Cameroon:

Key Populations' Strategic Priorities

Introduction

Cameroon has an estimated 475,955 people living with HIV (PLHIV), which corresponds to an overall HIV prevalence of 1.65%[1]. 90% of PLHIV know their HIV status, 99% of PLHIV are on antiretroviral therapy (ART) and 89% are virally suppressed[2]. The country's HIV program was supported through a collaboration of the National government through the Ministry of Health (MoH), PEPFAR, Global Fund (GF) and the communities of PLHIV and key populations (KPs).

The country relied greatly on external support for the HIV program as the expenditure rose and domestic spending remained low. The HIV epidemic response was largely funded by PEPFAR and Global Fund. The government of Cameroon contributed through user-fees elimination and reimbursements, HRH, and other infrastructural investments[3].

The PEPFAR KP program relied on the GF for its testing commodity needs, including HIVST, HIV rapid test kits (RTKs), and sexual transmitted infections (STI) kits. However, challenges with stockouts continued to affect viral load (VL) testing services creating backlogs. Stigma, discrimination, human rights, and structural barriers also affected access to services for KP communities at the health facility.

Through donor, national government and community collaboration, KPs were able to benefit from access to testing, treatment, care, prevention, the establishment of community centres and capacity strengthening among others. To reach KPs in the community with services, the country implemented partnerships between health facilities and community drop-in centers (DICs) to implement community ART initiation consistent with national guidelines to improve same-day initiation and linkage rate among KP and further progress toward HIV epidemic control.

The funding cuts have, however, greatly reduced the successes the program has reached KPs. The ongoing Integrated Bio-Behavioral Survey (IBBS) expected to be completed in late 2023, and provide up-to-date epidemiological estimates and programmatic coverage estimates is yet to be completed.

Prevention and treatment offered to KPs in the community ground to a halt as community organisations providing critical services were terminated. Vital disaggregated data that was collected at KPs friendly sites is no longer available as the sites have been terminated leading to a massive gap in data on KPs. KPs are either being forced to seek services are general health facilities where stigma and discrimination is a challenge or overstretched community sites with no funding and fewer volunteer health workers.

Innovations such as CLM that ensured that communities were able to evaluate the quality of services offered to peers was terminated leaving the program unable to review the services provided.

What does the data say about HIV prevalence among KPs in Cameroon?

- **FSW:** 24.3%
- **MSM:** 20.7%
- **PWUD:** N/a
- **TGs:** N/a

Where was Cameroon on the 95/95/95 track?

90% of PLHIV know their HIV status, 99% of PLHIV are on antiretroviral therapy (ART) and 89% are virally suppressed.

[1]Spectrum 2023 [2, 3] Cameroon Country Operational Plan 2023 Strategic Direction Summary

The KP organisations have identified priorities for sustaining effective programming in the context of severely constrained resources and a costed strategy for essential elements designed to prevent further collapse and restore critical services, as detailed below.

KP Community Core Priorities

1. Antiretroviral Therapy (ART) and Service Continuity

Prior to the funding cuts, the program offered same-day ART initiation for clients testing HIV positive and ensured continuity and complementarity of HIV services for KP reached and tested through the community program. KP clients were referred to clinical settings through a "handshake model" which ensured active referral. The program also planned to improve integrated health services offered in most DIC while advocating for community ART initiation and support community ART adherence support and home based care where necessary to ensure viral suppression among KPs.

The country faced challenges of essential medicines and supplies due to commodity stock outs at the national and sub-national levels limiting scale up of DSD implementation, especially MMD, community distribution and wide-scale viral load testing due to stockouts of testing reagents etc. Strengthening of viral load sample collection at the community level, reinforcing the laboratory-to-clinic interface, improving monitoring sessions to reduce backlog and viral load turnaround time, providing transport reimbursement to clients who come for collection of viral load, providing communication credit to viral load reference labs to communicate critical results, and revising Diagnostic Network Optimization (DNO) to address gaps in viral load testing, equipment distribution, sample transport and operationalization of lab networks where key plans in COP23.

All these responses have now been affected by the funding cuts reducing Cameroon's ability to respond effectively to the second and third 95. People living with HIV/AIDS no longer have access to treatment due to the closure of certain community centers linked to the termination of the CHILL project. Community liaison officers responsible for monitoring people undergoing treatment lost their jobs when the CHILL project was terminated.

Non-negotiable Priorities:

- **Scale up access to ART commodities for KPs living with HIV.** Ensure access of ART to KPs across the country to retain KPs living with HIV on treatment.
- **Strengthen the supply chain to ensure there are no commodity stockouts** at the facilities across the country by improving access to viral load, testing, reagents etc.
- **Continue and expand the multi-month dispensing of ARVs,** ensuring KPs have access to longer dispensing of ART.
- **Reduce stigma and discrimination** to protect KPs from human rights violations by training health workers in general facilities on KP service delivery and program management.
- **Strengthen community ART delivery models for KPs** through community-led and safe platforms.KPs no longer have access to treatment through community dispensing centers due to the withdrawal of liaison counselors.

Strategic Element	Current Status	Annual Funding Required	Key notes
ART Commodities	Limited supply	$140,000	The commodities are in limited supply and prone to stockouts
Commodity supply chain	Challenges with supply	$18,439	The supply chain needs to be fixed to reduce stockouts of commodities and increase MMD, VL, testing etc
KP-friendly public sites	Limited KP sensitivity	$387,953	Support mentorship and training for providers on KP-friendly services to reduce stigma and discrimination
community ART delivery models for KPs	Terminated	Costed under community infrastructure	Support community structure to increase adherence and retention

ART Funding Gap: Approximately $546,392 annually to restore comprehensive, peer-supported ART services for KPs.

What is the cost of inaction? The support of ART access for KPs is crucial for the success of the HIV program. KPs living with HIV without access to ART are unable to remain adherent and not transmit HIV to partners. Supporting the ART program to provide ART is key to ensuring viral suppression.

2. Primary Prevention

The KP prevention program had a large community based focus and used peer education to promote and provide various services and the peer-led prevention program to reach and mobilise KPs, and sexual partners with the prevention services.

Before the funding cuts, PEPFAR offered KPs, their clients and partners a package of core interventions, including behavior change communication, with a focus on risk avoidance, empowerment and life skills development, risk assessments and risk reduction counseling, SRH/FP education and services, including condom and lubricant use promotion and distribution, and other contraceptive methods, positive parenting interventions, HIV testing and counseling, primary prevention of sexual violence and post-violence care, PrEP for eligible beneficiaries, prevention and management of comorbidities, including TB, STIs and other OIs and treatment literacy and adherence for KPLHIV.

KPs reached with prevention services were screened and tested for HIV (HIV testing and HIV self-testing (HIVST) at the health facility or in the community and options such as index testing and social network strategy (SNS) were also used to find more KPs. The prevention program has relied on the Global Fund for testing commodity needs, including HIVST, HIV rapid test kits (RTKs), and STI kits. However, the program suffered from frequent stockouts of commodities.

National guidelines only allowed PrEP for MSM and FSW aged 21 years and older in a limited number of geographic locations and work was underway to change policy to increase access to and availability of PrEP for more KPs within wider geographic settings. PEPFAR, Global Fund and the PWID community were also collaborating to ensure that PWIDs has access to prevention services by advocating for policy change to ensure access to needle exchange and possibly drug substitution therapy.

After the funding cuts, all of the prevention infrastructure supported at the community, or by community led and based organisations, ground to a halt. The losses also include incapacity of KP communities to get access to prevention in friendlier sites. Very little PrEP is available in Yaoundé and Douala in public hospitals, and CBOs no longer have any PrEP in stock. PrEP was only available in Cameroon for key populations through the CHILL project whose termination had contributed to the closure of CBOs providing this service.

Readiness for Injectable PrEP Rollout

Joint efforts between PEPFAR, Global Fund and implementers were underway prior to January 2025 to work with the national government to set up the country for the introduction of two-monthly long-acting injectable cabotegravir (CAB-LA) as an additional method of PrEP. Several studies to date have shown that adding options for clients improves overall uptake and use of prevention. This work was meant to expand and improve access to prevention overall, and would have helped pave the way for eventual introduction of six-monthly injectable lenacapavir (LEN). Cameroon is not currently on the early adopter lists for LEN, but with the previous extensive community driven service delivery, the country would be a strong candidate to advance LEN introduction in west Africa. Implementing injectable PrEP would require a platform for service delivery, which means some form of services need to be restored from the halt that occurred with the interruption in PEPFAR funding.

Non-negotiable Priorities:

- **Restore oral PrEP access, introduce injectable PrEP**,reverse coverage declines and meet current demand among KPs.
- **Support policy change to ensure that more KPs have access to PrEP**. Change policies to reduce age and geographic restrictions to PrEP.
- **Restore KP community sites:** Prioritise operational support for KP-focused prevention service delivery sites to increase PrEP initiation and retention.
- **Train health providers on KP-competent prevention:** Strengthen capacity of public and private sector providers to deliver non-judgmental, evidence-based prevention services tailored to KP needs.
- **Stop stockouts of prevention commodities.** Ensure access to prevention commodities by supporting commodity purchase and distribution.
- **Expand condom and lubricant distribution:** Scale up peer-led outreach programmes to ensure consistent availability of condoms and lubricants in high-burden areas.
- **Support harm reduction programmes:** Create policy and ensure roll out of harm reduction options such as needle and syringe exchange services and opioid substitution therapy (OST) in drop-in centres serving PWUD to reduce HIV transmission risks.
- **Create policy and demand for long acting PrEP:** Create foundational systems to ensure the introduction of injectable Lenacapavir and CAB-LA for PrEP among KPs.

Strategic Element	Current Status	Annual Funding Required	Key notes
Prevention service delivery for KP-led prevention sites	Services disrupted across KP centres	$2,899,230	Restore closed KP prevention sites with peer support to increase access
KP-serving public sites	Unsafe	$2,129,627	Sensitise health workers at general health facilities on KPs and quality friendly KP service delivery to reduce stigma and discrimination
Oral PrEP Commodities	Frequent stockouts	$5,927,726	Include supply chain and last-mile delivery
Len PrEP Commodities Both CAB&LEN	Yet to be introduced	$597,029	Include supply chain and last-mile delivery
Prevention Commodities	Supply chains disrupted	$363,124	Condoms, lubricants, and HIV self-testing kits distributed through community networks
MAT sites, Safe Injecting Equipment	Policy gaps hindering access	$312,600	Support policy change and access to commodities
MAT Commodities	Policy gaps hindering access	$92,400	Support policy change and access to commodities
Demand creation and awareness building	Prevention Demand Creation	$183,900	Expand demand creation to ensure uptake of PrEP commodities
Support for revision of guidelines	Policy gaps hindering access and expansion	$13,900	Revision and expansion of policy to increase uptake

ART Funding Gap: Approximately **$12,519,536** annually to restore comprehensive prevention services with peer support networks.

What is the cost of inaction? Prevention is a key part of HIV service delivery. Offering prevention options to KPs ensures a lower HIV incidence rate and ensures that those most at risk are protected. Commodity stockouts and now loss of funding reduces the protection that communities have and will lead to more HIV infections.

3. Sexual Transmitted Infections

Managing STI among key populations in Cameroon was also a key program requirement. Prior to the funding cuts all KP groups were tested using dual HIV-syphilis testing to ensure adequate integration of case finding and STI management. PEPFAR Cameroon also supported the creation of guidelines, standard operating procedures, and training on dual testing.

Non-negotiable Priorities:

- **Ensure 100% STI service delivery to reach all KPs with STI services** including screening and treatment.
- **Ensure access to STI screening and treatment commodities** is available easily in the community especially among KP led organisations as part of comprehensive services.

Strategic Element	Annual Funding Required	Key Notes
Service delivery	$150,429	Include management and follow-up
STI treatment	$1,103,400	Including commodities
STI lab monitoring	$367,800	Including lab commodities

Sexual Transmitted Infections Gap: Approximately **$1,621,629** annually to restore comprehensive STI screening, prevention and treatment.

4. Community Infrastructure

Prior to the funding cuts, Cameroon faced challenges with human resources for health (HRH). The challenges included recruitment, training, deployment, and retention of qualified health providers. There were challenges of ensuring the right number and skills mix of health workers, equitable geographic distribution, continuing education and training for public, private sector and community health workers and high staff turn-over, all affecting program implementation efforts. PEPFAR and MOH in COP23 were collaborating to build HRH capacity at the national and sub-national levels to support integrated service delivery.

The KP HIV program greatly relied on the community infrastructure to find, test and retain KPs. DICs, hotspots, mobile testing and social gatherings known as “chill-ins” and “grins,” made up the interventions that had the greatest yield. The peer-led support through peer leaders and peer educators also ensured the KPs were the points of contact to reach and mobilise their sexual partners to access services and provide provide counseling to KP partners and information for those who return for confirmatory tests, refer those who test positive on self-tests to local facilities for a confirmatory test through the through a “handshake model” (denoting active referral) and provide support within the community.

Testing options such as index testing and social network strategy ensured that the communities themselves share information about their sexual partner to increase HIV awareness. Eligible KPs received HIVST kits to distribute to their hard-to-reach contacts and testing HTS was offered during MSM community social events, to find KPs who were fearful of direct contact notification.

Through community leadership, PEPFAR intended to strengthen health facilities to provide KP-friendly services (stigma free, non judgmental, with extended and weekend hours) to KP who prefer to seek HTS at a health facility.

PEPFAR-supported community and clinical sites ensured provision or referral to GBV services for victims or potential victims, distribution of self-test kits, HIVST by care providers, KP peers and community health workers at both facility and community levels. The partnership model between health facilities and community drop-in centers (DICs) was used to implement community ART initiation consistent with national guidelines, which improved same-day initiation and linkage rate among KP and further progress toward HIV epidemic control.

PLHIV who are KP face additional stigma related to their sexual identity, behavior and their HIV status. Plans to reduce stigma and discrimination included aligning with the National HIV Strategic Plan to support the national government to reduce stigma at service delivery points of health clinics, DIC, and other community setting by training and retraining healthcare workers and community health workers to provide person-centered and friendly stigma-free HIV services, dedicating physical space to improve privacy and confidentiality, educating patients about their rights, implementing systems and procedures to address issues around stigma, disseminating messaging that curb stigma and discrimination such as U=U, providing stigma-free GBV prevention services at community and clinical sites, providing post-GBV clinical care to survivors at clinical sites;and expanding and leveraging CLM of services for all KP. The 2021 annual report on violence against Cameroon's lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) population published by the LGBTQI+ CSO consortium, Unity Platform, indicates that sexual and gender minorities continue to experience significant human rights abuses and violations. In 2021 alone, 4,116 cases of violence were documented, 71% of which were psychological (blackmail, insults, defamation, hate speech, family rejection, discrimination, forced marriage, ban on seeing one's child or partner, conversion therapy, outing), 16% were of a physical nature, 9% were economic, and 4% constituted sexual violence.

PEPFAR initiated KP community-led monitoring in COP22, to support efforts to ensure high quality service were provided at both community and facility sites to KP. CLM highlighted critical barriers such as user fees, stigma and discrimination, and patient experience. The KP-led CLM program was implemented through local entities who collaborated with KP peers, unassociated with PEPFAR implementation, to provide information specifically on services targeting KP in community and facility settings. Overall, PEPFAR Cameroon CLM covered more than 400 health facilities and more than 10 community sites in 147 districts across the 10 regions of Cameroon, reaching a combination of PEPFAR-supported and non-PEPFAR-supported healthcare service sites.

After the funding cuts, PEPFAR supported community service delivery was greatly affected. Community clinics, outreach, peer education, peer educators are no longer supported. Several dedicated community centers have closed or reduced their hours, compromising the confidentiality and safety of users, particularly MSM, transgender people, and sex workers (SW). The remaining safe spaces continue to enforce strict confidentiality protocols, but are now fewer in number and overcrowded.The peer-navigator model, once highly effective, has now been weakened. The majority of community navigators have been disengaged or reduced to unsupported volunteer work. KPs are now forced to go back to public health facilities for services despite the stigma and discrimination. Interventions such as CLM that ensured the quality of services were also terminated.

Key Estimates of Reductions (January-June 2025):

Area of Impact	Estimated Reduction	Narrative Explanation
Peer navigators/Outreach workers	Reduction	All outreaches were terminated reducing ability to find community members
Outreaches	Reduction	All outreaches were terminated reducing ability to find community members
Drop-in centres	Reduction	All PEPFAR-funded drop-in centres terminated, significantly reducing safe space availability
Community-led monitoring programmes	Reduction	All PEPFAR-supported CLM programmes due to loss of training, tools, and coordination support
Community infrastructure reduction	Reduction	All PEPFAR community infrastructure were terminated

Non-negotiable Priorities:

- **Scale up the national KP coalition or network with capacity** to convene, consult with and mobilise communities by supporting the finalizing of the establishment of the network of KP organizations.
- **Restore the peer cadres and outreaches** that were significantly weakened, to strengthen peer-led prevention, testing, initiation, treatment and adherence support and tracing to re-engage those lost to care after service disruptions.
- **Restore institutional support systems for KPs.** Restore and fund KP-led service delivery and rebuild the capacity for HIV prevention and treatment response among KPs.
- **Strengthen the advocacy for a safer legal environment for KPs and sexual and gender minorities.** Increase uptake of services by ensuring safer site delivery.
- **Restore CLM programs** to ensure that communities have the ability to monitor the quality of services offered to peers and improve the programs outcomes.
- **Restore health staff to facilities**. The staff at health facilities were already few and the funding cut will lead even fewer staff increasing longer wait times and stigma

Strategic Element	Current Status	Annual Funding Required	Key notes
KP-led drop-in centres including Outreaches	All PEPFAR-funded centres terminated	$735,600	Drop-in centres are needed to ensure safe spaces for KPs
Outreach Workers	100% reduction	$1,434,420	Maintain outreaches workers to improve KP reach
Peer cadres	100% reduction	$5,517,000	Peer education programmes are needed to increase service to KPs
Staff support	Extremely Limited	$4,000,000	Restore the capacity of KP led organisation to hire staff, including clinical staff
Community-led monitoring	Completely eliminated	$919,500	Restore CLM capacity with training, tools, and coordination mechanisms
Human rights & legal protection	All PEPFAR support eliminated	$321,825	Violence prevention and response, legal aid, law enforcement engagement, and human rights monitoring across priority counties.
KP Network support	Limited	$119,535	Coordination of KP organisation and KP programmes.

Community Infrastructure Funding Gap: $13,047,880 to rebuild essential community systems and protective mechanisms.

What is the cost of inaction? Cameroon relies heavily on complementary community infrastructure to find, link and retain KPs. The loss of PEPFAR fund means the loss of this critical infrastructure whose result will be a loss of KP data, KPs seeking services and a great reduction in the quality of service delivery leading to KP disengaging from care.

5. Data and Monitoring Systems

Prior to the funding cuts, PEPFAR was collaborating with the national government, Global Fund and other stakeholders to facilitate robust and resilient public health systems at national, regional, district and facility levels.

After the funding cuts, KP data collected at the community level was lost due to the closure of KP sites. The KP IBBS and size estimation study for KP was underway but the results are yet to be shared.

Key Estimates of Losses (December 2024- March 2025):

Area of Impact	Estimated Reduction	Narrative Explanation
Data Disaggregation	Complete loss	Data tools no longer disaggregated for KPs; no access to up-to-date KP-specific data.
Data collection and entry	Partial loss	Key data collection staff were terminated impacting data collection and reporting efforts
IBBS	Data not released	Data was collected but results are yet to be finalised and released

Non-negotiable Priorities:

- **Restore high-quality, disaggregated data** for an effective prevention and treatment programme for KPs.
- **Restore staff who supported data collection.** This includes data clerks, health records and information officers (HRIOs) and M&E officers including peer educators and field officers/outreach workers.
- **Finalise and share the results of the IBBS.** The data collection was done, however no new information has been released on the status of the IBBS and its results.

Strategic Element	Current Status	Annual Funding Required	Key notes
Disaggregated data	Not collected	$400,000	Restore high-quality, disaggregated data
Data collection and entry	Terminated	$400,000	Restore data collection staff support
IBBS	Incomplete	$1,905,000	Release PHIA data to support programming

Data and Monitoring Systems Gap: $2,705,000 annually to rebuild data and monitoring

What is the cost of inaction? Accurate, up to date data for KPs is crucial for planning. The loss of KP led and KP friendly CBO data and IBBS data will greatly affect planning and budgeting for KP programs.

Summary of the proposed cost of the Cameroon Key Population Plan

Targeting and Costing Methodology

In Cameroon, the methodology used the national population size estimates from PEPFAR and UNAIDS KP Atlas. Where lacking an estimate for TG, a standard percentage from the region is used. We considered the percentage of KPs that need prevention services (set initially at 90%). We further estimated KP living with HIV using HIV prevalence from PEPFAR or the KP Atlas. Where lacking prevalence data, a standard percentage from the region is used. We had considered % of KPLHIV in need of treatment services (set initially at 100%). To meet the Cameroon budget, the country will focus on 100% of treatment and 100% as indicated below. Prisoners and clients of FSW are not included in the costing exercise.

The itemised costing of each intervention is found on this link: Cameroon Targetting and Costing

Cameroon Priorites	Costs	Total	Cost per target	General costs	GBV	Testing	TX	Biomedical Prev	STI	MAT
Priorites	Costs	**$34,014,938**	$185	$2,489,546	$110,001	$1,454,468	$6,037,706	$21,377,952	$2,545,265	$303,750
	Percent of total			7.32%	0.32%	4.28%	17.75%	62.85%	7.48%	0.89%
		National Targets								
Targets	KP Treatment	**40,500**								
	KP Primary Prevention	**143,400**								
	Total	**183,900**								

Methodology

This rapid strategy and budgeting exercise was designed as a structured assessment process to capture country-level impacts of foreign aid transitions and identify essential services requiring continued investment for KPs. The methodology began with orientation to a standardised Excel worksheet framework designed to systematically capture country coalitions' assessments across three critical domains: ART service delivery, HIV prevention programming, and community infrastructure (including civil society engagement, community-led monitoring, community mobilization, and advocacy capacity).

The assessment process examined three distinct time periods: baseline status at the end of 2024, immediate impacts following foreign aid transitions that began in January/February 2025, and current conditions as of June 2025. Country coalitions collected quantitative and qualitative data through surveys, key informant interviews, organisational assessments, and coalition consultations to document service disruptions, funding gaps, and programmatic changes across these timeframes.

Following data collection, coalitions engaged in facilitated consensus-building processes to analyze findings, identify priority concerns, and develop collective views on current programming status. Through these discussions, coalitions articulated their "essentials"—critical activities, services, and investments necessary to maintain effective HIV responses for KPs in their contexts. This worksheet was used as the basis for a strategy narrative, developed by the GBGMC support team, that included a summary table of priority interventions requiring funding and attention.

The Team

Cameroon Community Advocates

Cameroon KP Communities

Technical Team

Global Black Gay Men Connect (GBGMC): Maureen Milanga, Brian Kanyemba, Kingford Khanyiso, Micheal Ighodaro

Health Global Access Project: Brian Macharia, Asia Russell, Belinda Thibela

Partners

Partners: UNAIDS, KP-TNC, Kenya Key Population Consortium (KKPC), amfAR.

Contributors (research & preliminary drafting): Emily Bass, Brian White, William Miller

Technical contributors: Kent Klindera, Devynn Birx-Raybuck, Meg Densmore, Sarah Ekellogg, Sara Melillo, Ron Macinness and Brittany Parnel

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