

CAMEROON

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, 95% of targeted people (adolescent and youth) who live with HIV know their status, 90% of those who know their status are on treatment and 90% of those who are on treatment are viral load suppressed.	SLOW PROGRESS	49.3% (24 834) of an estimated 50 355 young people aged 15-24 living with HIV are on ARV treatment (Spectrum 2021).
By end of 2021, HIV new infections are reduced from 22 300 to fewer than 5000 through scaling up HIV transmission prevention services among young people, key populations and mother to child.	SLOW PROGRESS	4500 new infections among those under 15 years of age; 4200 new infections among people aged 15-24. Mother-to-child transmission of HIV was at 17% in 2020 (GAM 2021).
By the end of 2021, HIV-related stigma and discrimination will have been reduced at both community and health facilities levels in the targeted locations.	ON TRACK	Capacity building and sensitization initiatives on HIV-related stigma and discrimination were rolled out in 2020 among health workers, people living with HIV and in the workplace. Advocacy and assistance from the Joint Team supported a landmark decision of the Government to eliminate HIV services user fees in January 2020, increasing the uptake and access to HIV services for general and key populations.

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In Cameroon, access to HIV services, HIV prevention, and the promotion of human rights and reduction of stigma and discrimination and gender-based violence (GBV) were identified as major challenges for people displaced by humanitarian crisis, especially women of childbearing age, young people and key populations. In 2020, targeted regions benefitted from capacity building and technical support to strengthen HIV testing and treatment services in the country, especially in light of the COVID-19 pandemic, and to tackle the gaps in prevention through community-based outreach strategies. Comprehensive sexuality education (CSE) and promotion of sexual and reproductive health (SRH) for young people, as well as targeted socioeconomic support for people living with HIV, key populations, internally displaced people and refugees, were the areas of focus of the Joint Team in 2020.

TESTING AND TREATMENT

POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The training of 30 regional trainers in the Littoral region on mother-to-child transmission of HIV and paediatric care contributed to increasing testing of pregnant women, babies, children, adolescents, and members of the general population at targeted sites. It also helped patients who had been lost to follow-up to be re-enrolled to ART, and to reinforce their adherence to treatment. 91 of 433 people who tested positive for HIV were referred to ARV treatment. Out of the 45 health facilities supported in the region, 38 have had at least 75% of their staff trained in HIV/AIDS service delivery.

The Joint Team supported a community-based organization (CBO) to mobilize 100 health workers to provide HIV testing and treatment services to children, adolescents, pregnant women and their partners in the Mifi health district (West Province). About 4300 pregnant/breastfeeding women were sensitized on important maternal and HIV and health issues. Ninety percent of these women were tested for HIV, and 33 yielded positive result. Fourteen exposed babies were traced at the community level and tested; they are all negative. Twenty-five male partners, 58 adolescents and 54 children living with an adult with HIV were also tested with two positive cases. All those who tested positive for HIV, including those from the other population groups were referred to ARV treatment.

In other target regions, 23 358 people received HIV testing, including 7493 internally displaced persons (mostly young women involved in commercial sex work) and members of host communities; all those who tested positive were enrolled in ART.

In response to the challenge of low viral-load testing rates due to limited numbers of laboratories and weak supply chains for reagents, technical assistance was provided by the Joint Team to establish a mechanism to transport samples and early infant diagnosis (EID) testing to operational laboratory hubs and subsequently retrieve results. This effort resulted in the transport and testing of 18 846 samples. Finally, the compilation of data at district level and development of treatment and PMTCT cascades were supported.

PREVENTION

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Technical support was provided for the expansion of HIV combination prevention services for young people, adolescent girls and young women, internally displaced persons, and key populations in the Littoral and West regions. For instance, HIV prevention services were offered to 223 female sex workers, and 758 potential sex-work clients in identified high-risk areas. Furthermore, the Joint Team also supported the needs assessment in refugee camps across the country, as well as mapping and documentation of internally displaced persons in reception sites (18 440 people mapped in 19 sites) to identify high-risk behaviour hotspots.

Training was provided to 47 representatives of CBOs (41 women, 6 men), to offer outreach to vulnerable populations on early and unwanted pregnancy, GBV and assistance in case of sexual violence. Capacity building for health care providers and psychosocial workers operating in communities to bring services to hard-to-reach populations led to 14 100 internally displaced persons and members of host communities being sensitized and 16 500 male and 1500 female condoms distributed.

Sensitization and communications campaigns on HIV/COVID-19 also used a mix of other tools such as radio and TV programmes, and posters placed in health care facilities and public venues, reaching 500 000 young people between June and December. Information on where to access SRH and family planning services was included, as well as key messages to reduce stigma and discrimination and GBV. For the first time, prevention messages intended for people who use drugs and other illicit substances were disseminated together with messages on HIV, STIs and unwanted/early pregnancies in schools, and through micro-programmes circulated on various social media, reaching 102 000 young people.

In partnership with CBOs, two youth-friendly centres were established in key locations in the Littoral and West regions, including in refugee camps, providing information on HIV and CSE. Fifty peer educators and eight peer counsellors were trained on CSE and HIV to expand outreach, reaching 800 young people that included 326 displaced adolescents and youth. CSE was conducted in and out of schools among youth and adolescents, with 600 teachers and 200 pedagogical supervisors being trained and equipped with guides and tools for in-school CSE.

Youth clubs were supported in all developed refugee sites in the Eastern region of Cameroon, receiving 126 HIV awareness-raising sessions, distributing 48 760 condoms, and conducting voluntary testing sessions for 6432 young people. Moreover, financial assistance on the decentralization of the national Network of Young People Living with HIV was provided, helping them set up sub-offices in the Littoral and West regions.

ACCESS TO SERVICES, STIGMA AND DISCRIMINATION UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Four women's groups, including women living with HIV, received economic support to facilitate their access to health and HIV services, and through workshops supported by the Joint Team, 400 women were sensitized on the fight against the stigma of HIV and AIDS, GBV and COVID-19 in Bertoua and Mayos, and five religious denominations developed draft action plans to fight HIV and GBV in their communities.

Advocacy and community mobilization work was undertaken to promote human rights and reduce stigma and discrimination, to 'leave no one behind' at national and decentralized level. This included a capacity-building seminar for 35 community health workers focusing on a rights-based approach to fighting discrimination and GBV among people living with HIV. In addition, 60 health workers from the health districts of Kribi, Douala, Bertoua and Yaoundé were trained in tackling stigma and discrimination.

An educational tool for the promotion of human rights in the context of HIV in the workplace was developed. 3000 posters were disseminated through a campaign to reduce stigma and discrimination and to promote the rights of people living with HIV. The posters were distributed to 18 health care facilities, 122 workplaces/businesses, 150 community sites in the 10 regions of the country, reaching at least 25 000 people.

CONTRIBUTION TO THE COVID-19 RESPONSE

The COVID-19 response used lessons learned and expertise from the AIDS response. Contributions were made by the Joint Team in guiding and supporting rapid scale-up and decentralization of prevention through the generation and use of strategic information. Expertise was applied in initiating the creation of a modelling group on COVID-19. Collection, compilation and analysis of data on new COVID-19 infections, deaths, and recoveries were supported as well as the development of COVID-19 estimations. The impact of the COVID-19 pandemic on the HIV response was also assessed, which informed the advocacy and measures put in place to address the major challenges produced by this new pandemic.

The Joint Team assisted the Ministry of Health and encouraged the engagement of CBOs and community networks to build on existing prevention structures and systems in developing interventions and responses to COVID-19. Collaboration with health care providers and local leaders facilitated the provision of integrated packages of services for the prevention of HIV and COVID-19 including care and support for people living with HIV. Staff from 72 health care facilities providing services to people living with HIV were sensitized on the application of barrier measures against COVID-19, the protection of caregivers and patients and the reduction of stigma through a poster campaign. A key modality to continue service provision was advocating for a much wider multi-month dispensing of ARVs, which was put in place at national scale.

In the context of the COVID-19 pandemic, 5510 people living with HIV, especially women (61%), children, internally displaced persons, refugees and members of key populations received nutritional support and access to income-generating activities. Cash-transfer programmes were implemented for 952 adults and youth living with HIV, and members of key populations, to meet the cost of food and transport to access health services and education. In addition, 20 women living with HIV received start-up kits and were trained in the making of hydroalcoholic gels and face masks.

Technical and financial assistance was provided to procure and distribute PPE for health and community workers to support prevention work among communities, as well as to people living with HIV and members of key populations. In nine care units located in Bertoua, Belabo, Betare Oya, Garoua Boulai, Batouri, Ndelele, Yokadouma, Meiganga and Djohong (in East and Adamaoua regions), 603 beneficiaries under nutritional assistance also received personal COVID-19 protective kits.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team follows the principle of "Leave No One Behind" by targeting internally displaced persons and refugees, ensuring their access to health and social protection services. Interventions are aligned with national priorities and specifically target vulnerable groups, including those affected by the security crisis in Cameroon and neighbouring countries.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic produced the greatest challenges, hampering outreach and programme implementation, and further weakening drug and commodity supply systems across the country resulting in stock-outs of HIV medicines and commodities. Insufficient COVID-19 prevention and lack of personal protective equipment for health care providers and community outreach workers resulted in high COVID-19 infections.</p>	<p>Integration of HIV and COVID-19 interventions will be intensified as well as intervention for co-infections of HIV with Tuberculosis and Hepatitis and response to Syphilis and STIs.</p> <p>Continue to strengthen capacity of health care providers, CBOs, CSOs, networks and leaders in targeted regions to provide differentiated HIV services in the context of COVID-19.</p>
<p>Location and populations targeted initiatives (including for youth and adolescent girls and young women displaced due to the humanitarian crisis in the North- and South-West regions) are crucial. Needs cannot be met with the financial and human resources available to address both HIV and COVID-19 pandemics.</p>	<p>Key and vulnerable populations in high-risk hotspots will continue to be mapped and needs assessed to tailor package of HIV and COVID-19 prevention, care and support services. Youth-friendly centres will be set up to provide comprehensive HIV, STI and COVID-19 prevention and SRH services. Assessment of vulnerability facilitated by 2021 IBBS.</p>
<p>The basic needs (food, water, clothing, shelter, transportation, medical expenses, etc.) of people living with HIV, and key populations in particular, are not met. In this context, it is necessary to implement strategies to increase the resilience of these vulnerable populations.</p>	<p>Study on food security and nutrition vulnerability of people living with HIV will be conducted to inform programmes, advocacy and resource mobilization. Evaluation of a cash-transfer programme which targeted people living with HIV and members of key populations will be led to scale-up programmes and advocate for inclusion in social protection schemes.</p>
<p>People living with HIV and key populations face a high level of stigma and discrimination, which prevents them from accessing services and obtaining HIV and COVID-19 related support and care.</p>	<p>Awareness on legal and human rights issues will be further raised and coalitions built to bring these issues to the fore, advancing the human rights and 'leave no one behind' agenda.</p> <p>Strong mobilization and gender-based mainstreaming to address the vulnerabilities of adolescent girls and young women and LGBTI people through combination prevention including information and communication, psycho-social support and care and access to existing and new forms of social protection.</p>
<p>In the context of the decentralization of the national response to HIV, the use of reliable granular data at the district and community levels has become essential to guide programme managers in tailoring responses for optimal return on investment.</p>	<p>Tools and training will be provided, and mechanisms put in place to gather and analyse data to monitor treatment and PMTCT cascades and develop district level estimates against which to measure progress and evaluate impact.</p>

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