AIDS scenario in Cameroon

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Located in Central and West Africa on the Bight of Biafra, Cameroon has been described as "*Africa in miniature*" as it exhibits all the major climatic and vegetative regions of the continent. Apart from its natural beauty and ethnic diversity (with more than 250 ethnic groups), Cameroon has enjoyed relative political stability, a youthful population[i], a high level of education[ii] and is one of the best endowed natural resource economies in sub-Saharan Africa[iii]. However despite all these advantages Cameroon's potential is literally being eaten into by an inefficient politico-administrative set up[iv] and a raging AIDS epidemic.

Inhabited by humans since the Neolithic age, '*Kamerun*' was absorbed as a German protectorate in 1884. After the defeat of Germany in World War I the colony became a League of Nations mandate territory. It was split into two separate territories under the control of the French and the British. The mandate was later converted into a United Nations trusteeship. The French Cameroon performed much better than its British counterpart, which was being ruled through the neighbouring British colony of Nigeria, and was granted self government in 1958 and independence in 1960 as the *Republic of Cameroun*. In 1961 the southern regions of the British territory joined the independent state to form the *Federal Republic of Cameroon*, while the northern territory chose to join Nigeria. Territorial disputes with Nigeria have persisted over the oil rich Bakassi peninsula in the 1990s with Nigerian troops being forced to withdraw from the area after an International Court of Justice ruling in Cameroon's favour on this in 2006.[v] In 1972, the federation was abolished in favour of the *United Republic of Cameroon*, which was renamed once again as the *Republic of Cameroon* or *République du Cameroun* in 1984. The constitutional republic is a member of the Commonwealth and the LaFrancophone. The elected President is the primary authority as the Head of State and of the Armed Forces, and enjoys a seven year tenure, which maybe renewed. There is also an elected bicameral legislature and a constitutionally independent judiciary.

While Cameroon has enjoyed political stability, this has come at a price of having a single party system for the bulk of its existence as an independent nation. At the time of its independence, bloody insurrections were witnessed, which were followed by a twenty year rule by President Ahmadou Ahidjo whose regime though marked by good economic indicators[vi] was perceived as repressive. His successor Paul Biya has similarly maintained a tight leash on the political system since taking over in 1982, winning yet another seven year term in 2004, amidst allegation of large scale election malpractices. The former president Ahidjo was forced to leave the country in 1983, after being accused of organizing a coup. While the multi-party system was introduced in the 1990s, opposition parties have failed to make much of a mark, even boycotting the elections in 1997. The deficiencies in the electoral system exist despite the commitments of the state

as per the Harare declaration, signed at the time of joining the Commonwealth to ensure free and fair elections. [vii]

Today with a population of 17.3 million and a GDP of USD 16.98 billion, Cameroon, while it fairs better than its neighbours in Sub Saharan Africa, still has very poor development indicators. It is 144th on the Human Development Index with 40.2% of its population below the poverty line and 17.1% living on less than $1 a day. The average life expectancy at birth is 51 years.[viii]

The AIDS epidemic in Cameroon has over the past two decades assumed overwhelming proportions. The Sub Saharan region of Africa, in which Cameroon is located, is the worst affected by the AIDS epidemic, with 25.8 million HIV positive people. The region has just over 10% of the world's population, but is home to two thirds of all people living with HIV. With 13.5 million women, 77% of all women with HIV live in this area. An estimated 2.4 million of the 3.1 million deaths out of HIV-related illnesses in 2005 were in this region, while 3.2 million of the total 4.9 million new infections were from this region. The region also has the highest rate of adult infections at 7.2%.[ix]

The first HIV AIDS case reported in Cameroon was in 1985. The rate of HIV sero-prevalence has since grown at an astronomical rate of more than 22 times in 15 years, from 0.5% in 1987 to 11.8% in 2002 in the sexually active population (adults from 15 to 49). The current estimate as per the WHO is 4.8 – 9.8%[x] with the Demographic Health Survey reporting an overall population infection rate of 5.5%. Cameroon now finds itself in the 25 most infected countries in the world. Prevalence varies from one province to another: the epidemiological data from the surveillance activity for 2002 show that prevalence reaches 17% in Adamaoua province, as against 6% for the Western province.[xi] The prevalence of the disease is far higher among women than men, with 7% of women in Cameroon being infected with HIV, almost double the 4% rate among men, according to the latest Demographic and Health Survey (CDHS), conducted from February to August of 2004. The primary reason for this is the poor status enjoyed by women, as indicated by Cameroon's gender related development index rank of 109.[xii] The most vulnerable groups include sex workers, truck drivers, mobile populations and military personnel. Young people are highly affected – a third of Cameroonians infected are 15–29 years of age.[xiii]

Apart from the figures and factoids, the human face of the tragedy is reflected in the high prevalence of charlatan healers and quacks who thrive on the desperation of people, to cheat them of large sums of money, often inspite of the availability of anti-retro-viral therapy.[xiv] There are many obvious socio-economic and legal hurdles which aggravate the spread of the disease. For example the criminalization of homosexuality has doubly victimized this social group, with homosexual prisoners being subject to sexual abuse and a consequent high risk of being infected with HIV.[xv] The disease is often transmitted in a vicious cycle, with traditionally subjugated and destitute sections of society becoming active feeding grounds for the disease.[xvi]

The main administrative structure in place for co-ordinating the HIV response at the national level is the National AIDS Control Committee (CNLS), which was established by decree in 1988. It is one of the three special directorates under the Ministry of Health. The CNLS is presided over by the Minister of Public Health and has representatives from technical ministries, NGO networks, associations of people living

with HIV, partners in development, civil society representatives and representatives from religious groups.[xvii] As a part of the decentralization effort there are agencies at the provincial, communal and local levels. The executing agencies are the Central Technical Group at the central level, the provincial technical groups in the ten provinces and the corresponding agencies at the communal level.

The government has sought to promote universal access to treatment through the creation of approved treatment centres, affiliated treatment centres and district management units across the country and by reducing the costs of testing, treatment and laboratory follow-up through subsidies. Cameroon has 166 district hospitals, health centres and clinics that provide treatment for sexually transmitted infections and opportunistic infections, HIV testing, psychosocial support to people living with HIV/AIDS and prevention counselling.

The country developed national treatment guidelines and a Multisectoral plan for decentralizing the provision of antiretroviral therapy in 2004–2005 in collaboration with the National AIDS Control Committee and WHO. This plan was to scale up antiretroviral therapy to 36 000 people by the end of 2005 in 83 treatment centres across the country. It focuses on strengthening the human resource capacity in these treatment centres and increasing the involvement of *community-based* groups in scaling up access to treatment. Similar community based initiatives are also being taken up by non-governmental organizations working in this area.[xviii] By September 2005, 1825 health workers and 486 community supporters had been trained to deliver antiretroviral therapy in accordance with international standards. Efforts have been made to expand voluntary counselling and testing, but the existing structures remain inadequate to meet the growing demand. As of September 2005, the number of HIV testing and counseling centres were 89. The Multisectoral plan also reinforces the UNAIDS "*three ones*" principles of *one agreed HIV/AIDS action framework that drives alignment of all partners; one national AIDS authority with a broad-based multisectoral mandate;* and *one agreed country-level monitoring and evaluation system*. Protocols for HIV surveillance have been developed. The *National Multisectoral Strategic Plan for HIV/AIDS for 2000–2005* provides for decentralized provision of antiretroviral therapy in 2004–2005 which will be coordinated at three levels – district, provincial and central. Agencies supporting overall planning and management of activities include WHO, UNICEF, the World Bank, the French Cooperation and the German Gesellschaft für Technische Zusammenarbeit (GTZ).[xix] In 2002, the Government of Cameroon reduced the cost of antiretroviral therapy by 53% through a subsidy totalling US$ 1 230 770, reducing the average treatment cost from US$ 73 to US$ 34 per person per month. Since then, the cost of drugs has been substantially reduced with financial support from the *Global Fund to Fight AIDS, Tuberculosis and Malaria*. The cost of antiretroviral drugs declined from US$ 42 per person per month at the beginning of 2004 to US$ 10 per person per month in October 2004. [xx]

Yet despite all these efforts the problem still looms large. The key link to the HIV problem in Cameroon is the need for greater *awareness* and to build a *stronger health system*. Despite high levels of infection, awareness about the methods of prevention among youth remains low. Ironically women who are at a higher risk were less aware with only 27 % being able to identify accurately the methods of prevention of the disease as opposed to 35% among men. [xxi] The most disturbing trend is the greater prevalence of the disease amongst the educated and socio-economically more advanced class of men

and women. 8.2% of women with a secondary school education or higher were likely to be infected, compared with 3.4% of women with no education. For men, the results are respectively 4.3% and 2.7%. The risk of HIV infection is more than three times higher for relatively wealthy households than among those living in the poorest households. Women age 20-39 are the most at risk for infection (8% to 10%), compared with men age 30-39 (8% to 9%). HIV prevalence reaches 12% for women age 23-24.[xxii] Such ignorance fuels the disease and heightens the strong stigma attached to it, which prevents people from testing for it and receiving proper treatment. The Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO) AIDS Epidemic Update of 2005 reported that a comprehensive response involving both prevention and treatment centred approaches would reduce the rate of new HIV infections in the Sub-Saharan region by 55%.

While Government commitment to the issue of AIDS has been strong since the beginning, the frailty of the public health systems has proved to be a major stumbling block. An example of this is the fact that in 2005 only about 400 of the 15,000 to 40,000 children believed to be HIV-positive in were receiving the treatment they needed, despite the drugs being available at no cost from the government. [xxiii] As per statistics provided by the World Health Organization, as of June 2005 the total number of people receiving Anti-Retroviral therapy was 17, 940 while the estimated number who were not receiving any treatment were 108,000. The WHO has also stressed on the need to strengthen the health system, both in terms of human resource and infrastructure capacity, especially at the district level. Cameroon needs additional resources to expand the subsidized provision of antiretroviral therapy beyond pilot projects and to sustain treatment access programmes in the long term. The WHO estimates that between US$ 82.8 million and US$ 86.5 million was required to support scaling up antiretroviral therapy in Cameroon for 2004–2005 to meet the WHO "3 by 5" treatment target of 42 500 people. The system for procurement and supply management of drugs and diagnostics also needs to be strengthened. Monitoring and evaluation and health information systems also need to be enhanced. Increased community participation will support treatment adherence and help reduce drug resistance.

An important aspect to institute both the abovementioned changes is the need to partner with local communities which would be instrumental in spreading awareness, removing taboos and ensuring greater monitoring and surveillance of the disease.

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[i] In mid 2006, 43% of Cameroon's population was estimated to be under 15 years of age See http://hivinsite.ucsf.edu/global?page=cr09-cm-00&post=19&cid=CM

[ii] 70% of all children aged between 6-12 years are in school and 79% of the Cameroonian population is literate, the country has one of the best education systems in Africa See http://en.wikipedia.org/wiki/Cameroon

[iii] See CIA, "The World Factbook", available at http://www.cia.gov/cia/publications/factbook/print/cm.html Cameroon's economy for the first quarter of a century after its independence was one of the most prosperous African economies. See ibid 3.

[iv] In the area of governance, the 2004 report by the NGO Transparency International ranks Cameroon as the world's 18th most corrupt country, with justice perceived as the worst sector. See Foreign Affairs and International Trade, Canada, , March 18,2005, http://www.dfait-maeci.gc.ca/africa/cameroon_background-en.asp

[v] See *BBC Country Profile – Cameroon*, 12th December 2006, available at http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/country_profiles/1042937.stm

[vi] See ibid 3
[vii] See ibid 6
[viii] See http://hivinsite.ucsf.edu/global?page=cr09-cm-00&post=19&cid=CM
[ix] See The Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO) AIDS Epidemic Update of 2005
[x] See *WHO Country Profile Summary for HIV AIDS treatment*, available at http://www.who.int/hiv/HIVCP_CMR.pdf
[xi] See *Country Coordinating Mechanism Case Study Documentation Cameroon*, CREDES Report prepared for the Global Fund ATM and Financed by the French Ministry of Foreign Affairs, May 2004
[xii] The "*gender related development index*" reflects inequalities between men and women using unweighted average of three component indices: life expectancy, education index, and income index. See Cameroon Comprehensive Indicator Report available at http://hivinsite.ucsf.edu/global?page=cr09-cm-00&post=19&cid=CM
[xiii] See ibid x
[xiv] *CAMEROON: Stigma helps charlatans selling AIDS cures to flourish*, IRIN News Service available at http://www.plusnews.org/AIDSreport.asp?ReportID=6303&SelectRegion=West_Africa&SelectCountry=CAMEROON
[xv] *CAMEROON: Imprisoned homosexuals face high HIV risk*, Irin News Services available at http://www.plusnews.org/aidsreport.asp?reportid=6439
[xvi] Two contrasting examples of this can be seen in the case of incidents relating to the spread of the disease among prisoners and the violation of their rights in not receiving proper treatment. See *CAMEROON: Tuberculosis and AIDS soaring in prisons*, Irin News Services, available at http://www.plusnews.org/AIDSreport.asp?ReportID=5710&SelectRegion=West_Africa&SelectCountry=CAMEROON Even economic opportunity often leads to the spread of the disease as seen in the case of the accompanying rise in HIV rates with the spread of the tourism industry as this has spun off to a thriving sex trade. See *CAMEROON: Kribi, a small paradise for tourists and AIDS*, Irin News Services, available athttp://www.plusnews.org/AIDSreport.asp?ReportID=5742&SelectRegion=West_Africa&SelectCountry=CAMEROON
[xvii] See ibid xii
[xviii] CAMEROON: "Aunties" teach pregnant teenagers to prevent HIV/AIDS and STIsi available at http://www.plusnews.org/AIDSreport.asp?ReportID=5769&SelectRegion=West_Africa&SelectCountry=CAMEROON
[xix] See ibid x
[xx] See ibid x
[xxi] See ibid xi. See also ibid x.
[xxii] See Wealthy and Educated Women Are the Most Vulnerable to HIV Infection in Cameroon, Democratic and Health Surveys, September 2, 2005 available at http://www.measuredhs.com/aboutdhs/pressroom/Release_archives/050902-cameroon.cfm
[xxiii] Access to HIV/AIDS Prevention, Treatment Still Limited for Children in Africa, Nov 15, 2006, available at http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=4&DR_ID=41076