Elizabeth Glaser Pediatric AIDS Foundation
Until no child has AIDS.

Alternative Report by the Elizabeth Glaser Pediatric AIDS Foundation Regarding the Universal Periodic Review of Cameroon

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Introduction

1. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), created in 1988, seeks to end pediatric AIDS through research, advocacy, and prevention and treatment programs. In partnership with the Cameroon Baptist Convention Health Services (CBCHS), EGPAF has been working in Cameroon since 2000 to support the development of services for the prevention of mother-to-child transmission of HIV. Since 2016, EGPAF has been working closely with Cameroon's Ministry of Public Health to scale up access to pediatric HIV services and is collaborating with CBCHS on monitoring and evaluation activities to inform strong, high-quality HIV and AIDS care.

2. Cameroon has the second highest HIV prevalence rate in central and western Africa (3.8% of adults), with women and children bearing a disproportionate burden of the disease. Women made up 65% of those living with HIV in 2016, and prevalence among young women (15-24 years) was 2.5 times higher than among young men.[i] Children make up around 8% of the estimated 560,000 people living with HIV in Cameroon, but counted for 12.5% of total new HIV infections in 2016, 11% of deaths from AIDS-related causes, and only 4% of persons on treatment.[ii] While good progress has been made in recent years to prevent mother-to-child transmission of HIV, increased efforts are needed to meet the goal of elimination of such transmission and to bring up the very low rates of HIV treatment for children. In addition to public health challenges, there remain economic, societal, and cultural barriers to an effective HIV/AIDS response for women and children.

3. During the 2013 Universal Period Review of Cameroon, several recommendations were made and supported by Cameroon that, if implemented, could reduce HIV infections among women, children, and adolescents and promote the health of those living with HIV. The recommendations largely fall into the themes of the Right to health, Access to sexual and reproductive health and services, Right to an adequate standard of living, Right to Education, and Violence against women. Progress and challenges in these areas relative to pediatric HIV are outlined below, along with proposals for new recommendations.

The Right to Health (E41)

4. The right to health under international human rights law creates a duty for each country to ensure that quality HIV prevention, testing, treatment, and care services are available and accessible to all persons of all ages living with or at risk of acquiring HIV, on an equal basis. With regards to HIV prevention and treatment among children, states must provide primary HIV prevention for girls and women, family planning for those living with HIV, and appropriate pre-natal and post-natal healthcare for mothers and infants. Children exposed to HIV require early diagnosis, and if living with HIV, rapid initiation on lifelong antiretroviral treatment (ART) plus adherence support and care.

5. After many years of slow progress in preventing new HIV infections among children, Cameroon has recently "registered impressive results" in scaling up prevention of mother-to-child transmission of HIV (PMTCT) services.[iii] After adopting a plan in 2011 to eliminate vertical transmission by 2015, it has been providing free PMTCT services and antiretroviral drugs (ARVs) for pregnant women and working with communities to increase demand for PMTCT services.[iv] Cameroon's 2014-2017 National Strategic HIV/AIDS Plan again strongly emphasizes PMTCT, seeking to put 90% of pregnant women living with HIV on ARVs and to provide 90% of exposed babies with preventive treatment.[v] Such activities plus strong political leadership have led to a reduction in Cameroon's final HIV mother-to-child transmission rate from 26% in 2009 to 13% in 2016.[vi]

6. Further progress is needed, however, to meet WHO's definition of "elimination" of mother-to-child transmission, which requires a final transmission rate of under five percent for breastfeeding populations.[vii] For example, the availability of PMTCT services is still limited, especially in high-impact regions where up to 12% of pregnant women are living with HIV.[viii] Greater emphasis on community-based services could facilitate access to care and raise awareness about the need for HIV testing, treatment, and long-term retention in care.[ix] Male involvement in their partner's PMTCT care has been shown to improve women's retention in care, but is still low in Cameroon due to persisting sociocultural barriers.[x] Further improvements to Cameroon's antenatal care coverage and the presence

of skilled health attendants at birth would also help ensure proper medical support is provided to women during pregnancy, childbirth, and afterwards.[xi]

7. Pregnant girls and women living with HIV must start ART as early as possible in their pregnancy and adhere properly to treatment through the breastfeeding period. In Cameroon, 74% of pregnant women living with HIV received antiretroviral medicines for PMTCT in 2016, up sharply from 40% in 2010.[xii] Yet a much lower proportion of women are staying on treatment during breastfeeding, when transmission risks are still high, leading to an almost doubling of the HIV transmission rate between post-pregnancy (7%) and the end of the breastfeeding period (13%).[xiii][xiv] In order to promote long-term adherence to ART, in 2013, Cameroon adopted WHO guidelines to provide lifelong ART to women once they become pregnant, and in 2016, it adopted WHO's treatment for all policy, which calls for lifetime treatment for all persons living with HIV. Yet women's long-term uptake of ART is hindered by many factors, including denial, fear of side effects, reluctance to accept life-long treatment, the attitude of their partner, and preference for traditional medicines.[xv]

8. Infants exposed to HIV during pregnancy should be tested before two months of age and immediately initiated on ART if positive. In 2016, 50% of HIV-exposed infants were tested for HIV within two months of birth in Cameroon. This represents a sharp rise from the previous several years, though reaching even higher levels is key to the survival of HIV-positive babies, who experience rapid disease progression. Even among those infants tested, the return of results has been taking one to four months in Cameroon, meaning many never receive the diagnosis.[xvi] EGPAF is now working with Cameroon on a project to provide same-day results on early infant diagnosis.[xvii]

9. Children living with HIV in Cameroon have extremely low rates of treatment, with only 18% on treatment in 2016, compared to 38% of adults in Cameroon and 43% of children globally.[xviii] Even among this small group, many children stop treatment, putting their health in great danger. [xix] Without HIV treatment, 50% of children with HIV will die by their second birthday, and 80% will die by age five.[xx] Cameroon's National HIV/AIDS Strategic Plan sought to raise six-fold the number of children on treatment by 2017 by increasing early infant testing, expanding pediatric care to all HIV clinics, increasing proactive HIV case-finding, and improving the capacity for pediatric HIV management among health care workers.[xxi] Other steps needed include increasing awareness in communities about pediatric HIV testing and treatment, making services more youth-friendly, and expanding adherence counselling.[xxii]

10. Improving prevention and treatment of pediatric HIV will also require increasing domestic financing for health, with adequate investment not just in ARVs, but also the quantity and training of the health care workforce, as well as improving supply chain management and strategic information.[xxiii] Under the Abuja Declaration of 2001, African Union heads of state pledged to allocate at least 15% of their domestic spending to the improvement of the health sector, with an emphasis on the fight against HIV/AIDS and tuberculosis. Cameroon should make further progress on this commitment, with only 4.3% percent of public spending allocated to health care in 2014.[xxiv]

11. Costs for HIV testing also create a barrier to prevention and treatment in Cameroon. Public and private health facilities in Cameroon charge for HIV testing for persons over 15 years of age, and in most of the tertiary care health facilities, everyone must pay anywhere from $1 to $18 for HIV testing. And while HIV testing is normally free for pregnant women and children 15 and under, labs often require additional testing before initiating treatment that are not free. Viral load testing to assess whether ARVs are working cost around $10, though the National AIDS Control Committee is working to make these tests free for pregnant women, children and adolescents.

Proposed Recommendations:

12. Ensure access to HIV treatment for all by providing free HIV and related testing

13. Take additional steps to increase HIV testing and treatment for children, including by seeking greater domestic and international support for these elements within the national HIV/AIDS response.

Access to sexual and reproductive health and services

14. Eliminating mother-to-child HIV transmission depends on reducing new infections among adolescent girls and young women, including through comprehensive sexual and reproductive health education and services. In Cameroon, rates of knowledge about HIV prevention among adolescents are low, with only 26% of girls and 30% of boys aged 15-19 able to correctly identify ways of preventing HIV transmission.[xxv] Only 15% of adolescent girls (15-19) and 7% of adolescent boys have been tested for HIV in the past 12 months.[xxvi] Cameroon reported in 2014 an effort to increase sexual and HIV education in schools and communities, and its National HIV Strategic Plan aims to ensure 80% of youth 15-24 years old benefit from comprehensive HIV education.[xxvii][xxviii]

15. Girls and women living with HIV need access to reproductive health services and commodities in order to choose if, when, and how often they want to become pregnant. Yet Cameroon has a modern contraception prevalence rate of only 19.7% and an unmet need for family planning rate of 33.6%.[xxix] Cameroon has committed to improving contraception availability and ensuring quality services, including family planning counselling, training of health workers, and higher levels of funding.[xxx] It has also committed to the AU Maputo Plan of Action on Sexual and Reproductive Health and Rights, which sought universal access to comprehensive sexual and reproductive health services in Africa by 2015.

Proposed Recommendation:

16. Improve access to comprehensive sexual and reproductive health care services, including increased availability of commodities to prevent pregnancy and sexually transmitted diseases.

The Right to Education (E51)

17. Ensuring access to education through secondary school can help prevent HIV among adolescents. The longer girls stay in school, the later they begin sexual relations, get married, or get pregnant; the more likely they are to engage in safe sex practices; and the greater their chance of achieving economic independence – all of which will help protect them from HIV infection.[xxxi] While primary attendance rates are relatively high in Cameroon (87% boys; 84% girls in 2014), secondary school attendance are markedly lower, with only 55% of boys and 50% of girls attending in 2015.[xxxii] Only 32% of girls finish lower secondary education, and 12% of girls finish upper secondary education.[xxxiii] In Cameroon, hidden fees for primary schools, fees for secondary education, a lack of secondary schools, and inadequate sanitary facilities for girls impede access to education. [xxxiv]

Proposed Recommendation:

18. Eliminate school fees and take other steps to raise the rates of secondary school attendance, particularly among girls.

Violence against women (F13)

19. Child marriage creates a particularly high risk for HIV acquisition among girls. Typically, such marriages occur between young girls and older men, who have had several sexual partners and thus a higher exposure to HIV. Child marriages are also associated with higher levels of intimate partner violence, known to increase the risk of HIV, and an unequal power balance that can prevent girls from asking to use protection, seeking HIV testing or treatment, and continuing education.[xxxv] [xxxvi] In Cameroon, 38% of women 20-24 years old were married before the age of 18, with a rate as high as 73% in the north, and 79% among those with no education.[xxxvii] In 2016, Cameroon passed a new penal code that bars marriage of girls or boys under 18 and criminalizes forced marriages.[xxxviii]

Proposed Recommendation:

20. In collaboration with community and traditional leaders, ensure full respect for Section 356 of the 2016 Penal Code criminalizing marriage before the age of 18 and forced marriages.

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