

# ADDENDUM 1 – COP23 Year 2 Updates, Cameroon

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## 1. Program Shifts and Areas for Program Improvement

Faced with a reduction of \$1.74 million from the Year 2 notional budget, Year 2 implementation of COP23 will refocus on finding cost-efficiencies in delivering PEPFAR-funded services in Cameroon, while integrating new priorities into existing activities and service delivery platforms. In addition, community-based programming (OVC, KP and CLM) will leverage other sources of funding through appropriate stakeholder mapping and engagement, including other USG and donor development programs and the private sector to continue to deliver sustained, high quality stakeholder engagement, HIV prevention, household resilience and continuum of care services. Therefore, Year 2 will remain similar to Year 1 with an enhanced focus on strategies to close the remaining gaps to reach the three 95s among children, young people, and key populations while also strengthening supply chain, health information, surveillance, and laboratory systems, including for sample transport. The clinical program will strengthen advanced HIV disease screenings and management, in addition to integrating screenings and referrals for management of comorbidities such as hypertension and diabetes in an aging cohort of people living with HIV (PLHIV). Moreover, PEPFAR will collaborate with the National Immunization Program to support HPV vaccination among eligible children living with HIV, and other children in their social network to increase reach. To accommodate these shifts and take into account national estimates that 92% of all PLHIV have been diagnosed, HIV testing services will focus more heavily on highly targeted testing modalities such as index testing. Results from the Cameroon Population-based HIV Impact Assessment (CAMPHIA) 2024 will be available in early 2025, to inform a revised case finding strategy aligned with gold-standard biomarker evidence of the state of the HIV epidemic in Cameroon.

Across the clinical and community programs, there will be an even stronger focus on targeted interventions to accelerate case finding and linkage to treatment services for children and young people, building on lessons learned from the national pediatric surge initiated in Year 1 and the introduction of optimized regimens, including pediatric Abacavir/Lamivudine/Dolutegravir (pALD). Increased engagement of youth and KP in HIV prevention and treatment services will be enhanced through behavioral science approaches such as increased use of human-centered design and behavioral insights to recalibrate the effectiveness of youth-focused interventions to reduce new HIV infections while ensuring optimal identification and linkage among young people and KP living with HIV. For instance, there will be an enriched prevention package for adolescent girls and young women (AGYW). PEPFAR will also increase focus on behavior change interventions targeting AGYW as well as other actors whose behavior impact their HIV risk. For key populations and AGYW at risk, the program will scale-up a prevention package with a focus on expanding access to PrEP, intensified behavior change communication including increased awareness of U=U, increased targeting in testing approaches including index and social network strategy and differentiated service delivery models including same-day community ART initiation. Beginning as a pilot in Year 1, community ART initiation will expand beyond Yaounde and Douala while retaining active referrals between the community and facility to allow clients to choose how they receive treatment.

### Addressing Supply Chain Challenges

Enduring supply chain challenges significantly impact progress in Cameroon with severe programmatic consequences felt at the client level through reduced uptake and retention in care due to inconsistent supply of commodities and medications. Individual awareness of viral load is hampered by commodity shortages leading to rationing of viral load testing and backlogged samples that are collected but not tested. While PEPFAR-supported supply chains successfully manage the 20% of national commodities procured through PEPFAR, the system remains weak overall. Without strong stock management systems,

health facilities continue to experience changes in ordering regimes from monthly to quarterly and sometimes vice versa, based on stock availability at central and regional warehouses. These unstable ordering systems lead to frequent stockouts, incomplete supply of commodities ordered by health facilities and sometimes delivery of incorrect items.

Moreover, the absence of effective quantification committees at the national and decentralized levels is a major obstacle to the coordination of forecasts, monitoring of national supply plans, and mobilization of funding. Cameroon lacks efficient Logistics Management Units (LMUs) for effective monitoring of national supplies down to the last mile. The regional and district supply chain actors are ill-informed of the national quantification results and rarely involved in their implementation and monitoring. This leads to irrational use of commodities and imbalances in stock levels. To address these challenges, PEPFAR and the Global Fund will prioritize supporting the Government of Cameroon in setting up a functional coordination mechanism for health commodities quantification, operationalization of both national and decentralized quantification committees, and strengthening existing LMUs for better coordination of forecasts and supply plans at various level of the health system, in alignment with the 2022-2026 National Strategic Plan for Strengthening the Public Supply Chain of Health Products in Cameroon. PEPFAR will continue to collaborate with the Global Fund and other donors to support the country's efforts for the establishment of efficient, reliable, consistent, and harmonized systems, including a Logistics Management Information System (LMIS), to improve evidence-based decision making. An integrated approach will also help ensure that funds from the President's Malaria Initiative (PMI) will complement PEPFAR investments in strengthening the national supply chain system.

### **Comprehensive PMTCT Coverage**

The PEPFAR program implements PMTCT in 345 high volume ART sites out of 5,280 health facilities offering PMTCT services to pregnant and breastfeeding women in Cameroon. PEPFAR-supported PMTCT sites only cover 20% of the expected pregnant women in the country. While these sites offer high quality services with improved patient tracking and monitoring for service uptake and reporting of outcomes as reflected in historically strong performance, the non-PEPFAR sites are lagging in all areas. To improve outcomes among the majority non-PEPFAR sites serving 80% of the pregnant women, as well as support the sustainability agenda, PEPFAR aims to strengthen the capacity of government to play a more effective coordination role of PMTCT services with all stakeholders including UNICEF, the WHO, and civil society organizations (CSOs). Jointly with the Ministry of Public Health, UNICEF, the WHO, and CSOs, PEPFAR has developed a model to provide TA in non-PEPFAR service delivery sites through the district. This district TA model aims to reach every district to ensure Triple Elimination of Vertical Transmission of HIV/Syphilis/Hepatitis and strengthening HIV management among Children and Adolescents Living with HIV (CALHIV). The approach will allow PEPFAR to provide TA in nine out of 10 regions while UNICEF supports the 10th region. The Ministry of Public Health will support 44/203 districts that have no partner support. The joint approach, using common strategy and planning tools will ensure all sites are strengthened, regardless of service delivery partner. Collaboration with the HRSA PEPFAR Skills Sharing Program will further strengthen technical assistance to government sites through hybrid technical assistance that pairs US-based clinicians with government-based clinicians for onsite and ongoing distance-learning opportunities.

While this collaborative district TA model is expected to improve PMTCT outcomes, the availability of EID commodities could be an impediment. Due to recurring shortages in EID commodities, sample backlogs lead to long turnaround times and children placed on wait lists for testing once stocks are available. Even when commodities are available, frequent machine breakdowns create backlogs of samples which in turn can lead to commodity expiration while machines are being serviced. PEPFAR and the Global Fund

will continue collaborating with the government on a service level agreement that would allow for easier servicing of machines, as well as provide favorable pricing to the government.

Finally, PEPFAR will accelerate pediatric case finding to identify undiagnosed CALHIV, who represent the largest underserved population in Cameroon's progress toward the first 95. According to national estimates 26,169 children and 15,695 adolescents were living with HIV in 2023. Among those, 11,322 (43%) children and 7,618 (48%) adolescents were receiving lifesaving ARVs, leaving a gap of 14,847 (57%) children and 8,077 (52%) adolescents to be identified and enrolled on ART. PEPFAR will analyze district level data and prioritize districts with the greatest gaps in undiagnosed, uncontrolled CALHIV for intensified case finding efforts.

### **Addressing Policy Barriers**

National guidelines currently only allow PrEP for MSM and FSW aged 21 years and older in a limited number of geographic locations. Following finalization of the PrEP Evaluation study and report in Year 1 which considered the satisfaction of PrEP users within the current PrEP pilot, as well as the acceptability of PrEP within additional target groups, PEPFAR will develop and disseminate a policy brief incorporating findings and recommendations to advocate for transition of the limited PrEP pilot to a national program, including the addition of geographic sites and populations that can access PrEP. In continuous alignment with the Global Fund, PEPFAR will work government counterparts to lay the groundwork to introduce long-acting injectable cabotegravir (CAB-LA) as an additional method of PrEP. This would include developing a framework to adopt and implement CAB-LA, and working with the civil society principal recipient on support activities focused on demand creation, quantify needs, and national roll out of the implementation strategy.

PEPFAR, through a partnership with CSOs and UNAIDS, will work to address additional policy barriers which impede access to services, and hinder the ability of healthcare providers to deliver quality patient-centered care. These barriers involve age of access for HIV testing, restrictions on community ART initiation, and discriminatory policies against KP's. Additionally, PEPFAR will work with the Global Fund civil society principal recipient to develop programming for People Who Inject Drugs (PWID), as well as collaborate with the National AIDS Control Commission (NACC) and the National Drug Control Committee to develop and validate a framework, and introduce risk-reduction programming such as syringe exchange and opioid-substitution therapy by FY25.

### **Reducing the Burden of Tuberculosis (TB)/HIV Co-Infection**

Over the past five years, Cameroon has seen improvements in TB treatment success rates and a progressive increase in TPT coverage among PLHIV. However, TB notifications in Cameroon have consistently remained below 50% of WHO estimations. Specifically, in 2023, only 25,722 cases were reported, a stark contrast to the estimated 45,000. Of these cases, pediatric TB accounted for 5.2% (1,363), falling significantly short of the annual case finding target of 10 -12%. In 2022, out of 4,552 patients coinfecting with TB/HIV, 427 succumbed to the illness, resulting in a mortality rate of 9.4%. Challenges include inconsistent implementation of evidence-based, WHO-recommended screening algorithms and molecular diagnostic tools, workforce shortages, limited TB diagnostic and treatment centers, inadequate diagnoses of children and difficulty obtaining high-quality samples for testing, deficiencies in the sample transport system, and the substantial financial burden associated with accessing TB care services.

To address these challenges, and in alignment with PEPFAR's global commitment, Cameroon has developed a TB/HIV Acceleration Plan that aims to detect 29,000 TB cases over the five-year period 2024-2028 to reduce TB-related deaths among PLHIV from 9% to less than 3%. These targets are estimations derived from the trends outlined in the National TB Strategic Plan (2024-2026), with an expected 90%

contribution (26,100 cases) from PEPFAR sites over a 5-year period, including 6800 cases in FY24. Priority activities will scale up and improve the quality of systematic TB screening by using chest x-ray (with or without computer-aided artificial intelligence powered software) and rapid molecular tests, as well as decentralize and further integrate TB/HIV services across the care cascade. These new activities will be built into PEPFAR and other budgets for implementation and expansion over a five-year period. Though no additional resources have been allocated to the plan, there is a renewed commitment by the country to enhance coordination, collaboration, and complementarity among key stakeholders, including the government of Cameroon, PEPFAR, the Global Fund, and the private sector. The plan also strives to maximize efficiency by fully integrating TB services into all phases of the HIV clinical cascade and at all levels of the health system, underpinned by robust data management systems.

## **2. Stakeholder Engagement**

Stakeholder engagement is important to PEPFAR Cameroon both for strategic planning and for programmatic alignment with stakeholder needs, such as those of the Ministry of Health and CSOs. Programmatic concerns voiced by CSOs at the COP23 Year 2 external stakeholder meeting included the need to provide holistic programming, including economic strengthening for KPs, young women and OVC households, promotion of mental health, anti-GBV programming, accessible and affordable services, and availability of commodities at the site level. Policy concerns voiced by CSOs included expanding PrEP to additional geographic locations, populations and medication type (i.e. injectable PrEP), addressing age of access policies, and advocating to the government of Cameroon to meet co-financing commitments. The concerns raised by CSOs at the midterm review meeting were in line with PEPFAR Cameroon's own strategy and PEPFAR Cameroon will support capacity building of CSOs to strengthen their ongoing engagement and essential role in national HIV programs.

Both CSOs and government partners expressed interest in being actively involved in joint planning. In COP23 Year 2, PEPFAR will work more closely with the NACC to plan and run quarterly POART meetings, with an eye to strengthening the government's convening power and coordinating role over all actors in the national response, and to promoting government ownership over data on the national response, which are reviewed on a quarterly basis through the POART. This will provide the Ministry of Health with an additional opportunity and responsibility for evaluating PEPFAR's program and making recommendations for adaptation in response to data presented. CSOs will also be invited to participate in POARTs to allow a more regular and structured opportunity to engage in PEPFAR planning, beyond annual COP meetings.

Although Community Led Monitoring (CLM) provides a platform for community actors to assess and contribute to quality programming, dissemination of results at regional and national levels has been inconsistent. PEPFAR will ensure that its partners implementing CLM are consistently sharing findings at the site level while strengthening systems to share the findings up through regional and national levels as well as strengthening systems to monitor and follow-up on recommendations. In Year 2, CLM will also support the advancement of Universal Health Coverage objectives in Cameroon by integrating other diseases such as malaria, TB, and infectious disease outbreaks within its monitoring framework. The CLM activity will be leveraged to provide information to patients about free and/or subsidized services available through UHC, so as to contribute to the integration of HIV within primary health care in health facilities.

### **3. FY25 Performance Risks**

#### **Cameroon HIV Testing Strategy**

Cameroon has committed to transitioning from a two-test to a three-test strategy in line with WHO recommendations for countries with HIV prevalence less than 5% coupled with a declining HIV-positivity trend. In January 2024 the Minister of Public Health issued a decision to adopt a three-test strategy, which included the tests to be used in the algorithm. Since then, the WHO has released a technical brief to the MOH to highlight several concerns with the proposed 3-test algorithm. According to the WHO, the tests did not align with the findings from the country's own HIV lab verification study completed in December 2021 and an associated transition plan did not allow for development and rollout of training for healthcare providers or adjustments to the supply chain to allow for new products. Most concerning, the first-line test of the proposed algorithm was unable to detect HIV-1 group O, the second most prevalent group of HIV-1 infections in Cameroon. The WHO technical brief has prompted the MOH to temporarily allow the 2-test algorithm to continue while the MOH will work with partners to develop a costed transition plan that aligns with resource availability. The WHO has recommended a new lab evaluation that will account for the endemicity of HIV-1 group O infections in Cameroon. An initial order of RTKs was made by the GRC in alignment with the minister's January 19<sup>th</sup> decision. However, such tests can no longer be used based on the WHO's technical brief. As of the time of SDS submission, no further order for RTKs has been placed, leading to a potential of HIV test stockout lasting several months. Based on PEPFAR programmatic data, it is estimated that each day of a national RTK stockout will directly lead to failing to diagnose approximately 120 HIV cases, which will derail Cameroon's progress on achieving the UNAIDS 95-95-95 targets by 2025.

#### **Mobilization of Domestic Financing**

An analysis shared by the Global Fund indicates that for the period from 2018-2022, Cameroon met a projected 34% of the minimum required commitment combined for HIV, TB, Malaria, and HSS. In 2021, Cameroon only met 37% of the Government co-financing commitment for HIV. The 2022 and 2023 co-financing expenditure report is still pending with the Government. In March 2023, the Cameroon government transferred \$5.3 million to procure ARVs for the first time over two Global Fund grant cycles. The government committed to a second transfer for July 2023 but it never materialized. The country now risks stockouts of several adult ARVs and shortages of viral load testing commodities due to the government's unfulfilled commitments. The Global Fund has indicated its intention to reduce its allocation to Cameroon by 20% starting in 2025 if the minimum co-financing commitment is not realized in 2024.

#### **Delayed LIFT UP Funding**

The delay in LIFT UP funding, which has been partially authorized to proceed beginning in February 2024, has delayed implementation activities to support social behavior change communication activities and HIV testing demand creation activities for AGYW, as well as training and sensitization of KP providers. Consequently, these programmatic delays are anticipated to impact case finding targets for both populations. Stakeholder sensitization activities are still on hold, jeopardizing PEPFAR's ability to address policy barriers such as age of access for HIV testing and reducing stigma against key populations.

### **4. USG Staffing updates**

PEPFAR Cameroon has long operated on a lean staffing model and there continues to be no anticipated new or eliminated positions within the OU.

## **5. Sustainability roadmap planning**

The government of Cameroon is early in its sustainability planning process. A major focus of the country's HIV health sector national strategic plan is universal health coverage which includes a package of user fee-free essential services for pregnant and breastfeeding women (PBFW) and children including PLHIV. The Ministry of Health has indicated that its priority for sustainability is governance and health systems strengthening, including strengthening of health information systems and supply chain systems, equipment maintenance, and policies to reduce health inequities. PEPFAR has planned for increased capacity building for NACC to position them to better coordinate activities within the national HIV response. A launch meeting is planned for March 2024 to create awareness of the upcoming development of a costed country-led HIV sustainability roadmap. A multisectoral sustainability TWG with a TOR will be created to lead the HIV sustainability roadmap development process with a HIV Response Sustainability Assessment planned for April-June 2024 to assess the political, structural, financial, and programmatic domains of sustainability. The results will be used by the Government of Cameroon and partners to develop an initial country sustainability roadmap by December 2024.

## **6. Sustainability roadmap resource commitments**

PEPFAR, through a cooperative agreement with UNAIDS, is committing an additional \$45,000 to support the HIV Response Sustainability Roadmap Development, supplementing an existing \$110,000 award with sustainability planning activities. In addition, PEPFAR will consider adding sustainability road map related activities in the NACC's workplan. Finally, PEPFAR continues to support the country's roadmap to Universal Health Care (UHC), ensuring that phase 1 is appropriately implemented, that PLHIV are prioritized in UHC enrollment, and that the UHC law remains a priority of the Cameroonian government. In Year 2, CLM will support the advancement of Universal Health Coverage objectives in Cameroon by integrating other diseases such as malaria, TB, and infectious disease outbreaks within its monitoring framework. PEPFAR Cameroon has been supporting sustainability through localization with an increased proportion of funding going to local organizations, from 21% of the total budget in FY20 to 47% in FY24.