



PUBLIC-PRIVATE PARTNERSHIP

INTERNATIONAL OPEN CALL FOR EXPRESSION OF INTEREST
No. ~~DAB-30~~ /IOCEI/MINSANTE/SG/DEP/CEI/2026 OF ~~23 JAN 2026~~

TO shortlist companies or groups of companies to support the Government of the Republic of Cameroon in the financing, design, construction, operation and maintenance of the implementation of the Electronic Medical Record (EMR) as public-private partnership.

AND
ON BEHALF OF THE MINISTRY OF PUBLIC HEALTH (MOH)

TENDER TO BE
PUBLISHED

Introduction

1.1 Business opportunity

The Ministry of Public Health (MOH) is hereby launching an International Call for Expression of Interest for the implementation of the project to **financing, design, construction, operation, and maintenance of the implementation of the Electronic Medical Record (EMR)** as a Public-Private Partnership.

This project aims to set up an integrated hospital management and electronic patient medical record computer system which will be deployed in Health Facilities and which will take into account all the health components of a patient.

The Minister of Public Health advocates a public-private partnership (PPP) approach for the project to leverage private sector expertise. He anticipates significant private sector participation in sharing responsibilities and risks, as well as in financing the project. The Minister of Public Health also aims to accelerate the project's implementation through the technological contributions and management expertise of the private sector.

The Electronic Medical Record (EMR) represents the complete, written record of a patient's stay in a hospital. This document contains a record of every diagnostic, therapeutic, and preventative procedure, as well as a reflection on the doctor-patient relationship. It is a tool for reflection, synthesis, planning, and traceability of care, and even for research and teaching. It also serves as a central hub for the actions of all healthcare professionals involved.

1.2 Objectives

This tender notice aims to identify and select potential partners for the Ministry of Public Health (MOH) for the Partnership. Given the importance of this project, MOH wishes to entrust its implementation to a partner who has demonstrated their interest, experience, expertise, resources, and potential, as well as all other qualities required to successfully carry out the Partnership.

1.3 Background

Cameroon's vision for 2035 is to become an emerging, democratic, and united country, embracing its diversity and boasting a strong, diversified, and competitive economy. Achieving this vision involves reaching general and strategic objectives, among which the goal of increasing and expanding the availability and quality of healthcare services stands out. Universal Health Coverage, the digitalization and interconnection of hospitals, and the implementation of the Electronic Medical Record (EMR), all contribute to achieving this strategic objective.

Since 2017, the Ministry of Public Health (MOH) has been committed to implementing Electronic Medical Records (EMRs) for HIV patients with technical and financial support from partners. Following a preliminary assessment conducted by CDC/ICAP and certain MOH departments on existing patient data collection tools, the OPENMRS software was piloted to support the EMR system, as it met the agreed-upon requirements. Subsequently, approximately fifty healthcare facilities were selected to launch the pilot phase of the project.

It should be noted that the first implementation committee for the pilot EMR was established in February 2018, and its terms of reference were adopted in November 2019, transforming it into an Integrated Hospital Management System and Electronic Medical Record. Its formal implementation was subsequently incorporated into the National Strategic Plan for Digital Health adopted in February 2020. Finally, in May 2020, the Prime Minister's letter of assignment instructed the Minister of Public Health to proceed with the computerization and interconnection of Regional Hospital Centres built under the Three-Year Emergency Plan for Accelerated Growth.

1.4 Expected Outputs and/or Results

Outputs include a unified health data management system, improved quality of care through instant access to information, and better coordination of health services. Expected outcomes encompass optimized resources, reduced healthcare costs through effective prevention and monitoring, improved public health through data analysis, and greater public trust in the healthcare system.

The expected results from the implementation of the Electronic Medical Record are as follows:

- **National health information system:** Centralized and interoperable software and hardware platform, compliant with security and confidentiality standards.
- **Electronic health data:** Digitized and standardized medical records, accessible to authorized healthcare professionals.
- **Technological infrastructure:** Secure network, servers, and workstations for system operation.
- **Staff training:** Health and administrative staff trained in the use of the system.

- **Technical support:** Assistance and maintenance service to ensure the continuous operation of the system.

1.5 Project description

The main components of an EMR implementation project can be broken down into three key areas: patient data content, technological infrastructure, and workflows. These elements must be structured to ensure interoperability and data confidentiality.

1.5.1 Contents of the file

- **Demographic and administrative information:** Name, date of birth, contact details, insurance information, consent.
- **Medical history:** Personal and family history, illnesses, allergies, vaccinations, risk factors.
- **Clinical data:** Diagnoses, test results (laboratory, imaging), progress report, treatment plans, prescriptions.
- **Communication documents:** Liaison letters, hospitalization or consultation reports.

1.5.2 Infrastructure and technology

- **Software and systems:** EMR platform, prescription management systems, laboratories, radiology.
- **Equipment:** Computers, tablets, scanners, etc., for data entry and tracking.
- **Security:** Robust security mechanisms for data protection, encryption and access control.
- **Interconnection:** The ability to share information between different health services and facilities to ensure care continuum.

1.5.3 Implementation process

- **Assessment and planning:** Analysis of specific needs, selection of the most suitable system, deployment planning.
- **User training and support:** Training of medical and administrative staff on the use of the new system.
- **Data migration:** Strategy for transferring data from old systems (paper or electronic) to the new EMR.
- **Regulatory compliance:** Ensuring compliance with laws and regulations regarding the protection of health data.

1.6 Responsibilities entrusted to the private partner

To achieve the desired results, the **Minister of Public Health**, who will be designated in the Public-Private Partnership Contract as the "Public Partner," intends to entrust the following responsibilities to the Private Partner:

- **Permits and authorizations** – The private Partner shall obtain all necessary permits and authorizations for the execution of its work within the framework of the Partnership;
- **Design** – The private Partner will have to design the works planned in the Partnership according to the results sought by the Public Partner while respecting all requirements, including environmental requirements.
- **Construction/Development** – The Private Partner will be responsible for carrying out the work stipulated in the Partnership. It must ensure that it complies at all times with all requirements, including environmental requirements, and achieves all the results sought by the Project.
- **Financing** – The private Partner will be responsible for developing the financial structure of the Partnership and implementing it under its full responsibility;
- **Operation and Maintenance** – The Private Partner will assume responsibility for the operation, routine maintenance, and major maintenance covered by the Partnership for the duration of the Partnership Agreement. This responsibility includes the operation and maintenance of equipment provided by the Private Partner and equipment entrusted to it by the Public Partner, as well as the collection of any revenue generated from such operation.
- **Conditions for Handover of Assets** – At the end of the Partnership, the Infrastructure will be handed over to the **Minister of Public Health** under conditions to be defined in the Partnership Agreement. The Infrastructure will be subject to an inspection and corrective mechanism to ensure that its handover is carried out in accordance with the pre-established contractual conditions.

Candidates must assume that they are responsible for fulfilling all administrative and technical responsibilities required by the Partnership that would normally be assumed by the **Minister of Public Health** for the implementation of the Project under a conventional delivery approach. The **Minister of Public Health** will assume no other responsibilities with respect to the Partnership than those stipulated in the Partnership Agreement.

By way of example, but not limited to, the responsibilities of the Private Partner will include the following interventions: coordination with third parties including other administrations, adherence to Project timelines and costs.

Furthermore, Candidates must stipulate that their obligations, particularly with regard to the design, construction, commissioning, quality control, operation and maintenance of the Infrastructure under the Partnership, must be fulfilled for the full duration of the partnership agreement, including compliance with the conditions for handing over the Infrastructure.

1.7 Remuneration of the private partner

The private partner's remuneration during the operational period will come from payments made by patients to the health facility that treats them and has access to the EMR platform. These payments will be made in exchange for either patient enrollment or services related to the use of the EMR platform.

1.8 Healthcare facilities

The implementation of the EMR implementation project will take place in about three thousand (3,000) public health facilities spread across the entire national territory.

The healthcare facilities in question are as follows:

- 01 Ministry of Public Health;
- 10 Regional Delegations of Public Health;
- 206 Health Districts;
- 3,166 eligible healthcare facilities.

2 Private partner shortlisting process

2.1 Description of the shortlisting process

In accordance with the regulatory framework for partnership contracts in force, the relevant elements of which can be obtained from the Council for Support to the Implementation of Partnership Contracts (CARPA) or via the link <https://www.ppp-cameroun.cm/download/loi-n2023-008-du-25-juillet-2023-fixant-le-regime-general-des-contrats-de-partenariat-public-prive/#>, the procedure for selecting the private partner comprises the following steps:

1. IOCEI;
2. Restrictive invitation to tender;
3. Competitive dialogue;
4. analysis of final bids;
5. contract award;
6. negotiating the terms of the contract;
7. signing of the contract.

Within the framework of this consultation concerning IOCEI, the objective of which is to establish a shortlist of a maximum of five (5) candidates invited to participate in the Restrictive stage,

Candidates who have expressed an interest in this IOCEI will be required to provide a demonstration of:

- their technical ability to design, develop and deploy hospital management and Electronic Medical Record software;
- their technical capacity to operate and maintain the Electronic Medical Record;
- their ability to finance investments and their competence in setting up financing such as that required to achieve the objectives of the Partnership proposed by the Ministry of Public Health.

In the case of a Group, the Candidate must describe its composition, operation and the role of each of its Members.

An ad hoc Special Public-Private Partnership Contract Commission (SPECIAL PPP COMMISSION) will be set up to review the applications.

The contract will be awarded to the successful Candidate based on a draft contract submitted for this purpose. Following negotiations, the CARPA's no-objection opinion will be required for the contract to be signed.

2.2 Transparency of the selection process

All selection documents (OICEI, RIT and other guidelines for Candidates) will be made public, with the exception of sensitive or confidential elements.

3 Evaluation of Applications

The Candidate must present in their Application only information relating to their organization and their own experience, including information relating to their Members in the case of a group.

3.1 Withdrawal of an application

A candidate may withdraw their application by submitting written notice to the representative of the Minister of Public Health at any time before the deadline for receiving applications, without prejudice to their right to submit a new application within the prescribed period.

3.2 Submission Date and place

Applications must be submitted in person, against receipt, to the Studies and Projects Division of the Ministry of Public Health, located at IMMEUBLE DE LA SANTE near the Cameroon Red Cross, upon publication of this notice no later than 31 MARS 2026 at 4:00 PM. Applications must be in a sealed envelope labelled:

INTERNATIONAL OPEN CALL FOR EXPRESSION OF INTEREST No. D13-30 /A
IOCEI/MINSANTE/SG/DEP/CEI/2026 OF 23 JAN 2026

TO shortlist companies or groups of companies to support the Government of the Republic of Cameroon in the financing, design, construction, operation and maintenance of the implementation of the Electronic Medical Record (EMR) in a public-private partnership.

TO BE OPENED ONLY DURING THE TENDER REVIEW SESSION

All applications submitted after the deadline will be returned to the sender at their expense.

It is the Candidate's responsibility to ensure that their Application is submitted at the time and place indicated above.

The Head of the Studies and Projects Division of the Ministry of Public Health will establish and maintain the list of candidates with the contact details they provided when withdrawing the tender file. Applications submitted electronically or by fax will not be accepted.

3.3 Evaluation of applications

The evaluation of applications will take place in two phases.

- The first step will be to ensure that all eligibility requirements are met.
- The second phase will consist of evaluating the applications based on the following criteria:
 - capacity in the design, development and maintenance of the information system;
 - capacity and expertise in structuring financing.

3.4 Admission conditions

Any application that does not meet one or more of the eligibility requirements described below may be deemed inadmissible and therefore rejected:

- The application must be submitted to the location indicated in this document and within the prescribed time limit;
- The Candidate's authorized representative (lead in the case of a group) must produce a letter of expression of interest written in French or English, in the form and content that is indicated in Appendix 2, without alteration or change, and sign it;
- The Candidate must produce, for each of the companies comprising it:
 - a sworn statement from their lead, written in French or English, in the form and content of that indicated in Appendix 3, without alteration or change, and signed,
 - the criminal record (bulletin No.2 or No.3) of their lead,
 - certificates and/or attestations issued by the competent administrations and bodies proving the fulfillment of the company's tax and social obligations for the 2026 financial year;
 - the resolution authorizing the Candidate's representative and each Candidate's Member to sign;
 - the agreement or memorandum of understanding establishing the Grouping, if applicable;
 - the Candidate's financial statements;
 - the original certificates of non-bankruptcy.

If an administrative document is missing from the application file, the Special PPP Commission grants the candidates concerned a period of 48 hours to complete their file.

Unless requested, the SPECIAL PPP COMMISSION will not accept any additional information or clarifications. The SPECIAL PPP COMMISSION determines the extent to which each Application meets the

requirements of this tender file and evaluates it based solely on the information it contains and any additional information received in response to requests for clarification.

3.5 Selection of qualified candidates

The top five candidates with a minimum score of 60 will be placed on the list of qualified candidates. In the event of a tie, the candidate with the best technical skills will be given preference.

3.6 Transmission of candidates evaluation results

Once the evaluation is complete, each candidate, upon request, receives the following information:

- the number of admissible applications and the number of inadmissible applications;
- their own score if their application is successful or, if applicable, the reasons for the rejection of their application;
- the names of the shortlisted candidates.

3.7 Representative of the Minister of Public Health

To ensure uniformity in the interpretation of tender documents and to facilitate the exchange of information, the Minister of Public Health designates the following person to represent him:

Name and title of the Representative	Dr. Ousmane Diaby
Representative's Address	Studies and Projects Division located immeuble de la sante near the Cameroon Red Cross Building
City of the representative	Yaoundé
Representative's Email Address of Representative	- diabyk66@yahoo.fr - ayissi_pascal@yahoo.fr - g.batoum@minsante.cm
Phone number	+237 675 13 32 37 / +237 675 59 34 10 / +237 699 35 88 92

All inquiries must be submitted in writing. The Representative of the Minister of Public Health is the only person with whom potential candidates may communicate regarding this tender file.

Any information provided by a person other than the Representative of the Minister of Public Health is not binding on that person and the Candidate should not rely on such information.

3.8 File review

The Candidate must ensure that all sections of the Tender and its annexes listed in the table of contents are available to them. Unless they notify the Representative of the Minister of Public Health otherwise before the opening of applications, it will be presumed that all these documents are available to them.

The Candidate must carefully review the tender documents and it is their responsibility to familiarize themselves with the purpose and requirements of this tender. If they think there are any ambiguities, omissions, or contradictions in the documents, or if they have any doubts about their meaning, they must notify the Representative of the Minister of Public Health within the time limits specified in this tender.

As indicated in the declaration of honour presented in Appendix 3, the Candidate, by submitting his application, acknowledges having read the documents and accepts the terms and conditions.

3.9 Inquiries

All candidates with questions regarding this tender must submit them in writing to the Representative of the Minister of Health as from 9:00 AM on 27 FEV 2026. The deadline for receiving inquiries is 3:00 PM on 13 MARS 2026.

If a question or answer results in a change to this tender, an addendum will be published. Only information provided in writing by the Representative of the Minister of Public Health in the form of an addendum will be used to modify the tender requirements.

The Minister of Public Health reserves the right not to answer certain questions deemed irrelevant. Any addendum will supplement or replace the information and requirements contained in this tender, as applicable.

3.10 Information session and site visit

The Ministry of Public Health will hold an information session on 27 FEV 2026 in Yaoundé. Potential candidates who have submitted a written application 48 hours before this session will be invited to attend.

During this information session, the Ministry of Public Health will present the tender Project and document to potential candidates.

3.11 Preparation and submission of an application

The evaluation of applications is the responsibility of a Special Public-Private Partnership Contract Commission which carries out the evaluation according to the criteria and weighting defined in section 4. It is therefore essential that the applicant provides, in a precise and orderly manner, the elements of response to the criteria set, demonstrating with regard to each of them what makes it suitable to carry out the partnership.

The rules for submitting applications are as follows:

- The application and related documents must be submitted in French or English;
- The application submission scheme as indicated in **Appendix 1 of the tender** must be respected.

The Minister of Public Health also requests that application documents include the following elements:

- The application must be submitted on A4 format paper;
- the description of each project cannot exceed five pages;
- the characters used must be 12 font size with single line spacing;
- The Candidate must submit their Application in 10 signed copies, including one clearly identified original, all in sealed envelope.

4 General terms and conditions

4.1 Eligibility

Due to their involvement in the Project, companies that participated in the earlier development phases of the project, including the preparation of feasibility studies, as well as companies affiliated with these companies, are not eligible to participate as a member of a Candidate's team or for any other role with the Candidate.

4.2 Communication

Under pain of rejection of their application, candidates must refrain from communicating with the staff of the Ministry of Public Health and CARPA, or with any person associated with the project in any way, except the Representative of the Minister of Public Health, designated in section 5.2, regarding this tender and the Project.

4.3 Conflicts of interest

The Candidate agrees to avoid any situation that would create a conflict between their personal interest and the interest of the Ministry of Public Health or the State of Cameroon. Should such a situation arise, the Candidate must immediately inform the Representative of the Minister of Public Health, who may, at their discretion, issue an instruction to the Candidate on how to resolve this conflict of interest or disqualify the Candidate.

Members of a Candidate (as well as Companies related to these Members) may not be parties to another Candidate that submits an Application in response to this tender.

4.4 Honesty

Each Candidate must submit their application without any prior consultation, exchange, or comparison of information, or agreement with any other Candidate (or any other employee, representative, or member of a Candidate). It is the responsibility of each Candidate to ensure that they participate in this tender process honestly and without collusion or fraud. If a situation of collusion arises, the Minister of Public Health may, among other things, disqualify the Candidate.

4.5 Candidate Costs and Expenses

Within the framework of this tender, the Minister of Public Health will not reimburse any expenses incurred by the Candidates.

4.6 Modification of the composition a group

The Candidate may not add, delete or replace any Member, nor make any change to the participation of any Member, after submitting their Application, until the announcement of the qualified Candidates under this tender.

If a Qualified Candidate wishes to add, remove or replace a Member, or make a change in the participation of any Member, the Qualified Candidate must submit these changes to the representative of the Minister of Public Health in writing, explaining the nature and reasons for the change to allow the Minister of Public Health to assess the request.

Any proposed change is subject to review and approval by the Minister of Public Health, at their sole discretion. Any change made in disrespect of the provisions of this section may result in the disqualification of the qualified candidate.

4.7 Rights of the Minister of Public Health

The Minister of Public Health reserves the right to conduct an independent verification of information relating to a Candidate.

The Minister of Public Health reserves the right to modify the dates, deadlines, limits and scope of the Project or Partnership, to reject any or all of the Applications, to cancel this IOCEI or the Partnership, to launch a new IOCEI for the Partnership, to modify the selection process, without incurring liability for costs and damages suffered by any Applicant.

The Minister of Public Health reserves the right to exclude or permit the correction of any irregularity deemed minor or obvious in an Application and to request clarifications or additional information concerning any Application.

The Minister of Public Health reserves the right to disqualify any application which, in his opinion, contains misleading information.

No recourse is admissible against the State of Cameroon, the Ministry of Public Health or their representatives and advisors for any reason whatsoever arising from the exercise, where applicable, of the rights and powers described in this section 6.7 of the IOCEI.

4.8 Responsibility of the Ministry of Public Health for the accuracy of information

The Ministry of Public Health declines all responsibility and does not guarantee in any way the accuracy, relevance or completeness of information transmitted, from a third party, to a Candidate of this tender.

4.9 Application Status After Analysis

Applications submitted by unsuccessful candidates, and all accompanying documents, will be returned to them at their request and expense within five (5) business days of the publication of the tender results. After this period, said applications will be destroyed.

4.10 Official languages of the tender document

This tender document is produced in French and English. In case of discrepancy, the original draft tender document, which is written in French, shall prevail.

