

Cameroon: PMTCT



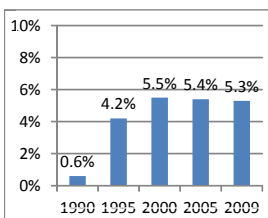
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Statistics, 2010

Estimated # of children (0-14) living with HIV	54,000 [29,000 - 78,000] (2009)[1]
Population	19,522,000 (2008)[3]
Annual births	711,000 (2009)[3]
Neonatal mortality rate	30/1,000 (2004)[3]
Infant mortality rate	95/1,000 (2009)[4]
Under 5 mortality rate	154/1,000 (2009)[4]
Maternal mortality ratio	600/100,000 (2008)[15]
Adult (15-49) HIV prevalence	5.3% [4.9% - 5.8%] (2009)[1]
HIV prevalence young people (15-24)	female: 3.9% [3.1% - 5.4%] male: 1.6% [1.2% - 2.1%] (2009)[1]
Estimated # pregnant women living with HIV	34,000 [18,000 - 50,000] (2009)[2]
Exclusive breast-feeding for infants <6 months	21.2% (2006)[8]
Comprehensive knowledge about HIV (15-24 yrs)	female: 32% male: -- (2006)[5]
Condom use at last higher-risk sex (15-24)	female: 62% male: -- (2006)[5]
Unmet need for family planning:	20% (2000-2007)[6]
% ANC facilities that provide testing and ARVs for PMTCT	79% (2009)[17]
Timing of first ANC visit (months)	No ANC: 16% <4 months: 35% 4-5 months: 33% 6-7 months: 14% 8+ months: 1% (2004)[7]
% of women attending at least 4 ANC visits during pregnancy	urban: 74% rural: 48% overall: 60% (2004)[7]

HIV prevalence among adults 15-49 appears to be declining

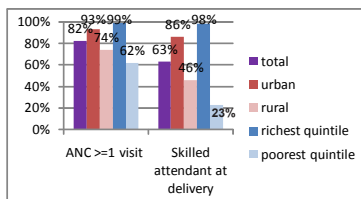
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Overall, 5.3% of adults were estimated to be living with HIV in 2009, though levels among pregnant women were reported to be greater than 7%. [16] 3.9% of young women (15-24) were living with HIV, as compared to 1.6% of young men. [14]

Disparities in ANC and delivery care exist by wealth status and urban-rural residence

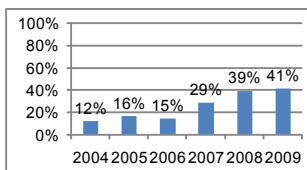
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2006) [8]



Overall, 82% of women received antenatal care and 63% received care from a skilled professional during delivery in 2006, though stark disparities by wealth status and place of residence exist. Among the poorest women, only 23% received skilled attendant care during delivery compared to nearly 100% of women in the richest quintile. Among rural women, only 46% received skilled attendant care at delivery compared to 86% of urban women. With a maternal mortality ratio of 600/100,000, the need for equitable access to care is evident. [15] Timing of care is also an issue that merits concern: >45% of women access ANC after the 3rd month of pregnancy.

Only modest gains have been made in improving levels of HIV testing among pregnant women during ANC

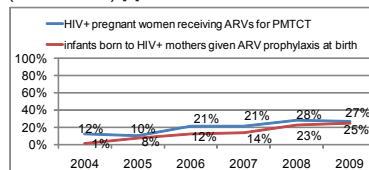
Trends in percentage of pregnant women tested for HIV (2004-2009) [2]



In 2009, an estimated 41% of women were tested for HIV during ANC visits even though ANC attendance (82%) and coverage of testing services in ANC is relatively high (79%).

Only about quarter of women and children in need of ARVs for PMTCT received them in 2009

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT, (2004-2009) [2]



Coverage of ARVs for PMTCT is low (at 27%), though there is evidence that among the mothers that are receiving services, loss-to-follow up of their infants is minimal. Robust efforts will be needed if Cameroon is to meet its national targets for PMTCT by 2015.

National targets by 2015 [9]

- Achieve 80% reduction in the number of new paediatric infections

Strategic Focus of National Plan [9]

- Develop and publicize national PMTCT and paediatric care standards and tools
- Strengthen the health system through decentralisation and training
- Strengthen the implementation and quality of the package of PMTCT and pediatric care services
- Strengthen the community-based health care system.
- Strengthen capacities of laboratories and transportation networks
- Improve the supply system for ARVs and associated PMTCT and paediatric care products
- Strengthen the information system and enhance monitoring, evaluation and operational research.

POLICY ENVIRONMENT

- Costed PMTCT scale-up plan (2011-2015) in place
- No formal sub-national plans, but District Action Plans include PMTCT activities as a major domain.
- WHO Option A adopted [11]

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 3,4 & 5 [10]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 8.1% [6]
- Total Health Financing: [12]
Out of pocket: 68%; Public: 21%; Aid: 7%; Private (pooled risk): 4%

THE BOTTOM LINE

If Cameroon is to achieve national targets for PMTCT in 2015, the following actions are essential:

- ✓ **preventing new infections** among young women & **increasing access to family planning services** among HIV-positive women
- ✓ **improving equitable access** to antenatal care and skilled attendants at delivery. High out of pocket spending on health must be addressed. Government spending on health is below Abuja Declaration Commitments of 15%.
- ✓ **improving quality** and timeliness of antenatal care and PMTCT services.
- ✓ **increasing utilization of PMTCT services** within ANC. The moderately high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.

References



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