



CAMEROON

Protecting HIV gains in the face of funding challenges

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BACKGROUND

Despite major disruptions, the country continues to make progress toward the 95-95-95 targets **95-95-95 (92-96-93)**.

HIV services have been affected by:

- the breakdown of the **Health Management Information System (HMIS)**,
- laboratory interruptions**,
- supply chain blockages**,
- and the **dismissal of approximately half of the psychosocial support workers** in the West Region.

An **emergency action plan** and **incident management system** have been activated. A total of **31 billion CFA francs** have been reallocated from national and external sources to stabilize services.

Essential HIV services have been prioritized and a **gradual realignment** is underway, in line with the epidemiological context and national and external budgets.

ADAPTIVE APPROACHES TO RESOURCE CONSTRA

- Financial strategies:** The Cameroonian government is working to mobilize additional counterpart funding to fill the gap created by the withdrawal of U.S. financing.
- Technical capacity-building strategies:** Implementation of cascade and decentralized training; mentoring and supervision supervision at the most decentralized level.
- Community engagement:** Awareness-raising, advocacy to reduce stigma, and promotion of community funding. Implementation of community-led monitoring (CLM) to track the quality of HIV services and identify service gaps.

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES		
Component	Intervention	CAM	Component	Intervention	CAM	Component	Intervention	CAM	Component	Intervention	CAM	Component	Intervention	CAM
Infant prophylaxis	Infant PEP HR 0-6w		Blood products Facility-based	Blood product screening		Community-based (virtual and in-person)	CB HIVST points >15		ART continuity	Uninterrupted ART for all		Management of IO	TB Xpert for symptomatic individuals	
	Infant PEP HR 6-12w			Symptomatic testing (entry)			CB HIVST points 95-gap			MMMD 3-6 months			Tuberculosis treatment	
	Infant PEP LR			ANC first test			CB HIVST points KP			Annual clinical review			TPT according to regimen	
PEP	Facility PEP (guidelines)			ANC late retest			HIVST digital outreach			Enroll less-intensive DSD			CRAG for symptomatic individuals	
	Community PEP (GBV/KP)			Postnatal PBFW 6-monthly			KP high-volume outreach			Maintain facility DSD-indiv			Cryptococcosis treatment	
Condoms	Facility condoms/lube			HEI 6w/6-9-18m EPI			KP all outreach sites			Maintain community DSD-indiv KP			LAM S3/4 severely ill	
	KP condom points			HEI birth test			AGYW targeted outreach			Maintain client-managed groups			CRAG S3/4 Hospitalization	
PrEP continuation	Community condom points			TB clients (newly diagnosed)			Men targeted outreach			Maintain adolescent groups (HCW)			CD4 S3/4 new or >90 days	
	Facility PrEP KP 3MMD/6m			TB clients (presumptive TB)			Men workplace testing			Maintain community DSD-indiv			CD4 S1/2 new or >90 days	
	Facility PrEP PBFW 3MMD/6m			STI clients (new STI)			Children targeted outreach			Active transfer same-day 3MMD			LAM S1/2 CD4<200	
	Facility PrEP others 3MMD/6m			Hep B/C (new)			Prisoners' entry/discharge			Fluconazole secondary proph			CRAG S1/2 CD4<200	
	Annual PrEP review			Inpatient (new admission)			Prisoners' entry/annual						Preemptive fluconazole	
	PrEP review 6-monthly			Children in malnutrition clinics			ABYM targeted outreach						Cervical smear - never screened	
	Facility PrEP DSD-indiv			EPI child post-screen			Recency testing						Papillomavirus screening - never performed	
	Out-facility PrEP DSD			FP initiation clients									Diabetes integration	
	Virtual PrEP refills		FP <25 init+annual						Integration of arterial hypertension					
	Adherence/risk counselling		FP init+biennial+change						Diabetes integration					
Continue DVR PrEP		FP init+annual						Integration of family planning						
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID		Self-initiated HIVST (annual)						Annual cervical cancer screening - HIV negative					
	Start PrEP PBFW at-risk		VCT/HIVST any frequency						Confirmation of contacts at each visit					
	Start PrEP KP		PrEP users 1m+6m						Telephone follow-up for abnormal lab results					
	Start PrEP AGYW self-ID		PrEP users 1m+3m						Telephone follow-up for high-risk cases					
	Start PrEP others self-ID		VMMC clients						Follow-up phone call for >28 days missed					
	Test post-start 1-3m		Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT					Home follow-up of abnormal lab results					
	PrEP demand creation		PN APN +FBT (virtual)	PN APN +community test					Home follow-up of high-risk cases					
	Continue DVR PrEP		Female index: child FBT/HIVST	Female index: child CBT					Home follow-up >28 days missed					
	Continue LAI PrEP		PN EPN +HIVST (VL-1000)	PN EPN +HIVST FP/ANC<25					Therapeutic education at the start of ART					
	PrEP start education		PN EPN +HIVST (FP/ANC)	KP SNT +HIVST					Compliance assessment visits					
Harm reduction for people who inject drugs	Facility-first NSP+naloxone		AGYW SNT +HIVST						Preparation for VL and DSD tests					
	Community NSP+naloxone		PN EPN +HIVST (95s STI-neg)						Enhanced adherence counseling for high VL					
	Continue OAMT refills (PWID)		PN EPN +HIVST (STI-neg)						Support for disclosure to children					
VMMC	Initiate/continue OAMT (PWID)		PN APN +FBT (STI-neg)						Mental health screening at the start of treatment					
	Targeted VMMC scale-up								Health screening for high VL					
									Mental health screening at every visit					

Green	Maintain no change
Yellow	Keep (Edit)
Red	Discard
Grey	Not applicable
White	No data

Infant prophylaxis and community-based PrEP services, including continuation for key populations, were maintained as priority components.

Community-level distribution of condoms and lubricants was also prioritized.

HIV testing across all approaches and targeting specific populations was maintained to support achievement of the 1st 95.

CD4 testing was introduced for PLHIV. Screening for the prevention and management of hypertension, diabetes, and cervical cancer has been integrated into HIV care.

Particular emphasis is being placed on mental health, notably through the strengthening of psychosocial support. The provision of CTX and repeat viral load testing at 3 months have been maintained, but the level of prioritization has been reduced.

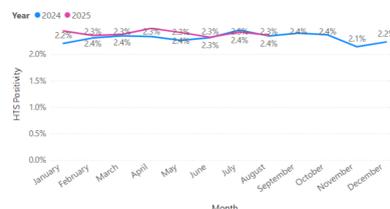
SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 Number HIV Tested



The number of people tested and receiving their results in 2025 shows a slight decline in February 2025, followed by a rebound starting in March and stabilization over the remainder of the period, at levels broadly comparable to 2024. The decline in February 2025 is linked to the interruption of US aid, which lasted from January through February.

Fig 2 HIV positivity



HIV testing positivity in 2024 remained relatively stable (2.1%–2.5%). In 2025, a similar level of stability is observed (2.3%–2.5%).

Fig 3 Initiated on ART



In 2025, ART initiations began at a lower level than in January-February 2024, followed by a gradual rebound starting in March and stabilization at levels comparable to 2024 for the remainder of the period. This trend reflects a gradual resumption of activities after a temporary slowdown linked to reporting delays, the pause in U.S. aid, the end of certain psychosocial support contracts, and insecurity in certain areas that disrupted community activities.

SYSTEMS & SERVICES ADAPTATIONS

- Leadership and policies:** Contingency plan developed; multi-stakeholder consultations; **CAMP SAR** taskforce meetings.
- Financing and procurement:** Increased mobilization of **counterpart funds** by the government.
- Service delivery:** Ongoing review to **integrate and adapt DSD models**.
- Community engagement:** **Strengthening** of community participation.
- Information system and data:** **Strengthening of the HMIS** at the district level.
- Human resources:** **Reorganization** to optimize staffing.
- Laboratories and pharmacies:** **Adaptations** to ensure continuity, **integrated quantification**, and a national **sample transport** guideline.

NEXT STEPS / WAY FORWARD

- Leadership and policies:** Assess the 2024-2030 HIV/STI National Strategic Plan and develop the Global Fund (GF) GC8 concept note.
- Financing and procurement:** Adjust orders for commodities (ARVs, tests, VL) through the GF, FCP, PEPFAR, and BID UNICEF (joint procurement of products).
- Optimization of service delivery:** Strengthen prevention (PMTCT, adolescents, key populations) and testing (3-test algorithm) through capacity-building sessions and targeted campaigns.
- Maintain HIV care and treatment following service integration, the district approach, and universal health coverage.
- Mobilize strategic partnerships through private-sector partnerships.