

REPUBLIQUE DU CAMEROUN  
Paix - Travail – Patrie  
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MINISTRE DE LA SANTE PUBLIQUE  
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CABINET DU MINISTRE  
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SECRETAIRIAT GENERAL  
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UNITE DE COORDINATION DES SUBVENTIONS DU FONDS MONDIAL ET  
DES PARTENAIRES DE LA LUTTE CONTRE LE SIDA, LA TUBERCULOSE  
ET LE PALUDISME  
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Comité National de Lutte contre le SIDA  
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Groupe Technique Central  
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Secrétariat Permanent  
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REPUBLIC OF CAMEROON  
Peace - Work – Fatherland  
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MINISTRY OF PUBLIC HEALTH  
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MINISTER'S OFFICE  
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GENERAL SECRETARIAT  
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COORDINATION UNIT OF THE GLOBAL FUNDS AND  
PARTNERS GRANTS FOR FIGHT AGAINST AIDS,  
TUBERCULOSIS AND MALARIA  
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National AIDS Control Committee  
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Central Technical Group  
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Permanent Secretariat  
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## **CAMPSAR:**

Cameroon Mitigation Plan for  
Sustained AIDS Response following the  
USAID/PEPFAR's Suspension

*Plan de Mitigation en vue d'une Riposte  
Soutenable au Cameroun durant la  
suspension de USAID/PEPFAR*

Impact of the suspension of American funding and  
risk mitigation in the fight against HIV/AIDS.

**Version 1: CTG/NACC**

**04 February 2025**

# Presentation Plan

1. Context and Justification
2. Financial Impact and Mitigation
3. Impact on Human Capital and Mitigation
4. Impact on Inputs and Mitigation
5. Programmatic Impact and Mitigation
6. Community interventions and mitigation
7. Conclusion and Recommendations



## Context and Justification (1/4)

- **Cameroon:** Elimination of AIDS by 2030, achieving the 3X95 by the end of 2025.
- **PSN 2024-2030:** Strategic axes (reducing new infections, mortality, and person-centered approaches).
- **MEO PSN 2024-2030:** Participatory approach with financial support from technical and financial partners (PTF) and the Global Fund (FCP).
- **PEPFAR:** one of the major funding sources (38.2% of the PSN budget in 2025).
- **Suspension of USAID/PEPFAR:** decision by the American President (January 25, 2025).
- **Evaluation of the impact on the HIV response in Cameroon:** necessary to mitigate the impact and ensure the uninterrupted continuity of services.
- **Mitigation Plan:** Cameroon Mitigation Plan for Sustained AIDS Response (CAMPSAR)

# Contexte et Justificatif (2/4)

- **Partial waiver of the suspension:** mainly on HIV lifesaving activities



United States Department of State  
Washington, DC 20520

SENSITIVE BUT UNCLASSIFIED

FEBRUARY 1, 2025

**Info Memo for the PEPFAR Implementing Agencies and PEPFAR Country Coordinators**

**FROM:** GHSD – Jeff Graham, Senior Bureau Official

**SUBJECT:** Implementation of Limited Waiver to Pause of U.S. Foreign Assistance for Life-Saving HIV Service Provision

## **Tab 1: Additional details on approved activities under the limited waiver**

For purposes of this limited waiver, life-saving humanitarian assistance applies only to:

- Delivery of life-saving HIV care and treatment services through **support for health workers** (doctors, nurses, and other clinical and community health workers, etc.) delivering or monitoring HIV care and treatment to ensure continuity of service provision. These workers deliver care at hospitals, primary healthcare clinics, faith-based clinics, and community settings.
  - Provision of HIV **testing** for adults and children in community and facility settings.
  - Provision of HIV **drugs** and support to prevent treatment interruptions for adults and children in community and facility settings.
  - Provision of care for **advanced HIV disease**, including CD4 testing (immune function test), prevention and treatment of opportunistic infections, and HIV treatment adherence support.
  - Provision of **HIV viral load testing**, which allows patient monitoring to ensure that HIV drug treatments are effective.
  - Provision of **tuberculosis preventive therapy (TPT)** and Tuberculosis Treatment, as TB is the largest killer of people living with HIV.

# Contexte et Justificatif (3/4)

- **Partial waiver of the suspension:** mainly on HIV lifesaving activities



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- Support for **transportation, storage, distribution, and management of HIV care and treatment commodity supply chain** to ensure timely provision of medications and tests to patients
- **Procurement of HIV medicines and other commodities** required for provision of HIV care and treatment services to prevent stockouts in national HIV programs (e.g., HIV drugs, HIV test kits, early infant HIV tests, viral load tests and lab equipment for clinical monitoring, TB prevention and treatment drugs, opportunistic infection medicines for advanced HIV disease).
- **Prevention of Mother-to-Child Transmission of HIV**, which consists of testing and re-testing pregnant and breastfeeding women, providing HIV prevention services for [pregnant] women who are HIV negative including Pre-exposure Prophylaxis (PrEP) and HIV treatment drugs for [pregnant] women who are positive, HIV testing for partners, early infant diagnosis tests, and comprehensive care for infants.
- Support for **transportation, storage, distribution and management of HIV commodity supply chain** to ensure timely provision of medications for PMTCT.
- Focused data and systems maintenance activities in support of the above areas.
- Reasonable administrative costs as necessary to deliver such assistance and provide oversight and compliance.

This limited waiver does not apply to activities that involve abortions, family planning, conferences, administrative costs other than those covered by above, gender or DEI ideology programs, transgender surgeries, or other non-life saving assistance.



# Contexte et Justificatif (4/4)

- Mitigation plan for continuity of activities (public communication and circular letter, 3 & 4 Feb. 2025)



Le Ministre de la Santé Publique informe la communauté nationale de la **suspension temporaire** des financements internationaux pour une **durée de 90 jours**. Les programmes PEPFAR, principale initiative mondiale de lutte contre le VIH présent dans **55 pays** et couvrant plus de **20 millions de bénéficiaires** et l'Initiative du Président Américain pour le paludisme (PMI) sont également concernés par la suspension.

Face à cette suspension de financement PEPFAR et de PMI, le gouvernement du Cameroun a mené de façon expéditive une **évaluation exhaustive** de l'impact direct et potentiel de cette suspension sur les programmes du VIH/Sida, de la tuberculose et du paludisme et a dégagé des **actions de mitigation** à court, moyen et au long terme pour assurer la continuité des activités de luttres contre les trois maladies.

Tout en exprimant sa gratitude au gouvernement des États-Unis pour de nombreuses années de soutien financier et technique inlassable en faveur des Camerounais et en reconnaissant la récente dérogation spéciale accordée le 29 janvier 2025 pour garantir un **accès continu** aux médicaments contre le VIH pour les bénéficiaires durant cette période d'évaluation stratégique, le Ministre de la Santé Publique rassure le grand public de l'engagement du gouvernement à assurer la continuité des services contre **VIH, la tuberculose et le paludisme**, notamment l'offre des services de prévention, de prise en charge, de soins et de soutien à toutes les populations vulnérables dans toutes les formations sanitaires et les Organisations à Base Communautaires (OBC) affiliées sur l'ensemble du territoire national, sous la coordination des **Délégations Régionales de la Santé Publique** et des **Groupe Techniques Régionaux** des trois programmes respectifs.

Le Ministre de la Santé Publique réitère au grand public les actions anticipées du gouvernement en faveur de la **soutenabilité de la riposte nationale** par l'entremise de la **Couverture Santé Universelle (CSU)** tel que prescrit par le Chef de l'Etat son Excellence **PAUL BIYA**, Président de la République du Cameroun. Par ailleurs, dans un contexte de rareté persistante des financements extérieurs, le Cameroun s'est engagé à l'élaboration d'un **plan de durabilité** de la riposte aux problèmes de santé publique pour une appropriation nationale.

Le Ministre de la Santé Publique invite donc tout le personnel des formations sanitaires et des organisations à base communautaire à poursuivre leurs activités quotidiennes de prestations des services du **VIH/Sida, de la tuberculose et du paludisme** selon les directives nationales en vigueur. /-

Le Ministre de la Santé Publique



CIRCULAR LETTER N° .....  
Regarding the continuity of prevention, care and treatment services for HIV/AIDS, Tuberculosis, and Malaria

- THE MINISTER OF PUBLIC HEALTH  
TO
- Regional Delegates of Public Health
  - Directors of Regional of Regional Hospitals
  - Coordinators of the Regional Technical Groups for CNLS, PLNT, PNLP
  - Chiefs of Health District and Heads of Health Facilities
  - Technical and Financial Partners

The provisional suspension of international funding by the American government for a period of 90 days, referred to as a strategic evaluation period for alignment with the political agenda of the new President of the United States, His Excellency Donald Trump, foresees a temporary interruption of grants allocated to the President's Emergency Plan for AIDS Relief (PEPFAR) and the American President's Malaria Initiative (PMI). This situation has implications for public health programs, particularly those aimed at combating AIDS, Malaria, and Tuberculosis, as highlighted by preliminary evaluation results.

Pending further directives, I request that you take urgent measures to ensure uninterrupted continuity of essential prevention, care, and treatment services for HIV, Tuberculosis, and Malaria in health facilities and affiliated Community-Based Organizations in your respective regions until the situation is regularized, while prioritizing the most vulnerable populations.

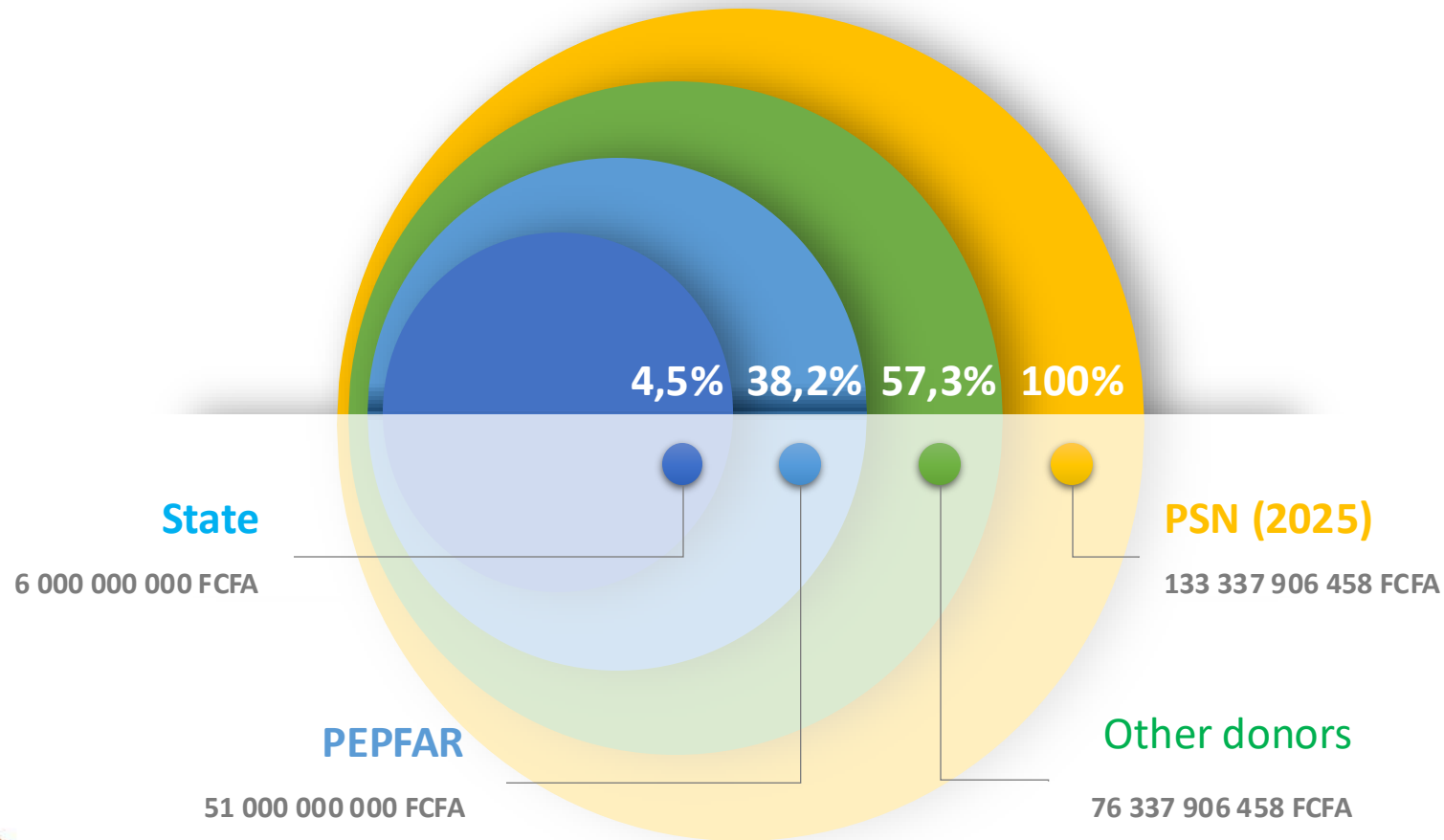
Also, the Regional Delegates are requested to transmit to me, through the UCS-FMP, a comprehensive report of the meetings held with regional and districts teams and measures taken to mitigate the impact the suspension within two weeks. /-

The Minister of Public Health

## Actions de mitigation:

- Short term: 1-3 months;
- Medium term: 3-12 months;
- Long term: beyond 12 months.

# Financial and mitigation Impact



## 1) Immediate Risk:

- **Loss of 51 000 000 000 FCFA!**

## 2) Mitigation measures

- Redefine priority interventions among national response priorities.
- Discuss with the FM the possibility of directing savings (RSS-GC7) to cover high-impact gaps.
- Accelerate the implementation of interventions within the RSS framework that have not been effectively implemented since the start of the grant (sample transport).



# Human capital and mitigation Impact

Number of personnel supported by implementation partners.

	EGPAF	Shwari/GU	CBCHB	ACMS	HEADA	ICAP	Total
Doctor	12	6	16	4	0	03	41
Nurse	43	29	78	49	0	18	217
ACRR/DATA	61	119	136	156	13	31	516
APS	95	298	445	259	50	52	1199
Technician	0	0	0	0	0	01	1
Supervisors/others	48	78	170	25	17	20	358
Total	259	530	845	493	80	125	2332

## Mitigation Measures

### Short term

Redistribution of the workload (civil service personnel/contractual state employees/GF contract workers).

### Medium and long term

- Assign more personnel to cover HIV care services as part of new assignments or internal redeployments of service staff.
- Recruit personnel responsible for HIV as part of the special recruitment initiative by the Head of State (9,944 health personnel).
- Involve the CTDs (Technical Direction of Health) for mobilizing internal resources.
- Strengthen the capacities of the new personnel to maintain service quality.

### Immediate Risks

- 347 health facilities supported by PEPFAR in the 10 regions of the country..
- Coverage of over 80% of the active patient cohort being monitored in the country.
- 2,332 personnel paid by PEPFAR in the supported health facilities for comprehensive care.



# Impact on inputs and mitigation

	ITEMS	PEPFAR Contribution	QUANTITIES	COMMENTARIES/ACTIONS TO BE TAKEN
1	Children on treatment	\$211,459	18 968 TLD	Adjust the orders under the FCP (Financing and Procurement Plan).
2	Prophylaxie in children	\$28,853	19 235 NVP SP	Adjust FCP orders
3	TPT (TB prévention)	\$877,758	INH	Comments: Medications acquired exclusively through PEPFAR funds. Measures: Adjust the orders under the FCP (Financing and Procurement Plan).
4	Plasmatic viral load	\$4, 210,538	308 448 CV	Make a proposal to Global Fund to adjust ongoing orders based on savings
5	Early Infant Diagnosis)	\$157 467	14 320 Acquisition of CDC cartridges	Discussions with UNICEF to secure funding to fill the gap.
6	PrEP (oral form)	\$167,279	MSH	Make a proposal to Global Fund to adjust ongoing orders based on savings
7	Condoms	\$500,000		Adjust FCP orders
	<b>Total</b>	<b>\$6 153 354</b>		

## Immediate Risks:

- Loosing funding of **3 849 408 180 F CFA (6 153 354\$)**
- Difficulties in acquiring pediatric antiretrovirals (ARVs) and prophylaxis for exposed children (NVP).

## Mitigation measures:

- Adjust state orders (counterpart funds).
- Mutually agree with the Global Fund to adjust ongoing orders.
- Find additional funding with UNICEF (EID, etc.)



# Programmatic impact and mitigation (1/5)

## Prévention contre le VIH

Affected activities	Implications	Mitigation measures
Implementation of PMTCT (Prevention of Mother-to-Child Transmission) in the 347 sites supported by PEPFAR.	<ul style="list-style-type: none"><li>• Withdrawal of personnel (work overload, gap for EID inputs);</li><li>• Loss along the PMTCT (Prevention of Mother-to-Child Transmission) cascade;</li><li>• Decrease in demand creation and use of services by the mother-child couple;</li><li>• Resurgence of vertical transmission of HIV</li></ul>	Redistribution of the workload (civil service staff/contractual staff/service rental contract staff from the Global Fund).
Prevention for other vulnerable populations (Adolescents, Young girls, partners of PLHIV).	<ul style="list-style-type: none"><li>• Stop of service provision by CBOs (Community-Based Organizations) whose activities are exclusively funded by PEPFAR;</li><li>• Loss along the service delivery cascade for prevention;</li><li>• Increase in the number of new infections among adolescents and young people.</li></ul>	<ul style="list-style-type: none"><li>• Continuation of routine activities in a fixed strategy as an institution;</li><li>• Direct beneficiaries to functional organizations during the crisis period.</li></ul>
Prevention among key populations (combined prevention: PrEP, Condoms)	<ul style="list-style-type: none"><li>• stop of service provision by DICs (Drop-In Centers) whose activities are exclusively funded by PEPFAR;</li><li>• Loss along the prevention cascade (key populations);</li><li>• Increase in the number of new infections among key populations."</li></ul>	

# Programmatic impact and mitigation(2/5)

## HIV care

Affected activities	Implications	Mitigation measures
Implementation of differentiated approaches for HIV testing services in 347 sites	<ul style="list-style-type: none"><li>• Withdrawal of personnel (work overload, gap for EID inputs)</li><li>• Decrease in demand creation and use of HIV testing services</li><li>• Challenges in completing the transition to the three-test algorithm (Training, supervision, Quality control and assurance, Monitoring and evaluation)</li><li>• Challenges in achieving the first 95 and linkage to care."</li></ul>	<ul style="list-style-type: none"><li>• Redistribution of the workload (civil service staff/contract staff/staff under service lease contracts);</li><li>• Discussion with Global Fund regarding the use of savings from grants to fill the gap in interventions related to the transition to the 3-test algorithm in the 10 regions of Cameroon.</li></ul>
Antiretroviral treatment (100% Global Fund and PEPFAR): covering more than 454,000 PLHIV.	Minor impact, needs covered by the Global Fund grant and PEPFAR.	Continue with the ongoing strategy according to the PS (Program Strategy).
Implementation of HIV care and treatment protocols (PECG and PECPA)	<ul style="list-style-type: none"><li>• Withdrawal of personnel (work overload, gap for EID inputs);</li><li>• Challenges in the psychosocial support of PLHIV; Challenges in retaining PLHIV on ART (fluctuation of the active cohort);</li><li>• Pharmacoresistance and opportunistic infections (advanced diseases) "</li></ul>	Redistribution of the workload (civil service staff/contractual staff/service rental contract staff from the Global Fund).

# Programmatic impact and mitigation(3/5)

## HIV caare

Affected activities	Implications	Mitigation measures
Viral load offer.	<ul style="list-style-type: none"><li>• Decrease in viral load coverage in the second half of the year (35,000 viral load tests by Abbott covered by PEPFAR, representing about 50% of the needs).</li><li>• Complete halt of sample transport to reference laboratories.</li><li>• Decrease in viral suppression and a setback in achieving HIV elimination.</li></ul>	Ensure integrated transport of samples by the GTC and GTR (under RSS funding).
Community interventions	<ul style="list-style-type: none"><li>• Brain drain in terms of human ressources</li><li>• Discontinuity in service deliveries for prevention and care</li><li>• Increased lost-to-follow-up and reduced PLHIV on ART</li><li>• Treatment failure</li><li>• Lack of trust in community interventions from CBOs.</li></ul>	<p>Involve multipurpose CHW for community intverentions,</p> <p>Carry out sensibilisation activities within the geographical areas of interventions around the health faciltiies</p> <p>Facilitate direct access of CBOs to reference laboratories for testing.</p> <p>Ensure massive communication to the public</p> <p>Set-up a community information system and CLM at low/no cost</p>

# Programmatic impact and mitigation(4/5)

## Monitoring and Evaluation of the fight against HIV

Affected activities	Implications	Mitigation measures
Collection of HIV service data in the FOSA.	The absence of a database by cohort for individual patient tracking (DAMA).	Explore the possibility of data entry by ACRR funded by the Global Fund.
Primary data quality assurance in the FOSA	<ul style="list-style-type: none"><li>• Transmission of unverified data by the FOSA to the higher level; Reduction of weekly on-site data validation sessions;</li><li>• End of mentoring site providers on data quality. Transmission of unverified data by the FOSA to the higher level;</li><li>• Reduction of weekly on-site data validation sessions; End of mentoring site providers on data quality.</li></ul>	Involvement of coordinators and heads of UPEC in the weekly monitoring of data quality analysis.
Data quality assurance at the health district level.	<ul style="list-style-type: none"><li>• Nearly 40% of health districts (81) are at risk of not holding quarterly review and validation sessions for HIV data;</li><li>• 40% of incorrect data in the database will not be able to be corrected.</li></ul>	Negotiate with the Global Fund for full coverage of data review and validation activities in the health district.
Data quality assurance at the regional level.	70% of supervision activities for quality data, regional review workshops, and mentoring will no longer be able to be implemented in all regions of the country.	Negotiate with the Global Fund for funding certain quality assurance activities at the regional level.

# Programmatic impact and mitigation(5/5)

## Coordination and governance

Affected activities	Implications	Mitigation measures
Monitoring of routine activities of partners.	Weak coordination at different levels	<ul style="list-style-type: none"><li>• Activate coordination between DRSP and DS</li><li>• Strengthen coordination at the FOSA level through FOSA.</li><li>• Advocacy with the Cameroonian diaspora within the new U.S. government for the granting of special status to Cameroon in HIV funding (CSU, INSP, good collaboration with PEPFAR/CDC and CAMPHIA, sustainability plan in development, etc.)</li></ul>

## Incident management

CAMPSAR Taskforce	HIV incident management team	Mitigation measures
President: MINSANTE Vice President: SG-MINSANTE Rapporteur: Coordo UCS Members: SP CNLS, PNLT, PNLP	GI Order: SP/NACC Deputy GI Order: SPA/CNLS Session Moderator: Heads of GTC Section Members: GTR and CUPSE Coordinators, DLMEP, DSF, DOSTS, DPS, etc."	<ul style="list-style-type: none"><li>• Weekly meeting: intense phase (ongoing)</li><li>• Bi-weekly meeting: resumption of PEPFAR/CDC/PI.</li><li>• Incident closure: return to normal routine activities under PEPFAR funding</li><li>• Monthly RTG report and summary for the Taskforce."</li></ul>



# Conclusion and recommendations

- **PEPFAR Suspension:** Implementation of the 'CAMPSAR' mitigation plan
- **Financial impact** (loss of 51,000,000,000 FCFA): budget reallocation from Global Fund GC7 and C19RM
- **Impact on human resources:** Redistribution of the existing HR workload.
- **Impact on inputs:** adjust orders with Global Fund, PEPFAR, and UNICEF
- **Programmatic impact:** mitigations in prevention (PMTCT, adolescents-young people, key populations), testing (risk with the three-test algorithm to be mitigated), care (lesser as ARVs are under Global Fund/PEPFAR but risk to be mitigated for nearly 50% of viral load inputs), strengthened coordination with DRSP/DS.
- **Impact at Community-level:** lack of trust by the local community, need to implement a CLM a low/no cost, and integration of CBOs in the network of sample transportation to the labo.
- **Programmatic incident:** CAMPSAR taskforce, incident management team, weekly meetings during the current phase."

Thank you for your  
attention

Ministère de la Santé Publique  
Comité National de Lutte contre le SIDA

Ministry of Public Health  
National AIDS Control Committee



## Mes 3 réflexes pour une vie positive

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**1**

*Si je fais son test de dépistage, je connais son statut sérologique.*
- 

**2**

*Si il est séropositif, je lui donne son traitement et il reste en bonne santé.*
- 

**3**

*Si je lui fait prendre son traitement en continue, le virus est neutralisé.*

**Les antirétroviraux maintiennent en vie**

