

Cameroon

Community, Rights and Gender Country Profile

Working Document



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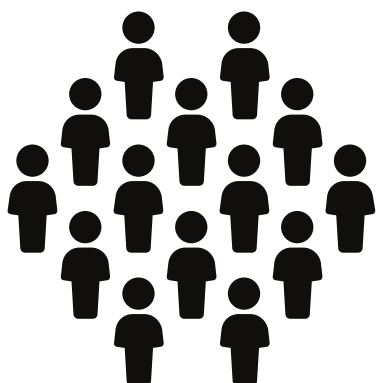


CRG Interventions



CFCS Round 10 Partners

Quick Facts



26.55 million people

Working Document



High TB/HIV Burden Country

UNHLM Targets



Resource Needs (2022)

29.6 million (USD)

Available TB Funding 2020 (USD)

Domestic: 1.8million

International (Excluding Global Fund): 0.0million

Global Fund: 4.5million

Funding Needs: 10.5 million

Diagnosis and Treatment Targets (2020)

TB Target: 35,000

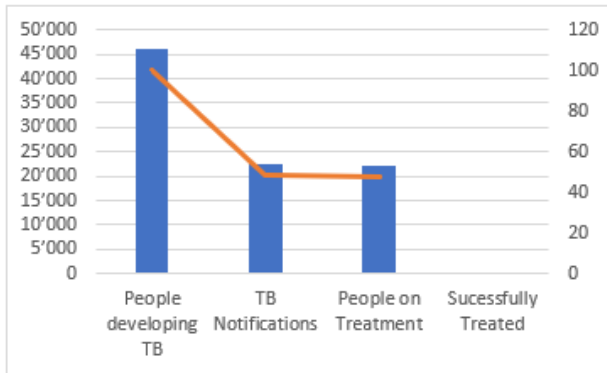
% Target Achieved: 64

National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: **2024/2025**
- Next Global Fund funding request (proposal development): **2023**

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard
https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB Prevention and Care

- 23,944 Missing people with TB (3,943 were children)
- 9,900 people died because of TB
- NA Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Quality issues: the study found only 0.9% receive appropriate care. Stigmatizing & discriminatory treatment by healthcare workers (HCWs) especially towards HIV key populations affects quality of services

Discrimination issues: there is no legal prohibition of TB discrimination. TB stigma and discrimination is widespread. Also, people with TB experience employment loss.

Freedoms: labor law protects right to privacy and confidentiality of personal data but does not specifically protect rights to privacy & confidentiality of people with TB. Key populations avoid healthcare from fear of disclosure of their health status due to lack of privacy and confidentiality at clinics.

Gender: men are at high TB risk due to occupational exposure, labor migration, crowded social environments and they delay seeking healthcare. Women's health is deprioritized, they have limited decision-making power and requires male consent to seek healthcare.

Key and Vulnerable Populations prioritized: prisoners, PLHIV, TB contacts, refugees/IDP and children. There is no data on TB contacts Also, there is lack of data on key population risk factors and barriers to services. Often, refugees and IDPs experience high TB risk and services barriers because camps have not been integrated into the health system. Also, there is lack of TB information, limited TB screening, lack of trained HCWs in the camps and lack of TB data from camps. Children experience high TB risk and services barriers from lack of or non-functioning x-rays, lack of rapid molecular tests, poor BCG coverage, poor quality services for children, lack of screening and risk of TB infection in clinics

Participation: Communities are involved in TB policy making but they struggle to influence debate and decision-making and often lack sufficient resources

Remedies and Accountability: the law does not provide workers compensation for TB. there is no community level mechanism to monitor commitments to end TB.

Community, Rights and Gender Data

The CRG assessment conducted in 2018 showed the following: **Accessibility Barriers:** out of pocket costs for TB services including tests and costs related to hospitalization and co-morbidities, catastrophic costs associated with TB diagnosis and treatment, stigmatizing and discrimination against HIV key populations, lack of TB information and knowledge, and physical access to clinics.

Availability Barriers: TB services are scarce in clinics (only 18% of clinics surveyed provided TB services), lack of or non-functioning x-rays, lack of rapid molecular tests, and lack of integration of HIV/TB services and refugee/IDP camps into TB programs.

Acceptability issues: Weak enforcement of privacy & confidentiality regulations

COUNTRY PROFILE CAMEROON

Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- TBpeople Cameroon

TB community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- No

Celebrities Engagement in TB response

- No

Challenge Facility for Civil Society Round 10

- For Impacts in Social Health
- Kenko Foundation Association

CFCS Round 10 Regional Level Partners

- African Coalition on TB (ACT)
- Dynamique de la réponse d'Afrique francophone sur la tuberculose (DRAF TB)

Global Network

- TB People
- Lean on Me Foundation/
TB Women



Community Rights and Gender



- CRG Assessment Complete ✓
- Costed CRG Action Plan ✓
 - In progress
- TB Stigma Assessment Conducted ✓
- TB Stigma Elimination Plan Available ✗
 - No
- Community-led Monitoring Mechanism ✓
 - in progress

CFCS Round 10 Grantees

For Impacts in Social Health

- **Global Fund Grant: No**
- Project Location: Central and South Regions
- Timeline: November 2021 - November 2022
- Objectives
 - To provide clear and actionable guidance to tuberculosis (TB) policymakers, program implementers, TB survivors on how to activate a human rights-based TB response in Cameroon.
 - To implement, monitoring and evaluate “OneImpact” to activate a Human Right based TB response in two Cameroonians’ regions (Centre and South).
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels

CFCS Round 10 Grantees

Kenko Foundation Association

- **Global Fund Sub recipient**
- Project Location: South West, Littoral and Centre Regions
- Timeline: November 2021 - November 2022
- Objectives
 - To establish multi-sectoral response teams led by ex-inmates to advocate for an end to TB in prison settings in the Central Prisons (Buea), New Bell Prisons (Douala) and Kondengui (Yaounde)
 - To develop and launch an "End TB in Prisons Campaign", led by ex-inmates in Cameroon.
 - To support access to TB services in prison settings, led by ex-inmates in Central Prisons (Buea), New Bell Prisons (Douala) and Kondengui (Yaounde)
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels

Questions? Contact us.

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