Cameroon

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

Country Context

Cameroon is a lower-middle income country with a population of 20 million representing over 275 ethnic groups. Cameroon's epidemiological profile is dominated by communicable diseases such as malaria and HIV (prevalence of 4.3%, DHS 2011); and an increased prevalence in non-communicable diseases, such as diabetes and cardiovascular disease. Maternal mortality is estimated at 782 per 100,000 live births, while the under-five mortality rate is estimated at 122 per 1,000 live births. Funding for health is approximately 5% of the 2013 budget. In 2010, private spending (out of pocket) accounted for 70.4% of total health expenditure (including 94.5% in the form of direct payments); 13.2% of the funding was provided by external resources; while government funds covered 16.4% of total expenditures on health (World Bank Report on Health and Health Systems in Cameroon, 2012). The significant financial burden on households to finance health care consequently affects access to and use of health services in Cameroon.

HIV/ AIDS Overview

Despite the recent reported decrease in the HIV/AIDS prevalence to 4.3%, Cameroon remains on the list of countries with the highest overall HIV prevalence in West and Central Africa. A similar drop in prevalence has been observed in the military (6%). Prevalence remains relatively high among pregnant women (7.6%), long-distance truck drivers (16.2%); men who have sex with men (MSM) (38.0%); and female commercial sex workers (CSW) (36.0%). There is also a marked disparity in HIV rates between women and men: women remain most affected by the pandemic with 5.6% prevalence against 2.9% for men. The Government of Cameroon (GRC) estimated there were approximately 500,000 people living with HIV (PLHIV) in 2012, among which 233,966 were eligible for anti-retroviral therapy (ART). At the end of December 2012, the Government placed 121,000 PLHIV on ART, representing 52% coverage. At an average of 34,754 new HIV infections per year (for the 2009-2015 period), the National AIDS Control Committee (NACC) projected 557,327 PLHIV by 2015 and 350,000 children affected by AIDS by 2020.

The generalized HIV epidemic in Cameroon is primarily driven by high-risk heterosexual practices and vertical transmission from mother-to-child. Women account for over half of the country's HIV infections due to low socio-economic status, gender inequality, and harmful socio-cultural practices contributing to the gender bias. Stigma and discrimination have marginalized key populations, especially MSM. In recent years, increased investments in the extractive industries sector, energy and road construction have

also fueled the spread of infection among mobile communities. HIV prevalence in key populations is significantly higher than the national average. For example, MSM prevalence is 47% in the capital city of Yaoundé and 28% in the economic capital, Douala. Only 25% of MSM reported systematic condom use (against the national average of approximately 40%).

Cameroon's national response to the HIV/AIDS epidemic is led by the NACC, which coordinates implementation of the National HIV/AIDS Strategic Plan (NSP) 2011-2015. This policy aims to reduce HIV and sexually transmitted infection- (STI-) related morbidity and mortality, and alleviate its socioeconomic impact on the development of Cameroon through eight strategic approaches:

1. Improved prevention of HIV and STI transmission;
2. Improved access to care and treatment;
3. Support for and protection of PLHIV, OVC, and other affected people;
4. Improved collaboration across public, private, and non-governmental sectors;
5. Governance and health systems strengthening (HSS);
6. Community systems strengthening;
7. Strategic Information; and
8. Coordination of activities among (and within) government agencies, partners, and regions.

Prevention and voluntary testing and counseling centers have been integrated into all national, regional and district hospitals in all ten regions. The GRC is committed to promoting universal access to treatment through the creation of 154 treatment centers and by reducing the costs of testing, treatment and laboratory follow-up through subsidies. Approximately 80% of the existing 3,000 maternal child health centers provide prevention of mother-to-child transmission (PMTCT) services, though only 37% of the 995,533 pregnant women attended antenatal care services in 2011.

The government's capacity to mobilize resources to support national response remains a major challenge in assuring provision of critical services to the population – this includes access to HIV Testing and Counseling (HTC) and ART. Other key constraints include weaknesses in availability of strategic information, inadequate efforts to ensure transparency in public financial management, and insufficient human resources. Nevertheless, there are unexploited opportunities in-country for the U.S government's (USG's) assistance to build upon existing structures and contribute to the national response for sustained HIV prevention, care and treatment by the GRC through improved coordination with the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) and other donors.

PEPFAR Focus in FY 2013

In FY 2013, PEPFAR Cameroon plans to strengthen its prevention and care programs – while exploring possibilities to expand into treatment – with a more prioritized set of core activities. These include:

a) Support to the GRC to implement and scale up PMTCT in four (Center, Littoral, Northwest and Southwest) of Cameroon's ten regions.

PEPFAR will focus efforts largely on the transition to Option B+ (treatment of all pregnant women) in response to the recent interagency task team's (IATT's) PMTCT recommendations and the government's declaration to shift to option B+ using a phased approach (starting at the end of 2013). The USG will support the GRC to:

• Draw on findings from an ongoing PMTCT facility survey to determine resources at each health facility, and help guide the scaling up of PMTCT intervention nationally.
• Additionally, an evaluation of Option B+, which will assess adherence and retention will be done in two regions and findings will be used for scaling up B+
• Implement a national task shifting policy and training plan for nurses to initiate ART for pregnant women as part of the steps for scaling up option B+; and
• Increase community-based approaches to improve linkages and facilitate demand creation. This includes promoting "men as partners" and "care groups" approaches; and working through a network of 340 community health workers, motorbike riders ("bikers for health"), and journalists to promote appropriate messaging on antenatal clinic attendance and PMTCT. The development of training materials and regional workshops to address cultural barriers and gender inequality will be used to strengthen efforts at the community level.

b.) Increased prevention programming for key populations, military populations, long-distance truck drivers, and young women aged 15-24.

HIV-prevention interventions constitute a critical component of PEPFAR Cameroon's program with a special focus on HIV prevention in populations identified as key drivers of the pandemic according to the HIV/AIDS NSP 2011-2015. Key interventions will include community outreach through peer educators recruited from within target populations, HTC at health facilities and through mobile clinics, psychosocial support, condom and lubricants distribution, and economic strengthening activities.

Providing key populations – particularly CSWs and MSM – with improved access to HIV prevention and treatment services remains a critical priority for PEPFAR Cameroon. PEPFAR has implemented a prevention program targeted at this group with an array of entry points. To ensure adequate data availability for programming, PEPFAR has embarked on a robust research agenda with the aim of

understanding the epidemic profile of key populations through data triangulation (comparing against national estimates); mapping of HIV prevention services; and improved population estimates for MSM and CSW in Cameroon. PEPFAR plans to use the findings of these studies to scale-up comprehensive prevention, care, and treatment services for hard-to-reach groups through wider geographic coverage and improving linkage to treatment for PLHIV.

c.) Care and support to children affected by AIDS.

PEPFAR's support to OVC will provide support to Government and to local organizations to expand access to a range of quality services for Orphans and Vulnerable Children (OVC) and their caregivers to optimize the continuum of prevention, care, and treatment (CoPRT). Key services will include home visits; social protection; child protection; psychosocial support; health and nutrition provision, and the economic empowerment of their families.

d.) Ensuring a safe and reliable blood supply system.

PEPFAR will continue to support the creation of a national blood transfusion program, including five national blood transfusion centers to serve as centers of excellence and ensure blood is screened for HIV. Community-based activities to increase the number of blood donors will increase the quantity of blood in country and directly contribute to improvements in maternal mortality hemorrhage due to lack of blood currently account for 40% of maternal mortality).

e.) Health Systems Strengthening (HSS) with particular focus on governance, laboratory quality management systems, strategic information, human resources for health, and pharmaceutical management systems.

PEPFAR Cameroon will employ a range of methods to support HSS, including: staff placement within the Ministry of Public Health (MOPH) for on-site technical assistance; the review of curricula to support pre-service trainings for health personnel; and the development of a national Health Management Information System (HMIS) beginning with PMTCT and eventually expanding to the other program areas. Also, PEPFAR will begin work to create a National Public Health Laboratory and continue to improve the quality of laboratory services within public health facilities and military hospitals. Finally, PEPFAR will continue to support the coordination of efforts and interventions within the GRC and among stakeholders, to improve health commodities procurement and supply chain management systems and to ensure availability and access to essential medicines and services.

In order to improve overall GRC public health care delivery, PEPFAR will focus on improving country ownership and accountability, including conducting traditional advocacy for increased public health spending, aligned with accountability in the health care sector, towards an a growing diplomatic engagement to address corruption, promote governance, and improve public financial management.

Progress and Future

i. Country Ownership Update

To improve country ownership in Cameroon, PEPFAR's long-term goals are:
a) Political ownership and stewardship

The GRC takes full responsibility for its health service delivery and the welfare of its population. To this end, the Mission will advocate increased public spending. Specifically, the GRC should increase health sector spending to 15% of the national budget in order to meet its commitment within the framework of the Abuja Declaration on HIV/AIDS, Tuberculosis, and other related Infectious Diseases and the Millennium Development Goals.

b) Mutual accountability, including finance

• The GRC becomes accountable and improves its public health spending and financial management. The Mission will support this progress by: assisting watchdog non-government organizations (NGOs) that play a constructive role in monitoring public health delivery and the administration of public health spending;
• providing support for broader efforts to improve public financial management;
• providing technical assistance through inter-agency grant delivery mechanisms; and
• seeking carryover benefits from Global Fund-related technical assistance.

c) Capabilities

The GRC becomes fully capable of carrying out its public health agenda and has the capacity, human resources and institutional strength to succeed. In order to build capacity, USG agencies have chosen primarily local partners to implement PEPFAR programs. The USG has made efforts to expand the quantity and skills of health care workers. This includes assisting the Ministry of Public Health to improve its curriculum for midwifery training and providing technical assistance on the management and distribution of pharmaceuticals to pharmaceutical managers and community dispensers.

d) Institutional and community ownership

The Mission works with local and international partners to implement PEPFAR strategies, advancing local ownership and encouraging community responsibility.

ii. Trajectory in FY 2014 and beyond

The trajectory in 2014 and beyond for PEPFAR Cameroon is to support the GRC to scale up comprehensive prevention, care, and treatment services for pregnant women, their spouse and infants as well askey populations in all ten regions of the country. These plans are in line with GRC's HIV/AIDS NSP 2011-2015, the GHI Strategy, and the PEPFAR Blueprint.

As a result of the IATT mission in August 2012, the GRC agreed to transition to Option B+ for PMTCT interventions. With PEPFAR support, the GRC conducted a cost analysis for Option B+. The initial report shows that the transition to Option B+ is projected to occur over a five-year period, assuming a simultaneous scale-up of PMTCT services. In 2017, we estimate that 100% of PMTCT-eligible women will be receiving Option B+ with 95% PMTCT coverage. Between 2013 and 2017, we estimate it will cost the GRC $128.9 million to implement Option B+, compared to the current regimen, Option A, which costs $100 million over the same time period. Cameroon would need to ensure a sufficient drug supply, which currently relies very heavily on donor funding. The USG team could supplement the additional cost of $28.9M over the five-year period, but this would require USG to start purchasing drugs on a large scale and annual funding increase to the PEPFAR program, which does not necessarily track with our country ownership goals. Although Option B+ would be more costly, the benefits would outweigh the risks as transmissions rates could decrease to less than 4%, with reductions in sexual transmission and incident infections.

The benefits of a move to Option B+ are evident, but the GRC's ability to meet the financial demands of such a move is very limited and unlikely to improve over the next five years. Therefore, the current discussion of a move to Option B+ must be made against the context of the ARV gap in treatment for adults and children that the GRC is already facing. The Global Fund currently funds 36% of all drugs and the GRC funds 60% of ARVs using funds from the Highly Indebted Poor Countries (HIPC) initiative. Even under the current Option A regime, Cameroon faces an annual gap of about $6 million. The GRC is exploring other options to ensure access to ARVs. The USG is engaged with GRC and other donors to document the current ARV drug situation in country, the available HIV/AIDS resources, and the efforts made by the GRC and other donors to address this gap. This will inform our advocacy towards possible reallocations of funds and increased mobilization of domestic and external resources to support the procurement of ARVs and other HIV/AIDS commodities. However, as we transition we must bear in

mind that it remains unlikely that the GRC will provide adequate resources to fully support Option B+. If we are to truly meet our goals, PEPFAR may need to consider providing financial resources to cover the gaps that the GRC cannot meet in the context of present budgetary allocations.

PEPFAR Cameroon also plans to scale up prevention programming targeting key populations. This includes extending geographic coverage to major centers of population and commerce in all ten regions of the country. In addition to the provision of a comprehensive prevention, PEPFAR will strengthen engagement with key populations programs currently supported by the Global Fund through community drop-in centers.

PEPFAR supports the Cameroonian Armed Forces (CAF) and its aim to control the spread of HIV/AIDS and mitigate the negative impact of HIV and other STIs among its military populations and related communities. Program components include sexual and other behavioral risk prevention, HTC, PMTCT and clinical care services utilizing ARVs and lab services to support clinical care.

Program Overview

Prevention of Mother-to-Child Transmission (PMTCT)

PEPFAR Cameroon will continue supporting interventions to scale up high-quality PMTCT activities through a strategic regional approach in support of the GRC's push for virtual elimination of MTCT by 2015. The USG strategically supports all four WHO programmatic PMTCT prongs from the community to the facility level, while ensuring a continuum of care. Specifically, PEPFAR Cameroon supports the GRC in providing direct PMTCT and maternal and child health (MCH) services, in line with national and international guidelines, by supporting 555 health facilities in the Southwest and Northwest regions of the country. In FY 2012, PEPFAR decided to begin implementing PMTCT services in the Center and Littoral regions, in response to an official request by the Minister of Public Health. Initially, the GRC had asked PEPFAR to implement these services in the Adamawa and East regions. However, it changed that request following a bottleneck analysis supported by UNICEF and the IATT that demonstrated the need to target priority health districts in Center and Littoral regions that are immensely in need of immediate PMTCT support. The remaining six regions are supported with Global Fund and GRC resources. Ongoing PEPFAR-supported services in the Northwest and Southwest regions, and soon to begin in the two new regions, will include community outreach activities using peer health educators, community relay workers, riders for health, and the male partners program. These efforts will encourage women and their spouses to attend ANC and delivery services and ensure PMTCT services are provided. The community services supported by Peace Corps Volunteers and the USG supported community programs for key populations, including the military and military partners, will also emphasize access to health care and

ANC services in general.

In 2012, PEPFAR ensured that HIV testing and counseling using provider initiated testing and counseling (PITC) was provided to 72,783 pregnant and postpartum women in ANC/MNCH We followed up with appropriate interventions, including provision of ARVs to 5,295 who tested positive as well as for their exposed infants. Going forward, we will continue to provide PITC and appropriate ARV services, supported with CD4 testing, infant diagnosis (EID) and linkages to care and treatment services, including supporting the continuum of care to children orphaned or made vulnerable due to AIDS. We will also press for the scale up of of a standardized national monitoring and evaluation system (M&E) for PMTCT.

Community-level prevention efforts include behavior change communications (BCC) for PMTCT and other topics related to MCH; reproductive and sexual health (RSH) and family planning; and partner follow-up and support through the use of Care Groups, an outreach approach that recruits women from the community as care coordinators and health educators, peer educators, and community health workers. We will emphasize reinforced community activities, including a Men as Partners approach to prenatal care and PMTCT; life skills training programs aimed at empowering women and girls and creating awareness of PMTCT; and bikers for health aimed at using bike riders to connect healthcare facilities with communities in transporting DBS samples/results, commodities, and monthly data/reports.

PEPFAR Cameroon supports integration of PMTCT into maternal neonatal and child (MNCH) services, including the development of a national MNCH training curriculum and roll out training on PMTCT integration. PEPFAR Cameroon will provide technical support to the GRC's move towards Option B+ through development of a plan to be based on a national task shifting document; development of a national training plan for nurses to implement Option B+; and evaluation of an Option B+ strategy. In so doing PEPFAR will contribute to updating a national Option B+ curriculum; roll out a national training plan; and progressively scale up Option B+. With support from PEPFAR, Option B+ has been costed for Cameroon, and the results have been shared with all stakeholders.

Prevention of Sexual Transmission in Key Populations and other Vulnerable Populations

While there is no specific statistic on the number of MSM currently accessing HIV prevention services within the country, the assumption is that a high number of MSM are not accessing HIV services mainly because homosexual acts are punishable by law and due to negative community perceptions of homosexuality. PEPFAR and the Global Fund are currently the only donors providing significant funding for HIV/AIDS service provision to key populations in Cameroon.

PEPFAR is implementing a three-year cooperative agreement called "HIV/AIDS Prevention Program in

Cameroon" (HAPP), valued at $2.3 million. The HAPP is focused on reducing risk perception among key populations and increasing their access to appropriate and high quality HIV prevention services through (a) increased adoption of HIV/AIDS preventive behaviors and (b) improved quality of HIV/AIDS prevention services for key populations. Core activities include production and dissemination of appropriate prevention messages; condom promotion; HTC; creation/refurbishment of five community drop-in centers to provide HIV-prevention services and community outreach; and partnerships with health facilities to provide clinical care. In two years, HAPP has established a robust platform of local community-based organizations (CBOs) providing services to key populations; completed the MSM IBBS 2011 study, which provides a pathway for evidence-based programming on MSM; and extended HIV/AIDS services through the establishment of drop-in centers. In FY 2012, HAPP was able to reach more than 22,000 members of key populations with HIV preventive interventions, exceeding its target of 8,744.

The Global Fund's Tenth Grant Round approved Cameroon's HIV/AIDS application – under the dual-track financing scheme, which includes a set of activities focused on decreasing new infections among key populations and long distance truck drivers. In December 2011, the Global Fund signed a program agreement with the Cameroon National Association for Family Welfare (CAMNAFAW), valued at $3 million for 2012-2014 period. With an official grant start date of May 1, 2012, CAMNAFAW is expected to implement a comprehensive package of HIV services targeting key populations in five project zones that includes (a) BCC; (b) promotion and supply of condoms and lubricants; (c) screening and syndromic care of STIs; (d) HTC; (e) access to care and psychosocial support, as well as the fight against stigma and discrimination. These activities complement USG investments implemented through HAPP.

With FY 2013 marking the last year of project implementation for the HAPP, PEPFAR will continue its core activities of providing comprehensive HIV-prevention services through community drop-in centers; outreach activities, including peer education and mobile HTC; distribution of condoms and water-based lubricants; care and support services for PLHIV; and referrals to partner health facilities and other services. Also, PEPFAR is leveraging funds from the Global Fund - PEPFAR Country Collaboration Initiative (CCI) to strengthen collaboration with CAMNAFAW in order to mitigate a potential gap in service delivery to key populations. Planned activities will include harmonizing key populations programming approaches and increased advocacy for the integration of HAPP CBOs in Global Fund-supported sites. To avoid service disruption, PEPFAR plans to extend the HAPP project for additional six months (ending in January 2014) thus increasing the total cost from $2.34 million to approximately $3.34 million. This will allow a smooth transition between the HAPP project and the successor project and consolidate USG achievements in this area. Given the success registered by the project, follow-on is in its early phases and will build on investments made and approaches and platforms implemented. In addition, the recent data generated from a set of PEPFAR-funded research studies will inform the design of the new project.

Care and Support to Orphans and Vulnerable Children (OVC)

Partners currently implementing OVC activities in Cameroon include the United Nations Children's Fund (UNICEF), Plan International, and Catholic Relief Services, a Global Fund HIV/AIDS Round 10 sub-recipient. These efforts collectively achieved approximately 30% OVC coverage. As the USG in Cameroon moves toward meeting its OVC programmatic requirements (10% of prevention, care and treatment budget),, PEPFAR's support to children affected by AIDS will include a combination of structural and service delivery interventions focused on supporting the GRC to meet its targets of extending coverage to 55% of OVC and their families in 2011-2015. In close collaboration with UNICEF, PEPFAR will continue) to provide technical assistance to the GRC on OVC systems strengthening, including implementation of a sound M&E system. The USG will also build the capacity of local CBOs to provide comprehensive care and support services to OVC in line with PEPFAR's new OVC programming guidance. A new OVC project is being developed to expand access to a continuum of support services for vulnerable children and their families identified through and linked with PEPFAR activities in key populations and PMTCT.

Blood Safety

In addition to the ongoing strengthening of 15 regional and reference blood centers towards a sustained improvement in the supply of safe blood, PEPFAR Cameroon will work closely with the Safe Blood for Africa organization in five selected blood banks to build their capacity, improve the standard of practice in those centers, and showcase them as utilizing best practices. These centers should become pilot examples for improvement in all the other blood banks throughout the country. Based on evidence from an ongoing PEPFAR-supported blood safety KAP survey, an Integrated Program for Communication (IPC) to promote voluntary non-remunerated blood donations will be developed and launched. Through PEPFAR support, a blood safety Technical Working Group has been established; working in synergy with this group, PEPFAR will strive to increase the supply of blood that is safe using standardized procedures that include donor-screening protocols, a self-assessment questionnaire, and new national policies and guidelines for blood safety. PEPFAR Cameroon will continue to assist the blood transfusion unit to develop and implement appropriate quality indicators throughout the blood safety value chain from collection to utilization. The USG has purchased a significant stock of equipment that will be donated to MOPH to enhance the capacity and functionality of blood banks. In a tandem matchup, PEPFAR will put additional resources for blood safety toward more donor recruitment and education, as well as toward procurement of reagents and consumables for collection, screening, testing and distribution of blood and blood products. Meanwhile, advocacy towards the establishment of a National Blood Transfusion Program with a line item in the MOPH budget will be vigorously pursued to guarantee sustainability of the program when PEPFAR support eventually phases out.

Health Systems Strengthening (HSS)

The HSS component aims to strengthen those functions of the health system that must work better in order for PEPFAR Cameroon's interventions to succeed. Planned activities -- in the cross-cutting areas of supply chain management, laboratory systems strengthening, strategic information, and training in leadership and good governance -- are designed to produce strategic, targeted, and sustainable improvements in Cameroon's health system. PEPFAR Cameroon will also support a cascade of training activities to district and community levels in order to support the GRC's decentralization goals. A portion of the Global Fund - PEPFAR CCI will be dedicated towards the strengthening the NAAC and the CCM.

Strategic Information

PEPFAR Cameroon will support MOPH and NACC in the customization of the District Health Information Software (DHIS2), which will help in the management and the flow of HIV/AIDS related routine data in general and PMTCT data in particular from sub-divisional to national level. This software will then be piloted in some health districts in at least two PEPFAR target regions using the PMTCT program. PEPFAR plans to support the design and implementation of other software such as Vein-to Vein for the management of blood banks and Basic Laboratory Information System (BLIS) for Hospital laboratories. In the meantime, we will build the capacity within NACC through the provision of hardware and required IT equipment, including Internet, mobile data communication and computers at all levels.

PEPFAR Cameroon will also support the harmonization of all M&E tools, including the revision of all PMTCT/MNCH registers and reporting forms from the facility to higher levels (district, regional and national). In addition, PEPFAR will strengthen NACC/MOH supervision capacity and support trainings at all levels (with new registers, data collection, data entry, data use for decision making, data dissemination), and will organize DQA/SQA to assess the quality of PMTCT program data and services.

PEPFAR is supporting the following research studies:

• The implementation of an HIV/AIDS behavioral and biological surveillance targeting MSM in Douala and Yaoundé, the results of which are being disseminated;
• Building of local and host government research capacity, including protocol development, research implementation and data use;
• The launch of key population size estimation (MSM, CSW) results of which are expected to be released in September;
• Mapping of HIV prevention services and HIV existing data triangulation in Cameroon that will help

PEPFAR strategically guide its new ways of HIV/AIDS programming;
• Mapping of PMTCT sites and resources to target PMTCT programming;
• Identification of barriers to PMTCT uptake to determine strategies to increase PMTCT demand and improve linkages to care and treatment;
• A study of reasons for limited voluntary blood donation through a KAP study;
• Assessment of the utility of routine PMTCT data for HIV sentinels surveillance among pregnant women;
• MSM formative study;
• Evaluation of retention, adherence, challenges, and feasibility of implementing PMTCT Option B+;
• Evaluation of the use of long-acting reversible contraceptives (LARC) in family planning services; and
• Analysis of expenditures for PMTCT implementation.

With the USG's support in FY 2013, available research findings will be shared with the GRC to disseminate the research data and encourage its use towards an effective HIV/AIDS response in Cameroon.

Laboratory Quality

PEPFAR Cameroon will focus efforts largely on Quality Management Systems (QMS) especially on labs supporting PMTCT and ART services. This includes continued support aimed at strengthening HIV management in clinical laboratories on military bases. Specifically, 12 laboratories at the central and regional level will be mentored to achieve international accreditation through the WHO-AFRO stepwise SLIPTA process. These laboratories will then provide downstream support to mentor district laboratories in implementation of basic QMS for better patient care. The MOPH will be strengthened and guided to enable its personnel to develop policy guidelines for implementing QMS, laboratory accreditation, laboratory management, and bio-safety. The USG will purchase QA panels to cover HIV rapid testing, PCR testing, clinical chemistry, hematology, TB and CD4 assays as necessary to support ongoing programs and also support the Dry Tube Specimen (DTS) approach to preparing and distributing proficiency samples for HIV rapid testing. We will also expand the use of standardized logbooks with electronic versions for recording HIV test results and monitoring performance of testing algorithms and test kits. To further strengthen the PMTCT program, point-of-care PIMA machines for CD4 testing will be procured and strategically placed at the district and integrated levels for optimum patient care and follow-up. PEPFAR support will also enable the MOPH to continue to improve the implementation of Basic Laboratory Information Systems to support laboratory QMS and will include basic IT support to sustain program. Another key area of support will be in the development, implementation and dissemination of pre-service curriculum for laboratory technologists, including training or orientation for professors and continuing education programs to ensure sustainability and standardized practices across the tiered health system. PEPFAR will also sponsor specialized pre- and in-service training for bench

staff in the area of CD4, hematology, viral loads, HIV testing, basic computer training and equipment maintenance to ensure competency in diagnosis and clinical monitoring, as well as establishment of effective sample referral systems that target district and integrated zones to support on-going programs for efficient patient follow-up. Finally, a key portion of laboratory systems strengthening will focus on supporting the GRC in adopting and implementing the newly developed laboratory policies as well as setting up its National Public Health Laboratory and finalizing a five-year Laboratory Strategic Plan.

Pharmaceutical management systems

FY 2012 marked the first year of implementation for the “Systems for Improved Access to Pharmaceuticals and Services” (SIAPS) program, a three-year cooperative agreement with Management Sciences for Health (MSH) valued at $3.5 million. SIAPS conducted an evaluation of the capacities of the National Centre for the Procurement of Essential Medicines and Medical Supplies (CENAME) and Cameroon’s ten regional pharmaceutical supply centers (CAPRs) and identified the following key challenges:

- There is insufficient storage capacity and weak organization. With relatively easy interventions, (such as a basic re-organization of the stores and availability of equipment such as refrigerators, and material handling equipment), CAPRs and CENAME can meet the minimum standards within the current buildings. However, in the long term, it is imperative to create more warehouse space. It is also imperative to organize direct delivery from suppliers to major health facilities to avoid bulk storage at depots. This would require creating better information systems for commodities management.
- On a national scale there is no solid information management system to support improved supply chain management. All CAPRs and CENAME use Enterprise Resource Planning (ERP) software, though ERP is not exploited sufficiently. There is no network that facilitates stock and supply chain management.

Most of the weaknesses identified are general problems of the public supply system in Cameroon, and are not exclusive to the supply chain of HIV/AIDS related products, such as the lack of training of CAPR staff. In FY 2013 SIAPS will continue to work with the GRC to strengthen PSM by:-

- Collaborating with technical partners such as the WHO to develop, update and disseminate national pharmaceutical management procedures manuals and by revising the National Essential Medicines List (NEML) with the expected result of facilitating standardized approaches to pharmaceutical decision-making and management at all levels of the health system;

- Providing technical assistance to the MOPH’s Directorate for Pharmacy and Medicines (DPM) and to regional delegations to develop a supportive supervision approach to monitor implementation of national

standard operating procedures;

- Collaborating with other partners such as ESTHER Aid and the Clinton Health Access Initiative (CHAI) to develop a strategic road map which describes the specific process and steps required to design and implement the coordinated system for quantification, forecasting, and supply planning;

- Providing technical assistance to the NACC and CENAME to conduct HIV AIDS commodities quantification. This activity supports overall technical assistance to the NACC (Global Fund Round 10 PR) in commodities management in conformity with the Global Fund's regulations;

- Assisting central warehouse and regional warehouses in USAID-focus regions (Northwest, Southwest, East and Adamawa) to make improvements in inventory management and storage practices;

- Conducting training of trainers (TOT) for MOPH staff at central and regional level on pharmaceutical management. This TOT will focus on-the-job training and supportive supervision to community dispensers;

- Supporting regional and health office management teams to harmonize and enhance pharmaceuticals management information, reporting, and monitoring mechanisms for ARVs distribution and consumption. SIAPS will collaborate with key stakeholders and various MOPH counterparts to put in place the systems for data collection, submission, collation, and analysis at all levels; and

- Facilitating the establishment of an agreement between CAPRs and CENAME to define a framework for regular sharing of pharmaceutical management information and to define SOPs and tools to operationalize this information sharing framework.

Human Resources for Health

PEPFAR Cameroon's support to HRH development in Cameroon includes strengthening pre-service education institutions and the standardization of in-service training to improve the quality and output of medical professionals. PEPFAR's partnership with the MOPH's Department of Family Health includes development of Maternal, Neonatal and Child Health (MNCH) training curricula that integrates PMTCT. These curricula will be used in pre-service training for nurses and midwives. Other training support will improve staff capacity in supervision, laboratory quality-management systems, blood safety, HIV surveillance, and monitoring and evaluation. The laboratory program will support in-service trainings for 458 laboratory personnel in a range of areas, including internal audits, mentorship, HIV testing quality assurance, SLAMTA, and bio-safety. PEPFAR Cameroon will also leverage its HRH program with

support to CDC's FELTP and community-based resources, including peer education structures, PLWHIV support groups, and health service-community collaborations and partnerships.

Global Health Initiative (GHI) Strategy

In 2012, the Mission Cameroon submitted its first GHI Strategy, which seeks to improve the health of Cameroonians by reducing the incidence of HIV and other communicable diseases, decreasing child and maternal mortality rates, and strengthening health systems in Cameroon. PEPFAR Cameroon's interventions fits well into the GHI principles and allows PEPFAR Cameroon to plan and implement activities in support of key priorities. PEPFAR activities in FY 2013 will continue to contribute to Cameroon's progress towards the GHI Strategy results, including improved quality of and accessibility to health services, adoption of health-friendly behaviors, improved coordination and institutional strengthening. PEPFAR will leverage other existing programs, including the Centers for Disease Control and Prevention's (CDC's) Central African Field Epidemiology and Laboratory Training Program (FELTP) and USAID's Emerging Pandemic Threats (EPT) and Neglected Tropical Disease Control (NTD) programs. The GHI strategy will continue to support country ownership while the USG team continues transitioning from direct program implementation to a technical assistance (TA) model that focuses on local capacity building for the relevant stakeholders involved in HIV/AIDS response.

Program Contacts:

Gregory Thome, State Department (ThomeGD@state.gov)
Catherine Akom, State Department (AkomCA@state.gov)
Bolu Omotayo, CDC (obb3@cdc.gov)
Aisatou Ngong, USAID (NgongA@state.gov)
Jacquelyn Sesonga, Peace Corps (JSESONGA@peacecorps.gov)
John Tully, Department of Defense (TullyJM@state.gov)

Time Frame: FY 2013: October 2012 – September 2013

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	490,000	2011	AIDS Info, UNAIDS, 2013			

Adults 15-49 HIV Prevalence Rate	05	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	60,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	34,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	36,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	43,000	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	710,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	29,000	2011	WHO			
Number of people living with HIV/AIDS	550,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	340,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	258,825	2011	WHO			
Women 15+ living with HIV	280,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?

Cameroon was not eligible to apply for HIV/AIDS funding under the Transitional Funding Mechanism (TFM). Phase 1 of the round 10 HIV grant began in May 1 and July 1, 2012 for the two principal recipients (PRs), Cameroon National Association for Family Welfare (CAMNAFAW), a civil society PR; and the National AIDS Control Committee (NACC), the Government PR. Both will continue through December, 2014. Cameroon was eligible to apply for additional funding under Malaria and Tuberculosis (TB), but did not develop and submit any applications.

December 31, 2012 marked the end of Phase I activities for the Malaria and TB round 9 grants. The USG provided extensive support to the Malaria Round 9 program in its Phase II grant renewal request, as there was concern that the Global Fund may issue a “no go” for this program given its poor performance in Phase I. The Global Fund gave the Malaria PRs a rating of C (National Malaria Control Program - NMCP) and B2 (Plan International).

USAID/West Africa’s Senior Advisor for Regional Partnerships and Global Fund Liaison visited Cameroon in September, 2012 to assess the situation and developed detailed recommendations which provided a blueprint for Cameroon’s action. As recommended after this visit, the Malaria PRs requested technical assistance from the Roll-Back Malaria Central Africa (CARN) representative and Malaria No More (Peace Corps volunteer placed at this organization) to support in the development of the renewal application documents. The State Department also joined other donor organizations (e.g. German Embassy, WHO, UNICEF, UNAIDS and others) to sign an advocacy document supporting Cameroon’s application for grant renewal.

The Global Fund approved Cameroon’s request for additional funds for both Malaria and TB Round 9 phase II programs. However, due to previous performance of the Malaria program, concerns have been framed into conditions that will need to be fulfilled before disbursement of grants.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS,

or RCC) in the coming 12 months?
No

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	An Assessment of Knowledge, Attitudes and Practices Related to Blood Donation in Cameroon	Population-based Behavioral Surveys	General Population	Data Review	03/01/2013
Survey	Assessment of Cameroon's Early Infant Diagnosis Program	Evaluation	Other	Publishing	12/01/2012
Survey	Exploring Barriers to Uptake and Retention in ANC/MCH/PMTCT Services in Cameroon	Qualitative Research	General Population	Data Review	05/01/2013
Survey	HIV Prevention for	Other	Female	Implementatio	07/01/2013

	Populations at Risk in Cameroon		Commercial Sex Workers, Men who have Sex with Men	n	
Survey	Implementation of Test and Treat (Option B+) in PMTCT services in two districts in the South-West and North-West regions of Cameroon	Evaluation	Pregnant Women	Development	06/01/2014
Survey	Integrating family planning services including long-acting reversible contraceptives (LARC) into HIV settings in the South-West and North-West regions of Cameroon	Evaluation	Pregnant Women	Development	06/01/2014
Survey	PMTCT facility survey	Other	Other	Data Review	04/01/2013
Survey	Rapid Assessment of Perceptions, Attitudes and Practices Relative to HIV/AIDS among MSM in Cameroon	Qualitative Research	Men who have Sex with Men	Data Review	02/01/2013
Surveillance	Utility of Prevention of Mother-to-Child HIV Transmission Program Data for HIV Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing	03/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		933,490		**933,490**
HHS/CDC	925,252	17,305,398		**18,230,650**
PC		775,000		**775,000**
State		150,000		**150,000**
State/AF		200,000		**200,000**
USAID		4,460,860	1,500,000	**5,960,860**
Total	**925,252**	**23,824,748**	**1,500,000**	**26,250,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	DOD	HHS/CDC	PC	State/AF	USAID	AllOther	
HBHC						692,883		**692,883**
HKID					50,000	1,315,860		**1,365,860**
HLAB		175,000	2,887,363					**3,062,363**
HMBL			400,000			400,000		**800,000**
HTXS			100,000			43,162		**143,162**
HVCT		225,000				602,883		**827,883**
HVMS	150,000		2,562,784	131,200		43,325		**2,887,309**
HVOP		225,000		635,242		1,035,756		**1,895,998**
HVSI			1,048,126	8,558		402,883		**1,459,567**
MTCT		308,490	10,544,377		50,000	100,000		**11,002,867**
OHSS			300,000		100,000	1,324,108		**1,724,108**
PDCS			388,000					**388,000**
	150,000	**933,490**	**18,230,650**	**775,000**	**200,000**	**5,960,860**	**0**	**26,250,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	692,883	0
HKID	1,365,860	0
PDCS	388,000	0
Total Technical Area Planned Funding:	**2,446,743**	**0**

Summary:
Major Accomplishments in last One to Two Years

Last year, PEPFAR Cameroon submitted its first country operational plan (COP) and given the FY11 limited resources the team focused its interventions along four strategic pillars: Prevention of mother-to-child transmission (PMTCT), Prevention in most-at-risk populations (MARPs), Blood Safety (Medical Transmission), and Health Systems Strengthening (HSS). PEPFAR Cameroon supports both adult and pediatric care through its PMTCT and MARPs portfolios. This year, the PEPFAR team plans to build on ongoing work including promoting increased integration with other complementary health programs in order to increase the impact of our interventions.

With regards to the PMTCT program, USG (through its CDC laboratory) in collaboration with the Chantal Biya International Research Center (CIRCB) is implementing an early infant diagnosis (EID) program that covers 152 health facilities in all 10 regions of the country. Through this program, over 15,000 HIV-exposed infants have been tested to date.

The MARPs program recruited and trained 25 psychosocial counselors in rights-based participatory approaches to working with MARPs. The content of this training included provision of HIV prevention services, HIV pre- and post-test counseling, adherence support, positive living and couples counseling, stigma reduction, psychosocial support for gender-based violence, referrals, and follow-up. The psychosocial counselors are expected to provide care and support services to men who have sex with men (MSMs) and commercial sex workers (CSWs) in 3 community drop-in centers (Bamenda – Northwest region; Douala – Littoral region; Yaoundé – Center region) that have been established or renovated in FY 11.
Memoranda of Understanding (MoU) will be signed with health clinics – identified through focus groups discussions with CSW and MSM clients as "MARP-friendly" – for clinical management of sexually transmitted infections (STIs).

PEPFAR Cameroon indirectly provides care and support outreach to people living with HIV/AIDS (PLWHA) through its network of Peace Corps Volunteers. Following extensive life skills training provided by Peace Corps Volunteers, 50 peer educators from eight PLWHA associations have conducted door to door outreach education in seven communities of the Far North region. Though their primary message is HIV prevention and stigma reduction, the peer educators play an important role in disseminating information about positive living, referring individuals in need to health facilities and connecting them with PLWHA associations.

The main results discussed ABOVE are limited as PEPFAR Cameroon's program is one year old and the majority of results in this program area are still being realized as many projects are in start-up phase. Currently, planning with the Government of Cameroon (GRC) and other key stakeholders like the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) and United Nations Children's Fund (UNICEF) has set the stage and the team is now well poised to have key results in FY 12.

Key Priorities and Major Goals for Next Two Years

Overview

In the coming two years, PEPFAR Cameroon will gradually expand activities in care and support including increased linkages with other care services offered by GRC and civil society organizations; and expansion of programs targeting children affected by AIDS in order to eventually respond to the 10% hard earmark established by Congress. Key activities in the OVC area in FY 12 are focused on strengthening GRC (Ministry of Social Affairs and National AIDS Control Committee) capacity to address institutional challenges identified in a situational analysis to be conducted with FY 11 funds. Other pediatric care and support activities will include strengthening/revitalization of existing post natal care services to increase uptake of EID, and support infant feeding in the context of HIV/AIDS through the PMTCT acceleration plan.

PEPFAR Cameroon will link its sexual prevention activities with other care and treatment programs offered through decentralized structures of the Ministries of Public Health. Activities targeting MARPs will focus on improving quality of service provided in 3 existing drop-in centers and the creation of an additional drop-in center in Bertoua, East Region. A key priority will be to ensure that all drop-in centers are able to provide a minimum package of service which includes prevention information, access to male and female condoms, psychosocial support, material support, (medical, psychological, and legal) consultations, provision of HIV testing and counseling (HTC) services and referrals to health facilities for treatment of STIs, Anti-retroviral therapy (ART), and other services.

Finally, the team has prioritized promoting linkages across program areas in order to strengthen the continuum of care approach. The cross cutting areas of laboratory and capacity building will be key considerations to guide all programming and to ensure interventions are strategic, targeted and more sustainable. These PEPFAR strategies are consistent with Cameroon's Global Health Initiative (GHI) strategy and are described in greater detail below.

Care and Support Activities

a. Adult Care and Support

The third strategic approach in Cameroon's National HIV/AIDS Strategic Plan (NSP) 2011-2015 is focused on "reducing morbidity and mortality related to HIV as well as the socio-economic impact, by reinforcing the global care of adult and child PLWHA and the support to OVC by 2015." The expected result is to ensure access to care services for 80% of eligible adult and child PLWHA by 2015. There are 560,306 PLWHA in Cameroon (2010), of which 249,341 are eligible for treatment. Only 30.6% of eligible PLWHA are currently receiving ARVs, with those lost from sight estimated to be between 10 to 40% of active files. A 2010 WHO study on HIV Drug Resistance Early Warning Indicators (EWI) estimates an average of 33% of PLWHA were lost to follow-up 12 months after ART initiation. This raises concerns about coverage and quality of the continuum of care, including insufficient linkage between health facilities and community systems.

PEPFAR Cameroon's adult care program specifically targets hard to reach groups including MSM and CSWs, who have insufficient access to care services due to socio-cultural perceptions about their behavior, and also given the fact that a majority of interventions were mainly destined for the general population, therefore not taking into account the specificities of these groups. In FY12, the team is focused on ensuring that at least 1,083 HIV-positive MSMs and CSWs have access to a minimum of one care service, which includes one clinical care service.

Psychosocial counselors and social workers working out of these drop-in centers will provide a range of services to MARPs including adherence support, positive prevention, and couples counseling along with work to strengthen referral networks to health facilities and other services. In addition, material assistance will be provided to extremely vulnerable clients including food packages (for 291 PLWHA), disease prevention kits, water treatment units, mosquito nets, and basic hygiene products. Small grants will be used to strengthen groups representing PLWHA and reduce stigma through community-level testimonials and exchange visits.

PEPFAR Cameroon will also continue to capitalize on its network of Peace Corps Volunteers to provide training and onsite assistance for PLWHA groups including "positive living" education, psycho-social support, and outreach interventions. PLWHA groups and individuals may also benefit from VAST grants, which are made available to communities and groups working with Volunteers. In addition to capacity building activities, funds may be used to support the start up of income generating activities (IGAs). With access to funding and technical support for IGAs, PLWHA groups and individuals will have means to help meet their increased financial demands and will remain productive actors in their community. Emphasis will be placed on women's vulnerabilities including their limited access to finances. Women's leadership in IGAs will also highlight their status as valued members of society.

Likewise, Volunteers will deliver onsite capacity strengthening activities to health committees, and CBOs to provide improved quality care and support. Through Care Group programs, community educators will address AIDS-related stigma, and indirectly reach HIV+ individuals with information regarding services and support.

b. Pediatric Care and Support

The number of infants on ARVs has doubled from 1,700 in 2007 to 3,114 in 2009 following the establishment of a national EID program. An estimated 54,000 children 0-14 years of age are living with HIV in Cameroon. Most of them acquired the infection through vertical transmission. According to the 2010 Epidemiologic update on HIV and AIDS in Cameroon, the projected number of HIV-positive pregnant women in 2012 is 76,785. As of 2010 the rate of mother-to-child transmission (MTCT) of HIV was estimated at 28.8% and the goal is to reduce this transmission rate to less than 5% by the year 2015.

Early diagnosis of children born to HIV-positive mothers is an important component in establishing treatment and care support for HIV-positive infants, yet national coverage of EID services is low (152 EID sites compared to more than 2000 PMTCT sites). Some of the challenges faced include sample transportation issues, loss to follow-up of infants, increase turnaround time (TAT) due to increase workload, and poor service uptake. PEPFAR Cameroon's support to the EID program in four out of ten regions in the country has contributed to increasing the capacity of the health care system to provide EID services to HIV-exposed infants. The CDC laboratory is one of the two reference laboratories providing EID testing and building EID capacity in Cameroon. PEPFAR Cameroon has trained over 283 health personnel and built EID capacity in 92 sites in the four regions, 87 of which are actively collecting and sending dried blood spot (DBS) samples for testing.

In FY 2012, PEPFAR Cameroon will continue to support EID capacity building by expanding the collection of DBS in all PMTCT sites in two other regions within the framework of the PMTCT acceleration plan. PEPFAR Cameroon will acquire an automated system as against the current manual method to support the GRC in building capacity for performing DNA PCR testing within the designated National Public Health laboratory and also support community involvement and participation to improve service uptake. Similarly, implementing a basic lab management information system is part of USG's support to the national labs and this will be enforced with the acceleration funds, ensuring that the whole country benefit immensely from the above.

c. Food and Nutrition

In FY12, PEFPAR Cameroon will put limited resources toward food and nutrition within its MARPs program. At least 291 HIV-positive MARPs, identified as "extremely vulnerable" following assessments by social workers will

be eligible to receive material assistance which includes a basic food package. Clients with much more significant needs that cannot be addressed by the drop-in centers will be referred to appropriate services in the community (e.g., state-run social centers, faith-based organizations, other CBOs including associations of PLWHA, etc.).

d. Orphans and Vulnerable Children

Children affected by AIDS represent 25% of Cameroon's total 1,200,000 orphans and vulnerable children (OVC). This number is projected to increase from 304,000 in 2010 to 350,000 in 2020. Provision of care and support services to OVCs is a strategic approach within the NSP 2011-2015, with the aim of extending coverage to 55% of OVC and their families. GRC is estimating $4.3 million in its FY 2011 (same as 2011 calendar year) budget to support this strategic approach.

Given the inadequately structured institutional framework for coordination and management specifically related to OVC, there is limited information to assess Cameroon's coverage of interventions and its actual impact in this area. PEPFAR Cameroon's FY 11 funds will be used to carry out a comprehensive, nation-wide situational analysis on OVC and the protection system in general, in partnership with the United Nations Children's Fund (UNICEF). PEPFAR Cameroon's expected funding level for OVC in FY 2012 is currently at 4% (6% lower than OGAC earmark), as planned activities will focus on institutional development which includes technical assistance to GRC (specifically Ministry of Social Affairs and National AIDS Control Committee) to address gaps identified in the situational analysis. In the next 2-3 years, PEPFAR Cameroon plans to reach the 10% budgetary requirement following sufficient gathering of evidence-based information to support the rapid expansion of service delivery interventions.

Alignment with Government Strategy and Priorities

PEPFAR Cameroon's care and support activities are well-aligned and harmonized with the eight strategic approaches outlined within the NSP 2011-2015. Care investments will most directly address Government priorities to improve access to adult and pediatric care and support by strengthening the capacity of community and health systems to build a sustainable referral network.

Contributions from or Collaboration with Other Development Partners

Given its modest budget level, PEPFAR Cameroon has forged strong relationships with Global Fund Round 10 principal recipients (PRs) in a view to strengthen overall continuum of care response. Cameroon is envisaged to begin implementation of its Global Fund Round 10 HIV grant in January 2012. Joint planning meetings with the Global Fund PRs have focused on linking PEPFAR's PMTCT and MARPs portfolios to other HIV services supported by the Global Fund and UNITAID, including nutritional rehabilitation and provision and management of adult and pediatric ARVs and STI medications.

In the area of OVC, following project closure for Global Fund Rounds 3 and 4 at the end of 2009, the main national OVC program is being supported by UNICEF in partnership with the Ministry of Social Affairs, the National AIDS Control Committee (NACC), and international and national non-Government organizations. However, all these efforts are currently contributing to an estimated 20% of national coverage – i.e. only 60,842 OVC are currently receiving a package of services – although Global Fund Round 10 HIV grant envisages an increase to 100,000 OVC individual support packages.

Key Policy Advances or Challenges (Identified in the PF/PFIP)

Although homosexuality is illegal in Cameroon, gay rights advocates have recently become more vocal and MSM have been identified as an emerging high risk group in the NSP 2011-2015. PEPFAR Cameroon is taking advantage of this opening in the policy environment which permits a public health response to the prevention needs of hard-to-reach groups like MSM that are at risk of prosecution and imprisonment due to the nature of their

activities, and have been consistently marginalized from "mainstream" society.

Efforts to Achieve Efficiencies

Efficiencies in this program area will be targeted through efforts to strengthen the referral networks to ensure access and uptake of quality care and support services for those affected including people living with HIV and OVC.

Efforts to Build Evidence Base

Given the nascent stage of PEPFAR programming, the team has prioritized efforts to establish and support activities aimed to build an evidence base. The team is also working with the GRC and other stakeholders to build upon and program according to the existing base of knowledge. Together these efforts inform and advance USG policy and priorities. One key activity carried out with FY 11 funds will be the completion of an OVC situational analysis, which will then in turn be used to target interventions.

Cross- Cutting Program Elements

The PEPFAR care activities include consideration of many of the cross cutting areas with particular priority given to early identification of HIV-infected persons through our testing and counseling activities (refer to Prevention TAN), EID program, and activities focused on strengthening quality of laboratory testing.

Laboratory

Presently, there is no National Public Health Laboratory that can provide downstream integrated disease support including molecular testing, confirmation of HIV and TB samples, preparing and distributing proficiency panels for external quality assessment (EQA) and providing updated trainings to all laboratory personnel. Through PEPFAR support, some of these services were recently implemented at the Central and regional levels and these laboratories are now being challenged to assume a greater role in the provision of more complex, timely and reliable diagnostic support services for national HIV/AIDS treatment and care programs, particularly as they plan to scale-up. Prior to this, laboratory baseline assessments conducted at the Central and Regional levels showed that laboratory services and infrastructure are still very weak throughout Cameroon, with various populations lacking access to timely, low cost, and high quality laboratory services.

The USG has a strong history of involvement in laboratory activities in Cameroon, and will continue to provide targeted TA and resources to the GRC for laboratory activities. USG efforts will focus largely on quality assurance (QA). Specifically, the USG will support the tiered lab system and accreditation of four regional laboratories, which will then provide downstream support to district laboratories. PEPFAR Cameroon will support the Ministry of Public Health (MOH) to develop policy guidelines for implementing quality management systems, laboratory accreditation, laboratory management, and bio-safety. The USG will purchase EQA panels to cover HIV rapid testing, PCR testing, clinical chemistry, hematology, TB and CD4 assays as necessary; support the Dry Tube Specimen (DTS) approach to preparing and distributing proficiency samples for HIV rapid testing; and expand the use of standardized logbooks for recording HIV test results. The USG will also sponsor specialized pre-and in-service training for bench staff in the area of CD4, hematology, viral loads, and TB testing to ensure competency in diagnosis and clinical monitoring. Optimally functioning Laboratory equipment play a critical role in the reduction in down time for providing test results and most importantly, the quality of services and patient care. The USG will support the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring at regional and district levels. The USG will collaborate with other partners to streamline and procure similar equipment with maintenance contracts, which will ensure improved negotiation of service contracts and un-interrupted services. In accordance with the Maputo declaration, PEPFAR Cameroon will assist the MOH to develop and implement an equipment maintenance policy.

PEPFAR resources will also be used to support basic laboratory information systems in collaboration with MOH in

four pilot labs, including design and implementation of a customized package of software and hardware, with eventual roll-out to all clinical laboratories. The systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system and are expected to improve HIV/AIDS case reporting.

Capacity Building

Activities focused on reducing HIV-related morbidity and mortality include direct care and support activities provided within the MARPs portfolio (through drop-in centers) and increased harmonization with Global Fund programs to ensure increased engagement of PLWHA and children affected by AIDS in the care continuum across community and facility settings in PEPFAR-targeted sites. In order to ensure sustainability of PEPFAR interventions, capacity building activities are in-built within all PEPFAR care and support activities through institutional development activities, organizational development for civil society organizations, training of health care workers and community health care workers, on-site technical assistance and knowledge transfer. ``````````````````````````````````

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	3,062,363	0
HVSI	1,459,567	0
OHSS	1,724,108	0
Total Technical Area Planned Funding:	**6,246,038**	**0**

Summary:

Cameroon's epidemiological profile is dominated by communicable diseases such as malaria and a 5.5% HIV prevalence. Recently, the prevalence of non-communicable diseases, such as diabetes and cardiovascular diseases has been on the rise. The under-five mortality rate is 144 / 1,000 (2004), while maternal mortality may be 1,000 deaths / 100,000 live births, (UNICEF estimates). The Government of the Republic of Cameroon (GRC) revised its health sector strategy, placing greater emphasis on improving the availability and utilization of quality health care services, to accelerate its progress in achieving the health sector Millennium Development Goals (MDGs).

The Ministry of Public Health (MOH) is the chief architect of GRC's health policies and strategies. The organization of the national health system follows the recommendations of the 1985 Assembly of Heads of African States in Lusaka. The system contains a central (represented by the Central Administrative Services, General Hospitals, University Hospital Center, and the Central Hospitals), intermediate (composed of Regional Delegations and assimilated regional hospitals), and peripheral level (represented by the District Health Services, which include district hospitals, sub-divisional health centers, and integrated health centers).

After a moderate performance in the first decade after independence with recorded successes in combating tropical diseases, Cameroon's public health (PH) system deteriorated in the two decades that followed, due to public spending cuts resulting from a national economic decline. The PH system continues to feel the consequences of that decline, as the GRC struggles to keep pace with population growth. The quality of infrastructure and quantity of health workers remain inadequate. Inter-ministerial planning and coordination is poor and has contributed to reactive rather than proactive health policy that tends to address the symptoms rather than causes of PH problems.

PH spending cuts have led to the resurgence of malaria, violent outbreaks of cholera, and the spread of HIV/AIDS. The National Center for the Procurement of Essential Medicines and Medical Supplies (CENAME) is responsible

for procuring and distributing medical supplies and pharmaceutical products on behalf of the MOH. Stock-outs are common, due to poor planning and management at all levels. The influence of the private sector on public health policy remains marginal, despite the existence of private clinics and pharmacies.

The GRC allocates less than 6% of the national budget to health, (far below the WHO recommendation of 15% to meet health sector MDGs). The GRC has relied on multilateral and bilateral assistance to compensate for the public spending gap. Generally, the quality and availability of PH services is worse in rural areas compared to urban areas. To address this, the GRC has developed a "decentralization" plan to shift some decision-making authority to district health officials and has allocated some additional resources to underserved areas.

National Response to HIV/AIDS

Cameroon's national response to the HIV/AIDS epidemic is led by the National AIDS Control Committee (NACC), chaired by the Minister of Public Health. NACC provides multi-sector coordination through a Central Technical Group and Regional Technical Groups that serve a coordination function in each of Cameroon's 10 regions. The third generation National HIV/AIDS Strategic Plan 2011-2015 is the main policy document that directs the national HIV/AIDS response. This plan outlines eight strategic approaches that are at the heart of the GRC's efforts to combat HIV/AIDS:

1. Improved prevention of HIV and STI transmission
2. Improved access to care and treatment
3. Support for and protection of PLWHA, OVC, and other affected people
4. Improved collaboration across public, private, and NGO sectors
5. HSS
6. Community capacity-building
7. SI
8. Coordination of activities among and within government partners.

The GRC recently revised its National Guidelines for HIV testing and treatment in 2003. In order to meet its goal of universal access to treatment, the GRC established 28 treatment centers and 112 district management units across the country (representing a coverage rate of approximately 56%). The GRC offers subsidies in order to reduce the cost of testing, treatment, and laboratory follow-up. Despite the GRC's selection of over 2,000 relatively well-distributed PMTCTsites, many are not fully functional. There are currently over 76,000 people on antiretroviral therapy (ART) out of an excess of 560,000 persons living with HIV/AIDS (PLWHA). At district and community levels, HIV/AIDS clinical and support services are mainstreamed in health and other social services.

Also, prevention and voluntary testing and counseling (VCT) centers have been integrated into all national, regional, and district hospitals. Cameroon has no "stand-alone" VCT sites, but provides both "opt in" and "opt out" testing at most facilities, and relies on mobile VCT for outlying areas. This decentralized approach works well for the most part, but remains strongly facility-centered, and test-related stock-outs remain a challenge. Non-clinical care and support services are only available through family and community networks and the NGO community, when funding is available.

About 70-80% of Cameroon's national HIV/AIDS program is donor-funded with the Global Fund for AIDS, Tuberculosis, and Malaria ("Global Fund") as the largest donor. In prior years, the Global Fund (GF) provided $78 million (out of an approved $86.6 million) in assistance to Cameroon through three rounds of funding (3, 4, and 5). The GF Board recently approved Cameroon's Round 10 request for $133 million with grant agreements signed in December 2011. Other key donors in Cameroon are the World Bank, France, Germany, UNITAID, and UN agencies.
With strong German and French support, the World Bank recently launched a four-year €100 million Health Sector-Wide Approach Project (SWAP) that will strengthen key systems, including those that support HIV/AIDS services. Germany focuses on budgeting, financial management, and support to regional and district-level

institutions. Germany and France also support ESTHER (Ensemble pour une Solidarite Therapeutique Hospitaliere en Reseau) activities, which includes a twinning program with French hospitals in order to deliver TA and training. The Clinton Foundation, through its Clinton Health Access Initiative (CHAI), administers UNITAID funds and provides 100% coverage of second-line and pediatric ARVs.

UNITAID provides €10 million to ESTHER to: improve the performance of the supply circuit for pediatric ARVs, second-line treatment and laboratory testing reagents; facilitate early detection and treatment for children; build capacity for identifying and monitoring patients and improve the pharmaceutical chain.

Ten UN agencies are active on HIV/AIDS issues in Cameroon with the WHO leading in health sector coordination, providing TA to the MOH for planning and evaluation. UNAIDS has a small staff in Cameroon but provides important leadership for the national response with a strong program of support to PMTCT, early infant diagnosis, and in- and out-of-school youth programs, including some HTC. UNESCO has supported development of a life skills curriculum covering HIV/AIDS that is being integrated into teacher training and schools. The UNDP supports civil society strengthening.

Faith-based organizations operate health networks and are active partners in the national HIV/AIDS response, with little information on the financial scope of these activities. The Roman Catholic operates the largest health network and the Cameroon Baptist Convention Health Board (CBCHB) operates in 6 regions (is currently a key USG implementing partner for the PMTCT). The Presbyterian and Seventh Day Adventist also have a large network.

The private sector contributes about 10% of the national HIV budget. In 2010, the MOH and a federation of private sector employers signed an MoU on addressing HIV/AIDS in the workplace. Other larger commercial employers operate worksite clinics. The largest is Cameroon Development Corporation operating hospitals with 100% health coverage, including ART to its over 13,000 employees and their dependents. There are about 10 other corporations with similar programs.

Many international partners are either active or provide funding to address HIV/AIDS. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported CBCHB's PMTCT program for years. Other key players include CARE International, Catholic Relief Services (CRS), and Plan International. There are also myriads of local CSOs that carry out prevention, care and support activities throughout the country. here are many opportunities for USG assistance to build upon existing structures and contribute to the national response.

Global Health Initiative (GHI)

The GHI Strategy in Cameroon is a comprehensive plan that covers USG health-related programs on HIV/AIDS, malaria, tuberculosis, maternal, newborn and child health (MNCH), nutrition, family planning (FP), and neglected tropical diseases (NTDs). The strategy goes beyond the health sector linking health with safe water, sanitation, public financial management and education for girls. It promotes better alignment between USG investments and country-level priorities and better integration of USG-supported programs. It also aims to strengthen Cameroon's capacity to lead, manage, and oversee health programs.

In 2012, the U.S. Mission in Cameroon will submit its first GHI Strategy. This seeks to improve the health of Cameroonians by reducing the incidence of HIV, other communicable diseases and improve child and maternal health. PEPFAR activities are the major drivers that will contribute to the GHI Strategy intermediate results. These are: Improved quality and accessibility of health services behavioral changes and stronger partnerships. PEPFAR will leverage other existing programs, including CDC's Central African Field Epidemiology and Laboratory Training Program (FELTP) and USAID's Emerging Pandemic Threats (EPT) and Neglected Tropical Disease Control (NTD) programs. The GHI strategy aims to increase country ownership by HSS and human resources within the Cameroonian PH.

PEPFAR Cameroon Focus Areas

PEPFAR 's goal is to produce sustainable progress in the GRC's fight against HIV/AIDS with prioritized interventions across 4 strategic "pillars," representing the best use of USG assistance:

1. PMTCT
2. Reducing HIV infection in Most-At-Risk Populations (MARPs) and other vulnerable populations (including young women aged 15-24 and military populations)
3. Blood Safety (Medical Transmission)
4. HSS; with particular focus on laboratory quality management systems (LQMS), SI, and pharmaceutical management systems.

USG has strong relationships with the GF and other donors to improve integration and to leverage available resources. PEPFAR collaborates with GF. The U.S. Mission is a voting member of the CCM and conducts joint planning with GF PRs (e NACC - Government PR and Cameroon National Association for Family Welfare (CAMNAFAW)-NGO PR. The NACC has appointed a focal point to oversee PEPFAR-funded activities and ensure proper alignment with GF interventions. CAMNAFAW is a member of the advisory committee for a USG-funded program targeting MARPs. The USG is also an active member of a health coordination forum, which harmonize and align programs with national strategy.
The Prevention, Care, and Treatment TANs describes how USG activities contribute to HSS, capacity-building, and country ownership. The key priority areas for PEPFAR programs in FY 2012 are:

Leadership, Governance, & Capacity Building

The eight strategic approaches outlined in the National HIV/AIDS Strategic Plan 2011-2015 map well onto the GHI principles and allow PEPFAR Cameroon to plan and select activities which support the National Plan. The USG team has made significant strides in transitioning from program implementation to a TA model that focuses on capacity building for MOH officials and relevant civil society partners.

PEPFAR Cameroon is working to build capacity at national and community levels through organizational and institutional development activities targeting local CSOs and some Ministries. At the national level, PEPFAR will provide TA to the MOH in its development and implementation of lab and pharmacovigilance policies. PEPFAR will also partner with UNICEF to strengthen the capacity of the Ministry of Social Affairs to develop national guidelines for OVC programming. Support to the Ministry of Defense will include infrastructure development and training to policy-makers on the military's HIV response. USG engagement and participation in the GF CCM will seek to improve implementation of HIV grants, which currently support over 60% of Cameroon's National HIV Strategic Plan 2011-2015.

At the community level, PEPFAR provides training and support to health centers, health NGOs, and local associations, withocus on program management, information technology, SI, and M&E. PEPFAR is also strengthening community dialogue structures to improve linkages and collaboration between health facilities and community groups including health committees.

PEPFAR implements its leadership and governance activities alongside diplomatic engagements led by State to improve public financial management, protect intellectual property rights, promote prison reform and address trafficking in persons.

Strategic Information (SI)

PEPFAR Cameroon is committed to supporting the GRC in SI and M&E, by measuring HIV epidemic trends and engaging in capacity building activities within the National HIV/AIDS M&E Framework. The USG will provide TA and resources to NACC and other partners to support the National M&E Plan implementation, toNACC, multilateral organizations, and other key partners to finalize and test standardized VCT, HIV/AIDS reporting,

PMTCT, HIV care, ART, blood safety, supply chain management, and laboratory test forms for Cameroon as the first step towards an integrated health management system.

Regional capacity-building activities

Three one-week training seminars for regional trainers on M&E principles, standardized tool development and use, and data quality assurance of key indicators in the National Strategic Plan for HIV/AIDS. PEPFAR Cameroon will also provide additional TA and resources to NACC related to data entry, data quality assurance, and data abstraction and analysis at the national and regional levels. The USG will work to build SI capacity within NACC through the provision of hardware, software, and training. Also, the USG will build SI and M&E capacity at the community level, assisting in the roll-out of M&E plans and data use and collection. The USG will work with local CSOs on M&E techniques with emphasis on how to monitor results and inform decision making.

PEPFAR's activities to generate information on HIV epidemic trends currently include an integrated bio-behavioral surveillance (IBBS) program on men who have sex with men (MSM); a study exploring barriers to uptake and retention in PMTCT services; research on knowledge, attitudes and practices (KAP) in blood donation and HIV/syphilis sentinel sero-surveillance among pregnant women. PEPFAR Cameroon is also leveraging other sources of funding to support the Demographic Health Survey (DHS 2011) and IBBS on HIV prevalence in military populations.

Service Delivery

PEPFAR Cameroon uses the Continuum of Response approach to provide prevention services to reduce HIV transmission in MARPs and other vulnerable groups including women aged 15-24 and military personnel. Prevention activities may be linked to other HIV-related services including treatment, care, and support. Most activities focus on sexual prevention, an area that has suffered from a lack of attention since the culmination of the World Bank's Multi-Country AIDS Program (MAP) in 2007.

In Cameroon, HIV testing is carried out at one of the 1,860 HIV screening sites within PH centers that provide both "opt in" and "opt out" testing. Very few CBOs, other than faith-based health facilities (which are considered to be part of the PH system), are accredited to carry out HIV testing. In this context, CBOs tend to combine counseling support with referrals to PH facilities for testing (fixed strategy). They also bring testing services to the community through media and other adapted VCT campaigns (advanced strategy) This works well but remains facility-centered, obstructing accessibility to CT for part of the population, especially MARPs. The capacity of health systems to meet the specific prevention needs of MARPs is limited because homosexual acts and prostitution are illegal. While female CSWs face some tolerance, MSM face ostracism, stigmatization and imprisonment. At policy levels, the GRC recognizes LDTD, military personnel, and young women as priority target groups for HIV prevention, though resource constraints has limited the GRC's overall capacity to provide meaningful interventions to these groups.

PEPFAR Cameroon addresses the needs of MARPs through the establishment of community drop-in centers, which provide safe environments where MARPs can access essential HIV/AIDS/STI prevention services (including condoms and HTC), medical, psychosocial and legal support and referrals to other services. Those in desperate situations, receive material assistance. Services provided through community drop-in centers are linked to MARP-friendly health clinics (both public and private) for access to ART, STI management, and other clinical follow-up.
PEPFARsupport s women and families through two mutually-reinforcing approaches that reduce social barriers to increased service use: Care Groups and Men As Partners. PEPFAR also trains and support PLWHA groups and networks to strengthen referrals and linkages with other services.

Work with the military is centered on training facilities as these institutions tend to have a high turn-over of personnel. The military facilities allow PEPFAR Cameroon to reach the largest portion of this population. At

these facilities, activities have included ToT, BCC, and stigma reduction. We have also worked with the Cameroonian military leadership to implement HIV/AIDs prevention and testing programs.

Human Resources for Health

Cameroon is among the African countries experiencing a crisis of Human Resources for Health (HRH). The major causes of this crisis are poor planning and recruitment of HRH, shortcomings related to their management through the uneven distribution of existing HRH . In the absence of a staff census, most data on HRH comes from the HRD file of the MOH and data collected from non-profit making and/or private structures. Based on this, there are 30,009 including 19,709 staff for the public sector and 10,300 in the non-profit making sector. from the public sub-sector data, health professionals have increased from 0.63 /1,000 populations in 2007 to 1.43 / 1,000 populations in 2010 (well below the WHO benchmark of 2.3 /1,000 populations). Other constraints that affect HRH in the public sector include insufficient opportunities for in-service training, career development, supervision and low salaries and poor working conditions for healthcare professionals.

To address these, the HRH development, the MOH established a HR Department in 1995. An emergency plan for the qualitative and quantitative upgrade of staff was implemented from 2006 - 2008. In 2009, the GRC produced a country profile of the HRH and established the HRH National Observatory. In 2010, the GRC drafted an HRH development policy. The HRH is conducting a census of all staff in the health sector in order to update the human resource data. These initiatives aim to provide the data necessary for planning recruitment, training, and incentive.
Key HRH priorities outlined in the National HIV/AIDS Strategic Plan 2011-2015 include pre-service and in-service training of medical staff on HIV prevention, treatment, and care; improvements to the quality of supervision; development of incentive measures for staff and linkages with community services.

PEPFAR's support to HRH development includes the strengthening pre-service education institutions and the standardization of in-service training. PEPFAR expects to contribute 140 new providers to the overall 140,000 Congressional targets. PEPFAR's partnership with the MOH's Department of Family Health includes development of Maternal, Neonatal and Child Health (MNCH) training curricula that integrates PMTCT. These curricula will be used in pre-service training for nurses and midwives. Other training support will improve staff capacity in supervision, laboratory quality, blood safety, HIV surveillance, and M&E.

The MARPs program will support pre-service trainings for 349 community health and para-social workers in a range of topics including STI management, social marketing, HIV/AIDS programming for MARPs, M&E and stock management. Community health and para-social workers include psycho-social counselors, peer educators, administrative and pharmacy personnel, health center personnel, social workers, and CBO personnel. The MARPs program will recruit and train 10 psychosocial counselors and 4 social workers on rights-based participatory approaches to working with MARPs and provision of non-ART related services. This extended training will include an intensive course on pre- and post-test counseling, adherence support, positive living and couples counseling, referrals and follow-up, anti-stigma support and psychosocial support for victims of GBV. The psycho-social counselors and social workers will carry out one-month internships in identified health clinics.

PEPFAR Cameroon will leverage its HRH program with CDC's FELTP – is expected to produce 10 Master's-level PH laboratory and investigative epidemiologists for Cameroon each year, beginning in 2012. The Mission's PAS also sends Cameroonian health care practitioners and HIV/AIDS experts on educational programs to the United States. The alumni of these represent a unique pool of expertise.

Laboratory Strengthening

PEPFAR's efforts will focus on:
a) developing a National Laboratory Strategic Plan (NLSP)and Policies;
b) setting up a lab technical working group (LTWG) to liaise with other program areas and international bodies;

c) strengthening a National Public Health Laboratory, including infrastructure and equipment upgrades;
d) improving access to and quality of laboratory services;
e) enhancing Laboratory Quality Management System (LQMS) and accreditation and also, via the LTWG, creating lab networks with other laboratory training centers;
f) supporting Laboratory Management Information System (LMIS);
g) supporting equipment listing and standardization as well as development of pre-service and in-service curriculum and training for engineers on equipment calibration and maintenance;
h) developing sample referral linkages across the tiered lab system; and
i) supporting development of pre-service and in-service curriculum and training for Laboratory staff on QMS, SLMTA and Bio-safety and Bio-security.

The lab strengthening goals are to support the emergence of a comprehensive, accessible, quality, tiered laboratory system and to provide timely and reliable results, particularly HIV-exposed infants and infected mothers, as well as persons engaged in high-risk behaviors. Cameroon has not yet established a NLSP and Policies,. MOH, with support from PEPFAR is currently engaged in strengthening laboratory capacity within the tiered health structure. , PEPFAR will help the GRC develop and implement a 5-year LSP and policies. The purpose of this plan will be to provide a road map for improving laboratory services. withl emphasis on coordination and regional referral systems to ensure equitable access to quality services. The long term goal is to have uniform standards, policies, and procedures for testing, reporting, and other laboratory related services for adults and pediatric populations. PEPFAR in collaboration with other stakeholders, will support the GRC in establishing a national Laboratory Technical Working Group (LTWG) to oversee the development and implementation of the NLSP.

PEPFAR will also provide support for the implementation of Quality Assurance (QA) through the lab tiered system, and support the accreditation process of five laboratories over the next two years. The accredited laboratories will provide downstream or tier support to the other laboratories. The USG will also help the MOPH develop guidelines for implementing QMS and WHO-AFRO/ASLM SLIPTA (Strengthening Laboratory Improvement Process towards Accreditation) process.

PEPFAR will seek to improve pre-service training curricula in laboratory diagnosis and monitoring of diseases. In collaboration with the MOH, PEPFAR will work with medical schools and other academic institutions to review the curricula and incorporate HIV standard of care tests, new technology, QA and laboratory management in order to ensure that trainees from the schools are well equipped to work in the national laboratory network upon graduation. This pre-service training support will benefit 300 graduates yearly.

Health Efficiency and Financing

The CHAI conducted a costing analysis of the ARV needs for Cameroon, both for PMTCT and ART as part of Cameroon's successful GF Round 10 application. PEPFAR will use COP FY2011 funds to produce an expenditure analysis for a variety of USG-funded activities. Within the PMTCT program, PEPFAR will provide support to the GRC to develop a costed national scale up plan. A bottle neck analysis and expenditure analysis (including costing of the standard package of PMTCT care) will inform the estimation of the costs and scale up, starting in the four PEPFAR regions. The expenditure analysis activity will cover the resource envelope (Support from PEPFAR, GF, other donors and the GRC). PMTCT implementing partners will be trained on what data to collect to enable expenditure analysis to occur as PMTCT activities are accelerated. Findings will be used in target-setting, program planning and management in order to identify opportunities for increased efficiencies. The approaches will be shared with the GRC for a national scaling up. PEPFAR will also support the evaluation of the cost effectiveness of programmatic approaches.

Supply Chain and Logistics

The GRC intends to budget $60 million annually for treatment and care activities, includingr the procurement of ARV prophylaxis, 1st line and 2nd line treatment, laboratory reagents, and non-ART related medications. Key

partners supporting procurement of ARV medications include the GF and UNITAID, through the Clinton Foundation and ESTHER network. The Clinton Foundation supported CENAME in supply chain management. ESTHER plans to support 13 approved treatment centers in forecasting and quantification. PEPFAR will collaborate with these mechanisms to harmonize efforts on strengthening Cameroon's National Essential Drug and Medical Disposable Procurement System (SYNAME).

PEPFAR will improve the pharmaceutical management system to ensure availability and access to essential medicines, including HIV/AIDS medications and related-products in health districts and service delivery points. These will benefit all PHC programs that are applicable for medicines and related commodities of all of the programs. Key activities have been developed in collaboration with the NACC, National Malaria Program, and the MOH's DPM. PEPFAR will work closely with MOH counterparts at all levels to build capacity to improve coordination.

Gender

The GRC has made significant commitments on gender equityas a signatory to a number of international conventions. Women increasingly hold positions of authority and GRC ensures that all Cameroonians, regardless of gender, have access to primary education and with subsidized access to secondary education. Yet, gender disparitiesdirectly and indirectly relates to HIV/AIDS considerably. Amongst women aged 15-24 years, HIV rates are 4 times greater than that of young men of the same age group. HIV prevalence among women from 25-29 is the highest These results from biological, structural and cultural factors that places young women at greater risk for HIV and specific gender norms that impact expectations for both men and women.

In response to deep-rooted socio-cultural and structural factors that heighten their vulnerability to HIV/AIDS, PEPAR places young women at the heart of its programs. Prevention programs for the general population focus on girls and women and address direct and indirect HIV/AIDS related factors. The USG capitalizes on Peace Corps' Youth Development program, emphasizing girls' education and empowerment, to foster essential Life Skills, youth networks, educational opportunities and economic assets that ultimately reduce girls and young women's vulnerability to HIV. The program simultaneously engages boys and male leaders as supportive partners and role models for gender equality. Men As Partners programs aim to increase male engagement in HIV/AIDS and MCH programs including service use and care and support interventions. Community-level BCC strategies such as the Care Group approach ensure personalized information and support for women and their families. Grants for HIV/AIDS community-level projects support training and assistance for IGA helps to reduce their socio-economic vulnerabilities. With gender equity as an integral component of all programs, , USG's focus on young women, as a most vulnerable population, highlights PEPFAR Cameroon's commitment to women and girls.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,887,309	0
Total Technical Area Planned Funding:	**2,887,309**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	800,000	0
HVCT	827,883	0
HVOP	1,895,998	0
MTCT	11,002,867	0
Total Technical Area Planned Funding:	**14,526,748**	**0**

Summary:

Overview of the HIV Epidemic in Cameroon

At the end of 2010, the estimated number of Cameroonians living with HIV is 560,306. 60% of this figure are women. With a prevalence of 5.5% , Cameroon is in the context of a generalized HIV epidemic with variations across regions and key populations. Three out of ten regions (and the capital city of Yaoundé with a 8.3% prevalence) have an HIV prevalence of 8% or more (8% in the South West, 8.6% in the East, 8.7% in North West regions). Two regions have a prevalence at or below 2% (1.7% in the North and 2% in Far North regions).

Incidence data indicates that there are approximately 51,315 new HIV infections per year. Cameroon's National AIDS Control Committee (NACC) classifies key drivers of the epidemic into two broad categories, depending on risk factors and level of vulnerability as follows:

Most-at-risk populations (MARPs) includes groups where prevalence is higher than in the general population, characterized by high risk behaviors leading to HIV transmission and acquisition. . This includes commercial sex workers [CSWs] (36.8% prevalence), long distance truck drivers (16.3%) , military population (11.2%) , prison population (8%) , and men who have sex with men (44% &24% respectively in Yaounde and Douala).

Some groups are particularly vulnerable due to socio-economic factors such as absence of protection services, economic dependence, gender inequality, etc. This mainly includes youth aged 15-24 (3.3% prevalence) and orphans and vulnerable children (304,210 at the end of 2010). People with disabilities, ethnic minorities, and migrant populations are also identified as vulnerable groups although there is no existing data on HIV prevalence within these groups. With an overall prevalence of 60%, women are also considered vulnerable.

HIV infections in Cameroon are principally driven by sexual intercourse, mother-to-child transmission (MTCT) and transfusion of unsafe blood. Lack of male circumcision is not a significant risk factor, with circumcision rates over 90%, except in the North (with 88.4%) and the Far North (with 61.5%) regions, where the country's HIV prevalence is lowest. Injection drug use is uncommon and does not contribute significantly to the HIV epidemic.

- HIV transmission through sexual intercourse : A little over 80% of new HIV infections are estimated to occur due to risky sexual behavior or practices such as low condom use, multiple concurrent partners or a high number of lifetime sexual partners, and high prevalence of other sexually transmitted infections, which facilitate HIV transmission through unprotected sex. Key socio-economic factors that influence sexual behavior or practice include increased movement of people across borders and between urban and rural areas; girls are pressured to begin sexual activity at an earlier age in order to supplement household incomes or to support themselves; commercial natural resource exploitation facilitates the spread of HIV infection among transport workers and truck stop communities; and lack of effective behavior change interventions.

Power differential between men and women also contributes to increased HIV infection in women. While Cameroon's Constitution provides for equal rights and status, men may limit women's rights regarding inheritance

and employment. Some traditional legal systems also treat wives as the legal property of their husbands. The law criminalizes rape and provides penalties of between five and ten years' imprisonment for convicted rapists; however, police and the courts rarely investigate or prosecute rape cases. The law does not address spousal rape nor specifically prohibit domestic violence, although assault is prohibited and punishable by imprisonment and fines. In 2008, a study from La Maison des Droits de l'Homme, a local NGO, reported that approximately 39% of women suffered from physical violence. In some rural areas, societal pressures continue to reinforce taboos on discussing contraception and/or issues related to sexual and reproductive health.

- Mother-to-Child Transmission (MTCT): MTCT is responsible for 14% of new HIV infections, with a projected 7,300 infants born HIV positive in 2010 . The Government of Cameroon (GRC) estimates that PMTCT coverage is 35% . Only 19% of HIV-infected pregnant women and just 17% of HIV-exposed newborns receive antiretroviral (ARV) prophylaxis. Low utilization of family planning, antenatal care (ANC) and maternal and child health (MCH) services; poor monitoring and coordination of PMTCT/MCH services; insufficient tracking of HIV-positive women and children; inefficiencies in the procurement and supply management system; a shortage of human resources for PMTCT/MCH, and lack of PMTCT services outside of district hospitals all contribute to high MTCT rates.

- New infections from blood supply: Although Cameroon's parliament adopted national blood policy legislation in 2003, the decree permitting the creation of a National Blood Transfusion Center (CNBTC) or National Blood Program (NBP) is yet to be approved. Currently, the Blood Transfusion Unit (BTU) under the Directorate of Disease Control is the regulatory authority for blood safety in Cameroon. However, the BTU is lacking in capacity and capability. Consequently, blood collections, testing, and transfusions are implemented with no national coordination or oversight. In 2007, Cameroon estimated it would need to collect 360,000 units of whole blood each year to meet its annual national demand but only 69,000 units of whole blood were collected and tested in the same year meeting approximately only 19% of demand. Over 90% of blood collected is from family replacement donors versus volunteer donations. All blood donated are tested for HIV but 90% are tested for hepatitis B virus (HBV) and syphilis and just 50% tested for hepatitis C virus (HCV). HIV testing algorithm applied uses mostly two rapid tests for screening and confirmation with more sensitive ELISA being used only.

The epidemiological data described above constitutes the primary basis used by the USG team to design a prevention strategy in line with the Cameroon National Strategic Plan for HIV/AIDS 2011-2015.

The USG (through other sources of funding) is also providing technical assistance or contributing financially to the implementation of current data collection and analysis including the 2011 Demographic Health Survey (DHS); and 2011 Behavioral and Sero-prevalence HIV Study in the Cameroonian Armed Forces. The USG will also leverage these funds to carry out MSM and CSW size estimation exercises; data triangulation for HIV prevention planning; and mapping of HIV prevention services in Cameroon. In COP FY 11, PEPFAR Cameroon is supporting an IBBS study for MSM; a study on exploring barriers to uptake and retention in PMTCT services; Knowledge, Attitudes and Practices (KAP) regarding blood donation; and HIV/Syphilis sentinel sero-surveillance among pregnant women. Information from these studies will direct the USG response and the identification of prevention priorities for future years.

Overarching Accomplishments in Last 1-2 Years

Last year, Cameroon submitted its first country operational plan (COP) and given the FY11 limited resources the team focused its interventions along four strategic pillars namely: PMTCT, MARPs, Blood Safety and HSS.

With regards to the PMTCT program, the USG is currently supporting the MOH in conducting a national survey to map all PMTCT sites in the country. Findings of this survey will serve as baseline information for MOH and its partners for PMTCT scale up plans. The USG has also provided laboratory support and technical assistance to the national Early Infant Diagnosis (EID) program, including support for 78 EID sites in the four regions of the country. Currently, USG is conducting an evaluation of the EID program.

The MARPs program is focused on reducing new HIV infections among CSWs and MSM as primary targets, with long distance truck drivers (LDTD) and "gate-keepers" as secondary clients. FY 11 was mostly focused on start-up activities including development of IEC messages, training of 10 MSM and 20 CSW peer educators, establishment of three community drop-in centers and the implementation of an MSM IBBS survey in Douala and Yaounde.

Other vulnerable populations include young women, aged 15-24, a critical audience supported by PEPFAR's community–based programs. In addition to the education and capacity building for girls and young women facilitated by PC Volunteers across sectors (Education, Community Health, Small Enterprise Development, and AgroForestry), the USG capitalizes on PC's new Youth Development (YD) program. The program emphasizes girls' education and empowerment, and aims to foster essential Life Skills, youth networks, educational and economic opportunities that ultimately reduce girls and young women's vulnerability to HIV. The program simultaneously engages boys and male leaders as supportive partners and role models for gender equity. The first group of YD Volunteers trained in FY11, will begin work in FY12.

The DoD HIV/AIDs Prevention Program (DHAPP) funded a number of activities over the past two years including training of trainers, distribution of behavioral change communications products, and stigma reduction at military training facilities. DoD also funded a surveillance of HIV/AIDs prevalence rates throughout the military in late FY11.

With regards to blood transfusion safety, the USG supported the revision of existing blood transfusion policies and guidelines, the creation of Hospital Transfusion Committees in 15 hospitals and provided equipment to support the functioning of four Regional high volume blood banks. Support has also enabled the completion of an equipment needs assessment for proposed ten regional blood transfusion centers. A series of trainings in the clinical use of blood, quality assurance, donor recruitment and mobilization, has begun.

The USG HSS support mainly focused on improvement of laboratory quality management systems through the "Strengthening Laboratory Management towards Accreditation" (SLAMTA) project, capacity building through trainings, enhancement of the collection and use of strategic information for program policy and development through support for surveillance, monitoring and evaluation and operational research.

Support includes TA to the MOH to implement a National Strategic Laboratory Plan and, as part of WHO–AFRO's Laboratory Accreditation Scheme, launched a laboratory information management system pilot project designed to permit effective information management and ensure that patients' lab test results are accurate, accessible, delivered on time, secure, and confidential. The system will provide a solid foundation for comprehensive laboratory management from the point at which specimens come in to the time when the test results go out. The USG has contributed to the improvement of Cameroon's HIV/AIDS surveillance system, by providing technical assistance in developing protocols for conducting a national ANC clinic-based HIV sentinel survey and in developing the protocol for formative research among men who have sex with men; and supported the training of some 35 senior staffs from central and regional levels on monitoring and evaluation of HIV/AIDS programs.

Key Priorities and Major Goals for Next Two Years

PEPFAR Cameroon's vision over the next two years is to reinforce interventions to prevent new HIV infections through: scaling up of high-quality PMTCT activities through a strategic regional approach in support of GRC's push for virtual elimination of MTCT by 2015; prevention activities to reduce HIV incidence in MARPs (CSWs and MSM) and other vulnerable groups (LDTD, young women aged 15-24 and military populations); and contribute to efforts to ensure safe and reliable blood supply. The process will include strengthening those functions of the health system which will enable provision of prevention services in a sustainable way. These include:

- PMTCT (See PMTCT Acceleration Plan submitted alongside with the FY12 COP)
- HTC

Given its modest budget, PEPFAR Cameroon has prioritized ensuring that MARPs and other vulnerable populations have access to quality HTC services, with successful linkages to appropriate follow-up HIV treatment, care and support, and prevention services. USG is targeting MSM and CSW for prevention activities through building community drop-in centers and staffing them with medical and psycho-social professionals that have been trained in rights-based approaches. These drop-in centers are creating a safe and supportive environment for these populations to access prevention information, and HTC services in a confidential and quality manner. This project plans to enable 5,684 MARPS to access HTC services and get their results.

USG is also providing both mobile VCT and CT through military hospitals in four regions and hopes to expand their activities to cover additional geographic areas. The project works through 200 peer educators (composed of military officers and spouses, known as "Amazons") to encourage 12,000 military personnel to know their status. In these settings, positive persons are linked to and enrolled in care and treatment services within the military hospitals.

PC volunteers work with community organizations and structures such as schools and health facilities to promote VCT, create demand for services, and facilitate testing events where resources are available. Volunteers help link communities with testing facilities and assist them to advocate for mobile services, in communities where VCT services are limited or not found.

Finally, USG provides support to the GRC, in conducting a week long HTC campaign to mark the annual World AIDS Day including testing with same day communication of results to about 7,000 adults and children, and donation of test kits to PEPFAR-supported EID sites.

- Condoms: Condom use remains sub-optimal in Cameroon with national coverage at 31%. The overall needs in condoms are estimated at 132,554,349 for male condoms with current coverage at 25% and 8,129,931 for female condoms with current coverage at 4.7%. The GRC does not have a specific budget line for condoms, therefore, procurement of low cost condoms are financed by external partners including the German Development Bank and UNFPA. With support from GF Round 10 HIV grant, coverage may increase to 50% for male condoms and 7.1% for female condoms. PEPFAR Cameroon's program is focused on increasing availability and access to low-cost male and female condoms and also ensuring commodity security through a well-functioning procurement and supply management system. PEPFAR Cameroon works closely with the Cameroon Association for Social Marketing (a PSI affiliate) in order to ensure regular supply of low-cost quality condoms in distribution points and intervention sites. With specific regards to the MARPs program, PEPFAR Cameroon will acquire 2.4 million male condoms, 400,000 female condoms, and 500,000 single-dose lubricants. In accordance with national policy, condoms will be available for sale in distribution points at nominal price $0.05 per male condom and $0.21 per female condom. Condoms are also provided to peer educators for use during awareness raising and/or demonstration sessions.

- Development of supply chain management systems for drugs and other HIV/AIDS and FP commodities is a critical element of PEPFAR worldwide. Ensuring quality assurance of condoms sold in the country is a challenge since some manufacturing establishments do not consistently use the services of Cameroon's National Medicine Quality Control and Assessment Laboratory (LANACOME). PEPFAR Cameroon's health system strengthening portfolio includes a program focused on strengthening Cameroon's pharmaceutical system. This activity will address broad supply chain imbalances including HIV/AIDS, STI, and family planning supplies in Cameroon.

- Positive health dignity and prevention: AIDS related stigma remains high in Cameroon. In addition to impacting HIV prevention and testing, it has significant impact on positive health dignity. According to the DHS (2004), only 37.8% of Cameroonian respondents think it's important to maintain confidentiality about a HIV+ family member's status. The implications of such attitudes run deep fostering secrecy among PLWHA.

PEPFAR Cameroon will continue to facilitate stigma reduction interventions at the community-level and the

creation and support of PLWHA groups. Through training and continued assistance, the USG will reinforce the work of PLWHA support groups and networks to provide improved outreach for psycho-social support and strengthened behaviors related to "positive living". Trained PLWHA members will provide peer mentoring, support for preventive behaviors as well as referrals to locally available services. PLWHA groups will actively participate in the design, implementation and evaluation of stigma reduction interventions in aims of creating a more supportive environment for HIV prevention and AIDS mitigation across the continuum of care. VAST grants will be available to communities with Peace Corps Volunteers.

MARPs

PEPFAR Cameroon's MARPs program will target 1,049 MSM and 6,122 CSWs as primary targets and LDTD and 1,573 "gatekeepers" as secondary targets with HIV-preventive interventions. A standard package of services will be provided through established community drop-in centers in partnership with MARP-friendly health clinics. Facilitating access for MSM to these services has posed a number of challenges due to criminalization of homosexuality and high degrees of homophobia in the country. In order to mitigate risks, the MARPs program has created a strategic advisory committee, co-chaired by the NACC and UNAIDS, with representatives from other Ministries, partner CSOs, and beneficiaries in order to provide policy guidance and advocacy on sensitive issues that may impact the program.

- General population: In addition to its prioritized focus on MARPs and other vulnerable groups PEPFAR Cameroon supports the government's restored attention to HIV prevention, strengthening behavior change communication (BCC) among the general population. Through training, on-going support for prevention interventions, grants for community projects and provision of educational materials, PEPFAR reinforces prevention programs across the nation.

At the community level, PC Volunteers address three levels of intervention for a comprehensive approach to prevention:

- health promotion using BCC strategies tailored to specific groups;
- capacity building of local organizations and health educators;
- community mobilization and advocacy to foster a positive environment.

*Among the evidence-based approaches Volunteers and their communities will use are: Life Skills programs for youth and for women to address needs that influence HIV/AIDS-related behaviors; *Care Groups , for personalized woman-to-woman outreach education; Men As Partners programs to increase male support and involvement in HIV/AIDS and family health; as well as curricula proven effective with youth in and out of school including Sports for Life and Teach English Prevent AIDS.*

To address the economic needs that influence health behaviors, PEPFAR will facilitate training and skills-building activities to provide vulnerable groups and individuals with income generating options and will provide follow up support to ensure practical application. VAST grants will be available to communities with PC Volunteers for capacity building and income generating activities.

HSS/HRH

Through in-service training and day to day support, PEPFAR will strengthen a variety of community-based resources and systems including education outreach through peer education structures such as Care Groups; PLWHA groups and networks; and health service-community collaboration and partnerships. The MARPs program will support pre-service trainings for 317 community health and para-social workers in a range of topics including STI management, social marketing, HIV/AIDS programming for MARPs, Monitoring and Evaluation (M&E), and stock management.

Blood Safety (Medical Transmission)

USG blood safety technical assistance to Cameroon will continue with the goal to strengthening the 10 regional blood transfusion centers through: reinforcement of coordination systems , setting up of technical working groups, supervision including formalizing agreements with hospitals; monitor the quantity and distribution of blood to hospitals to ensure adequate safe blood ; improve the infrastructure and provide equipment and supplies; promote policy development and advocacy towards establishing a National Blood Transfusion Center or a National Blood Transfusion Program that sets standards for blood transfusion practices by providing regulatory authority and oversight to ensure the quality and safety of blood supply; establish the blood QS based on WHO principles and the current CDC "Strengthening Laboratory Management towards Accreditation" program (SLMTA). In addressing sustainability of blood safety USG will embark on the establishment of a quality system (QS) as the foundation of the blood services, build the case for either an agency or program, explore Global Fund funding, cost-recovery and increased GRC funding for blood safety.

The goal for 2012 with regards to blood collection is to increase the number of blood collection from voluntary non-remunerated donors (VNRD) by 25% through 24 blood collection drives per regional center per year and community mobilization. The USG will support the BTU to collaborate with blood donor organizations and youth clubs to increase community awareness about blood donation. A Knowledge Attitudes and Perceptions (KAP) survey to gather data about blood donor motivations will be conducted to inform future donor mobilization and recruitment activities. A blood bank computer system is needed to enter blood donor information. The Georgia Tech's vein to vein blood computer system will be piloted in two hospitals to enable the recording of blood donor information and track blood distribution.

Training in QS is essential to ensure that blood is provided in a safe and quality manner. The Goal for 2012 is to train 120 blood transfusion staff in the appropriate use of blood, quality systems and donor recruitment. With funding from CDC HQ mechanism (non-COP), Cameroon will benefit from a Task Order Contract to provide TA in 8 technical areas :

1) Policy development and advocacy;
2) Infrastructure development ;
3) Blood collection;
4) Blood testing and production of blood products;
5) Transfusion and blood utilization;
6) Monitoring and evaluation;
7) Quality assurance ; and
8). Trainings on blood safety.

Strategic Information (SI)

Ongoing challenges in the country include insufficient data to characterize the epidemic among MARPs and other vulnerable populations; limited capacity at national and decentralized levels to synthesize, analyze and use available data for evidence-based programming; existence of multiple parallel M&E systems; and weak coordination which leads to duplication of interventions at field level.

PEPFAR Cameroon's SI program includes strengthening M&E for informed decision making, harmonizing data collection and information systems and strengthening the collection, analysis, interpretation and dissemination of data, focusing on MARPs and other vulnerable populations. TA will be provided to select and harmonize national core indicators and all monitoring and evaluation tools. USG will strengthen HMIS systems by providing TA for development or identification of a computerized system for collection of critical indicators at central, regional, and district levels. USG will also provide TA for capacity building for analytic interpretation of BSS+ and other M&E instruments for program planning. TA and resources will also be provided to strengthen MOH technical working groups (for blood safety, HIV surveillance, M&E, PMTCT) in collection, utilization and sharing of strategic

information.

Capacity Building

The objective of PEPFAR Cameroon is to strengthen the GRC, civil society and private sector capacity to respond to HIV/AIDS effectively and efficiently and to build a sustainable national HIV/AIDS program. This is particularly important for the transition to greater country ownership, local partner direct implementation and country led programs. The capacity building efforts cuts across the major supported program areas of PMTCT, MARPs, Blood safety, and HSS and will be supported by other partners such as Global Fund, and other stakeholders.

With regards to PMTCT, PEPFAR Cameroon through competitive FOA, identified local partners will be supported to work closely with district and regional health staff to build the capacity of health care providers to coordinate with other key public health development partners on MCH programs. A non-competitive CoAg with the Cameroon Ministry of Public Health's Directorate of Family Health to support national PMTCT integration into Maternal, Neonatal and Child Health (MNCH) and Reproductive Health (RH) services will support the reinforcement of capacity of1000 MOH key staff in PMTCT service delivery and integration. Blood safety capacity building involves training in QS which is essential to ensure that blood is provided in a safe and quality manner. The Goal for 2012 is to train 120 blood transfusion staff in the appropriate use of blood, quality systems and donor recruitment.

Support in building laboratory systems

The USG will provide technical assistance to the MOH to implement a National Strategic Laboratory Plan and, as part of WHO–AFRO's Laboratory Accreditation Scheme, continue the laboratory information management system pilot project. The process will entail strengthening abilities of laboratory staff to perform their core functions in ensuring quality sustainably and continue to develop and improve over time.
A key activity within PEPFAR Cameroon's MARPs program is to build local capacity for the delivery of MARP-friendly services and to create a model for delivery of MARP-friendly services in community locations. Key activities will include organizational development (OD) trainings for four local CSOs including program management, financial management, and M&E. TA will be provided to CSOs and health facilities in rights-based approaches to working with MARPs.

At the community-level the USG will strengthen capacity among governmental and non-governmental, and community organizations. Nearly 50 PC Volunteers serve in the health sector and work with health facilities, NGOs, community associations and groups to improve organizational capacity, IT skills, BCC skills as well as M&E practices and the strategic use of information. With emphasis on improved service-community collaboration, Volunteers will facilitate interventions to improve dialogue and practical collaboration between health facilities and community groups, and will work to revitalize health committees' engagement that is currently weak to non-existent in many locations.

Alignment with Government Strategy and Priorities

PEPFAR Cameroon's key priorities to support HIV prevention programs are in line with six (1, 4, 5, 6, 7, 8) of Cameroon's eight strategic approaches of the National HIV/AIDS strategic plan for 2011-2015 (refer to Governance TAN). PEPFAR Cameroon's goal is to intervene in ways that produce sustainable progress in the GRC's fight against HIV/AIDS. The USG team has made significant strides in transitioning from direct program implementation to a TA model that focuses on capacity building for personnel with the Public Health and Defense Ministries and relevant civil society partners.

Contributions from or Collaboration with Other Development Partners

Continued harmonization of PEPFAR Cameroon's program with others will be essential to avoid duplication of

efforts. The Global Fund (GF) will provide significant support for GRC's national PMTCT and ART programs as well as HIV prevention programs for MARPs. PEPFAR/Cameroon is working closely with GF PRs (NACC and CAMNAFAW), to ensure that GF and PEPFAR support of the national program are well coordinated. NACC has recently appointed a focal point to oversee PEPFAR-funded activities, including ensuring proper alignment with GF interventions. CAMNAFAW is a member of the strategic advisory committee for PEPFAR Cameroon's MARPs program.

USG is also active in a family planning taskforce, which is chaired by MOH, involving other technical and financial partners such as the German Government, UNFPA, Cameroon Social Marketing Agency (ACMS), and CAMNAFAW. In addition to results expected from the DHS (currently in progress) that will address contraceptive prevalence, the taskforce is currently conducting a situational analysis of FP services in Cameroon in order to develop interventions to address unmet FP needs.

Policy Advances or Challenges

Meeting the prevention needs for MSM and CSW is limited with homosexual acts and prostitution considered illegal, punishable by law and stigmatized. PEPFAR Cameroon is working through a strategic advisory committee to provide policy guidance and advocacy on sensitive issues that may impact the program.

Efforts to build Evidence Base

PEPFAR Cameroon has prioritized efforts to establish and support activities aimed to build an evidence base. Information provided through partner Performance Monitoring and Evaluation Plans (PMEP) and final project qualitative impact evaluations will be used in assessing the success level of PEPFAR Cameroon's programs. The team is also working with the GRC and other stakeholders to build upon and program according to the existing base of knowledge. Together these efforts will inform and advance USG policy and priorities.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	143,162	0
Total Technical Area Planned Funding:	**143,162**	**0**

Summary:

Major Accomplishments in Last One to Two Years

In line with PEPFAR II and Cameroon's Global Health Initiative (GHI) strategy, PEPFAR Cameroon has prioritized interventions which aim to reduce the incidence of HIV, build on partnerships to strengthen the continuum of care for infected and affected persons, and improve the quality and accessibility of health services. Currently, the PEPFAR Cameroon team focuses the majority of its resources on four strategic pillars, including prevention of mother-to-child transmission (PMTCT), most-at-risk populations (MARPs), blood safety, and health systems strengthening (HSS). The bulk of activity falls within the prevention and governance technical areas, although there are some links to care and support. PEPFAR Cameroon's current treatment activities do not include the provision of antiretroviral (ARV) medication, but do consist of small investments in non-antiretroviral therapy (non-ART) services (e.g. improving ART adherence and aftercare through client education) for HIV-positive MARP groups. PEPFAR Cameroon recently carried out an assessment of Cameroon's pharmaceutical system, which will inform and improve the design of other ART programs.

Key Priorities and Major Goals for Next Two Years

The second strategic approach in the Cameroonian Government's National HIV/AIDS Strategic Plan (NSP) 2011-2015 relates to the provision of treatment and care services for people living with HIV/AIDS (PLWHA). Between 2009 and 2010, the active file for patients on ARV medications increased from 76,228 to 88,923, representing an estimated 36% of PLWHA who are eligible for ARV treatment. Of those patients on ARV, 67% are women and 33% are men. Those lost from sight are estimated to be between 10 to 40% of the active files. The Government of the Republic of Cameroon (GRC) plans to increase ARV coverage to 80% (210,264 adults, of whom 22,868 will be pregnant women and 16,074 children) by 2015 in order to attain the Millennium Development Goals (MDG).

The Cameroonian public health system provides treatment through two mechanisms: (1) highly specialized Accredited Treatment Centers (CTA), which operate at both the central and regional levels; and (2) the decentralized Care Units (UPEC) at public, faith-based, and private hospitals. The CTAs serve as technical platforms, reference points, and service quality ensurers. They exercise supervision over the UPEC treatment programs and provide UPECs with on-site training.

Despite problems related to supply and distribution, ARVs are available at no cost to the Cameroonian public, as a result of GRC funding and grants from development partners, particularly the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund). The GRC and development partners share the cost burden equally. In addition to ARVs, the GRC also makes available medications for opportunistic infections (?) and equipment and reagents for biological examinations. UNITAID, through the Clinton Health Access Initiative (CHAI) and ESTHER, supplies second line adult ARVs and pediatric ARVs and inputs (?) for early infant diagnosis (EID). ESTHER also accompanies 140 CTAs and UPECs in providing training for therapeutic care of PLWHA, cohort monitoring and therapeutic education (?). GRC will depend on these and other partnerships in order to scale up treatment and care to pregnant women, children and infants, and adults with a therapeutic indication for ARVs.

PEPFAR Cameroon will support treatment scale-up through activities related to early identification and by linking HIV-infected persons to care and support programs within the public system (?). Additionally, PEPFAR Cameroon will allocate significant resources to strengthen Cameroon's pharmaceutical management system, which will have a positive impact on programs across PEPFAR Cameroon's four strategic pillars and which will strengthen the quality of overall treatment in the country.

Access and Integration

PEPFAR Cameroon has conducted joint planning with the Global Fund principal recipient (PR), the National AIDS Control Committee (NACC), in order to integrate PEPFAR-funded care and prevention activities with the GRC's treatment services. As outlined in the Prevention Technical Area Narrative, PEPFAR Cameroon will expand its prevention activities, targeting pregnant women and hard to reach populations such as men who have sex with men (MSM), commercial sex workers (CSWs), young women aged 15-24, and military personnel. The program will incorporate mobile and facility-based HIV testing and counseling (HTC) services in order to identify persons infected with HIV and to facilitate appropriate follow-up treatment, care, and prevention services.

PEPFAR Cameroon's community-level interventions will address existing social barriers that limit access and adherence to treatment by building the capacity of health educators, community leaders, and non-governmental organizations to combat HIV/AIDS-related stigma and discrimination. Through training and on-site support, the program will also strengthen the skills of PLWHAs to provide effective outreach, counseling, and peer support to individuals in need of treatment. Other education outreach efforts, including the Care Group (personalized door-to-door education strategy) approach and Men as Partners programs that address gender disparities, will indirectly reinforce linkages to treatment services.
The MARPs (CSW and MSM) program will focus on strengthening the referral network between four MARP-friendly community drop-in centers and health facilities in order to improve and strengthen ARV adherence for HIV-positive clients. Drop-in centers will provide non-ART services, including HTC, primary care,

management of opportunistic infections, secondary prevention, material assistance (for most vulnerable clients), and other psycho-social support.

Quality and Oversight

Cameroon's National Essential Drug and Medical Disposable Procurement System (SYNAME) is a body of structures whose objectives are to supply essential medicines, promote the rational use of medicines, and improve access to quality medicines. Various elements of this system at the national level include drug manufacturers, wholesale stocking and distribution establishments, such as the National Essential Medicines and Medical Supplies (CENAME), and private wholesalers. Regional pharmaceutical supply centers (CAPRs) and health facilities also play important roles. Other key participants include the Ministry of Public Health (MOH)'s Directorate for Pharmacy and Medicines (DPM) and the National Medicine Quality Control and Assessment Laboratory (LANACOME).

In FY 2008 and FY 2011, USAID's Strengthening Pharmaceutical Systems (SPS) program analyzed Cameroon's pharmaceutical management system in order to evaluate ways to strengthen SYNAME. The 2008 assessment identified management problems at health facilities, where managers had difficulties accurately estimating their needs and stock-outs were frequent. The FY 2011 follow-up study identified gaps in the application and monitoring of case management and treatment protocols at some health facilities, which led to the irrational use of medicines and resistance.
According to estimates in a 2010 WHO study on HIV Drug Resistance Early Warning Indicators, an average of 91% of new adult patients were prescribed an appropriate first-line ART regimen; health facilities failed to register ARV drug stock-outs 75% of the time; approximately 33% of PLWHA were lost to follow-up treatment within 12 months of ART initiation; 55% of adult patients were taking an appropriate first-line ART regimen 12 months after ART initiation; and 25% of patients received their prescribed ARV medication on time. Migration from first to second-line treatment regimens increased from 0.8% in 2006 to 4.5% in 2010.

In FY 2012, PEPFAR Cameroon will provide technical assistance to the DPM in order to strengthen its national pharmacovigilance system, ensure patient safety, improve treatment outcomes, and reduce drug resistance. PEPFAR Cameroon will support DPM in promoting the establishment of drug and therapeutic committees (DTCs) and in providing technical assistance to hospitals and health center pharmacy staff (including community assigned dispensers) in dispensing, prescription management, patient counseling, and adverse drug reaction (ADR) reporting and prevention.

Quality Management and Biosafety Systems

Biosafety remains one of the most important Quality System Essentials in the Quality Management System. Despite its importance, it is still neglected in Cameroon and very little has been done to improve safety practices in laboratories and hospitals. PEPFAR Cameroon will support GRC efforts to establish safety guidelines for laboratory and other health personnel and to work safely with infectious biological and other hazardous material that might be found in hospitals and laboratory environments.

PEPFAR Cameroon recognizes that a successful biosafety program should encompass a continuous process of risk assessment and hazard recognition and mitigation. It should also aim to reduce exposure risk, minimize hospital or laboratory-acquired infections, and avoid the unintended release of research or clinical materials to the environment.

In order to achieve adequate quality management and biosafety capacity within the tiered health structure, as well as to improve the regional referral system and ensure equitable access to services, the USG is supporting the GRC's five-year Laboratory Strategic Plan (LSP). The long term goal is for the Ministry of Health and other Ministries and GRC agencies to operate laboratories with uniform standards, policies, and procedures.
In order to build capacity for biosafety systems, the USG plans to:

1) Advocate for:
a. establishing a framework for a National Biosafety Strategy and integrating biosafety with health security; and
b. developing and implementing a National Waste Management policy, including policies to improve on hospital hygiene and sanitation.

2) Support QMS and Biosafety capacity building by providing:
a. training to MOH staff at regional and district hospitals; and
b. training tools and resources to laboratories interested in carrying out in-house trainings.

3) Enhance Collaboration with other stakeholders in implementing safety principles and practices.

Sustainability and Efficiency

PEPFAR Cameroon will contribute to the sustainability of ART programs and the integrity and efficiency of the supply chain by strengthening the capacities of key players within SYNAME. PEPFAR Cameroon will provide technical assistance to the DPM to strengthen implementation of the national pharmaceutical policy; provide training in rational use of medicines at central, regional, and health facility level; improve medicine safety by strengthening storage and handling at health facility level; and strengthen pharmaceutical management information systems at all levels. Through this support, SYNAME should be able to operate with greater flexibility and the GRC should be closer to achieving the objectives of its overall health sector strategy, including that of scaling up treatment from 36% to 80%.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	125,724	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	90 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	8,381	
	Number of HIV-	9,312	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	3,520	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	4,442	
	Single-dose nevirapine (with or without tail)	419	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	2,182	
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	1,338	
	Sum of regimen type disaggregates	8,381	
	Sum of New and	3,520	

	Current disaggregates		
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	740	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	4,920	

	required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	2,710	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	35,700	
	By MARP Type: CSW	10,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	2,900	
	Other Vulnerable Populations	22,800	
	Sum of MARP types	35,700	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	160,190	Redacted
	By Age/Sex: <15 Male	2,657	
	By Age/Sex: 15+ Male	18,101	
	By Age/Sex: <15 Female	2,658	
	By Age/Sex: 15+ Female	136,774	
	By Sex: Female	139,432	
	By Sex: Male	20,758	
	By Age: <15	5,315	
	By Age: 15+	154,853	
	By Test Result:		

	Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	160,190	
	Sum of sex disaggregates	160,190	
	Sum of age disaggregates	160,168	
	Sum of test result disaggregates		
C1.1.D	Number of adults and children provided with a minimum of one care service	11,170	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	1,488	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	9,682	
	By Sex: Female	9,682	
	By Sex: Male	1,488	
	By Age: <18	0	
	By Age: 18+	11,170	
	Sum of age/sex disaggregates	11,170	
	Sum of sex disaggregates	11,170	
	Sum of age disaggregates	11,170	
C2.1.D	Number of HIV-positive individuals receiving a	8,382	Redacted

	minimum of one clinical service		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	266	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	8,116	
	By Sex: Female	8,116	
	By Sex: Male	266	
	By Age: <15	0	
	By Age: 15+	8,382	
	Sum of age/sex disaggregates	8,382	
	Sum of sex disaggregates	8,382	
	Sum of age disaggregates	8,382	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	89 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	7,450	
	Number of HIV-positive individuals receiving a minimum of one clinical service	8,382	
C4.1.D	C4.1.D Percent of infants born to	45 %	Redacted

	HIV-positive women who received an HIV test within 12 months of birth		
	Number of infants who received an HIV test within 12 months of birth during the reporting period	5,315	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	11,811	
	By timing and type of test: virological testing in the first 2 months	0	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	0	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	350	Redacted
	By Age: <18	0	
	By Age: 18+	350	
	By: Pregnant Women or Lactating Women	0	
	Sum of age disaggregates	350	

H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	347	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	2	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	0	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,965	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	40	


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12937	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	57,200
13003	NACC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,600,175
13167	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	500,000
13257	Cameroon Baptist Convention Health Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,088,000
13745	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,750,000
13799	Global Health Systems Solutions	Implementing Agency	U.S. Department of Health and Human Services/Centers	GHP-State	1,860,000

			for Disease Control and Prevention		
14092	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	1,103,635
14118	African Society for Laboratory Medicine	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
14127	WHO/AFRO	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
14175	United Nations Children's Fund	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
14429	Population Services International	NGO	U.S. Department of Defense	GHP-State	400,000
14659	Directorate of Family Health, Ministry of Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	1,200,000

			Prevention		
16743	TBD	TBD	Redacted	Redacted	Redacted
16744	TBD	TBD	Redacted	Redacted	Redacted
16745	TBD	TBD	Redacted	Redacted	Redacted
16814	TBD	TBD	Redacted	Redacted	Redacted
16816	TBD	TBD	Redacted	Redacted	Redacted
16977	Global Viral Forecasting Initiative Cameroon	NGO	U.S. Department of Defense	GHP-State	433,490
17008	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12937	**Mechanism Name: Capacity Strengthening for Peace Corps Volunteers and Counterparts**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 57,200	
Funding Source	**Funding Amount**
GHP-State	57,200

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PCC will strengthen Volunteer and counterpart HIV/AIDS related knowledge and skills for improved community-based interventions through training in PDM, BCC, and evidence based approaches to HIV prevention and AIDS mitigation. Education and training materials, such as Life Skills and Men as Partners manuals will be made available to Volunteers and host country national counterparts in French and in English. "VAST" funds will be used for community-driven HIV and AIDS interventions focusing on HIV prevention and promotion of services. As a result, PC Volunteers work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, vertical transmission from mother to child and harmful gender/cultural norms. Programs typically include a cross-cutting focus on reduction of stigma and discrimination.

Cross-Cutting Budget Attribution(s)

Education	51,440

Gender: Gender Equality	57,200
Human Resources for Health	51,440

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**12937**		
Mechanism Name:	**Capacity Strengthening for Peace Corps Volunteers and Counterparts**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	57,200	0
Narrative:			
Not Provided			

Implementing Mechanism Details

Mechanism ID: 13003	**Mechanism Name: Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NACC	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 4,600,175	
Funding Source	**Funding Amount**
GHP-State	4,600,175

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overarching goal of this funding announcement is to strengthen Cameroon's National AIDS Control Committee's (NACC) role in coordination and support implementation of comprehensive HIV prevention, treatment and care programs. Specifically the purpose of the program focuses on:

1. Strengthening basic Prevention of Mother-to-Child Transmission of HIV in support of Cameroon's goal towards the elimination of mother to child HIV transmission. Using a "pass through" mechanism to NACC, PEPFAR's PMTCT plus-up funds will be used to finance local implementing partners in two Regions (Adamawa an East).

2. Providing technical assistance to the MOH to implement a National Strategic Laboratory Plan (NSLP), establish a national Public Health Laboratory and to support a functional laboratory technical working group.

3. Improving M&E and surveillance systems by enhancing the ability to use strategic information for program and policy development. Support will be provided to implement the national M&E plan, conducting surveillance surveys based in antenatal clinics or targeting most-at-risk-populations such as men who have sex with men (MSM).

4. Strengthening Cameroon's blood safety program's ability to meet with the four key areas outlined in the WHO Aide Memoire on Blood Safety. This requires transition from collecting blood from paid donors and relatives to a not-yet-designed voluntary, population-based system of regular, low-risk donors.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13003
Mechanism Name:	Strengthening the capacity of the National AIDS Control Committee to ensure prevention of HIV in health-care settings
Prime Partner Name:	NACC

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	700,175	0

Narrative:

Continue support to the Government of Cameroon in finalizing and disseminating five year Laboratory Strategic Plans (LSPs) to inform annual operating plans as part of their national and regional health plans. Capacity building of MOH lab staff within the National Public Health Laboratory and other laboratory guidance documents will also be supported.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	500,000	0

Narrative:

Continue provision of TA and resources to NACC and partners in initiating one or more partners' meetings to discuss implementation of the national Monitoring and Evaluation (M&E) plan and a national M&E system coordinated according to the "Three Ones", and updating and testing standardized M&E tools; Provide technical assistance (TA) to the National AIDS Control Committee (NACC), UNICEF, and the World Health Organization and partners, and resources to NACC in finalizing and testing standardized VCT, HIV and AIDS reporting, PMTCT, HIV care, ART, Blood Safety, Supply Chain management, and Laboratory test forms for Cameroon as the first step towards an integrated health management system; Regional capacity building through provision of resources and TA to NACC and UNAIDS in providing three trainings of regional trainers (7 days; in the North, Center, and South in Cameroon) in principles of M&E, data quality assurance, and use of the

standardized M&E tools for measuring indicators in the national HIV strategic plan 2011-2015; Provide TA and resources to NACC (at national and regional level) in two targeted regions to provide central -> regional, regional->district, and district-> site training and supervision of data entry, data quality assurance using the new standardized forms in testing, care, and laboratory sites, and abstraction of data and evaluation of data in the new M&E tools at the district level; Build SI capacity within NACC through provision of hardware, software, and training at national and regional levels (in targeted regions) in data entry, data quality assurance, M&E, data storage, and data analysis

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	300,000	0

Narrative:

Finalize a national blood donor communication/sensitization strategy. Design and standardize donor screening protocol, including a self-assessment questionnaire and guidelines for blood transfusion; Design and standardize algorithms for testing of blood for HIV (separate from general HIV testing) and other transfusion-transmitted infections ; Establish a national blood transfusion system, in line with the recommendations of the 2008 Blood Transfusion Situation Analysis and the National Strategic Plan; and Develop quality indicators for each phase from collection to transfusion, including cold chain integrity; Continue establishment facility-level transfusion committees and data management systems; In collaboration with the DOD, continue to organize donor recruitment trainings targeting communities and youths (schools, health clubs) in a continuous cycle to build local capacity of donor recruiters; partner with Military Hospital/staff on activities above to increase blood banking and donor recruitment capacity within military medical system; and reinforce Blood Transfusion Services through training at national level and in targeted regions on quality management, effective clinical use of blood, and good laboratory practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,100,000	0

Narrative:

Capacity-building and training of National and regional MOPH/NACC staff to enhance the quality of PMTCT across the country; Partially finance monthly supervisory visits to targeted regions by national/ regional MCH staff to health facilities and districts for supportive supervision.

Implementing Mechanism Details

Mechanism ID: 13167	**Mechanism Name: Supplies and Reagents for CDC-NACC CoAg**
Funding Agency: U.S. Agency for International	Procurement Type: Contract

Development	
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Support CDC's FOA Implementation with the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring in targeted regions.
Support CDC's CoAg with NACC to procure equipment & supplies for MOPH to support NACC COAG and Reinforce Blood Transfusion Services by providing blood transfusion in infrastructure, equipments, reagents and supplies.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13167		
Mechanism Name:	Supplies and Reagents for CDC-NACC CoAg		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	400,000	0
Narrative:			
To support CDC's CoAg with NACC to procure equipment & supplies for MOPH to support NACC COAG and Reinforce Blood Transfusion Services by providing blood transfusion in infrastructure, equipments, reagents and supplies.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	100,000	0
Narrative:			
Support CDC's FOA Implementation with the purchase of CD4 machines to support and standardize testing and expansion of clinical monitoring in targeted regions.			

Implementing Mechanism Details

Mechanism ID: 13257	**Mechanism Name: Implementation of PMTCT CoAg1**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Cameroon Baptist Convention Health Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,088,000	
Funding Source	**Funding Amount**
GHP-State	4,088,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this program is to reduce HIV-related maternal and child mortality by ensuring geographic reach of comprehensive PMTCT services within the national MCH and reproductive health (RH) system. Specifically, it seeks to expand PMTCT coverage and improve uptake from approximately 35% to 90% in the Southwest and Northwest Regions of Cameroon by integrating PMTCT services into existing ANC health facilities and promoting community-based PMTCT activites. Funds should also strengthen linkages between facility and community-based services to improve their effectiveness by increasing PMTCT utilization and follow-up of PMTCT clients (mother/infant pair) as well as improving linkages to comprehensive HIV services to ensure a continuum of care for pregnant HIV positive women and their exposed infants. Activities should include, but are not limited to the provision of: 1) HIV testing and counseling in ANC settings; 2) early infant diagnosis (EID); 3) antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants; 4) PMTCT education; and 5) establishing linkages to comprehensive care and treatment services for HIV positive mothers and their children.

While this mechanism is concentrated in two focus regions, the grantee(s) is expected to produce a model, and if found to be feasible, effective, and to improve health outcomes cost effectively, that could be used by the Government of Cameroon (GOC) and other implementers to expand and scale-up PMTCT services to other regions of Cameroon. Integration of PMTCT into the existing MCH and RH system is also required in order to promote one integrated health system and national ownership in line with the GRC's national strategic plan and PEPFAR II strategy.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13257		
Mechanism Name:	Implementation of PMTCT CoAg1		
Prime Partner Name:	Cameroon Baptist Convention Health Board		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	388,000	0
Narrative:			
Build long term institutional capacity for EID by offering on-site training to newly identified focus regions on HIV rapid testing and use of logbook, and enhance early tracking of HIV-infected infants to enable the early initiation of antiretroviral therapy and monitor PMTCT program efficacy.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	400,000	0
Narrative:			
TBD			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	3,200,000	0
Narrative:			
Support the GOC in providing direct PMTCT services to health facilities in targeted region(s), including testing and counseling for HIV in ANC settings, provision of antiretroviral drugs (ARVs) for HIV-positive mothers and exposed infants, EID and linkages to care and treatment services; Support collection of quality data at PMTCT sites within selected focus regions; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in targeted regions			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	100,000	0

Narrative:
TBD

Implementing Mechanism Details

Mechanism ID: 13745	**Mechanism Name: ICAP Columbia University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,750,000	
Funding Source	**Funding Amount**
GHP-State	1,750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Not Provided

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13745		
Mechanism Name:	ICAP Columbia University		
Prime Partner Name:	Columbia University Mailman School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	350,000	0
Narrative:			
ICAP support to Cameroon in FY13 will focus on harmonization and integration of PMTCT/MNCH registers and reporting forms, harmonization of all M&E tools including the revision of all PMTCT/MNCH registers and reporting forms from facility to Higher levels (District, regional and National); Review of all existing key program indicators, M&E tools (registers and forms) used by the MOH and implementing partners; harmonize and update all key indicators in line with WHO guidelines and PEPFAR Next Generation Indicators. *ICAP will also support the training on these new tools from facility to National levels; Printing and distribution of new PMTCT/MNCH tools at all levels with focus on the PEPFAR targeted regions;* *Conduct a DQA/SQA in some selected PMTCT sites in the four PEPFAR focus Regions; finalization of the PMTCT facility survey and dissemination of findings from the PMTCT barrier study.* *Pilot of DHIS in the South-West and North-West Regions; purchase of IT equipment including computers and internet access to the Health District involved in the DHIS piloting; this includes the application customization, the online hosting and the training of system administrators and end users for the South-West and North-West regions.*			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,400,000	0
Narrative:			
PMTCT Plus Up funding			

Implementing Mechanism Details

Mechanism ID: 13799	**Mechanism Name: Strengthening Public Health Laboratory Systems in Cameroon**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Health Systems Solutions	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,860,000	
Funding Source	**Funding Amount**
GHP-State	1,860,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG will support local laboratories to achieve accreditation using the WHO-AFRO stepwise approach of Strengthening Laboratory Improvement Process towards Accreditation (SLIPTA). This activity will target 4 public and 1 private laboratories. This mechanism supports the National Strategic Plan for HIV/AIDS prevention: Through this mechanism the capacity for laboratory quality management will be improved. The USG will support the GOC to ensure compliance and monitoring during the two year accreditation process. The overall indicator will be the number of laboratories accredited at the end of two years.

This mechanism will also assist laboratories enrolled in the SLIPTA process to implement Proficiency Testing programs as part of the External Quality Assessment (EQA) program. The mechanism will support the preparation and distribution of PT panels for CD4, chemistry, hematology and HIV rapid testing to 28 laboratories at the Central and Regional level and 130 District Laboratories within all ten regions to assist in monitoring the quality of clinical test results in support of care and treatment programs. This activity will also target all PMTCT sites as well as HIV treatment facilities as required and will support evaluation of the PIMA in 5 PMTCT sites, to validate its use in far to reach sites. The skills of Quality Officers among the regional labs to distribute DTS to and monitor HIV rapid testing in District and peripheral labs will also be improved by training through this mechanism.

This mechanism will be monitored by the number of laboratories successfully participating in EQA programs and the number of laboratories with 2 Star WHO-AFRO stepwise accreditation in two years.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13799**		
Mechanism Name:	**Strengthening Public Health Laboratory Systems in Cameroon**		
Prime Partner Name:	**Global Health Systems Solutions**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	1,340,000	0

Narrative:

Provide financial and technical support for implementation of Quality Assurance (QA) through the lab tiered system and to support accreditation of four regional laboratories and one private laboratory. The accredited laboratories will provide downstream support to other laboratories; Support the MOPH to develop policy guidelines for implementing QMS and laboratory accreditation; and Collaborate with the Ministry of Health to strengthen laboratory health information systems in four pilot labs. This includes the design and implementation of a customized electronic based LIS. These systems will be introduced into all laboratories following various trainings. This will improve HIV/AIDS case reporting, as the systems will provide information for the implementation of one standardized national HIV/AIDS patient registry system. This will also support evaluation of the PIMA for CD4 testing in 5 PMTCT sites, as well as training for MOPH staff to cover specific areas such as CD4 testing using the PIMA, laboratory management and bio-safety, QA/QC documentation and quality

management systems and accreditation as needed. This mechanism will support implementation of PT programs as part of the accreditation process, and training of healthcare personnel on DTS PT panel preparation as well as implementation of the DTS program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	520,000	0

Narrative:

Purchase PIMA machines and CD4 reagents

Implementing Mechanism Details

Mechanism ID: 14092	**Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 1,103,635	
Funding Source	**Funding Amount**
GHP-State	612,185
GHP-USAID	491,450

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR Cameroon has allocated $1.5M (COP FY 2011) to the "Systems for Improved Access to Pharmaceuticals and Services" (SIAPS) program to provide technical assistance (TA) to the Ministry of Public Health (MOH)'s Directorate for Pharmacy and Medicines (DPM), and the National Essential Medicines and Medical Supplies Store (CENAME). SIAPS will also support regional delegations of MOH, regional pharmaceutical supply centers

(CAPRs), and health facilities with a specific focus on PEPFAR target sites in Adamawa, East, North West and South West regions. The scope of this activity is based on an assessment conducted in August 2011 that identified several weaknesses in the pharmaceutical system, including poor quantification practices, weak procurement mechanisms, lack of inventory management skills and systems, and poor medicines use practices. Because of the renewed Global Fund (GF) Round 10 HIV Grant, SIAPS will also support the National AIDS Control Committee (Principal Recipient) and CENAME, to quantify HIV/AIDS medicines and related commodities' needs. Under COP FY 2012, SIAPS will continue to work with MOH counterparts to strengthen institutional capacity in stock management and procurement and medicines use practices. It will also support improving the pharmaceutical management information systems to the health facility level. SIAPS will take a comprehensive health systems strengthening approach with activities that will benefit all Primary Health Care (PHC) programs. Similarly, SIAPS will support the monitoring of a range of PHC programs including HIV/AIDS activities that involve medicines management. Regular reports, including progress towards achieving indicators, will be developed and shared with the Cameroon PEPFAR team.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	285,129

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**14092**
Mechanism Name:	**Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,103,635	0

Narrative:

While PEPFAR is not yet engaged in direct and long-term commodities supply, PEPFAR support through SIAPS will ensure that there is a solid system in place to efficiently manage and increase availability of commodities. SIAPS capacity building activities target national, regional and health facility levels.

At central and regional levels, SIAPS will provide TA to the Directorate of Pharmacy and Medicines program (DPM) to strengthen the national pharmaceutical policy, help implement a pharmacovigilance system, and support the development and compilation of a National Standard Treatment Guideline document. SIAPS will provide TA to the National Disease Control Department at central level and MOH regional delegations and PEPFAR target sites to strengthen the management of medicines for NTDs, HIV/AIDS, Malaria, TB, RH and related programs. SIAPS will also support the national authorities to plan and provide trainings at all levels such training of prescribers on rational prescribing. SIAPS will provide TA for quality improvement through the development of terms of reference and SOPs for establishing and strengthening Drugs Therapeutic Committees (DTCs), and developing health facility level SOPs to support the identification and reporting of adverse drug reactions (ADR).

At the health facility level, SIAPS will build the capacity of health care workers to effectively manage and dispense medicines, including HIV/AIDS-related medicines. Illustrative activities will include training and support to health facilities in proper management/organization of medical stores and dispensing areas, development of a pharmaceutical management information system (PMIS) Manual/SOP for use at health facility level, support for the introduction of a uniform/standard system for inventory management and medication use at the health facility level, including use of standard prescription forms and their retention at facility level for monitoring rational medicine use (RMU) and minimizing unnecessary or inappropriate recycling of prescriptions. SIAPS will also continue strengthening the capacity of pharmacy professionals working in health facilities to expand their role to technical oversight of pharmacy services.

Implementing Mechanism Details

Mechanism ID: 14118	Mechanism Name: Strengthening Clinical Laboratory Workforce
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Society for Laboratory Medicine	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The clinical laboratory workforce plays a vital role in the health system strengthening and ties with PEPFAR objective of training 140,000 health care workers. Laboratory results are essential for service providers to assess the status of a patient's health, make diagnoses, design treatment plans and monitor the effectiveness of a treatment. In Cameroon, there is a shortage of laboratory technicians among healthcare workers. PEPFAR recognizes maintaining an appropriate level of healthcare workforce is a critical component of health system strengthening and its sustainability.

Local laboratory training institutions are valuable in developing the healthcare workforce. In FY12, PEPFAR will support curriculum revision to include quality management and incorporate accreditation at pre-service level. PEPFAR will provide teaching materials. This will allow staff/students to be highly skilled and capable of filling the shortage of clinical laboratory technologists for delivering services. Training and available working tools will contribute to better staff retention.

PEPFAR will support the government of Cameroon in strengthening laboratory training institutions through pre-service curriculum development and training. This new TBD award seeks to identify a partner that will strengthen pre-service training of biomedical engineers or technicians through local public training institutions. This mechanism will also support continuing education modules for laboratory staff and will be used to provide Technical Assistance to review and audit laboratories going through the WHO-AFRO SLIPTA process. PEPFAR's direct engagement with indigenous local institutions ensures local capacity building and guarantees sustainability.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14118**		
Mechanism Name:	**Strengthening Clinical Laboratory Workforce**		
Prime Partner Name:	**African Society for Laboratory Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	100,000	0

Narrative:

In FY12, PEPFAR Cameroon will support curriculum revision and standardization to include all aspects of laboratory quality management systems and hence incorporate the notion of laboratory accreditation at pre-service level for all laboratory training institutions. PEPFAR will also provide communication/teaching materials, computers and textbooks as required for this purpose. This will allow staff/students to be highly skilled, confident, and capable of immediately filling the critical shortage of clinical laboratory technologists for delivering quality laboratory services. This mechanism will also provide training and orientation on the new or revised curriculum to lecturers of these institutions, and also support printing and implementation of developed curriculum. This mechanism will also support development of in-service training curriculum or continuing education modules for laboratory staff and will be used to provide Technical Assistance to review and audit laboratories going through the WHO-AFRO SLIPTA process, as well as those that are ready to apply for international accreditation.

Implementing Mechanism Details

Mechanism ID: 14127	**Mechanism Name: WHO Cameroon**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: WHO/AFRO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The current blood transfusion system is inadequate to meet the country's need as the BTU is lacking in capacity and capability. CDC Cameroon intends to buy into an existing HQ cooperative agreement with WHO to seek WHO in-country support in collaboration with the Directorate of Disease Control for ongoing USG support to blood safety services to Cameroon in eight technical areas described below.

1. Policy/guideline development update and advocacy effort to seek Global Fund funding for blood safety activities; 2. Infrastructure development for procurement including, waste, maintenance, cold chain and blood bank computer system; 3. Blood collection, screening sustainability materials and protocols for blood processing and distribution; 4. Develop or revise protocols for TTI testing, referral, sero-typing, cross-match, SOPs and policies to ensure good manufacturing practices; 5. Transfusion and blood utilization: 6. Develop M & E tools and plan for monitoring program progress and analyze data on key programmatic indicators; 7. Assess procurement system, blood transfusion service, QA activities; 8. Mentor blood transfusion unit and blood center staff on blood donor management, laboratory procedures, and develop a five-year training plan. WHO will also work in collaboration with USG and other partners to support the development of the National Laboratory Strategic Plan and Policy and also provide advocacy for it's implementation across the tiered health system. WHO will also advocate for and support the creation of a Laboratory Technical Working Group (LTWG) and support and provide TA towards establishment of national laboratory networks, the SLIPTA process and quality assurance systems for HIV, TB and blood safety testing services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14127**
Mechanism Name:	**WHO Cameroon**
Prime Partner Name:	**WHO/AFRO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

Lab: WHO will work in collaboration with PEPFAR and other partners to support the development of the National Laboratory Strategic Plan and Policy and also provide advocacy for it's implemention accross the tiered health system. WHO will also advocate for and support the creation of a Laboratory Technicl Working Group (LTWG) and support and provide TA towards establishment of national laboratory networks, the SLIPTA process and quality assurance systems for HIV, TB and blood safety testing services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100,000	0

Narrative:

WHO will support the blood safety program of Cameroon through the following activities: 1. Advocacy: undertake advocacy meetings towards the establishment of a National Blood Transfusion Service (NBTS), restart process or try to move old decree forward by building a case for either an agency or a program for blood safety; Coordination: establish a blood safety Technical Working Group, support for the development of a supervision

plan, develop a formal agreement with hospital for quality assurance and establish a testing plan with a goal to have regional and central testing of blood, convene regular supervision meetings; 3. Leadership: lead the blood safety TWG in writing a Global Fund application to support blood safety activities, notably, the establishment of an NBTS or a blood safety program with the Ministry of Public Health. The application will target especially Round 12 of Global Fund funding which is scheduled for June 2013.

Implementing Mechanism Details

Mechanism ID: 14175	**Mechanism Name: Partnerships for elimination of MTCT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UNICEF is one of the GRC's main partner supporting PMTCT and has supported the Ministry of Public Health over the past four years to strengthen its response to HIV and specifically PMTCT. In the framework of the government commitment to eliminate mother to child transmission of HIV, UNICEF is supports the MoH to scale up services and accelerate progress towards the elimination goal. UNICEF will provide assistance to the ministry of health in planning, implementing and monitoring PMTCT services in selected districts. UNICEF has the appropriate technical capacity to support the MoH. Within the framework of CDC/PEFAR grant to Cameroon, UNICEF proposes to lead in advocacy, and provision of technical assistance in line with international standards. Technical assistance includes planning, implementation, and supervision.

This mechanism aims to support the ministry of health to plan, implement and supervise PMTCT services within the

framework of the elimination of MTCT agenda and to strengthen PSM. UNICEF will closely collaborate with the Directorates of Family Health, and Disease Control and the National AIDS Control Committee.
Proposal Objectives: 1. Revision/development of PMTCT policies, guidelines, modules.2. Promoting evidence-based PMTCT planning and service delivery3. Strengthening supervision capacity 4. Improving procurement and supply management systems
Key expected results: • PMTC policies. Guidelines and modules are revised to international standards.• Planning and service delivery process do incorporate evidence base approaches• Tools and technical guides for supervision are developed to suit program needs• Regional and district team capacity is strengthened
• Procurement and supply management systems are reinforced.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14175**		
Mechanism Name:	**Partnerships for elimination of MTCT**		
Prime Partner Name:	**United Nations Children's Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	100,000	0
Narrative:			
Activities iclude : Development of strategies, guidelines and policies; Technical Assistance (TA) to MOH; Tracking Progress of PMTCT Targets; Monitoring and Evaluation; Support National Expansion Plans and Program			

Scale-up; Training and Capacity Development; Develop annual PMTCT and Pediatrics global report card; Health System Strengthening; and participate in Joint Country Program Evaluation Missions.

Implementing Mechanism Details

Mechanism ID: 14429	**Mechanism Name: VCT in military health facilities and mobile campaigns**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Target Population: Military personnel. Moslty young, mostly male individuals who, as a population, are more prone than the general population to engage in risky behaviors.
Population is distributed throughout Cameroon at military training facilities. These centers are generally co-located with urban centers such as Yoaounde and Douala. Population size with be determined by specific through-put of military personnel through training centers which is subject to change based on a number of factors beyond our control. The estimate of the population of personnel 'reachable' through this method is 12,000 annually.
Approaches undertaken, and settings: Project will encourage client-initiated (i.e. voluntary) testing. It will be conducted in military health facilities, but also as part of a mobile campaign.
Number of people trained or receiving refresher training this year, including the areas in which trained. Goal to conduct 8 mobile HTC encouragement drives annually. Will be suported by 400 peer trainers who will be re-trained (refresher training) annually. Target is to reach 12,000 individuals annually.
For HTC outside PMTCT and TB, describe the proportional allocation of HTC funding to each of the other technical areas and how HTC links with these other services: This mechanism focuses solely on military personnel as an 'other at-risk population'. There are direct behavioral links to CSW.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	20,000
Key Populations: FSW	40,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Military Population
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14429**		
Mechanism Name:	**VCT in military health facilities and mobile campaigns**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	200,000	0
Narrative:			
Target Population: military personnel, mostly young, male individuals who as a population are more prone than the general population to engage in risky behaviors. Geographically dispersed throughout the 10 regions of Cameroon, but tend to be clustered around urban centers. Based on 2005 data, the prevelance rate was 11.2%. A new survey			

was conducted in late FY2011 but the results are not yet known.

Approaches undertaken, and settings: Project will encourage client-initiated (i.e. voluntary) testing. It will be conducted in military health facilities, but also as part of a mobile campaign.

Targets for approach and results in the past one year. Number of people trained or receiving refresher training this year, including the areas in which trained. Goal to conduct 8 mobile HTC encouragement drives annually. Will be suported by 400 peer trainers who will be re-trained (refresher training) annually. Target is to reach 12,000 individuals annually.

For HTC outside PMTCT and TB, describe the proportional allocation of HTC funding to each of the other technical areas and how HTC links with these other services: This mechanism focuses solely on military personnel as an 'other at-risk population'. There are direct behavioral links to CSW.

The testing algorithm will be the national algorithm as this mechanism encourages testing, but does not actively fund the conduct of testing.

Activities to strengthen/ensure successful referrals and linkages, including tracking or follow-up of HIV-positive individuals not enrolling in care or treatment: mechanism encourages full testing and counselling, including remaining in clinic until results are known. The mechanism does not engage in tracking individual testees and their linkage to other services.

Activities for quality assurance of both testing and counselling: The contractor will provide periodic support and supervision of program activities. The contractor will regularly monitor activities for the number of individuals reached as well as for the qualtity of the services provided.

Promotional Activities around HTC for demand generation are the main focus of this mechanism. They will be conducted in group sessions, via pamphlets and signage, and mobile campaign.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

Narrative:

Target Population: Military personnel. Moslty young, mostly male individuals who, as a population, are more prone than the general population to engage in risky behaviors.

Population is distributed throughout Cameroon at military training facilities. These centers are generally

co-located with urban centers such as Yoaounde and Douala. Population size with be determined by specific through-put of military personnel through training centers which is subject to change based on a number of factors beyond our control. The estimate of the population of personnel 'reachable' through this method is 12,000 annually. *Interventions include a variety of prevention messaging including partner reduction, knowing one's status, and a train-the-trainer program. These trainings will occur at military training institutions. The types of training that will be conducted include: training of trainers, training peer educators and the promotion of HIV testing and counseling.* *Creating sustainability: The implementing partner has identified high-level membership of the Ministry of Defense to serve as an HIV/AIDs steering committee to help ensure high-level buy-in and enduring support from the leadership heirarchy.* *Mechanisms for Quality Assurance and Supportive Supervision: Two supervisions will be conducted per year, conducted in collaboration with the MoD and NACC partners to insure that peer education and VCT activities adhere to national protocols, procedures and qualtity standards. The partner will provide periodic support and supervision of program activities, including peer education activities and VCT. The partner will regularly monitor activities for the number of individuals reached as well as for the qualtity of the services provided. One method to be used to monitor program qualtiy is to conduct mystery client surveys.* *Integration / linkage to other services: This mechanism is closely linked to the DoD GVFI conducted program of which Cameroon is part of a regional program. Both mechanisms work with military personnel, prevention, and training of trainers, however their foci are slightly different.*

Implementing Mechanism Details

Mechanism ID: 14659	**Mechanism Name: Integration of comprehensive PMTCT activities into MCH services**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Directorate of Family Health, Ministry of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The project will focus on the integration of comprehensive prevention of mother to child transmission of HIV activities into about 80% of maternal and child health services at all levels of the health pyramid in Cameroon including policy issues, program administration or service delivery. In the target program areas, the Directorate of Family Health (DFH) will collaborate with the National AIDS Control Committee (NACC), donor agencies, the Directorate of Disease Control (DDC) and other relevant ministerial directorates, NGOs, implementing partners to improve national PMTCT coordination, strengthening of PMTCT integration, and reinforcement of capacity building.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14659**
Mechanism Name:	**Integration of comprehensive PMTCT activities into MCH services**

Prime Partner Name:	Directorate of Family Health, Ministry of Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,200,000	0

Narrative:

Provide training and capacity-building in the following upstream support areas: (3.1) An annual targeted training of national/ regional MCH staff on new innovations in MCH/PMTCT; (3.2) A biannual refresher training of clinical staff in targeted regions in PMTCT/MCH ; (3.3)Training of a pool of master trainers and supervisors in PMTCT/MCH services in targeted regions ; (3.4) Partially finance monthly supervisory visits to targeted regions by national/ regional MCH staff to health facilities and districts for supportive supervision; (3.5)Adaptation of the new WHO PMTCT guidelines and its simplification and dissemination across all regions and districts in the country; (3.6) Adaptation, printing and roll-out of SOPs, monitoring checklist, job Aids, and posters in targeted regions; (3.7) Support the revision of PMTCT registers and forms, and ensure availability and utilization at all health levels; (3.8) Roll-out of the PMTCT counseling and support tools and Jobaids in targeted regions; Roll out of a National Couples Counseling training program to address low uptake in MCH settings, disclosure, and stigma; and Collaborate with the GOC, other UN agencies, Global Funds, Clinton Foundation and other stakeholders to establish a National TWG on PMTCT/MCH ; Support collection of quality data at PMTCT sites within currently supported national PMTCT programs; ensure that this data are analyzed appropriately and made available to partners at the local, regional, and national levels, and used by PEPFAR Cameroon for data-driven decision making; Build SI capacity with partners through provision of hardware, software, and training at national and regional levels, and training and supervision at district and site levels, in data entry, data quality assurance, M&E, data storage, and data analysis in currently supported national PMTCT programs.

Implementing Mechanism Details

Mechanism ID: 16743	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16744	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16745	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16814	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16816	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16977	**Mechanism Name: GVFI**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Global Viral Forecasting Initiative Cameroon	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 433,490	
Funding Source	**Funding Amount**
GHP-State	433,490

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Reorganize the structure and functioning of the PMTCT unit at the Yaoundé Military Hospital and its integration and collaboration with related services within the hospital. Reinforce the capacity of PMTCT personnel through

training and refresher trainings. Train service providers at ANC on Provider Initiated Testing and Counseling (PITC) approach and encourage its application to improve enrollment in the PMTCT program. Provide technical and material support for sustainability and productivity of the PMTCT unit at YMH. Ensure the availability and rational management and ordering of drugs, tests and other reagents. Reinforce collaboration and effective integration of the military PMTCT unit to the regional PMTCT coordination unit. Ensure M& E of all PMTCT activities.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	20,000
Key Populations: FSW	20,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Military Population
Mobile Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**16977**		
Mechanism Name:	**GVFI**		
Prime Partner Name:	**Global Viral Forecasting Initiative Cameroon**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Governance and Systems	HLAB	150,000	0

Narrative:

Ongoing efforts to strengthen the diagnosis of HIV and other STIs, TB and OIs in the Cameroon Armed Forces with QA will be performed. Lab personnel trained in the areas of bacteriology (meningitis, diarrhea, blood, urine, antibiotic susceptibility testing), serology (HIV, hepatitis, stool parasites), parasitology (stool and blood smears) and PCR and lab information management to improve timely, accurate diagnosis and use of testing for quality patient care and disease surveillance will be mentored for continued rational use for lab monitoring of PLHIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	283,490	0

Narrative:

Reorganize the structure and functioning of the PMTCT unit at the Yaoundé Military Hospital and its integration and collaboration with related services within the hospital. Reinforce the capacity of PMTCT personnel through training and refresher trainings. Train service providers at ANC on Provider Initiated Testing and Counseling (PITC) approach and encourage its application to improve enrollment in the PMTCT program. Provide technical and material support for sustainability and productivity of the PMTCT unit at YMH. Ensure the availability and rational management and ordering of drugs, tests and other reagents. Reinforce collaboration and effective integration of the military PMTCT unit to the regional PMTCT coordination unit. Ensure M& E of all PMTCT activities.

Implementing Mechanism Details

Mechanism ID: 17008	**TBD: Yes**
REDACTED	

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS			25,000	25,000
Management Meetings/Professional Developement			10,000	10,000
Non-ICASS Administrative Costs			4,000	4,000
Staff Program Travel			22,536	22,536
USG Staff Salaries and Benefits		0	63,969	63,969
Total	**0**	**0**	**125,505**	**125,505**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-USAID		25,000
Management Meetings/Professional Developement		GHP-USAID		10,000
Non-ICASS Administrative Costs		GHP-USAID	estimated shared office costs including supplies, telephones, and other TBD.	4,000

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
USG Staff Salaries and Benefits		100,000		100,000
Total	**0**	**100,000**	**0**	**100,000**

U.S. Department of Defense Other Costs Details

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		40,000		40,000
Computers/IT Services		144,500		144,500
ICASS		838,503		838,503
Institutional Contractors		330,000		330,000
Management Meetings/Professional Developement		80,000		80,000
Non-ICASS Administrative Costs		305,087		305,087
Non-ICASS Motor Vehicles		65,000		65,000
Staff Program Travel		605,000		605,000
USG Staff Salaries and Benefits	925,252	649,133		1,574,385
Total	**925,252**	**3,057,223**	**0**	**3,982,475**

U.S. Department of Health and Human Services/Centers for Disease Control and

Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		40,000
Computers/IT Services		GHP-State		144,500
ICASS		GHP-State		838,503
Management Meetings/Professional Developement		GHP-State		80,000
Non-ICASS Administrative Costs		GHP-State		305,087
Non-ICASS Motor Vehicles		GHP-State		65,000

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		11,525		11,525
Management Meetings/Professional Developement		16,000		16,000
Non-ICASS Administrative Costs		35,135		35,135
Staff Program Travel		37,340		37,340
USG Staff Salaries and Benefits		50,000		50,000
Total	**0**	**150,000**	**0**	**150,000**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		11,525
Management		GHP-State		16,000

Meetings/Professional Developement				
Non-ICASS Administrative Costs		GHP-State		35,135

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		5,000		5,000
Management Meetings/Professional Developement		10,000		10,000
Non-ICASS Administrative Costs		116,200		116,200
Peace Corps Volunteer Costs		466,800		466,800
Staff Program Travel		23,500		23,500
USG Staff Salaries and Benefits		96,300		96,300
Total	**0**	**717,800**	**0**	**717,800**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		5,000
Management Meetings/Professional Developement		GHP-State		10,000
Non-ICASS Administrative Costs		GHP-State		116,200