Country Situation

Background Statistics

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

Global Plan Targets, Baseline and Current Status

<table>
<thead>
<tr>
<th>Prong One</th>
<th>Overall targets</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number new paediatric HIV infections</td>
<td>8,900</td>
<td>–</td>
<td>6,800</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Number HIV-associated maternal deaths</td>
<td>1,100 (2005)</td>
<td>980</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>ART coverage among children (ages 0-14)</td>
<td>11%</td>
<td>–</td>
<td>13%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>HIV incidence in women (ages 15-49)</td>
<td>0.46%</td>
<td>–</td>
<td>0.42%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>21% (2004)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Mother-to-child transmission rate</td>
<td>29%</td>
<td>–</td>
<td>24%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>20% [a]</td>
<td>–</td>
<td>54%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding ARV Coverage</td>
<td>12%</td>
<td>–</td>
<td>20%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>28%</td>
<td>–</td>
<td>42%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>

*Source [10]: Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010*
Program Status According to PMTCT Prongs

**Global 2015 Targets**
- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

**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 was moderate (68%). However, it is estimated that one out of five women (21%) in Cameroon has an unmet need for family planning.

### Background Statistics

**Timing of 1st ANC visit (months)**
- No ANC: 16%
- <4 months: 35%
- 4-5 months: 33%
- 6-7 months: 14%
- 8+ months: 1%
- Total: 60%
- Urban: 74%
- Rural: 48%
- 2004

**Percentage of women attending at least 4 ANC visits during pregnancy**
- Total: 60%
- Urban: 74%
- Rural: 48%
- 2004

**Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs)**
- 41%
- 2010

**Estimated % of infants born to HIV+ women receiving ARVs for PMTCT**
- 27% [22-33%]
- 2010

**Skilled attendant at delivery (%)**
- 64%
- 2011

**Exclusive breastfeeding for infants <6 months**
- 20%
- 2011

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1. 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.

**Figure 2: Coverage of selected PMTCT interventions (2010)**

1. **% of PW who have at least one ANC visit**
   - 52%
2. **% of PW tested for HIV**
   - 41%
3. **% of PWLHIV who received more efficacious ARVs for PMTCT**
   - 54%
4. **% of children born to PWLHIV who received ARVs for PMTCT**
   - 27%

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**Key Points**
Most pregnant women in Cameroon (82%) attended at least one ANC visit in 2006. However, only 60% attended four ANC visits as recommended by WHO with a higher proportion of women living in urban areas (74%) attending four visits than women living in rural areas (48%) in 2004. Only 41% of pregnant women were tested for HIV in 2010. More than 50% of pregnant women living with HIV received efficacious ARV regimens for PMTCT in 2011, but only 27% of HIV-exposed infants received ARVs for PMTCT in 2010.
**Program Status According to PMTCT Prongs**

**Global 2015 Target**
- 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

**Background Statistics**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Percentage</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of HIV-infected pregnant women assessed with CD4 testing</td>
<td>77%</td>
<td>2010</td>
</tr>
<tr>
<td>Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth</td>
<td>16% [13-20%]</td>
<td>2010</td>
</tr>
<tr>
<td>Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth</td>
<td>21% [17-26%]</td>
<td>2010</td>
</tr>
</tbody>
</table>

**Key Points**
In 2010, 77% of pregnant women 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. Coverage of early infant diagnosis declined from 26% in 2009 to 21% in 2010. Pediatric ART coverage increased slightly from 11% in 2009 to 13% in 2011.

**Key Challenges & The Bottom Line**

<table>
<thead>
<tr>
<th>Key Challenges</th>
<th>The Bottom Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to ANC and PMTCT services and paediatric ART</td>
<td>Rapid expansion of PMTCT service delivery and paediatric HIV care and treatment in all ANC clinics and other relevant primary health care facilities. This will require leveraging resources and making essential commodities available</td>
</tr>
<tr>
<td>MNCH service delivery system has weak linkage between ANC, PMTCT, and paediatric ART resulting in high dropout especially across the child care continuum (ANC+ 82%; 41% HIV T&amp;C; 41% maternal ARVs; 27% infant ARV; 21% EID; 13% paediatric ART)</td>
<td>Investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNH and PMTCT; linkages/referrals mechanisms within/between facilities and with communities) for the provision quality antenatal and postnatal follow up care for mothers and infants</td>
</tr>
<tr>
<td>Weak M&amp;E systems with non-availability of data on some key PMTCT indicators at the national level, hindering tracking of progress towards eMTCT targets</td>
<td>Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators</td>
</tr>
</tbody>
</table>

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**Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single dose nevirapine</td>
<td>7%</td>
</tr>
<tr>
<td>ART for HIV+ pregnant women eligible for treatment</td>
<td>24%</td>
</tr>
<tr>
<td>More effective ARV regimens</td>
<td>69%</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of infants born to HIV+ women tested for HIV</th>
<th>Percentage of children living with HIV receiving ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>2010</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>2011</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

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References:
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
9 Republic of Cameroon, Ministry of Public Health. Plan national 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
12 Cameroon Demographic and Health Survey 2004, Final Report
13 Cameroon Multiple Indicator Cluster Survey 2006, Final Report
15 Cameroon Demographic and Health Survey 2011, Preliminary Report
16 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

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