

# CAMEROON

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

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

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*Despite the COVID-19 pandemic, Cameroon with support from the Joint Team, sought to increase access to HIV testing, treatment, and social protection services among vulnerable and key populations, particularly refugee and host populations in several regions. Healthcare workers and community leaders were trained on gender norms and violence, and their role in the continuity of treatment and care services for people living with HIV. Thousands of people living with HIV in 37 villages received personal protective equipment to ensure their safety and help them adhere to their treatment and care regimens. Non-health professionals from the education sector, healthcare providers, traditional leaders, parents, employees of aesthetics businesses, adolescent, and young people were trained and/or sensitized on combination HIV prevention, youth-friendly services, sexual and reproductive health, and comprehensive sexuality education to improve health outcome and decision making of adolescents and young people in Cameroon. Technical assistance was provided to assess the human rights situation in the country and estimate stigma and discrimination towards people living with or affected by HIV. This was followed up with implementation of trainings and pilot anti-stigma and discrimination programmes.*

## HIV TESTING AND TREATMENT

In the East and Adamaoua regions, the Joint Team provided 186 477 tons of specialized nutritious food supplies for 5675 people living with HIV on ART (73% women) from refugee populations and host communities in nine government HIV treatment and care units to improve adherence to treatment and their overall health outcomes. Technical support was also provided to conduct 2542 nutrition education sessions, reaching approximately 8848 people living with HIV on ART—73% of the participants were women. 36 managers of HIV care units, psychosocial agents, and promoters were trained in nutritional care, and infant and young child feeding in the context of HIV.

The Joint Team in collaboration with five community-based organizations provided cash transfer assistance for 952 vulnerable people at risk of HIV infection, and people living with or affected by HIV in the 10 regions. The beneficiaries received US\$116 each to help them cover their living expenses during the COVID-19 pandemic, including school fees and supplies, medical and food expensive, or support their income generating activities. The project impact interview showed a 99% satisfaction among the beneficiaries.

In the East and Littoral regions, 215 refugee people under the age of 15 years and 1408 adults from host communities accessed HIV testing and counselling (HTC), with support from the Joint Team. All the 12 children under 15 years and 224 out of the 235 adults who tested positive for HIV were enrolled on antiretroviral treatment (ART).

To improve access to quality HIV treatment and care services among people living with HIV, the Joint Team supported training for 20 community health workers and 20 religious and community leaders in the East, Littoral and West regions on gender-based violence (GBV), gender norms, and their role in ensuring continuity of services for people living with HIV during the COVID-19 pandemic.

As a result of technical and financial support, 17 people living with HIV who are animators of Village Saving Associations were trained on COVID-19 prevention measures; 637 people living with HIV enrolled on ART in the Eastern and Adamaoua regions received economic support, in the areas of agriculture, trade, and livestock management to improve food consumption and income of cooperative members and their families.

Personal protective equipment (PPE) and hygiene kits were distributed to 2000 people living with HIV in 37 Village Saving Associations in the two regions. Another 603 beneficiaries who were treated for malnutrition in health units covered by the Nutrition Assessment, Counselling and Support (NACS) programme received PPEs for prevention of COVID-19.

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported capacity building for 585 non-health officials from the Ministry of Youth Affairs and Civic Education, Ministry of Social Affairs, Ministry of Women's Empowerment and the Family, Ministry of Secondary Education, and community-based organizations to improve their skills on the provision of combination HIV prevention for adolescents and young people in Bafang, Bangourain, Bangante, Batcham, Dschang, Fombot, Fouban, Malentouen, Mbouda, Mifi districts of the Western Region. The training covered combination prevention strategies, HIV testing and treatment, and the importance of linking partners to HIV services.

In 2020, the Joint Team rolled out a mentorship programme on adolescent sexual and reproductive health (ASRH) for healthcare providers to build their capacity in delivering youth-friendly services. The programme reached at least one healthcare provider in each of the 63 health facilities in three districts of the Western Province, who were tasked to distribute 2000 information materials to enhance parent-children communication around adolescent sexual and reproductive health. Besides, 231 community health workers also received orientation on youth-friendly community support services and referrals to healthcare facilities.

The Joint Team supported three integrated HIV, sexual and reproductive health (SRH), family planning, sexually transmitted infections (STIs), and COVID-19 awareness raising and service delivery campaigns in the Northwest and Southwest (known as the NOSO regions) sensitizing 2939 adolescent and young people and reaching 1143 young people with the integrated services, including COVID-19 vaccination—23 eligible young people were vaccinated during these events.

In 2020-2021, technical support was provided to sensitize 4212 community members, including traditional and religious leaders, parents, and guardians on comprehensive sexuality education (CSE) and life skills. A total of 4 586 116 in- and out-of-school young people were also reached with comprehensive sexuality education through multiple social media platforms, such as Facebook, YouTube, and WhatsApp, and the CRTV Télé Jeune television programmes.

Training was conducted for 30 focal points of employers or employees of aesthetics businesses, such as hair and beauty salons, massages parlours, etc. to improve their capacity of implementing combination HIV prevention activities and referrals to HIV services, and prevention of stigma and discrimination in the West region.

In Foumban, the Joint Team supported six young girls trained as peer leaders to make 1363 home visits and reach 3735 people with combination HIV prevention services, which includes menstrual hygiene management, HIV testing and counselling, and COVID-19 prevention.

The Joint Team supported combination HIV prevention initiatives targeting key populations, particularly internally displaced people, female sex workers, and their clients in 13 neighbourhoods in the Littoral region, and 18 localities in the Western region. As a result, 568 girls engaged in sex work activities and 1785 men and/or potential clients in 67 hotspots accessed various combination HIV prevention services, including HIV testing and counselling; and 1330 men and 503 women received HIV testing and counselling, of whom 46 men and 29 girls tested HIV positive and were enrolled on antiretroviral treatment.

The Joint Team provided technical and financial assistance for various community mobilization initiatives reaching 57 739 refugees with accurate HIV prevention information and services. A total of 8583 (3508 women) refugees were able to access HIV testing and counselling services, of whom 150 tested HIV positive and were enrolled on antiretroviral treatment. Support from the Joint Team also led to 7210 pregnant women receiving HIV testing—representing a 97% coverage; 37 were found positive and linked to treatment.

In the Baka Community in the Eastern Region, more than 500 indigenous people were sensitized on stigma, gender-based violence, and HIV prevention and management while 100 community members were tested for HIV and received psychosocial support.

To ensure the continuity of HIV prevention, treatment, and care services, 29 medium-sized health facilities were capacitated through staff trainings towards offering the full package of HIV services to the internally displaced population in Littoral and refugees in the East regions. Additionally, in Manjo, Mbanga and Mounjo, 1520 girls and 1419 boys were sensitized on issues related to SRH, HIV and COVID-19.

A sensitization initiative led by the Joint Team enabled 1550 young people (919 men and 631 women) from the Littoral and Eastern regions to benefit from integrated sexual and reproductive health, family planning and COVID-19 prevention services.

Social restriction measures associated with the COVID-19 pandemic had negative consequences on HIV, early and unwanted pregnancies, and gender-based violence among adolescents and young people in Cameroon. In response, the Joint Team supported HTC for 679 adolescents and young people, COVID-19 tests for 569 people, and COVID-19 vaccination for 52 people. Around 137 young girls were also reached with educational sessions on prevention of HIV, unintended pregnancy, and gender-based violence.

### **HUMAN RIGHTS, STIGMA, AND DISCRIMINATION**

Technical and financial support was provided to eliminate stigma and discrimination towards people living with or affected by HIV in the workplace. Hence, a pilot group of 18 workers (11 women and 6 men) were trained and equipped with leadership and advocacy skills for the prevention of stigma and discrimination. Under the Stigma and Discrimination Champions project, 12 pilot awareness and advocacy sessions were also conducted in 12 companies in Douala and Yaoundé, reaching 966 workers with stigma and discrimination messages.

The Joint Team provided technical support to train members of the Cameroon Human Rights Commission and other institutions on integration of HIV/AIDS indicators into the assessment of the human rights situation in Cameroon. Forty members (40% females) of national institutions involved in multisectoral responses to HIV and tuberculosis were trained to overcome human

rights-related barriers to access, provision, and adherence to HIV services. Training was also provided for 30 representatives of civil society organizations working with key populations to improve their skills on advocacy and human rights reporting.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Under the “leaving no one behind” principle, the Joint Team in Cameroon actively contributed in 2020-2021 to the realization of the 2030 Agenda and the Sustainable Development Goals (SDGs), in particular SDGs 2 (Zero hunger), 3 (Good Health and Wellbeing), 4 (Quality education), 5 (Gender equality), 10 (Reduced inequalities), 16 (Peace, justice and strong institutions) and 17 (Partnerships for the goals).

The Joint Team took an active part in the development of the new UNSDCF 2022-2026. This has enabled the response to HIV/AIDS to figure prominently in this new framework of cooperation.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic slowed down the scale up of service delivery, programme implementation, and support for the national HIV response. For instance, the number of home visits aimed at providing food support, and COVID-19 prevention measures significantly declined—from 5796 in 2019 to 2445 in 2021. Lessons learned showed that cash transfer initiatives should be pursued to strengthen the resilience of vulnerable people, including people living with HIV exposed to COVID-19. Improved food support for people living with HIV also reduces the number of people lost to follow up and increase adherence to antiretroviral treatment.

Inadequate resources for the HIV response challenges scale up of integrated HIV prevention, treatment, and care services, and expand capacity building efforts in Cameroon. Weak data collection system impedes information gathering on HIV programmes implemented by peer educators.

Extended delay in the delivery of viral load test results (on average 3 months) continues to challenge the progress toward the Fast-Track targets. Stockouts of HIV test kits and reagents, and antiretroviral treatment (particularly paediatric antiretroviral treatment) disrupted the continuity of these services. Shortage of contraceptives in the health districts also forced delivery of family planning services to be limited to counselling.

The non-enrolment of private health facilities in the implementation of the "User Fees" policy, which is aimed at guaranteeing free care services for people living with HIV, continues to limit provision of this offer of care among people living with HIV enrolled in these structures.

There is a need to strengthen commitments to address HIV-related human rights issues in Cameroon. Due to the current security and humanitarian context, the civic space is reduced, further limiting the expression of civil society organizations and other actors.

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