatives in digital health.

6. INTERVENTION FRAMEWORK AND BUDGET

In line with the 2020-2030 National Development Strategy (NDS30), the 2020-2030 Health Sector Strategy, the progress made and lessons learned during the implementation of the 2020-2024 NDHSP, and finally, international and regional trends and experiences in digital health, this 2026-2030 NDHSP defines eight (8) strategic axes for digital health interventions to be carried out over the next five (5) years.

This chapter describes the methodology used to estimate costs, which enabled to obtain the overall budget of the 2026–2030 NDHSP.

6.1 COSTING METHODOLOGY

Costs were estimated based on digital health interventions. Eight strategic objectives and related specific objectives were derived from the general objective of the 2026–2030 NDHSP. The specific objectives were broken down into activities in order to achieve them. These activities were subsequently broken down into tasks.

Unit costs were obtained using various methods, combining price lists, technical and financial partners' price standards, and quotations from suppliers of IT and telecommunications equipment and materials.

For each task, the costs allocated took into account, independently, the unit costs, the number of entities involved, the completion deadlines, etc. The costs per task were determined through consultation and consensus with the stakeholders. These costs were then added up according to various levels (tasks, activities, years, specific objectives, strategic objectives). These costs were presented in Central African CFA Francs (XAF) and US dollars (USD), based on the following exchange rate: 1 USD = 553.8 XAF on 17/02/2026.

6.2 IMPLEMENTATION COST FOR THE 2026-2030 NDHSP

The 2026-2030 National Digital Health Strategic Plan spans five (5) years at a cost of FCFA twenty-nine billion seven million (29,007,000,000), equivalent to approximately USD fifty-two million three hundred and seventy-eight thousand one hundred and fifteen (52,378,115). The budget breakdown is presented in Tables 2, 3, 4, 5, 6, 7, 8, 9 and 10 below.

Tableau 2. Budget global de la mise en œuvre du Plan Stratégique National de Santé Numérique 2026-2030

Strategic Axes	Strategic Objectives:	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
		2026	2027	2028	2029	2030		
1. Leadership and Governance	By 2030, establish national leadership and multi-sector governance for the coherent, effective, efficient, equitable and sustainable implementation of digital health in Cameroon, ensuring harmonised coordination between national and international actors.	76 000 000	397 000 000	284 000 000	210 000 000	225 000 000	1 192 000 000	2 152 402
2. Legislation, policy and compliance	By 2030, strengthen existing policies and the legal framework for digital health to ensure data sovereignty, ethical use of digital health technologies and to gain the trust of populations.	61 000 000	31 000 000	31 000 000	31 000 000	11 000 000	165 000 000	297 941
3. Human resources	By 2030, develop and build the digital health capacities of human resources to ensure the effective and secure use of digital technologies by addressing current quantitative and qualitative gaps.	1 032 000 000	1 017 000 000	977 000 000	658 000 000	602 000 000	4 286 000 000	7 739 256
4. Strategy and investment	By 2030, mobilise and secure adequate, sustainable and predictable funding for the digital transformation of the health sector, while ensuring that all public, private and partner investments are aligned with national priorities.	151 000 000	151 000 000	101 000 000	121 000 000	71 000 000	595 000 000	1 074 395
5. services and applications	By 2030, develop, deploy and sustain integrated digital health services and applications to improve access, quality, effectiveness, efficiency and continuity of health care and health monitoring, promoting equity and inclusion.	1 409 000 000	1 591 000 000	1 404 000 000	1 349 000 000	1 359 000 000	7 112 000 000	12 842 181
6. Infrastructure	By 2030, equip the Cameroon health system with reliable, secure, resilient and inclusive digital infrastructure, ensuring high-quality connectivity, sovereign hosting of health data and the operational continuity of digital health services.	2 335 000 000	2 825 000 000	2 800 000 000	2 755 000 000	2 755 000 000	13 470 000 000	24 322 860

Strategic Axes	Strategic Objectives:	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
		2026	2027	2028	2029	2030		
7. Standards and interoperability	By 2030, establish a harmonised national framework of norms, standards and interoperability for digital health services and applications and strengthen their governance, enabling secure, seamless and efficient exchange of health data between all actors and contributing to an integrated, resilient ecosystem aligned with international standards.	175,000,000	250 000 000	95 000 000	223 000 000	175 000 000	918 000 000	1 657 638
8. Research, innovation and promotion of initiatives in digital health	By 2030, contribute to the creation of a centre of excellence for research and innovation in digital health, generating local technological solutions tailored to the needs of the health system.	129,000,000	325 000 000	245 000 000	325 000 000	245 000 000	1 269 000 000	2 291 441
TOTAL expenditure for the 2026-2030 NDHSP		**2,733,000,000**	**5,368,000,000**	**6,587,000,000**	**5,937,000,000**	**5,672,000,000**	**29,007,000,000**	**52,378,115**

*** 1 USD = 553.8 XAF on 17/02/2026**

Table 3: Budget for the implementation of Strategic axis 1: Leadership and Governance

Strategic Objective 1. By 2030, establish national leadership and multi-sector governance for the coherent, effective, efficient, equitable and sustainable implementation of digital health in Cameroon, ensuring harmonised coordination between national and international actors.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
1.1. By 2028, significantly strengthen digital health governance at the national level	70 000 000	283 000 000	237 000 000	195 000 000	210 000 000	995 000 000	1 796 678
1.2. By 2028, create and operationalise a permanent national governance and coordination body dedicated to digital health (the National Digital Health Programme or the National Digital Health Agency)	6 000 000	12 000 000	32 000 000	0	0	50 000 000	90 285
1.3. By 2027, implement regular steering, monitoring and evaluation processes for digital health activities	0	102 000 000	15 000 000	15 000 000	15 000 000	147 000 000	265 439
TOTAL Strategic axis 1: LEADERSHIP AND GOVERNANCE	**76 000 000**	**397 000 000**	**284 000 000**	**210 000 000**	**225 000 000**	**1 192 000 000**	**2 152 402**

* 1 USD = XAF 553.8 on 17/02/2026

Table 4: Budget for the implementation of Strategic axis 2: Legislation, policy and compliance

Strategic Objective 2. By 2030, strengthen existing policies and the legal framework for digital health to ensure data sovereignty, ethical use of digital health technologies and to gain the trust of populations.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
2.1. By 2030, update and develop digital health policies	5 000 000	5 000 000	5 000 000	5 000 000	5 000 000	25 000 000	45 143
2.2. By 2030, update and develop laws and regulations relating to digital health	56 000 000	26 000 000	26 000 000	26 000 000	6 000 000	140 000 000	252 799
TOTAL Strategic axis 2: LEGISLATION, POLICY AND COMPLIANCE	**61 000 000**	**31 000 000**	**31 000 000**	**31 000 000**	**11 000 000**	**165 000 000**	**297 941**

*1 USD = 553,8 XAF à la date du 17/02/2026

Table 5: Budget for the implementation of Strategic axis 3: Human resources

Strategic Objective 3. By 2030, develop and build the digital health capacities of human resources to ensure the effective and secure use of digital technologies by addressing current quantitative and qualitative gaps.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
3.1. By 2030, assess the needs and necessary skills for the deployment of digital health human resources in health facilities.	12 000 000	52 000 000	27 000 000	18 000 000	12 000 000	121 000 000	218 490
3.2. By 2030, implement undergraduate and continuous training programs in digital health	1 020 000 000	965 000 000	950 000 000	640 000 000	590 000 000	4 165 000 000	7 520 766
TOTAL Strategic axis 3: HUMAN RESOURCES	**1 032 000 000**	**1 017 000 000**	**977 000 000**	**658 000 000**	**602 000 000**	**4 286 000 000**	**7 739 256**

*1 USD = XAF 553.8 on 17/02/2026

Table 6: Budget for the implementation of Strategic axis 4: Strategy and investment

Strategic Objective 4. By 2030, mobilise and secure adequate, sustainable and predictable funding for the digital transformation of the health sector, while ensuring that all public, private and partner investments are aligned with national priorities.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
4.1. By 2030, mobilise national and international resources to finance digital health.	101 000 000	86 000 000	36 000 000	86 000 000	36 000 000	345 000 000	622 968
4.2. By 2028, develop innovative mechanisms for financing digital health.	15 000 000	55 000 000	55 000 000	25 000 000	25 000 000	175 000 000	315 999
4.3. By 2030, achieve and monitor financing and investment in digital health.	35 000 000	10 000 000	10 000 000	10 000 000	10 000 000	75 000 000	135 428
TOTAL Strategic axis 4: STRATEGY AND INVESTMENT	**151 000 000**	**151 000 000**	**101 000 000**	**121 000 000**	**71 000 000**	**595 000 000**	**1 074 395**

*1 USD = 553,8 XAF à la date du 17/02/2026

Table 7: Budget for the implementation of Strategic axis 5: Services and applications

Strategic Objective 5. By 2030, develop, deploy and sustain integrated digital health services and applications to improve access, quality, effectiveness, efficiency and continuity of health care and health monitoring, promoting equity and inclusion.

	COÛT ANNUEL					TOTAL (F CFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
5.1. By 2030, establish, maintain and sustain UHC management systems in 90% of health facilities	15 000 000	25 000 000	25 000 000	25 000 000	25 000 000	115 000 000	207 656
5.2. By 2030, establish and sustain services and applications that comply with norms and standards to support hospital management and productivity in 50% of health facilities (HFs)	73 000 000	190 000 000	40 000 000	40 000 000	40 000 000	383 000 000	691 585
5.3. By 2029, deploy and sustain telemedicine nationwide in 70% of health facilities, ranging from referral hospitals to district hospitals.	220 000 000	255 000 000	285 000 000	220 000 000	230 000 000	1 210 000 000	2 184 904
5.4. By 2030, implement and sustain the necessary standards for the interoperability of digital health services and applications.	1 101 000 000	1 121 000 000	1 054 000 000	1 064 000 000	1 064 000 000	5 404 000 000	9 758 035
TOTAL Strategic axis 5: SERVICES AND APPLICATIONS	**1 409 000 000**	**1 591 000 000**	**1 404 000 000**	**1 349 000 000**	**1 359 000 000**	**7 112 000 000**	**12 842 181**

*1 USD = XAF 553.8 on 17/02/2026

Table 8: Budget for the implementation of Strategic axis 6: Infrastructure

Strategic Objective 6. By 2030, equip the Cameroon health system with reliable, secure, resilient and inclusive digital infrastructure, ensuring high-quality connectivity, sovereign hosting of health data and the operational continuity of digital health services.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Objectifs spécifiques	2026	2027	2028	2029	2030		
6.1. By 2030, ensure functional and secure connectivity in health facilities, primarily relying on existing infrastructure and supplementing it with alternative solutions adapted to rural and under-serviced areas: - 100% in category 1 and 2 health facilities; - 100% in category 3 health facilities; - 60% in category 4 health facilities; - 30% in category 5 and 6 health facilities.	1 282 000 000	1 037 000 000	1 037 000 000	1 037 000 000	1 037 000 000	5 430 000 000	9 804 984
6.2. By 2030, ensure sovereign hosting, availability and resilience of health data through the strengthening of existing infrastructure and the implementation of business continuity mechanisms.	258 000 000	300 000 000	300 000 000	300 000 000	300 000 000	1 458 000 000	2 632 719
6.3. By 2030, provide at least 70% of health facilities with digital equipment that is standardised and adapted to national digital solutions, by upgrading existing equipment and supplementing existing resources.	795 000 000	1 010 000 000	1 010 000 000	1 010 000 000	1 010 000 000	4 835 000 000	8 730 589
6.4. By 2030, ensure reliable and sustainable energy access in at least 70% of health facilities, building on existing electrical infrastructure and supplementing it with standardised alternative energy sources.		360 000 000	325 000 000	325 000 000	325 000 000	1 335 000 000	2 410 618
6.5. By 2030, establish a structured national system for maintaining digital health infrastructure and equipment, as well as energy systems, by strengthening and capitalising on existing mechanisms, skills and contracts, in order to guarantee an availability rate of over 90%		118 000 000	128 000 000	83 000 000	83 000 000	412 000 000	743 951
TOTAL Strategic axis 6: INFRASTUCTURE	**2 335 000 000**	**2 825 000 000**	**2 800 000 000**	**2 755 000 000**	**2 755 000 000**	**13 470 000 000**	**24 322 860**

*1 USD = XAF 553.8 on 17/02/2026

Table 9: Budget for the implementation of Strategic axis 7: Standards and Interoperability

Strategic Objective 7. By 2030, establish a harmonised national framework of norms, standards and interoperability for digital health services and applications and strengthen their governance, enabling secure, seamless and efficient exchange of health data between all actors and contributing to an integrated, resilient ecosystem aligned with international standards.

	COÛT ANNUEL					TOTAL (F CFA)	TOTAL (USD*)
Specific Objectives	2026	2027	2028	2029	2030		
7.1. By 2030, adopt and promote digital health norms and standards.	115 000 000	205 000 000	90 000 000	95 000 000	80 000 000	585 000 000	1 056 338
7.2. By 2029, implement mechanisms and procedures for certification, monitoring and compliance control in digital health.	50 000 000	45 000 000	5 000 000	38 000 000	35 000 000	173 000 000	312 387
7.3. By 2030, promote cross-border exchanges of digital health data, in line with regional and international initiatives.	10 000 000			90 000 000	60 000 000	160 000 000	288 913
TOTAL Strategic axis 7: STANDARDS AND INTEROPERABILITY	175 000 000	250 000 000	95 000 000	223 000 000	175 000 000	918 000 000	1 657 638

*1 USD = XAF 553.8 on 17/02/2026

Table 10: Budget for the implementation of Strategic axis 8: Research, innovation and promotion of initiatives

Strategic Objective 8. By 2030, contribute to the creation of a centre of excellence for research and innovation in digital health, generating local technological solutions tailored to the needs of the health system.

	ANNUAL COST					TOTAL (FCFA)	TOTAL (USD*)
Strategic Objective	2026	2027	2028	2029	2030		
8.1. By 2030, promote research in digital health.	129 000 000	100 000 000	120 000 000	100 000 000	120 000 000	569 000 000	1 027 447
8.2. By 2030, continuously promote innovation and local initiatives in digital health.	-	225 000 000	125 000 000	225 000 000	125 000 000	700 000 000	1 263 994
TOTAL Strategic axis 8: RESEARCH, INNOVATION AND PROMOTION OF INITIATIVES	129 000 000	325 000 000	245 000 000	325 000 000	245 000 000	1 269 000 000	2 291 441

*1 USD = XAF 553.8 on 17/02/2026

7. CADRE DE SUIVI ET EVALUATION

7.1 VISION AND OBJECTIVES OF THE MONITORINGANDEVALUATIONFRAMEWORK

The success of the digital transformation of the Cameroon health system depends on the ability to measure the impact of various digital health interventions and adjust approaches in real time. The monitoring and evaluation (M&E) framework of the 2026-2030 National Digital Health Strategic Plan is the compass for this project.

The objective is not only to collect data, but to generate strategic intelligence to ensure that each intervention results in concrete progress in the health system and improved health status for populations. This framework therefore aims to:

- Measure the performance of digital health interventions for each strategic axis;
- Facilitate evidence-based decision-making;
- Ensure accountability to technical and financial partners as well as citizens.

7.2 OPERATIONAL MONITORING MECHANISMS

Monitoring will be structured around three levels of management:

- Performance monitoring: carried out every six months or every quarter. The aim is to continuously analyse the progress of activities and budget consumption.
- Annual reviews: an overall annual review will be carried out involving all stakeholders (ministries involved in the project, private sector, civil society) to validate progress and redefine priorities if necessary.
- Mid-term (2028) and final (2030) evaluations: external audits conducted to measure the effects and real impact of the implementation of this plan on the effectiveness and efficiency of the health system.

7.3 KEY PERFORMANCE INDICATORS AND DATA COLLECTION

The framework is based on a matrix of indicators aligned with the objectives and activities of the 2026-2030 National Digital Health Strategic Plan. These are described thoroughly in a separate document entitled “2026-2030 National Digital Health Strategic Plan: implementation and monitoring-evaluation framework”, which includes the operational plan for the implementation of the 2026-2030 NDHSP and the monitoring and evaluation framework.

Data collection will be carried out continuously, using digital tools to avoid fragmentation. Therefore, it will be necessary to set up a national digital health dashboard to centralise data flows.

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9. ANNEXES

9.1. APPENDIX 1: DETAILED BUDGET OF THE 2026-2030 NDHSP

9.1.1 STRATEGIC AXIS 1: LEADERSHIP AND GOVERNANCE

Strategic objective 1. By 2030, establish national leadership and multi-sector governance for the coherent, effective, efficient, equitable and sustainable implementation of digital health in Cameroon, ensuring harmonised coordination between national and international actors..

Specific Objectives	Activities	Tasks	Cost per task 2026	2027	2028	2029	2030	Total cost (in CFAF)	Total cost (in USD)
1.1. By 2028, significantly strengthen digital health governance at the national level	1.1.1. Update the national inter-ministerial committee for the supervision and multi-sector coordination of digital health activities	Establish a working group responsible for drawing up the draft law for the creation of the National Inter-ministerial Steering Committee for the 2026-2030 NDHSP	0					0	0
		Organise meetings to draw up the draft law for the creation of the National Inter-ministerial Steering Committee for the 2026-2030 NDHSP	0					0	0
		Submit the draft law for the creation of the National Inter-ministerial Steering Committee for the 2026-2030 NDHSP	0					0	0
		Organise sessions of the National Inter-ministerial Steering Committee for the 2026-2030 NDHSP	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	80,000,000	144,456
	1.1.2. Define the institutional framework for the	Develop an institutional framework for the management of standards and interoperability			12,000,000			12,000,000	21,668

Specific Objectives	Activities	Tasks	Cost per task 2026	2027	2028	2029	2030	Total cost (in CFAF)	Total cost (in USD)
	management of standards and interoperability in digital health	Organise a workshop to develop the institutional framework for the management of standards and interoperability			15,000,000			15,000,000	27,086
		Organise a workshop to validate the institutional framework for the management of standards and interoperability			15,000,000			15,000,000	27,086
		Draft regulatory instruments governing the institutional framework for the management of standards and interoperability			5,000,000			5,000,000	9,029
		Organise a ceremony to adopt the institutional framework for the management of standards and interoperability				5,000,000		5,000,000	9,029
	1.1.3. Develop the national strategy for health data hosting	Develop the national strategy for health data hosting		10,000,000				10,000,000	18,057
		Organise a workshop to develop the national strategy for health data hosting		15,000,000				15,000,000	27,086
		Organise a workshop to validate the national strategy for health data hosting		15,000,000				15,000,000	27,086
	1.1.4. Draw up and implement a digital health communication plan	Organise a workshop to develop the digital health communication plan and materials		10,000,000				10,000,000	18,057
		Organise a workshop to validate the digital health communication plan and materials		10,000,000				10,000,000	18,057
		Organise a meeting to present the digital health communication plan and materials		3,000,000				3,000,000	5,417

Specific Objectives	Activities	Tasks	Cost per task 2026	2027	2028	2029	2030	Total cost (in CFAF)	Total cost (in USD)
		Implement the selected communication activities (information meetings, media contracts, communication campaigns, monitoring, evaluation and continuous updating)		50,000,000	50,000,000	50,000,000	50,000,000	150,000,000	270,856
	1.1.5. Translate, produce and disseminate documents and tools produced	Validate the translated documents and tools related to digital health	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	80,000,000	144,456
		Develop the strategy and procedures for disseminating the digital health documents and tools produced		10,000,000				10,000,000	18,057
		Organise a workshop to develop the strategy and procedures for disseminating the digital health documents and tools produced		10,000,000				10,000,000	18,057
		Organise a workshop to validate the strategy and procedures for disseminating the digital health documents and tools produced		10,000,000				10,000,000	18,057
		Produce and print strategic and monitoring documents on digital health developed		50,000,000	50,000,000	50,000,000	50,000,000	150,000,000	270,856
		Recruit a consultant to develop a website for the publication of digital health materials	10,000,000					10,000,000	18,057
		Organise a workshop to design the website for the publication of digital health materials	10,000,000					10,000,000	18,057
		Organise a workshop to validate the website dedicated to publish digital health materials	10,000,000					10,000,000	18,057
		Organise sessions to disseminate digital health documents and tools produced		50,000,000	50,000,000	50,000,000	50,000,000	150,000,000	270,856

Specific Objectives	Activities	Tasks	Cost per task 2026	2027	2028	2029	2030	Total cost (in CFAF)	Total cost (in USD)
		Assess the level of ownership of digital health documents and tools produced					20,000,000	0	0
1.2. By 2028, create and operationalise a permanent national governance and coordination body dedicated to digital health (the National Digital Health Programme or the National Digital Health Agency)	1.2.1. Draft legal instruments and monitor procedures for the creation of a permanent national governance and coordination body dedicated to digital health (the National Digital Health Programme or the National Digital Health Agency	Set up of a working group to draw up draft laws and monitor procedures for the creation of a permanent national governance and coordination body	0					0	0
		Organise meetings to draw up draft laws for the creation of a permanent national governance and coordination body		6,000,000	6,000,000			12,000,000	21,668
		Organise a workshop to validate the draft laws for the creation of a permanent national governance and coordination body			15,000,000			15,000,000	27,086
		Submit the draft laws and monitor the procedures for the creation of the permanent national governance and coordination body			5,000,000			5,000,000	9,029
		Advocate and lobby for the creation of the permanent national governance and coordination body	6,000,000	6,000,000	6,000,000			18,000,000	32,503
1.3. By 2027, implement regular steering, monitoring and evaluation processes for digital health activities	1.3.1. Develop a national directory for archiving digital health documents and initiatives	Recruit a consultant to develop a national directory for archiving digital health documents and initiatives		12,000,000				12,000,000	21,668
		Organise a workshop to develop a national directory for archiving digital health documents and initiatives		10,000,000				10,000,000	18,057
		Organise a workshop to validate the national directory for archiving digital health documents and initiatives		10,000,000				10,000,000	18,057

Specific Objectives	Activities	Tasks	Cost per task 2026	2027	2028	2029	2030	Total cost (in CFAF)	Total cost (in USD)
	1.3.2. Develop and implement tools for steering, monitoring and evaluating digital health activities	Develop tools for steering, monitoring and evaluating digital health activities		10,000,000				10,000,000	18,057
		Recruit a consultant to develop and implement an IT tool for steering, monitoring and evaluating digital health activities (dashboard)		15,000,000				15,000,000	27,086
		Organise a workshop to develop tools for steering, monitoring and evaluating digital health activities		15,000,000				15,000,000	27,086
		Organise a workshop to validate the tools developed for steering, monitoring and evaluating digital health activities		15,000,000				15,000,000	27,086
		Implement, monitor and evaluate the activities (agreements, contracts, financing, investments, interventions, effects and impacts, etc.)		15,000,000	15,000,000	15,000,000	15,000,000	45,000,000	81,257
		Validate and produce activity and monitoring-evaluation reports	0	0	0	0	0	0	0
TOTAL Strategic axis 1: LEADERSHIP AND GOVERNANCE			**76,000,000**	**397,000,000**	**284,000,000**	**210,000,000**	**225,000,000**	**1,192,000,000**	**2,144,656**

*1 USD = 553.8 XAF on 17/02/2026

9.1.2 STRATEGIC AXIS 2: LEGISLATION, POLICIES AND COMPLIANCE

Strategic objective 2. By 2030, strengthen existing policies and the legal framework for digital health to ensure digital sovereignty, the ethical use of digital health technologies, and to build trust in citizens.

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
2.1. By 2030, update and develop digital health policies	2.1.1. Update and develop digital health policies	Continuous development, validation, submission, follow-up, and promulgation of decisions organising and promoting digital health	0	0	0	0	0	0	0
		Participation in regional and international consultations on digital health	5 000 000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000	45,143
2.2. By 2030, update and develop digital health legal and regulatory instruments	2.2.1. Strengthen the regulatory framework for digital health strategic and technical coordination	Establishment of a working group to develop regulatory instruments aimed at strengthening the strategic and technical coordination framework for digital health	0					0	0
		Organisation of a workshop to draft regulatory instruments aimed at strengthening the strategic and technical coordination framework	10,000,000					10,000,000	18,057
		Organisation of a workshop to validate regulatory instruments aimed at strengthening the strategic and technical coordination framework for digital health	10,000,000					10,000,000	18,057

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
	2.2.2. Conduct a situation analysis of the existing legal and regulatory framework	Analysis of the existing legal and regulatory framework	10,000,000					10,000,000	18,057
		Organisation of a workshop to draft the analysis document of the existing legal and regulatory framework	10,000,000					10,000,000	18,057
		Organisation of a workshop to validate the analysis document of the existing legal and regulatory framework	10,000,000					10,000,000	18,057
	2.2.3. Update existing instruments, develop new instruments including those related to the creation of structures, and follow-up of their implementation	Organisation of workshops to ensure compliance of existing legal and regulatory instruments or to develop new legal and regulatory instruments		10,000,000	10,000,000	10,000,000		30,000,000	54,171
		Organisation of workshops to validate existing legal and regulatory instruments updated for compliance or the new legal and regulatory instruments developed		10,000,000	10,000,000	10,000,000		30,000,000	54,171
		Organisation of missions to follow-up the implementation of digital health legal and regulatory instruments	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000	54,171
TOTAL STRATEGIC AXIS 2: LEGISLATION, POLICIES AND COMPLIANCE			**61,000,000**	**31,000,000**	**31,000,000**	**31,000,000**	**11,000,000**	**165,000,000**	**297,941**

*USD 1 = XAF 553.8 as of 17/02/2026

9.1.1 STRATEGIC AXIS 3: HUMAN RESOURCES

Strategic objective 3. By 2030, develop and build the capacities of digital health workforce to ensure the effective and secure use of digital technologies, by addressing current quantitative and qualitative gaps.

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
3.1. By 2030, assess the needs and competencies required for the deployment of the digital health workforce in health facilities.	3.1.1. Develop a digital health competency framework	Recruitment of a national consultant to develop a digital health competency framework		10,000,000				10,000,000	18,057
		Organisation of a workshop to develop a digital health competency framework		15,000,000				15,000,000	27,086
		Organisation of a workshop to validate the digital health competency framework		15,000,000				15,000,000	27,086
	3.1.2. Conduct a national survey on digital health needs and competencies	Conduct of a national survey on digital health needs (field missions)			10,000,000			10,000,000	18,057
		Mapping of digital health competencies			5,000,000			5,000,000	9,029
		Update of the monitoring tool for human resources for health				6,000,000		6,000,000	10,834
	3.1.3. Advocate and deploy digital health workforce in health facilities	Organisation of advocacy meetings (20) for the deployment of the digital health workforce in health facilities.	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	60,000,000	108,342
		Deployment of at least one (01) staff member with skills in digital health in all health districts	0	0	0	0	0	0	0

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
	5.3.2. Create a national operational telemedicine management structure (National Telemedicine Centre), integrating all telemedicine activities across the country	Definition of the missions, governance model, financing model, and other aspects of the National Telemedicine Centre in view of its creation			25,000,000			25,000,000	45,143
		Development of the regulatory framework for the establishment of the National Telemedicine Centre			15,000,000			15,000,000	27,086
		Organisation of a workshop to validate the operational model and draft instrument creating the National Telemedicine Centre			15,000,000			15,000,000	27,086
		Submission of the draft instrument creating the National Telemedicine Centre			0			0	0
5.4. By 2030, operate and sustain the necessary reference frameworks for the interoperability of digital health services and applications	5.4.1. Strengthen the DHIS2 management plan and the interoperability framework between DHIS2 and selected digital health services and applications	Development/review of the capacity building plan for the overall management of the DHIS2 infrastructure, including governance, security, and interoperability		15,000,000				15,000,000	27,086
		Organisation of a workshop to validate the development/review of the technical capacity building plan for the overall management of the DHIS2 infrastructure, including governance, security, and interoperability		15,000,000				15,000,000	27,086
		Review of the technical and functional specifications document for the development of an interoperability system between DHIS2 and selected digital health software and		15,000,000				15,000,000	27,086

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
		Organisation of a workshop to validate the review of the technical and functional specifications document for the development of an interoperability system between DHIS2 and selected digital health software and services		15,000,000				15,000,000	27,086
	5.4.2. Operationalise and monitor national reference frameworks (national patient registry, national health professional registry, national health facility registry, national essential medicines registry, medical terminologies, indicators registry, etc.)	Recruitment of consultants to design and develop operational frameworks for the implementation of national reference frameworks	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	135,428
		Recruitment of consultants for the development/adaptation of national reference framework management systems	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	135,428
		Organisation of workshops to validate operational frameworks for the implementation of national reference frameworks and national reference framework management systems	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	135,428
		Organisation of workshops to finalise and present operational frameworks for the implementation of national reference frameworks and national reference framework management systems	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	135,428
		Organisation of information sessions on the national reference framework management systems	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000	54,171
		Ceremony to hand over national reference framework management systems	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000	27,086

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Implementation and deployment of national reference system management tools	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000	451,427
		Establishment of a follow-up committee for the implementation and deployment of national reference system management tools	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000	180,571
		Missions to follow up the implementation and deployment of national reference system management tools	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000	180,571
		Continuous updating and bug fixes of national reference framework management systems (signing of maintenance contracts)	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	125,000,000	225,713
	5.4.3. Develop and/or deploy various digital health services and applications	Design and develop operational frameworks for the implementation of various digital health services and applications (15), including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	60,000,000	60,000,000	60,000,000	60,000,000	60,000,000	300,000,000	541,712
		Recruitment of consultants for the development/adaptation of various digital health services and applications (15), including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000	1,354,280

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Organisation of workshops to validate operational frameworks for the implementation of various digital health services and applications (15), including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000	451,427
		Organisation of workshops to finalise operational frameworks for the implementation of various digital health services and applications (15), including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000	451,427
		Organisation of information sessions on various digital health services and applications (30)	18,000,000	18,000,000	18,000,000	18,000,000	18,000,000	90,000,000	162,514
		Organisation of ceremonies to hand over various digital health services and applications (15), including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	45,000,000	81,257
		Implementation and deployment / reinforcement of deployment of various digital health services and applications, including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	400,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,600,000,000	2,889,130

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
		Follow up of the implementation and deployment of various digital health services and applications, including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000	451,427
		Missions to implement and deploy various digital health services and applications, including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000	451,427
		Continuous updates and bug fixes for various digital health services and applications, including DHIS2, VLSM, LMIS, TAVADON, sTrac, ePT, IASO, CAHIS, COHIS, SAGE X3 ERP, DAMA, ScanForm, etc.	80,000,000	80,000,000	80,000,000	80,000,000	80,000,000	400,000,000	722,282
	5.4.4. Create a health data warehouse to support decision-making, research, and innovation	Design and definition of the technical and functional specifications, and creation of the health data warehouse		30,000,000				30,000,000	54,171
		Organisation of a workshop to validate the design, technical and functional specifications, and creation of the health data warehouse		15,000,000				15,000,000	27,086

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Organisation of a workshop to finalise the design, technical and functional specifications, and the creation of the health data warehouse		15,000,000				15,000,000	27,086
		Organisation of information sessions on the health data warehouse			3,000,000	3,000,000	3,000,000	9,000,000	16,251
		Implementation and deployment of the health data warehouse			25,000,000	25,000,000	25,000,000	75,000,000	135,428
		Establishment of a committee to follow up the implementation and deployment of the health data warehouse			15,000,000	15,000,000	15,000,000	45,000,000	81,257
		Missions to follow up the implementation and deployment of the health data warehouse			10,000,000	10,000,000	10,000,000	30,000,000	54,171
		Continuous updates and bug fixes for the health data warehouse management system				10,000,000	10,000,000	20,000,000	36,114
TOTAL STRATEGIC AXIS 5: SERVICES AND SOFTWARE			**1,409,000,000**	**1,591,000,000**	**1,404,000,000**	**1,349,000,000**	**1,359,000,000**	**7,112,000,000**	**12,842,181**

*USD 1 = XAF 553.8 on 17/02/2026

9.1.3 STRATEGIC AXIS 6: INFRASTRUCTURE

Strategic objective 6. By 2030, equip the Cameroon health system with reliable, secure, resilient and inclusive digital infrastructure, ensuring high-quality connectivity, sovereign hosting of health data, and operational continuity of digital health services.

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
6.1. By 2030, ensure functional and secure connectivity in health facilities, relying primarily on existing infrastructure and supplementing them with alternative solutions adapted to rural and underserved areas: 100% of categories 1 and 2 HFs; 100% of category 3 HFs; 60% of category 4 HFs; 30% of categories 5 and 6 HFs.	6.1.1. Situation analysis of health facility connectivity	Situation analysis of health facility connectivity	200,000,000					200,000,000	361,141
		Development of a national map of health facility connectivity	5,000,000					5,000,000	9,029
		Organisation of a workshop to validate the situation analysis of health facility connectivity	15,000,000					15,000,000	27,086
	6.1.2. Deploy connectivity with priority given to rural areas	Development of the technical specifications and the connectivity deployment plan	15,000,000					15,000,000	27,086
		Organisation of a workshop to validate the technical specifications and the connectivity deployment plan	5,000,000					5,000,000	9,029
		Signing of agreements and establishment of procurement procedures for the deployment of connectivity	10,000,000					10,000,000	18,057
		Deployment of connectivity through existing networks and alternative solutions (optic fibre, 4G/5G, VSAT, radio) in category 1 to category 6 HFs	1000,000,000	1,000,000,000	1,000,000,000	1,000,000,000	1,000,000,000	5,000,000,000	9,028,530
		Conduct of performance tests and validation		25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	180,571
	6.1.3. Monitoring of service quality (connectivity)	Definition of technical service quality indicators related to connectivity	5,000,000					5,000,000	9,029

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Development of the methodological framework for the monitoring and reporting of service quality (connectivity)	5,000,000					5,000,000	9,029
		Acquisition/development of a centralised monitoring tool	10,000,000					10,000,000	18,057
		Quarterly monitoring of connectivity	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	60,000,000	108,342
6.2. By 2030, ensure sovereign hosting, availability, and resilience of health data through the strengthening of existing national infrastructure and the implementation of business continuity mechanisms.	6.2.1. Strengthen the health data hosting capacity of existing national data centres	Assessment of health data hosting needs and development of a strategy to strengthen health data hosting	15,000,000					15,000,000	27,086
		Organisation of a workshop to validate health data hosting needs and the strategy to strengthen health data hosting	15,000,000					15,000,000	27,086
		Strengthening of health data storage capacity (acquisition of additional servers and equipment)	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000	902,853
		Validation of storage redundancy mechanisms		5,000,000	5,000,000	5,000,000	5,000,000	20,000,000	36,114
	6.2.2. Establish business continuity plans (BCPs) and disaster recovery plans (DRPs) for critical systems	Development of a strategy and infrastructure for business continuity (BCP) and disaster recovery (DRP) for critical systems/services	25,000,000					25,000,000	45,143
		Organisation of a workshop to validate the strategy and platform for business continuity (BCP) and disaster recovery (DRP) of critical systems/services	15,000,000					15,000,000	27,086
		Implementation and deployment of the business continuity and disaster recovery infrastructure		50,000,000	50,000,000	50,000,000	50,000,000	200,000,000	361,141

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Missions to follow up the implementation and deployment of the business continuity and disaster recovery infrastructure		20,000,000	20,000,000	20,000,000	20,000,000	80,000,000	144,456
		Continuous updates and improvements of business continuity and disaster recovery		25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	180,571
	6.2.3. Strengthen the security of digital health infrastructure by integrating it into the existing national cybersecurity framework	Analysis of critical health systems, assessment of their vulnerabilities, and development of the sector cybersecurity framework for health	15,000,000					15,000,000	27,086
		Organisation of a workshop to validate the analysis of critical health systems, their vulnerabilities, and the development of the sector cybersecurity framework for health	15,000,000					15,000,000	27,086
		Continuous integration of critical health systems into the national Security Operations Centre (SOC)	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	75,000,000	135,428
		Simulations, regular security tests, and failover exercises		10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	72,228
		Missions for the strengthening of digital health infrastructure security	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000	90,285
		Implementation of the incident management plan and continuous update and correction of security		10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	72,228

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
	6.2.4. Conduct annual security audits of health data infrastructure	Establishment of a committee to select and enter into agreement with accredited audit firms	3,000,000					3,000,000	5,417
		Conduct of security audits on data infrastructure	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000	180,571
		Drafting of audit reports and recommendations	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000	45,143
		Continuous monitoring of security compliance	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000	45,143
6.3. By 2030, equip at least 70% of health facilities with standardised and nationally compatible digital equipment, building on existing devices, and complementing allocations.	6.3.1. Define the minimum ICT equipment package for health facilities	Analysis of functional ICT equipment needs in health facilities, definition of the minimum package per facility type, and development of technical specifications for ICT equipment	15,000,000					15,000,000	27,086
		Organisation of a workshop to validate the analysis of functional ICT equipment needs in health facilities, the definition of the minimum package per facility type, and technical specifications of ICT equipment	15,000,000					15,000,000	27,086
	6.3.2. Conduct a national inventory of existing digital equipment	Development of methodology, and preparation of inventory tools	0					0	0
		Collection, analysis, and validation of data and results	10,000,000					10,000,000	18,057
		Production of the national report for the inventory of existing digital equipment	5,000,000					5,000,000	9,029

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
	6.3.3. Organise and distribute priority ICT and health equipment allocations	Identification of priority health facilities (based on the national inventory and the minimum ICT package reference framework)		0				0	0
		Development of the national priority allocation plan (targeting, volumes, phasing)		0				0	0
		Acquisition of priority ICT equipment	750,000,000	750,000,000	750,000,000	750,000,000	750,000,000	3,750,000,000	6,771,398
		Acquisition of priority digital health equipment (connected health devices)		250,000,000	250,000,000	250,000,000	250,000,000	1,000,000,000	1,805,706
		Distribution of priority equipment to health facilities		0	0	0	0	0	0
		Installation, setting up, and commissioning of equipment		0	0	0	0	0	0
		Reception, compliance verification, and documentation of allocations		0	0	0	0	0	0
		Post-distribution monitoring and adjustments		10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	72,228
6.4. By 2030, ensure reliable and sustainable energy autonomy in at least 70% of health facilities, building on existing electrical infrastructure and complementing it with standardised	6.4.1. Deploy alternative energy solutions (solar/hybrid)	Assessment of the energy needs of health facilities, conduct of technical studies, and sizing of energy solutions		20,000,000				20,000,000	36,114
		Organisation of a workshop to validate the assessment of energy needs in health facilities, the conduct of technical studies, and the sizing of energy solutions		15,000,000				15,000,000	27,086
		Identification of priority health facilities for alternative electricity supply		0				0	0
		Development of the national deployment plan for alternative electricity solutions		0				0	0

Specific objectives	Activities	Tasks	2026	Costs of tasks (FCFA) 2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
alternative energy sources		Acquisition of energy equipment (panels, batteries, UPS, hybrid generators)		300,000,000	300,000,000	300,000,000	300,000,000	1,200,000,000	2,166,847
		Installation, commissioning, and operational testing of energy equipment		0	0	0	0	0	0
		Training of users and local technicians in the use of energy equipment		0	0	0	0	0	0
		Post-deployment monitoring and maintenance		25,000,000	25,000,000	25,000,000	25,000,000	100,000,000	180,571
6.5. By 2030, establish a structured national maintenance system for digital health infrastructure and equipment as well as energy systems, by strengthening and harnessing existing mechanisms, skills, and contracts to ensure an availability rate above 90%	6.5.1. Develop the national maintenance strategy	Recruitment of a national consultant to develop the national maintenance strategy			15,000,000			15,000,000	27,086
		Organisation of a workshop to validate the national maintenance strategy for digital health infrastructure and equipment			15,000,000			15,000,000	27,086
		Organisation of a ceremony for the official adoption of the national maintenance strategy			5,000,000			5,000,000	9,029
	6.5.2. Establish a national asset management system	Recruitment of a national consultant to analyse needs, develop technical specifications, and build a national asset management system		15,000,000				15,000,000	27,086
		Organisation of a workshop to validate the needs analysis, technical specifications, and the development of a national asset management system		15,000,000				15,000,000	27,086
		Implementation and deployment of the national asset management system			10,000,000			10,000,000	18,057

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
		Missions to follow up the implementation and deployment of the national asset management system			5,000,000	5,000,000	5,000,000	15,000,000	27,086
		Continuous updates and bug fixes of the national asset management system			5,000,000	5,000,000	5,000,000	15,000,000	27,086
	6.5.3. Monitor performance and maintenance (MTTR)	Organisation of a workshop to define national indicators for monitoring performance and maintenance		15,000,000				15,000,000	27,086
		Regular collection, analysis, and consolidation of monitoring data for performance and maintenance		10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	72,228
		Production of monitoring reports for performance and maintenance		3,000,000	3,000,000	3,000,000	3,000,000	12,000,000	21,668
		Missions to monitor performance and maintenance		5,000,000	5,000,000	5,000,000	5,000,000	20,000,000	36,114
		Implementation of corrective measures (reorganisation, targeted reinforcement)		5,000,000	5,000,000	5,000,000	5,000,000	20,000,000	36,114
		Support for IT equipment maintenance		50,000,000	50,000,000	50,000,000	50,000,000	200,000,000	361,141
TOTAL AXIS 6: INFRASTRUCTURE			**2,335,000,000**	**2,825,000,000**	**2,800,000,000**	**2,755,000,000**	**2,755,000,000**	**13, 470,000,000**	**24,322,860**

*USD 1 = XAF 553.8 on 17/02/2026

9.1.4 STRATEGIC AXIS 7: STANDARDS AND INTEROPERABILITY

Strategic objective 7. By 2030, establish a harmonised national norms, standards and interoperability framework for digital health services and applications, and strengthen their governance to enable secure, smooth, and efficient exchange of health data among all stakeholders, contributing to an integrated, resilient ecosystem aligned with international standards.

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
7.1. By 2030, adopt and promote digital health standards and norms	7.1.1. Develop a national reference framework for standards and digital health interoperability	Development of standards and technical specifications (architectures, APIs, formats, security)	15,000,000	5,000,000				20,000,000	36,114
		Development of semantic standards and specifications (terminologies, metadata)	15,000,000	5,000,000				20,000,000	36,114
		Organisation of a workshop to validate technical and semantic standards and specifications for interoperability	15,000,000	5,000,000				20,000,000	36,114
		Annual update of the national interoperability reference framework			10,000,000	10,000,000	10,000,000	30,000,000	54,171
	7.1.2. Establish a national digital health interoperability platform	Drafting of specifications and development/configuration of a national interoperability platform	20,000,000	40,000,000				60,000,000	108,342
		Setting up of security components (IAM, encryption, logging, auditing)		10,000,000				10,000,000	18,057
		Organisation of a workshop to validate the interoperability platform	10,000,000	15,000,000				25,000,000	45,143
		Continuous integration of national interoperability profiles and usage/priority national systems	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000	90,285
		Implementation and deployment of the national digital health interoperability platform	25,000,000	25,000,000				50,000,000	90,285

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
		Establishment of a monitoring committee for the national digital health interoperability platform		20,000,000	20,000,000	20,000,000	20,000,000	80,000,000	144,456
		Missions to follow up the implementation and deployment of the national digital health interoperability platform		20,000,000	20,000,000	20,000,000	20,000,000	80,000,000	144,456
		Continuous updates and bug fixes of the national digital health interoperability platform		10,000,000	10,000,000	10,000,000	10,000,000	40,000,000	72,228
		Support for the creation and operation of the “HL7 FHIR Cameroon” association for the management of HL7 FHIR standards in Cameroon	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	25,000,000	45,143
	7.1.3. Update of the national digital health architecture	Update of the national digital health architecture		10,000,000				10,000,000	18,057
		Organisation of a workshop to validate the update of the national digital health architecture and to align with the national interoperability reference framework		15,000,000				15,000,000	27,086
		Organisation of the official ceremony for the adoption of the national digital health architecture			5,000,000			5,000,000	9,029
		Development of manuals and guidelines for project implementation and alignment			5,000,000			5,000,000	9,029
		Support for aligning strategic projects with the national digital health architecture			5,000,000	5,000,000	5,000,000	15,000,000	27,086
7.2. By 2029, implement mechanisms and procedures for	7.2.1. Create a digital health certification/accreditation, compliance,	Development of draft instruments for the creation of the digital health accreditation, compliance, and control commission	10,000,000					10,000,000	18,057

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFCA)	Total cost of tasks (USD)
certification, monitoring, and compliance control, in digital health	and control commission, linked to the Data Protection Authority	Organisation of a workshop to validate draft instruments for the creation of the digital health accreditation, compliance, and control commission	15,000,000					15,000,000	27,086
		Submission of draft instruments for the creation of the digital health accreditation, compliance, and control commission	0					0	0
	7.2.2. Develop a certification/accreditation procedure code for digital health solutions	Development of a certification/accreditation mechanism for digital health solutions	10,000,000	15,000,000				25,000,000	45,143
		Organisation of a workshop to validate the certification/accreditation procedure code for digital health solutions	5,000,000	15,000,000				20,000,000	36,114
		Development of draft regulatory instruments governing the certification/accreditation procedure	5,000,000	5,000,000				10,000,000	18,057
		Submission of draft regulatory instruments governing the certification/accreditation procedure		0				0	0
		Organisation of an official ceremony to adopt the certification/accreditation procedure code		5,000,000				5,000,000	9,029
		Development of manuals, practical guides and tools for the implementation of the certification/accreditation procedure code	5,000,000	5,000,000	5,000,000			15,000,000	27,086

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
	7.2.3. Conduct annual audits to monitor and oversee compliance in digital health	Establishment of a committee to select and enter into agreement with accredited audit firms				3,000,000		3,000,000	5,417
		Conduct of audits to monitor and oversee compliance in digital health				20,000,000	20,000,000	40,000,000	72,228
		Development of audit reports and recommendations				5,000,000	5,000,000	10,000,000	18,057
		Monitoring of compliance				10,000,000	10,000,000	20,000,000	36,114
7.3. By 2030, promote cross-border digital exchanges of health data, in line with regional and international initiatives	7.3.1. Implement agreements on cross-border digital exchange of health data	Preparation of tools and implement interoperability for cross-border digital exchange of health data	10,000,000			40,000,000		50,000,000	90,285
		Implementation and deployment of procedures (SOPs) for cross-border digital exchange of health data				25,000,000	25,000,000	50,000,000	90,285
		Establishment of a committee to follow up the implementation and deployment of procedures (SOPs) for cross-border exchange of digital health data				15,000,000	15,000,000	30,000,000	54,171
		Missions to follow up the implementation and deployment of procedures (SOPs) for cross-border exchange of digital health data				10,000,000	10,000,000	20,000,000	36,114
		Continuous updates and bug fixes of the system managing procedures (SOPs) for cross-border exchange of digital health data					10,000,000	10,000,000	18,057
TOTAL STRATEGIC AXIS 7: STANDARDS AND INTEROPERABILITY			**175,000,000**	**250,000,000**	**95,000,000**	**223,000,000**	**175,000,000**	**918,000,000**	**1,657,638**

*USD 1 = XAF 553.8 on 17/02/2026

9.1.5 STRATEGIC AXIS 8: RESEARCH, INNOVATION, AND PROMOTION OF INITIATIVES

Specific objective 8: By 2030, contribute to the creation of a centre of excellence for research and innovation in digital health by generating locally developed technological solutions tailored to the needs of the health system.

Specific objectives	Activities	Tasks	Costs of tasks (FCFA) 2026	2027	2028	2029	2030	Total cost of tasks / activities (FCFA)	Total cost of tasks (USD)
8.1. By 2030, promote research in digital health	8.1.1. Support research networks and think tanks in digital health	Establishment of a drafting committee for a Memorandum of Understanding between the Ministry of Public Health and the Cameroon Digital Health Society	0					0	0
		Organisation of a workshop to validate the Memorandum of Understanding between the MOH and the Cameroon Digital Health Society	6,000,000					6,000,000	10,834
		Official signing ceremony of the Memorandum of Understanding between the MOH and the Cameroon Digital Health Society	3,000,000					3,000,000	5,417
		Support for the organisation of the biannual national digital health congress and other digital health events organised by the Cameroon Digital Health Society	20,000,000		20,000,000		20,000,000	60,000,000	108,342
		Financial support to centres of excellence in universities for the conduct of studies and the promotion of digital health research results	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000	902,853
8.2. By 2030, continuously promote innovation and local initiatives in digital health	8.1.2. Promote local digital health innovations and initiatives	Creation of an annual digital health innovation award	0					0	0
		Implementation of the annual digital health innovation award		50,000,000	50,000,000	50,000,000	50,000,000	200,000,000	361,141
		Targeted financial support for local digital health innovations		75,000,000	75,000,000	75,000,000	75,000,000	300,000,000	541,712
		Organisation of the Cameroon Digital Health Forum		100,000,000		100,000,000		200,000,000	361,141
TOTAL STRATEGIC AXIS 8: RESEARCH, INNOVATION, AND PROMOTION OF INITIATIVES			**129,000,000**	**325,000,000**	**245,000,000**	**325,000,000**	**245,000,000**	**1,269,000,000**	**2,291,441**

*USD 1 = XAF 553.8 on 17/02/2026

9.2 ANNEXE 2 : GALERIE PHOTO

Figure 2: Atelier d'évaluation du PSNSN 2020-2024 (photo de famille), Mbankomo (10-14 novembre 2025)

Figure 3: Atelier d'évaluation du PSNSN 2020-2024 (séance de travail), Mbankomo (10-14 novembre 2025)

Figure 4: Atelier de consensus et de validation des orientations stratégiques du PSNSN 2026-2030 (séance de travail), Ebolowa (22-24 décembre 2025)

Figure 5: Atelier de relecture et de validation du PSNSN 2026-2030 (photo de famille), Yaoundé (12-13 février 2026)

Figure 6: Atelier de relecture et de validation du PSNSN 2026-2030 (séance de travail), Yaoundé (12-13 février 2026)