

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1] *	5.3% [4.9-5.8%]	2009
HIV prevalence - pregnant women (all ages) ^[2] *	4.4%	2009
Number of women living with HIV delivering ^[3]	28,600	2011
Est. # children (ages 0-14) living with HIV ^[1] *	54,000 [29,000-78,000]	2009
Maternal mortality ratio ^[4]	690/100,000	2010
Est. annual births ^[5]	710,000	2010
Infant mortality rate ^[6]	84/1,000	2010
Under-5 mortality rate ^[7]	131/1,000	2010

Adult HIV prevalence in Cameroon (ages 15-49), estimated at 5.3% in 2009, is higher than that estimated among pregnant women (4.4%). Between 2009 and 2011, Cameroon has had a 24% decline in the number of new paediatric HIV infections—from 8,900 to 6,800^[3].

Overall, the uptake of essential PMTCT services in Cameroon is still limited. Although HIV testing among pregnant women increased from 17% in 2005 to 41% in 2010^[8], approximately half of pregnant women living with HIV (54%) received ARVs for PMTCT in 2011^[3], and only 27% of HIV-exposed infants received ARVs for PMTCT in 2010^[8]. The maternal mortality ratio in Cameroon is high (690/100,000), and in 2010, an estimated 980 maternal deaths were associated with HIV^[4].

Cameroon has developed a costed national MTCT elimination plan (2011-2015) and has adopted the WHO 2010 Option A regimen for PMTCT prophylaxis^[9].

Reaching High Level Targets

Global 2015 Targets

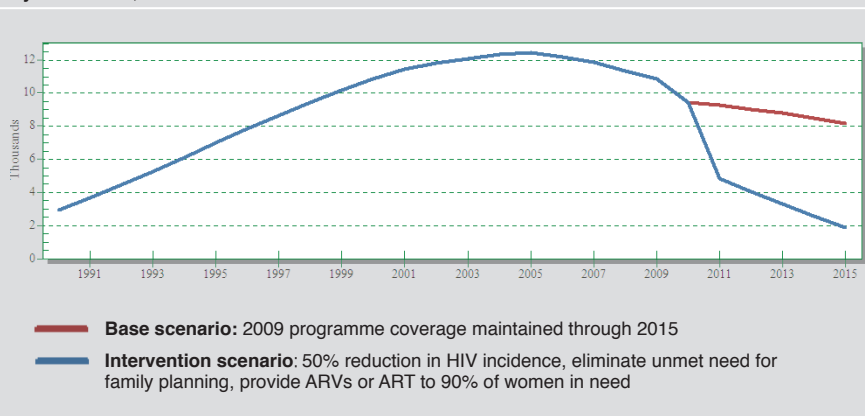
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 10,900 children were newly infected with HIV in Cameroon in 2009. Modeled UNAIDS data indicates that if interventions are scaled up to global plan targets (see Figure 1) between 2010 and 2015, there would be 1,900 new child infections in 2015—an 83% decline in the number of new child infections from 2009^[10].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Cameroon



Source:^[10] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	8,900	—	6,800	—	—	—	—
	Number HIV-associated maternal deaths ^[4]	1,100 (2005)	980	—	—	—	—	—
Child Targets	Percentage of under-5 deaths due to HIV	5% ^[11] (2008)	5% ^[7]	—	—	—	—	—
	ART coverage among children (ages 0-14) ^[3]	11%	—	13%	—	—	—	—
Prong One	HIV incidence in women (ages 15-49) ^[3]	0.46%	—	0.42%	—	—	—	—
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[12]	21% (2004)	—	—	—	—	—	—
Prong Three	Mother-to-child transmission rate ^[3]	29%	—	24%	—	—	—	—
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	20% ^a	—	54%	—	—	—	—
	Breastfeeding ARV Coverage ^[3]	12%	—	20%	—	—	—	—
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	28%	—	42%	—	—	—	—

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[11] *	Female: 3.9% [3.1-5.4%]	2009
	Male: 1.6% [1.2-2.1%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[13]	Female: 68%	2006
	Male: –	–
Male partners of pregnant women attending ANC tested in last 12 months _[14] *	Male: 1.6%	2010
Unintended pregnancies (ages 15-49)	Female: –	–

Key Points

Among young people (ages 15-24), HIV prevalence was more than two times higher in young women (3.9%) than in young men (1.6%) in 2009, and coverage of HIV testing among male partners of pregnant women attending ANC services was very low (1.6%) in 2010. Condom utilization at last sex among young women reporting multiple partners is moderate (68%). However, it is estimated that one out of five women (21%) in Cameroon has an unmet need for family planning_[12].

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

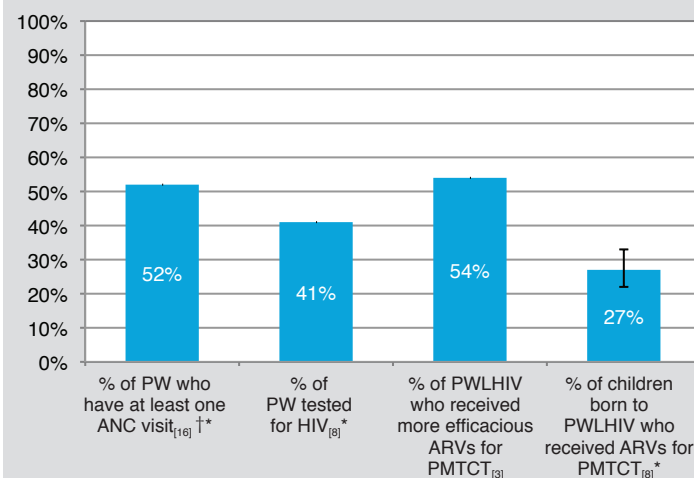
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[12]	No ANC: 16%	2004
	<4 months: 35%	
	4-5 months: 33%	
	6-7 months: 14%	
	8+ months: 1%	
Percentage of women attending at least 4 ANC visits during pregnancy _[12]	Total: 60%	2004
	Urban: 74%	
	Rural: 48%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[8] *	41%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[8] *	27% [22-33%]	2010
Skilled attendant at delivery (%) _[15]	64%	2011
Exclusive breastfeeding for infants <6 months _[15]	20%	2011

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

Survey data suggests most pregnant women in Cameroon (82%) attended at least one ANC visit in 2006, but much fewer are likely to have attended at least four visits, as recommended by the WHO. In 2004, although 83% of women attended at least one ANC visit, only 60% attended four with women in urban areas more likely than women in rural areas to attend four (74% vs. 48%). Only 41% of pregnant women were tested for HIV in 2010, 54% of pregnant women living with HIV received efficacious ARV regimens for PMTCT in 2011_[3], and 27% of HIV-exposed infants received ARVs for PMTCT in 2010.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^{[14]*}	77%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^{[8]*}	16% [13-20%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^{[8]*}	21% [17-26%]	2010

Key Points

In 2010, 77% of pregnant women identified as living with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. Among pregnant women with HIV who received ARVs for PMTCT in 2010, 24% received ART for their own health, and 7% received single dose nevirapine (a regimen no longer recommended by WHO) and 69% received more efficacious ARV regimens in 2010 (see Figure 3). Coverage of early infant diagnosis declined from 26% in 2009 to 21% in 2010. Pediatric ART coverage was 11% in 2009 and 13% in 2011.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^{[14]*}

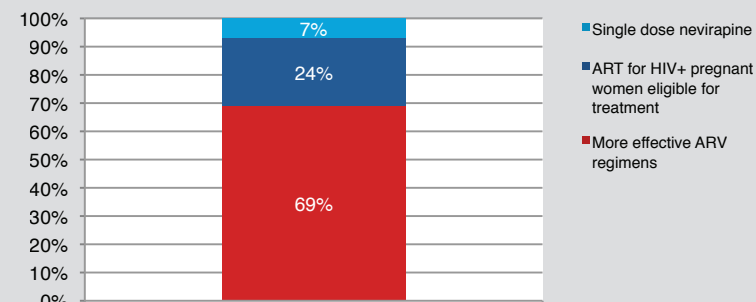
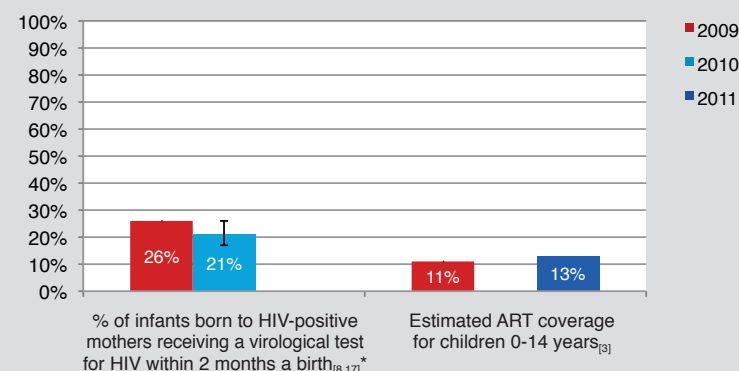


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Limited availability of PMTCT services in primary health care.

Single-dose nevirapine is still in use.

Few infants born to HIV+ mothers receive ARVs for PMTCT, CTX prophylaxis, or are tested for HIV within two months of birth. Few HIV+ children receive ART.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets.

The Bottom Line

If national eMTCT targets for Cameroon are to be met by 2015, the following actions should be considered:

- Expand availability of PMTCT services within ANC.
- Address determinants of low MCH performance—especially ANC retention and access to skilled attendance at delivery.
- Introduce more innovation to improve access to PMTCT services.

Phase out single dose nevirapine and replace with efficacious regimens.

More attention is needed to expanding access to and organizing services for paediatric HIV care and treatment.

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

References:

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- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
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- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
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- 8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 9 Republic of Cameroon, Ministry of Public Health. *Plan nationale d'élimination de la transmission mère enfant du VIH à l'horizon 2015 au Cameroun*
- 10 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
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- 12 Cameroon Demographic and Health Survey 2004, Final Report
- 13 Cameroon Multiple Indicator Cluster Survey 2006, Final Report
- 14 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. unpublished estimates, 2011*
- 15 Cameroon Demographic and Health Survey 2011, Preliminary Report
- 16 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 17 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization