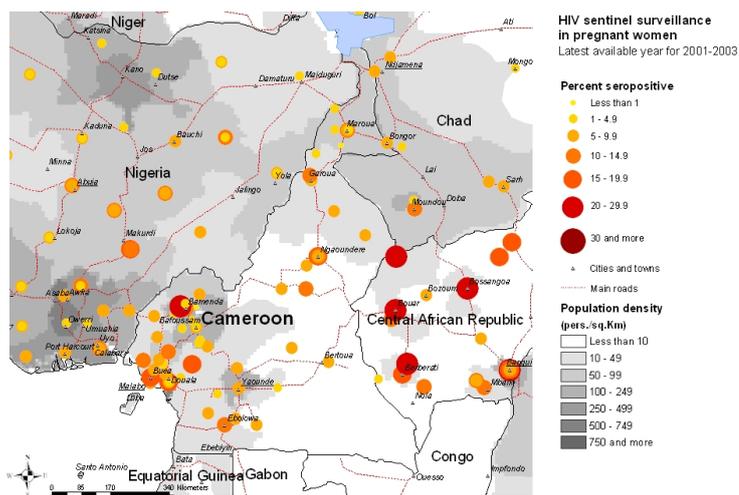


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 108 000  
 Antiretroviral therapy target declared by country: 36 000 by end of 2005



Map Data Source:  
 WHO/UNAIDS Epidemiological Fact Sheets  
 and the United States Census Bureau  
 Map production:  
 Public Health Mapping & GIS  
 Communicable Diseases (CDS)  
 World Health Organization

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	16.3	United Nations
Population in urban areas (%)	2005	52.9	United Nations
Life expectancy at birth (years)	2003	48	WHO
Gross domestic product per capita (US\$)	2002	672	IMF
Government budget spent on health care (%)	2002	7.9	WHO
Per capita expenditure on health (US\$)	2002	31	WHO
Human Development Index	2003	0.497	UNDP

\* = Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\* = Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* Demographic And Health Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	4.8 - 9.8%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	390 000-810 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Jun 2005	17 940	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	108 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	89	WHO
HIV testing and counselling sites: number of people tested at all sites	Dec 2004	49,378	WHO
Knowledge of HIV prevention methods (15-24 years)% - female*	2003	27	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male*	2003	35	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female**	2003	47	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male**	2003	57	DHS*

## 3. Situation analysis

### Epidemic level and trend and gender data

The first AIDS case in Cameroon was diagnosed in 1985. Since then, about 40 000 cases have been officially reported. Cameroon is facing a generalized epidemic, with adult prevalence rates in the range of 4.8-9.8%. The Demographic and Health Survey in 2004 estimated an HIV prevalence of 5.5% in the population. The prevalence is higher in urban areas than in rural areas. Prevalence rates vary from one province to another, with highest rates in the north-western and eastern provinces. At the end of 2002, 53 000 people were estimated to have lost their lives to the disease - leaving 210 000 children orphaned. HIV transmission is primarily heterosexual, and women are more vulnerable, with 170 infected women for every 100 infected men.

### Major vulnerable and affected groups

The most vulnerable groups include sex workers, truck drivers, mobile populations and military personnel. Young people are highly affected - a third of Cameroonians infected are 15-29 years of age.

### Policy on HIV testing and treatment

National guidelines for testing and treatment have been developed and were revised in 2003. The government is committed to promoting universal access to treatment through the creation of approved treatment centres, affiliated treatment centres and district management units across the country and by reducing the costs of testing, treatment and laboratory follow-up through subsidies. In addition, prevention and voluntary testing and counselling centres have been integrated into all national, provincial and district hospitals in the 10 provinces. A multisectoral plan for expanding and decentralizing the provision of antiretroviral therapy has been developed.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

In August 2003, Cameroon defined and included first- and second-line drug regimens in the national treatment guidelines, based on WHO recommendations. The guidelines recommend the following first-line treatment protocols: zidovudine + lamivudine + efavirenz; zidovudine + lamivudine + nevirapine; lamivudine + stavudine + nevirapine (Triomune®); and lamivudine + stavudine + efavirenz. In 2002, the Government of Cameroon reduced the cost of antiretroviral therapy by 53% through a subsidy totalling US\$ 1 230 770, reducing the average treatment cost from US\$ 73 to US\$ 34 per person per month. Since then, the cost of drugs has been substantially reduced with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The cost of antiretroviral drugs declined from US\$ 42 per person per month at the beginning of 2004 to US\$ 10 per person per month in October 2004.

### Assessment of overall health sector response and capacity

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



The political leadership in Cameroon has expressed a clear and strong commitment to the fight against HIV/AIDS since early 1986. Under the leadership of the Prime Minister, the government established a National Multisectoral Strategic Plan for HIV/AIDS for 2000-2005. The Plan for 2006-2010 is being developed. The National AIDS Control Committee established in 1998 and chaired by the Minister for Health coordinates implementation of the HIV/AIDS programme in collaboration with other national and international partners. The National AIDS Control Committee is decentralized, with a Central Technical Group and provincial representation from provincial technical groups. Cameroon has 166 district hospitals, health centres and clinics that provide treatment for sexually transmitted infections and opportunistic infections, HIV testing, psychosocial support to people living with HIV/AIDS and prevention counselling. The Ministry of Health coordinates HIV/AIDS services provided by referral hospitals and specialized structures in the country, and the Provincial Health Delegation oversees provincial hospitals, semi-urban and rural district hospitals and health centres, both public and private. Cameroon developed national treatment guidelines and a multisectoral plan for decentralizing the provision of antiretroviral therapy in 2004-2005 in collaboration with the National AIDS Control Committee and WHO. This plan was to scale up antiretroviral therapy to 36 000 people by the end of 2005 in 83 treatment centres across the country. It focuses on strengthening the human resource capacity in these treatment centres and increasing the involvement of community-based groups in scaling up access to treatment. The plan also reinforces the country's commitment to the UNAIDS "three ones" principles - one agreed HIV/AIDS action framework that drives alignment of all partners; one national AIDS authority with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system. Protocols for HIV surveillance have been developed. The government has undertaken various training activities to strengthen human resource capacity. By September 2005, 1825 health workers and 486 community supporters had been trained to deliver antiretroviral therapy in accordance with international standards. Efforts have been made to expand voluntary counselling and testing, but the existing structures remain inadequate to meet the growing demand. The national programme for preventing mother-to-child transmission is being expanded gradually, including voluntary testing and counselling for pregnant women and their partners; prescription of antiretroviral drugs during pregnancy and childbirth; and follow-up and psychosocial support for the mother and child.

#### Critical issues and major challenges

The strong political commitment in Cameroon to fight HIV/AIDS needs to be supported by strengthening the health system, both in terms of human resource and infrastructure capacity, especially at the district level. Cameroon needs additional resources to expand the subsidized provision of antiretroviral therapy beyond pilot projects and to sustain treatment access programmes in the long term. The system for procurement and supply management of drugs and diagnostics needs to be strengthened. Various partners are involved in implementing HIV/AIDS programmes in the country, and the overall management and coordination among partners needs to be strengthened, mainly at the peripheral level. Monitoring and evaluation and health information systems also need to be enhanced. Increased community participation will support treatment adherence and help reduce drug resistance.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 82.8 million and US\$ 86.5 million was required to support scaling up antiretroviral therapy in Cameroon for 2004-2005 to meet the WHO "3 by 5" treatment target of 42 500 people.
- The Government of Cameroon has consistently increased funding for HIV since 1995. As part of the National Multisectoral Strategic Plan for HIV/AIDS for 2000-2005, various ministries and other public structures contribute to funding for HIV/AIDS interventions. The government has committed to provide US\$ 1.0 million each year to support scaling up antiretroviral therapy. The two-year budget of the new multisectoral plan for decentralized provision of antiretroviral therapy in 2004-2005 totals US\$ 16.6 million.
- Cameroon submitted a successful Round 3 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total funding request of US\$ 55.7 million and two-year approved funding of US\$ 14.6 million. The proposal focuses on scaling up treatment and care for people living with HIV/AIDS and support for orphans and vulnerable children. As of November 2005, US\$ 6.5 million had been disbursed for implementation of activities. Cameroon also submitted a successful Round 4 proposal to the Global Fund to strengthen the participation of civil society organizations in the fight against HIV/AIDS, with a total funding request of US\$ 16.3 million and two-year approved funding of US\$ 6.3 million. As of November 2005, US\$ 2.7 million had been disbursed. Cameroon recently submitted a successful proposal to the Global Fund in Round 5 for a total of US\$ 12 million to strengthen entry points to achieve the objectives of universal access to antiretroviral therapy in the country.
- The World Bank Multi-Country HIV/AIDS Program for Africa provides financial support of US\$ 50 million to Cameroon for public, private and community-level planning of HIV/AIDS activities, training of health care personnel, prevention interventions and communication activities related to behaviour change communication. Cameroon has also been a beneficiary of the World Bank Highly Indebted Poor Countries Initiative since 2002. The funds received help to support prevention and case management activities. United Nations agencies also provide support, including WHO, UNAIDS, UNICEF, United Nations Population Fund, UNDP and FAO.
- Bilateral partners providing support to the national response include the French Cooperation, the Canadian International Development Agency, the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the Belgian Cooperation.

## 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Cameroon's total antiretroviral therapy need to be about 85 000 people, and the WHO "3 by 5" target was calculated to be 42 500 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that the number of people needing treatment in Cameroon had risen to 108 000.
- Cameroon set a national target of providing antiretroviral therapy to 36 000 people by the end of 2005.
- The National Multisectoral Strategic Plan for HIV/AIDS for 2000-2005 targets 10 000 people in 2004 and 14 864 people in 2005. The Round 5 proposal for the Global Fund provides for the delivery of antiretroviral therapy to 36 115 people, including 921 children, by 2008.
- As of October 2004, 12 896 people were reported to be receiving antiretroviral therapy. At the end of 2004, 15 296 people were receiving antiretroviral therapy. By June 2005, this increased to 17 940 people receiving antiretroviral therapy, of which 427 were children.
- The Ministry of Health established the first treatment centre for providing antiretroviral therapy in March 2001. By December 2004, there were 23 certified treatment centres, mostly based in central and provincial hospitals. The national plan for decentralizing antiretroviral therapy for 2004-2005 made provision to increase the number of sites providing treatment from 23 to 83 by the end of 2005. By September 2005, there were 89 sites providing treatment in the country, of which 68 were in the public sector and 5 in the private sector and 16 were run by faith-based organizations. Geographical coverage of antiretroviral therapy remains restricted; in September 2005 only 62 of 160 districts in the country had access to antiretroviral therapy services.
- The number of facilities providing services for voluntary counselling and testing increased: from 18 at the end of 2003 to 89 by September 2005, most of which are in the public sector. The number of facilities providing services for preventing mother-to-child transmission increased from 160 at the end of 2003 to 462 by September 2005, covering 117 of the 160 districts, but needs to be expanded further. By September 2005, 64 000 women, only 10% of the total number of pregnant women expected every year at antenatal clinics, were tested and counselled for HIV. The national programme for preventing mother-to-child transmission aims to cover at least 80% of health districts by 2006 and to offer HIV counselling and testing to at least 80% of pregnant women.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health provides leadership in all technical areas related to the health aspects of HIV/AIDS through the National AIDS Control Committee. The National Multisectoral Strategic Plan for HIV/AIDS for 2000-2005 provides the framework for the multisectoral response to the epidemic. Implementation of the new multisectoral plan for decentralized provision of antiretroviral therapy in 2004-2005 will be coordinated at three levels - district, provincial and central. Agencies supporting overall planning and management of activities include WHO, UNICEF, the World Bank, the French Cooperation and the German Gesellschaft für Technische Zusammenarbeit (GTZ).

#### Service delivery

The Ministry of Health and the National AIDS Control Committee provide leadership in delivering treatment and care services, building human resource and institutional capacity, developing normative guidelines and accelerating prevention. The National Essential Drug Procurement Centre, a central and autonomous body affiliated with the Ministry of Health, provides leadership in procurement and supply chain management. The provincial pharmaceutical supply centres distribute drugs. The National Drug Quality Control Laboratory controls drug quality. Various national, bilateral and multilateral partners support the Ministry of Health and the National AIDS Control Committee in their activities. The United States Centers for Disease Control and Prevention support activities related to preventing HIV/AIDS, including preventing mother-to-child transmission, together with UNICEF. The national programme for the prevention of mother-to-child transmission is also supported by other partners including WHO, the European Union, the Elizabeth Glaser Pediatric AIDS Foundation and PLAN Cameroon. ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) and the Chantal Biya Foundation support training of health care personnel and pharmacists. The Pasteur Centre of Cameroon provides support for expanding laboratory services. The French Cooperation supports testing and counselling activities. WHO provides support for the development of normative guidelines, strengthening drug procurement and supply management systems and expanding voluntary testing and counselling facilities.

#### Community mobilization

The Ministry of Health and the Ministry of Social Affairs provide leadership in community mobilization, supported by the National AIDS Control Committee, United Nations agencies and many bilateral partners. The National Multisectoral Strategic Plan for HIV/AIDS for 2000-2005 includes partnerships with civil society and local communities. International and national nongovernmental organizations including the International Red Cross/Red Crescent, Médecins sans Frontières, the Cameroon Network of People Living with AIDS, CARE Cameroon, PLAN Cameroon, African Synergy and the Circle of Friends of Cameroon support information, education and communication activities such as HIV counselling, psychosocial and material support and home-based care for people living with HIV/AIDS and orphans and vulnerable children.

#### Strategic information

The Division of Studies, Planning and Information Management in the Ministry of Health provides leadership in monitoring and evaluation and surveillance activities, supported by the National AIDS Control Committee, UNAIDS, WHO and the World Bank.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting the Ministry of Health in developing a health sector plan for the fight against HIV/AIDS
- Supporting the Ministry of Health in elaborating policy and strategy documents, norms and guidelines for voluntary testing and counselling, preventing mother-to-child transmission, antiretroviral therapy, blood safety and treating sexually transmitted infections
- Supporting the Ministry of Health in developing a national plan for scaling up provision of antiretroviral therapy within the framework of "3 by 5"
- Providing technical support and catalytic funds for establishing a care unit within district hospitals
- Providing assistance for national adaptation of the WHO guidelines for Integrated Management of Adult and Adolescent Illness (IMAI)
- Supporting the Ministry of Health in strengthening human resource capacity to scale up the national response
- Supporting the Ministry of Health in undertaking a situation analysis for procuring and distributing antiretroviral drugs within the country and implementing recommendations
- Supporting the Ministry of Health in developing and implementing the Global Fund proposals
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing technical assistance for developing the national health sector strategic plan for HIV/AIDS for 2006-2010 as well as the national plan for the provision of antiretroviral therapy from 2006-2010.
- Providing ongoing technical support for strengthening human resource capacity
- Providing technical support for developing an effective monitoring and evaluation system for the antiretroviral therapy programme, including monitoring antiretroviral drug resistance
- Providing ongoing technical support for developing various health sector interventions, including the programme on sexually transmitted infections, blood safety, laboratory services, and epidemiological surveillance
- Providing technical assistance for developing a national plan for drug procurement and supply management
- Supporting the implementation of the WHO/OPEC Fund Project on Integrating "3 by 5" in Health Systems in Africa, including support for developing normative tools and guidelines, surveillance of drug resistance, and monitoring and evaluation

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections includes one international HIV/AIDS Country Officer and one National Programme Officer for HIV/AIDS. Additional staffing needs identified include the recruitment of another National Programme Officer for supporting treatment scale-up activities.