

GOOD PRACTICES 3

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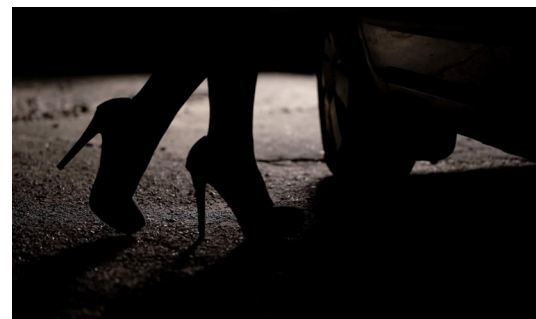
Magazine for capitalising good practice on human rights, gender, community research and community systems strengthening issues

NFM III LISTENS TO VULNERABLE GROUPS

“The Youth Advisor, the youth facilitator”



« SEX AND TEST » an innovative strategy for targeting clients of female sex workers (SWs)



IMPLEMENTATION OF HIV SELF-TESTING IN CAMEROON



CAMNAFAW Cameroon National Association for Family Welfare



CONTROL OF HIV INFECTION, THERE IS HOPE!

95-95-95 is the target set by the United Nations Joint Program on HIV/AIDS (UNAIDS) for the elimination of AIDS as a public health concern by 2030. This ambitious goal envisages that 95% of know their serological status, 95% of diagnosed HIV positive patients be put on ARV therapy and finally, 95% of patients on ARV therapy have an undetectable viral load.

The Government of Cameroon is fully committed to achieving this goal. Indeed, the objectives of the fight against this pandemic have remained constant since the detection of the first case in 1985: the reduction of the spread of HIV in the general population and in high-risk groups, the improvement of the quality of life of PLWHIV, the reduction of the socio-economic impact of the disease on PLWHIV and affected persons, the reinforcement of social mobilization and the ownership of the fight by all actors. The support of bilateral and multilateral partners is further contributing to the progress made every day. These positive results are reflected in the continuous reduction of new infections, the diminution of the number of HIV-related

deaths, the progressive increase of the active file and the reduction of the inequities at the root of the epidemic.

During the year 2021, considerable progress has been made. In the Prevention of Mother-to-Child Transmission of HIV aspect, the screening rate for pregnant women has increased from 84% in 2019 to 95% in 2021. Similarly, 91% of children born from HIV positive mothers were put on treatment during the same year. In the case management aspect, 469 793 people living with HIV knew their serological status in 2021, which represents 95% of the estimated population of people living with HIV in Cameroon. The country has thus reached the first of the three UNAIDS objectives. This is a success for the National AIDS Control Committee and for all the actors involved in the response.

However, despite these efforts, Cameroon remains in a mixed epidemic situation. The issue of efficient care for children and adolescents in our country remains a major concern. We must address one of the most glaring disparities in the response to HIV, which



is the failure to meet the specific needs of children living with HIV or at risk of contracting it. Also, a point of honor is expected in the fight against inequalities and all forms of stigmatization and discrimination to promote the use of services. The involvement of all actors remains a necessity, the key to success in achieving the objectives of the response.

It is possible to end AIDS, but a change of course is needed to make this aspiration a reality. Enjoy reading!

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Civil Society Representation at the CCM: The Start of a New Era

March 17, 2022 will remain a historic date for the strengthening of the delegation of Civil Society Organizations at the CCM. Meeting in Douala for a workshop to finalize and validate key documents that will serve to revitalize their activities within the Forum, they unanimously approved, after intense debate, the Charter of Civil Society Representatives to the CCM.

This is a governance document that primarily defines the role that these entities must play in the national coordination of Global Fund-supported programs. It has been in the works for more than a decade, but its final validation has remained unfinished due to endless discussions on its content. Hence the immense joy of actors present at the signing ceremony, which was attended by the President of the CCM.

The adoption of this Charter thus marks the happy completion of the process begun in November 2021, thanks to the technical and financial support of Back-up Health (GiZ), which aimed to develop a set of instruments crucial to strengthening the commitment of the Civil Society represented at the CCM. The harvest has been plentiful as it now also has (i) a basic assessment tool and scorecard, (ii) a community monitoring plan and tool, (iii) a civil society communication and engagement plan, (iv) terms of reference for the engagement and communication focal point, and (v) the technical assistance plan for strengthening civil society in Cameroon.

However, there are still a few challenges to be addressed, namely :

- *Producing an English language version of the Civil Society Governance Charter ;*
- *Integrating the changes brought about by the new Charter into the CCM Rules of Procedure ;*
- *Synchronizing the evaluation of civil society using the scorecard / evaluation form ;*
- *Estimate the costs of implementing the validated engagement, communication and advocacy plan ;*
- *Mobilize the resources needed to implement the plan.*

Charles ONANA

NEWS

FREE SCREENING FOR TUBERCULOSIS IN CAMEROON

A remarkable contribution for the fight against tuberculosis.

The fight against tuberculosis in Cameroon has made remarkable progress in the implementation of community activities; according to the last 2021 NFM3/ FESADE programmatic report, 29.84% tuberculosis suspect cases were referred and arrived to Tuberculosis diagnosis and treatment centers (CDTs). For the period of January to May 2022, we note a positive increase of this indicator, which is estimated to be 44% at the moment. This increase is justified by the 2021 decision on free testing and the field work of the Community Action Research Agents.

The decision **N°2874/D/ MINSANTE / CAB / SG / DRFP / SDBF / SB / BPBI / HB of September 17, 2021**, which makes sputum screening tests (microscopy, TB Lamp, Gene Xpert) free of charge in approved CDTs throughout the national territory, with the aim of intensifying active research on tuberculosis and improving screening and prevention in the community.

Such a decision is a godsend in the fight against this illness, particularly by having a positive impact on the

increase in the rate of attendance at CDT on one hand, and on the other hand, this administrative act contributes to the reduction of the cost, or even the free testing of sputum in the health facilities.

In order for this measure to be amplified, it would be necessary for health care providers to be more willing to implement the effectiveness of this important measure. The patient has often put forward the modesty of his purchasing power to postpone his visit to a screening and treatment center.

In addition, it is relevant to indicate that this decision allows for a significant increase in the field work of AIDAs which, despite the occurrence of the COVID-19 period, continues to be deployed in the community with a significant increase in the attendance rate. Insofar the awareness and detection work has been successful, it is necessary to have an incentive for new cases to actually go to the CDT. This is why this measure further enhances the efforts in the field of these important actors of the public health system.

Dr Jessica NGO SECBE
Health Specialist / FESADE

« SEX AND TEST » an innovative strategy for targeting clients of female sex workers (SWs)

Client of female sex worker (CFSW) is defined as any person who regularly or occasionally uses the services of sex workers (SWs). Female Sex workers (FSWs) are defined as any adult or youth female who receives various goods (money, gifts, etc.) in exchange of occasional or regular sexual services. FSWs and CFSWs are among the key populations in which the risk of acquiring and transmitting HIV is high, as demonstrated by the 2016 IBBS study, with a prevalence of 24.3% among FSWs. For several years, the Global Fund through various projects has been providing efforts to reduce HIV prevalence both in the general population and in key populations. Thus, one of the objectives of New Funding Model 3 (NFM3) is to reduce new infections in key populations. To achieve this goal, HIV testing is conducted by community workers, with the primary goal of early detection of positive cases and their initiation on treatment to reduce the chain of transmission. The early detection of these cases, as represented by the rate of seropositivity, is proportional to the quality of targeting within the FSWs and CFSWs. The targeting of FSWs and CFSWs consist of identifying them within the general population before screening them; an exercise often difficult for community actors, which results in poor targeting and underestimated HIV rates. Thus, in ad-

dition to the other CFSW targeting strategies already in use (network strategy, hot spot strategy,), Care and Health Program (CHP) implemented the SEX and TEST strategy through selected CBOs in Quarter 1 of the year 2022.

1. The Sex and Test strategy is a strategy that involves testing CFSWs during FSW hours. This strategy is used in the hallways of the SWs or any other space in which the sexual service is performed. Directly after the sexual service, the sex worker convinces her client to be tested. When the client consents, he or she is referred to the health care providers on site for counseling and testing. This strategy has the advantage of reaching the intended target, but it requires a lot of financial and material resources to encourage the SWs, who is the center-

piece of pre-test counseling in this context.

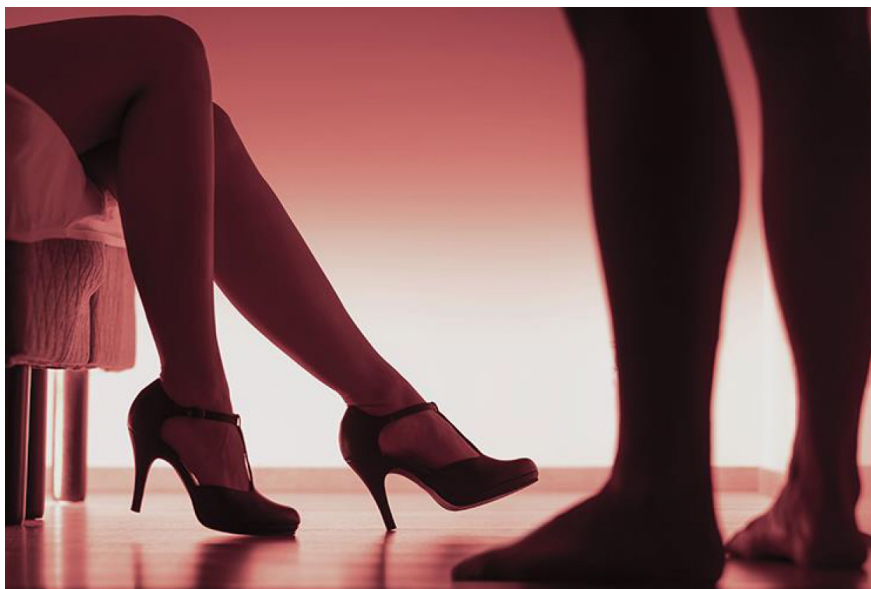
2. During the implementation of this strategy, the main difficulties encountered were

- Financial or material: SW required financial or material motivation (condoms, lubricating gel) before doing the work;

- Operational: Many SW were unable to convince their clients to be tested, many CBOs were unable to implement this strategy during this period;

Nevertheless, CHP continues to build capacity within its CBOs for the efficient implementation of this strategy in future activities.

Dr DJAYA Joëlle (Health Spécialist / CHP)





NFM III LISTENS TO VULNERABLE GROUPS “The Youth Advisor, the youth facilitator”

Since the emergence of HIV/AIDS in the world and particularly in Cameroon, States, International Organizations and Civil Society have set up a set of programs and strategies aimed at reducing the rate of new infections related to this global pandemic. Adolescents and young people, who make up more than half of the world's population, are the most exposed and affected by this disease: more than half of new HIV infections occur among adolescents and young people aged 15 to 24. In Cameroon, the number of people living with HIV (PLHIV) was estimated at 496,506 in 2020 (CNLS 2020 Annual Report, Spectrum 2021), amongst which 461,952 adults aged 15-49. During the same year and according to the same source, 14,140 deaths were recorded for 900 adolescents and

young people aged 15-24 years, compared to 897 in 2019. This vulnerability of young people, which makes them victims of HIV/AIDS, is due to several factors: (i) early sexual activity (ii) lack of information for some and under-information for others (iii) commercialization of sex by young girls in particular (iv) drug use (v) stigmatization, etc.

It is with this in mind that the Global Fund has validated the proposal to provide a Youth Advisor as part of the implementation of the NFM3 project (New Funding Model III, 2021-2023) entitled: «Scale up of HIV prevention to contribute to the reduction of HIV related morbidity and mortality by 2023». The grant is housed at the adolescent and youth community sub-recipient, Presse Jeune Développement.

In the context of this grant, the Youth Advisor is seen as a major and indispensable pawn in the fight against HIV/AIDS. He serves as an intermediary between decision-makers (governments, donors, etc.), community members (health facilities, peer educators, teenage mentors, etc.) and even the beneficiaries (adolescents and youth). He/she advocates so that decision-makers can give the highest priority to investments in youth and make them privileged partners in the fight against this terrible disease. His main mission is therefore to ensure the quality of services offered to adolescents and youth. Specifically, it is a matter of:

- Evaluate the relevance and contribution of the project's services to the well-being of adolescents and youth in the 10 regions of the country;
- Ensure that the specific needs of adolescents and youth, including those from minority population groups, are better addressed;
- Prepare and facilitate meetings with partners to mobilize additional resources for adolescents and youth;
- Contribute to the development of field activities related to adolescents and youth
- Provide expertise in the implementation of field activities to achieve results; etc.

Having a youth specialist in the Global Fund project means the complexity of the HIV issue among adolescents and youth is a major concern.

Audrey AKOA
Youth Advisor/PJD

AIDS: Self-tests

Before the test:

- Do not eat, drink or do any care in the mouth 30 minutes before
- Remove dental products covering the gums (dentist...)

How does it work?

1. Take a saliva sample



2. The sample is placed in a screening fluid

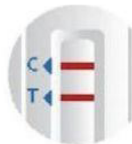


3. If a line appears next to the "C", the test is working properly



4. Results

Negative: no other lines appear
Positive: a line appears next to the "T" showing the presence of HIV antibodies and possible contamination



Efficacy:

- If the test is **negative**: 99.9% reliability
- If the test is **positive**: 91.7% reliability, 8.3% false positives (so need to confirm with a real screening test)

Source: Manufacturer (Oraquick)



hard-to-reach populations. HIV self-testing can be assisted or unassisted. Unassisted HIV-STD is a process whereby an individual collects his or her saliva or blood sample, performs the test by following the instructions in the manual/guide without any assistance. Assisted HIV self-testing is a process whereby an individual collects a saliva or blood sample, performs the test in the presence of a trained provider (health or community) with instructions on how to perform and interpret the self-test result.

Test results can be reactive (indicates that HIV antibodies are present in the sample) and non-reactive (indicates that HIV antibodies were not found in the sample). The methods of distribution of self-tests are direct distribution (self-test kit given to the client by the provider (health or community) without an intermediary and indirect distribution (self-test kit given to the client by an intermediary (Partner)). Tests with a reactive result should be confirmed at the nearest health facility.

The self-testing strategy is guided by the principles of HIV testing services described in the national guidelines on integrated HIV management. HIV self-testing is guided by the core principle of the 5Cs, namely Consent, Confidentiality, Counseling (*Pre and post counseling*), Correct Results, and Connection (links to care including prevention). Self-testing must always be voluntary and informed. The 5Cs principle of screening applies and should be emphasized in self-testing with additional emphasis..

Francis Duhamel NANG NANG
 Health specialist / ACT

IMPLEMENTATION OF HIV SELF-TESTING IN CAMEROON

In Cameroon, 95% of people living with HIV know their status. Since 2020, Cameroon has experienced success in HIV testing. However, epidemiological data show that some targets are poorly covered by this intervention due to stigma and discrimination related to their sexual practices. Faced with the difficulties of identifying new PLHIV, differentiated testing approaches have been developed in order to broaden and adapt the testing offer to the needs of specific groups and territories.

As part of the implementation of

the project «Accelerating prevention of new infections among key populations to reduce HIV-related morbidity and mortality by 2023», the HIV self-testing strategy recommended by the WHO since 2018 to reach hard-to-reach populations such as Men who have Sex with Men (MSM), Female Sex Workers (FSWs), Drug Users and Injecting Drug Users (DU/IDUs) and Transgender People (TGs) was adopted.

HIV self-testing is an innovative strategy that promotes patient empowerment, it provides hope for reaching the first 95 in