



Continuum of Prevention, Care, and Treatment of HIV/AIDS with Most-at-risk Populations (CHAMP)

ABOUT CHAMP

HIV/AIDS is a significant contributor to mortality in Cameroon and around sub-Saharan Africa. HIV rates are disproportionately high among key population (KP) groups including female sex workers (FSWs) and men who have sex with men (MSM), and members of these groups are also less likely to have access to testing and treatment services for HIV and other sexually-transmitted infections (STIs).

The *Continuum of prevention, care and treatment of HIV/AIDS with Most-at-risk Populations* (CHAMP) program began in 2014 and is focused on providing evidence-based, client-friendly HIV prevention, treatment and care and support needs of key populations in Cameroon including MSM, FSWs and their clients. It is the successor to the HIV/AIDS Prevention Program (HAPP), which was also funded by PEPFAR.

The CHAMP consortium is led by CARE in partnership with the Johns Hopkins School of Public Health, Metabiota, and Moto Action. CARE provides overall leadership, management, coordination, and oversight of sub-grants with local community-based partners. Johns Hopkins and Metabiota are principally responsible for the design and implementation of research and implementation science initiatives, and training of providers in non-stigmatizing, clinically competent service provision. Moto Action is responsible for the development of strategical behavioral communication tools and materials.

Community-based organizations (CBOs), in tandem with the Government of Cameroon and public facilities, are the principle providers of services for KP beneficiaries. FSW focused CBOs include: Horizons Femmes (Douala and Yaoundé); the Cameroon Medical Women's Association (Bamenda); Alcondoms (Douala); and RENATA (Yaoundé). MSM focused CBOs include: Alternatives Cameroun (Douala), Alcondoms (Douala), Humanity First (Yaoundé); and Affirmative Action (Bamenda).

OBJECTIVE

CHAMP aims to reduce HIV and other sexually-transmitted infections and related morbidity and mortality, and to ease the impact of HIV on the socioeconomic development of Cameroon.

Program name:

Continuum of Prevention, Care and Treatment of HIV/AIDS with Most-at-risk Populations in Cameroon (CHAMP)

Program Country: Cameroon

Timeframe: April 2014 – April 2019

Budget: US\$ 18,761,142

Donor: USAID/PEPFAR

Output highlights:

- Over 44,000 prevention interventions (including provision of condoms/lubricants, group talks) provided
- Almost 13,000 adults received at least one care and support service
- Over 43,000 KP members tested for HIV
- Over 4200 MSM and FSWs have been effectively linked to HIV treatment





Thanks to the project, we've had access to good products like lubricants and condoms which protect us against infectious diseases like HIV and STIs.

FSW, Bamenda

It's been 11 years that I have been having sex with other men. At one point I had anal warts and I was scared to talk about it with someone because they would automatically have known that I am an MSM. Today the situation is different thanks to the project.

MSM, Yaoundé

[Previously] if I had gone to the hospital and they knew I was a FSW, then it would have been a problem. FSWs are better off today and can easily access health care services without being judged [because of the program].

FSW, Yaoundé

STRATEGY AND ACTIVITIES

CHAMP operates in 11 districts in three key regions with high HIV prevalence and burden, including Centre, Littoral and North-West. The program implements peer-driven approaches that increase access to KP-friendly services across the continuum. Community-based outreach, incentivized referral chain recruitment (peer mobilization), and network mapping leverage social media and social networks to increase access to essential services. These include client-centered risk-reduction interventions, key commodities (condoms and lubricants), community-based HIV/STI testing and treatment, and electronic client tracking and messaging.

CBO partners operate out of drop-in centers (DICs), located conveniently in the community, to enhance access to a range of services, including clinical, psychosocial, legal, sexual health, family planning, orphans and vulnerable children, and violence prevention and response services. The 'one-stop shop' model includes peer navigation, through which beneficiaries are actively linked to HIV treatment in partnership with government facilities, and supported to adhere to their ARV regimens. Peer navigators also play a critical role in return-to-care initiatives with the advent of 'Test and Treat'. Clinical interventions increase the cultural and clinical competency of health care providers to address the needs of KPs who are at risk of HIV acquisition or are already living with HIV.

Implementation science initiatives (Integrated Behavioral and Biological Surveillance, a longitudinal cohort study, joint HIV/syphilis testing, and a self-testing pilot), and routine program monitoring are leveraged to provide feedback on KP experiences in accessing services, to monitor community and clinical outcomes, and make real-time programmatic changes to improve interventions. The program is evaluating new models of service provision, with decentralized "hub and spoke", and differentiated care approaches that deliver services to and by the communities.

RESULTS

- CHAMP helped lead the development of a national Minimum Package of Services for Key Populations, standard operating procedures on prevention, treatment and care for KPs, and national and local multidisciplinary action plans to help prevent and address instances of violence.
- Over 100 health care providers and police officers have been trained in non-stigmatizing care and treatment of FSWs and MSM.
- Key population members and organizations have been empowered to design, implement, evaluate, and lead the HIV response in their communities.
- CHAMP is contributing to the evidence base that informs strategic decision-making and resource planning in Cameroon and across West and Central Africa.

