

# Key population-led health services

Achieving and sustaining HIV epidemic control in Cameroon



**“[Positive HIV status] is not the end of life, but the beginning of a new life.”**

—Monique (Mobilizer, Horizon Femmes), Yaoundé

Nearly half of all new HIV infections globally occur among members of key populations (KP)<sup>1</sup>. In Cameroon, HIV is most prevalent in urban centers among men who have sex with men (MSM) and female sex workers (FSW). Recent estimates put HIV prevalence among gay, bisexual and other MSM at 37.2%, and prevalence among sex workers is estimated at 24.3%.<sup>2</sup> Because sex work and homosexuality are highly stigmatized and punishable by law, these individuals face compounded challenges in accessing prevention interventions, sexually-transmitted infection (STI) and HIV screening, and care and treatment services. Multiple forms of stigma (anticipated, experienced, perceived, and internalized) at the community level and in the health system make it hard for key populations to advocate for their health and wellbeing.

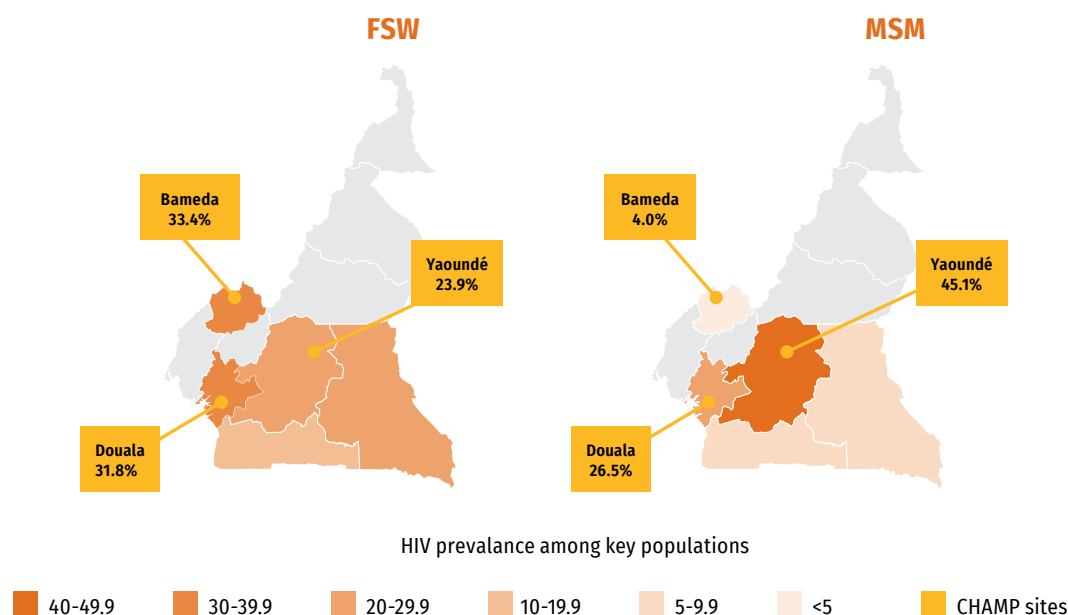
The *Continuum of prevention, care and treatment of HIV/AIDS with Most-at-risk Populations* (CHAMP) program, funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), supports civil society partners and the Government of Cameroon to provide rights-affirming, evidence-based, client-

## Reaching 90-90-90

**CHAMP is aligned with Cameroonian and international efforts to accelerate epidemic control, including achievement of 90-90-90 goals set by the Joint United Nations Programme on HIV/AIDS (UNAIDS). This ambitious target sets out to achieve that 90% of all people living with HIV know their HIV status, 90% of people diagnosed with HIV are initiated on antiretroviral therapy (ART), and 90% of all people on ART achieve viral suppression by 2020.<sup>3</sup>**

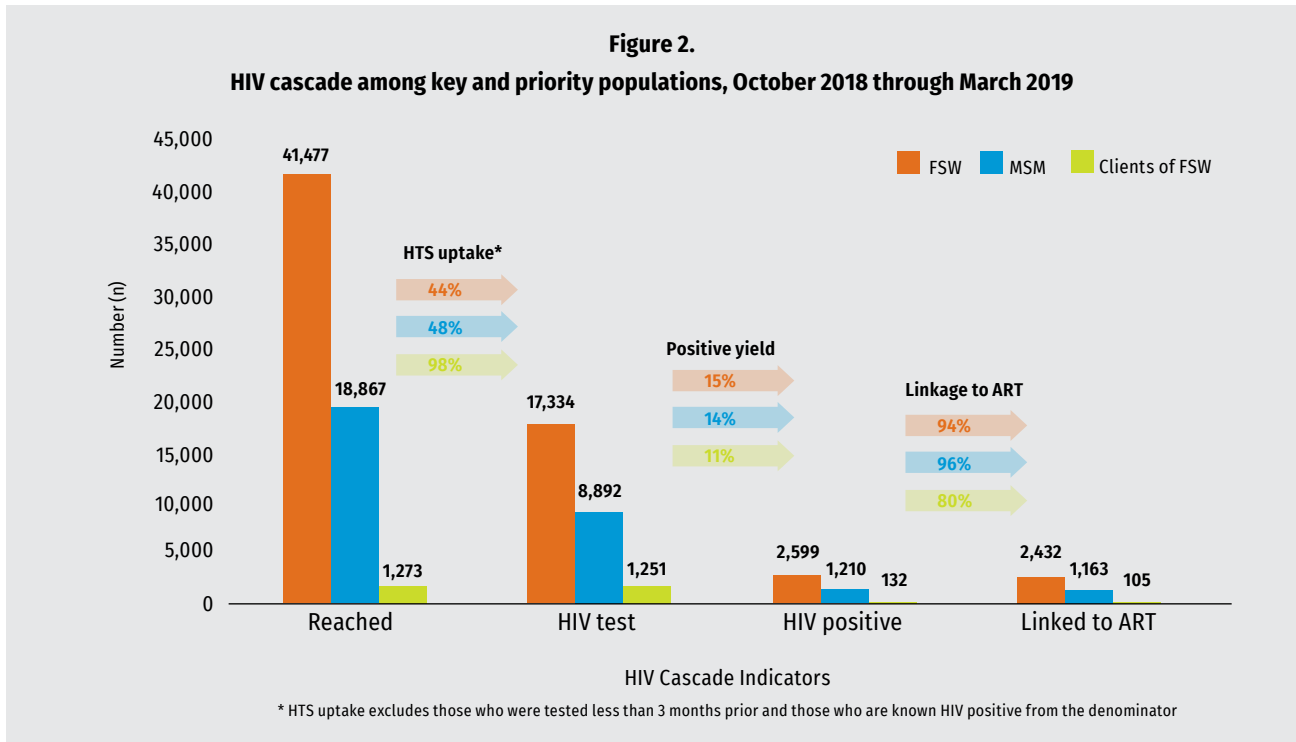
friendly HIV services for KP. Since 2014, CARE has led the CHAMP consortium, including Johns Hopkins University, Metabiota, Moto Action, and seven community-based organizations (CBOs). CHAMP builds off the work of the previous USAID-funded *HIV/AIDS Prevention Program* (HAPP), which emphasized prevention of HIV and elimination of stigma and discrimination from 2010-2014. The program is operating in eleven high-burden districts with unmet need for antiretroviral therapy (ART) within the cities of Bamenda, Douala, and Yaoundé (Figure 1).<sup>4</sup>

**Figure 1.**  
HIV prevalence among key populations in Cameroon in relation to CHAMP implementing sites

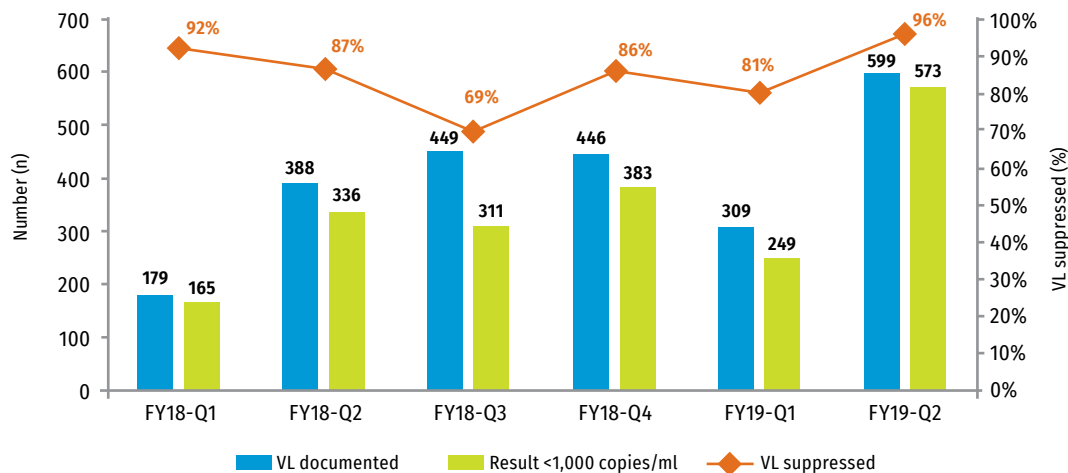


Based on the 2016 Integrated Biological and Behavioral Survey (IBBS) in the major cities of five regions. HIV prevalence is RDS-adjusted and among individuals aged 18+ years.

Since its inception, CHAMP has evolved from a focus on reach and recruitment to a comprehensive, full cascade, KP-led program. Services are delivered through drop-in centers (DICs) by members of KP and linked to public and private sector providers to ensure beneficiaries have options for diagnostics, care, and treatment. Through adoption and acceleration of global guidance and best practices, CHAMP has achieved case finding rates higher than the estimated new infections rates for MSM and FSW, increased and sustained linkage to treatment to nearly 95% for both populations, and maintained a high rate of retention for key population beneficiaries (Figure 2). Among viral load tests with a documented result from October 2018 through March 2019, 85% (n= 2,017) were virally suppressed (Figure 3).



**Figure 3.**  
**Viral suppression among key populations with a documented viral load result, October 2018 through March 2019**

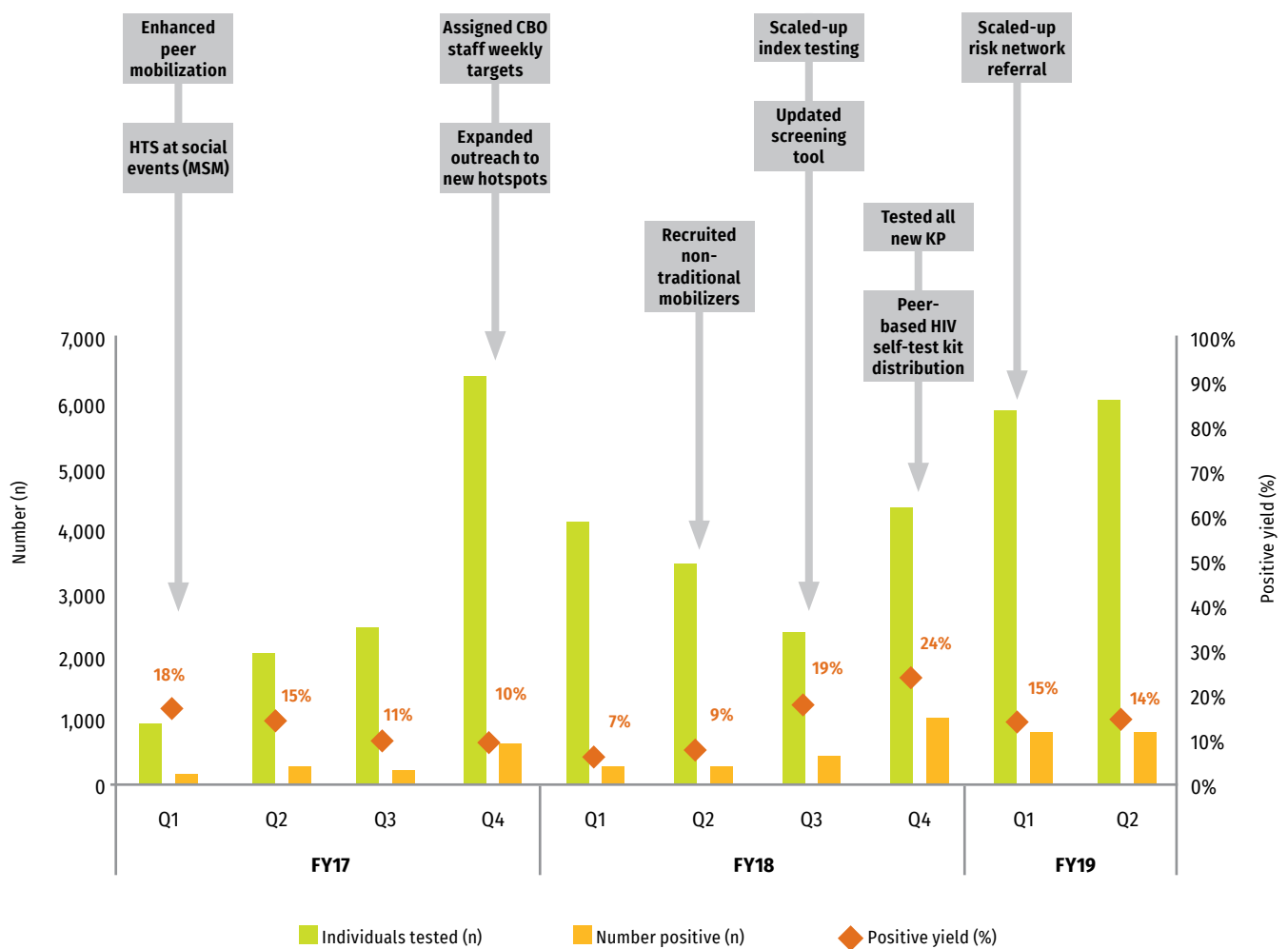


## Strategies and interventions

### Differentiated case finding models and prevention of new infections

KP-led case finding and prevention interventions under CHAMP have transformed significantly since the program was initiated in 2014. In its early phase the program faced challenges in achieving ambitious targets. CBO partners were convinced that they had attained saturation in existing hotspots and HIV yields were suboptimal, affecting progress across the cascade. As part of an effort to reach deeper into social risk networks, CHAMP brought to scale innovative case finding modalities starting in 2017. These included peer-driven referral chain recruitment (enhanced peer mobilization), provision of HIV testing and indirect partner notification services at social events/parties, weekly hotspot mapping with the guidance of beneficiaries and gatekeepers, network mapping and risk network referral, recruitment of non-traditional mobilizers including providers at district health centers and street-based pharmaceutical vendors, and peer-based distribution of HIV self-test kits. Over time, the program saw significant increases in engagement with at-risk FSW and MSM (Figure 4), while achieving HIV yields that are consistent with and sometimes exceed the estimated new infections rates for MSM and FSW.

**Figure 4.**  
**HIV testing and positive yield among FSW and MSM and corresponding strategies, October 2016 through March 2019**



## Enhanced mapping and incentivized risk and network referral

In mid-2017, CHAMP worked with CBO partners to increase the frequency and rigor of hotspot mapping in focus districts. Outreach teams met with gatekeepers, including brothel owners and leaders among MSM and FSW communities, to learn about potential hotspots that outreach teams had not yet explored. CBO partners discovered there were numerous and dynamic hotspots that were untapped, that were untapped, as many would lose or gain popularity with time. The program also extended its incentivized peer-driven referral chain recruitment initiative (*enhanced peer mobilization - EPM*) to non-traditional mobilizers. The approach encourages individuals to refer their peers and associates at risk within their social networks to access HIV testing services (HTS) at DICs, mobile sites, and social events (see below). Non-traditional mobilizers include brothel owners, private security personnel, street-based pharmaceutical vendors, and staff from local health units who use simple risk assessments to determine who might benefit from a referral to CHAMP HTS.

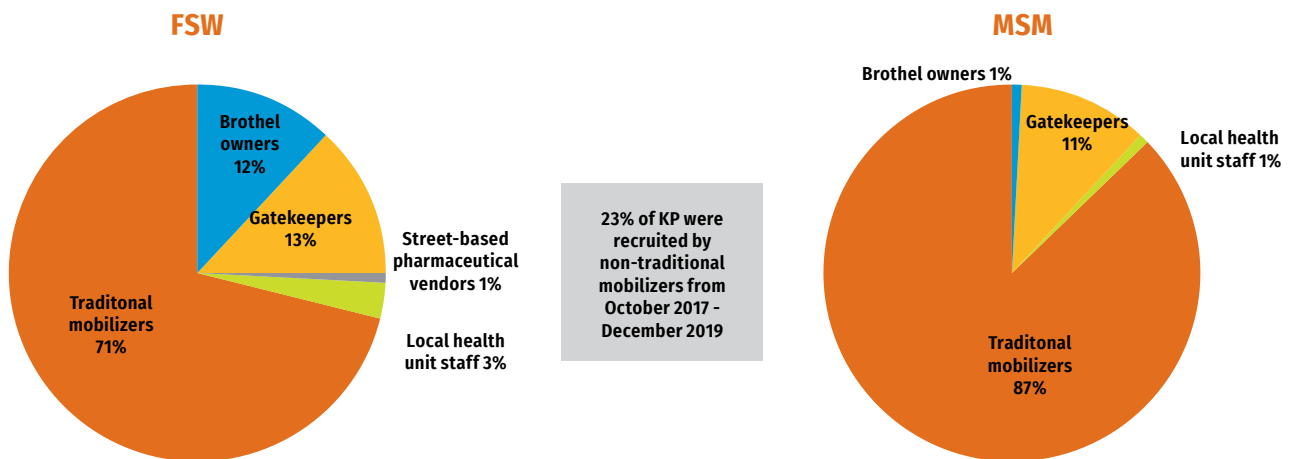
Figure 5 demonstrates the role non-traditional mobilizers have played in reaching FSW and MSM. While the percentage of those reached through mobilization via traditional mobilizers is higher than for non-traditional mobilizers, non-traditional mobilizers have been effective in identifying individuals at-risk.



Non-traditional mobilizer: Audrey, Health Unit Manager

Figure 5.

Proportion of FSW and MSM mobilized by traditional and non-traditional mobilizers, October 2017 through December 2019



CBO partner outreach teams regularly update their hotspot maps based on network mapping and feedback from existing beneficiaries and non-traditional mobilizers. This has helped ensure that outreach teams continue to find key population members at risk who have never been engaged in CHAMP interventions. Those individuals also tend to have much higher yields than beneficiaries who are already associated with CHAMP.

## Social event testing: Grins and Chill-ins

Gay, bisexual, and other MSM in Cameroon face the compounded risk of stigma and violence, including extortion by their sexual partners and the community. As a result, many MSM living with HIV are reluctant to disclose their status to their sexual partners. *Grins* and *chill-ins* are events where MSM gather to socialize, often leading to sex. CHAMP CBO partners working with MSM recognized that these events could serve as opportunities to engage at-risk beneficiaries in prevention and HTS interventions. They began collaborating with grin/chill-in organizers to include peer educators and prevention commodities (condoms and lubricants), eventually adding onsite HTS after building trust with the community.

CBOs have also used the grin and chill-in model to host social events where HIV positive beneficiaries engaged with CHAMP are encouraged to bring their partners so that both can test. Outreach and testing teams are available onsite to provide strategic behavioral communication, condoms and lubricants, and HTS with immediate referral to treatment for those who test positive. Beneficiaries living with HIV who are apprehensive to disclose their status appreciate this approach as it reduces the risk of violence and retribution from direct disclosure. While grins and chill-ins were initiated among MSM, CHAMP partners have discovered that some FSW are interested in participating, and that the presence of women can help reduce perceived and experienced stigma among some MSM beneficiaries.

During the three-month pilot phase (from July through September 2017), 56% of all MSM who accessed HTS with CHAMP were tested at grins/chill-ins. HIV positive yield was substantially higher for MSM tested at chill-ins (15%) than for those tested through other outreach modalities / drop-in centers during the same period (9%). Grins/chill-ins continue to be important venues for reaching at-risk MSM. In the first quarter of fiscal year 2019, 34% of MSM were reached through these events, with a yield of 26%. Peer educators play a key role in building trust and confidence among MSM beneficiaries in order to provide these critical services at private social events.

## Leveraging sexual transactions to test and treat

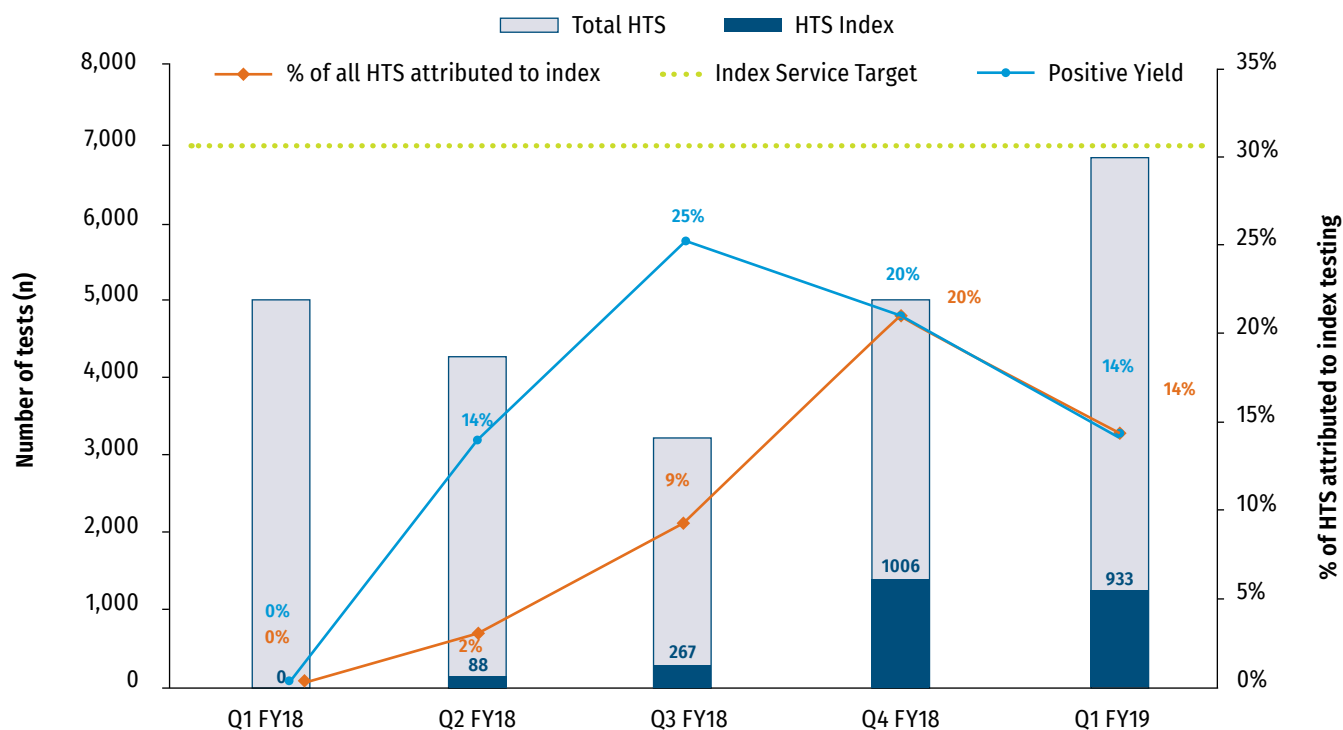
To address HIV transmission driven by sex work, CHAMP developed a successful innovation that provides FSW an opportunity to improve health outcomes in their communities and reduce stigma associated with their work. The approach, called *Sex, Test and Treat*, focuses on clients of sex workers and is based on the EPM model. It provides incentives to sex workers to refer their clients for HTS after their sexual transaction. FSW at high-volume 'hotspots' are given coupons with unique identifier codes and receive basic training to refer their clients to an HIV testing counselor and laboratory technician located in a nearby room. HTS can be provided immediately, rather than relying on referral to a drop-in center or health facility at a later time. The program operates during peak days and hours, including late evenings, to optimize testing. The arrangement increases client confidentiality and proximity to services, addressing the key barriers that prevent many clients from accessing HTS.

*Sex, Test and Treat* has also increased FSW knowledge, risk-reduction behaviors, and negotiation techniques by encouraging them to serve as mobilizers. During the pilot phase (October 2016 to September 2017) the number of FSW clients who tested increased from an average of 274 per quarter to an average of 1,000 per quarter. While HIV positive yield among clients has varied by quarter, from a low of 3.7% to a high of 6.0%, it has been consistently higher than national HIV prevalence among adult men, estimated at 2.3%.<sup>5</sup>

## Index testing

CHAMP CBO partners work with both new and existing beneficiaries to increase case finding through index testing strategies. Case managers and peer navigators employ locally adapted scripts and algorithms to support beneficiaries to opt in to client, provider, contract, or dual notification approaches. Index testing is conducted both at DICs and during community-based testing in hotspots, including with clients during *Sex, Test and Treat*. Index testing modalities have been associated with substantial positive yields on the CHAMP program (Figure 6).

**Figure 6.**  
**Proportion of HTS attributed to index testing and overall positive yield, October 2017 through December 2019**



In addition to traditional index testing approaches, CBO partners are also conducting network mapping with people living with HIV (PLHIV) who are able to identify at-risk peers within their network who are not necessarily index cases. The strategy, called ‘1 wins 1’, encourages each PLHIV beneficiary to refer at least one individual to community- or DIC-based HTS. Individuals referred do not need to be sexual partners or family members. This approach, coupled with other outreach and case finding strategies, has helped increase and sustain higher yields.

## Differentiated service delivery models to achieve viral suppression

### Peer navigation

Among the many barriers MSM and FSW living with HIV face in initiating treatment, denial, and perceived stigma in the healthcare setting are two of the most common in Cameroon. Stigma, violence, and fear of retribution due to HIV positive status also affect beneficiaries’ abilities to stay on treatment. CHAMP has employed full-time peer navigators since 2016 to provide differentiated services including counseling, linkage and retention for KP beneficiaries. They serve as part of DIC-based case management teams, including case managers, and psychosocial counselors.

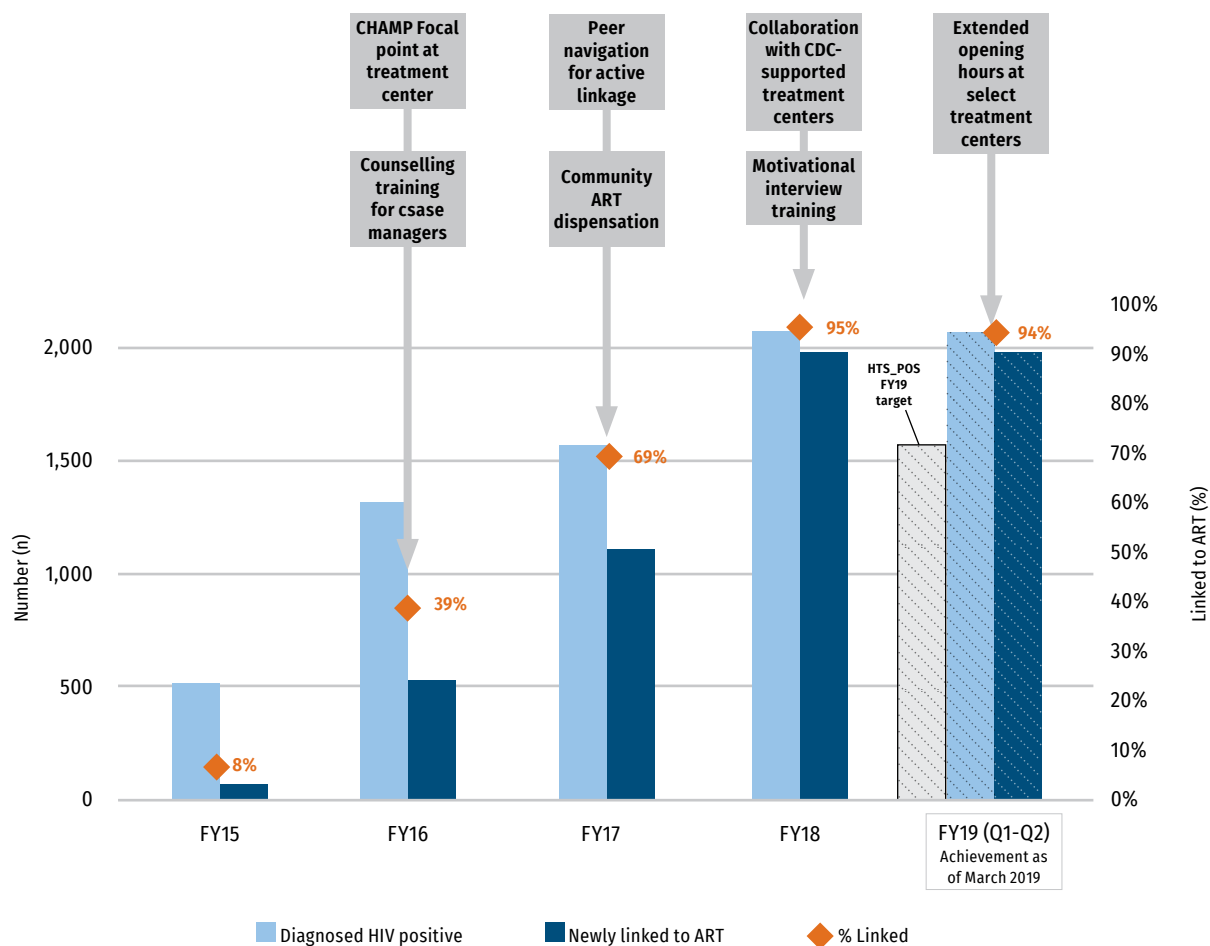
Peer navigators accompany community-based HTS teams to provide immediate support for individuals who test positive, as well as support at DICs and health centers. In addition to training on navigation of HIV and related services, CHAMP peer navigators also receive training on motivational interviewing to encourage their beneficiaries to make healthy decisions for themselves. Navigators offer counseling, explain the process for navigation through the health system, accompany beneficiaries to ensure direct linkage to treatment and other diagnostic services, provide support for adherence, viral load testing and interpretation, and multi-month scripting, and refer beneficiaries to appropriate services including violence prevention and response, legal aid, and nutrition and substance use counseling. CHAMP works closely with CBO partners to determine appropriate caseloads for each navigator based on their capacity. Where client loads exceed capacity, CHAMP supports CBOs to hire additional navigators.

## Hub-and-spoke ART delivery, multi-month scripting, and service diversification

In fiscal year 2019, all CHAMP CBOs will provide onsite ART initiation, dispensation, and multi-month scripting for stable beneficiaries. CHAMP has also worked closely with the Ministry of Health and the National AIDS Control Council to accredit CBO DICs to serve as one-stop-shops, including clinical care and treatment for PLHIV. The program is currently working with CBO partners to collaborate with regional health authorities to expand the roles of DICs in providing additional health-related services to increase access and uptake of HIV services. Additional services may include non-communicable disease screening and care, malaria prevention and treatment, TB preventive therapy, social events for children at risk of HIV acquisition, and/or other services based on need and complementary support.

The differentiated service delivery approaches described above have helped CHAMP improve treatment initiation significantly since the program's inception. Figure 7 below shows when specific innovations were introduced by fiscal year. As of March 2019, CHAMP partners have collectively exceeded case finding benchmarks and maintained linkage rates above 90%.

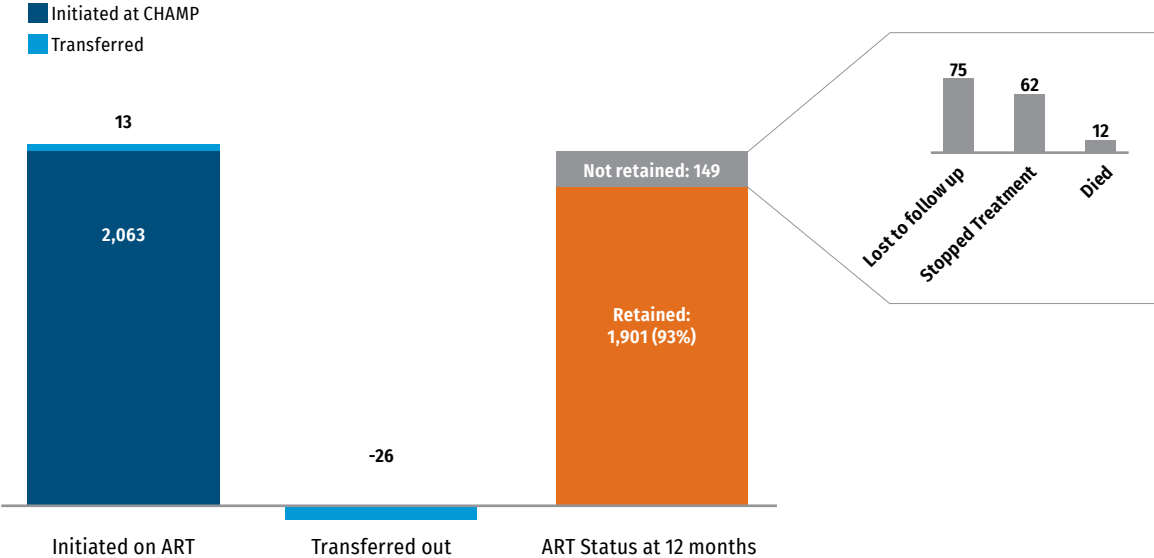
**Figure 7.**  
Improvements in treatment initiation among FSW and MSM diagnosed at CHAMP service sites, October 2014 through March 2019





Peer navigation, community-based ART dispensation, motivational interviewing, and enhanced collaboration with treatment centers have also played a role in ensuring high retention rates among beneficiaries in the CHAMP program. Figure 7 below shows that retention at 12 months for all individuals initiated on ART from January 2016 through March 2019 remains high, at 93%.

**Figure 8:**  
**12-month treatment retention among individuals initiated on ART and transferred in, January 2016 through March 2019**



**Cultivating a supportive environment to reduce stigma and discrimination**

CHAMP supports grassroots advocacy to mitigate stigma, discrimination, and violence in Cameroon. The program worked closely with the Government to develop, validate, and implement an integrated stigma mitigation intervention for health providers, including rights-based, non-stigmatizing service provision for KP. CHAMP has also worked with CBO partners to develop and implement violence prevention and response action plans, while engaging regional and national advocates as part of a national response and redress system.

In fiscal year 2018, CHAMP began working with local police, the majority of whom are stationed in hotspots or CHAMP-supported communities, to enhance their role in mitigating violence and stigma among key populations. The program facilitates a series of sensitization workshops and discussions

that help lead participants through four stages of change, including a) recognition of harmful norms, b) tolerance, c) partnership, and d) support for increased access to services. The workshops have helped people working in law enforcement to understand the links between public health and safety and their potential role in improving the overall health and wellbeing of their communities. As of March 2019, over 200 police officers and key stakeholders (including local council members; religious, civil society and political leaders; Human Rights National Committee members, parliamentarians, ministry representatives and journalists) have undergone these sensitization workshops. In fiscal year 2019, CHAMP will use online platforms to gauge the longer-term effectiveness of these interventions in changing knowledge and attitudes among participants.

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## Implementation and monitoring in collaboration with partners

Collaborative partnership with local organizations in implementation and analysis of data has been critical to achieving and sustaining epidemic control among KP in Cameroon. Prior to their involvement with CHAMP, several CBOs focused on rights and empowerment. With CHAMP's support, CBO partners now function as comprehensive, one-stop-shops for HIV and related services, with the capacity to make real-time pivots informed by detailed analysis of program data.



**“When we started some were dying because they weren't in good health, now some of them have a job, working for Humanity First.”**

**—Antoine, Drop in Center Manager, Humanity First**

### Performance-based implementation and monitoring

CHAMP collaborates with CBO partner leadership to establish quarterly, monthly, and weekly targets among key staff. These include outreach workers, peer navigators, and case managers. Targets are based on benchmarks for the entire program across the services cascade, including key monitoring, evaluation and reporting indicators, and custom indicators. CHAMP monitors achievement against these targets each week and provides support to partners to course correct in the event that they face challenges. The program also employs a quality assurance approach with locally adapted quality standards and tools, in addition to monitoring improvements based on US Government Site Improvement through Monitoring System action plans. CBO staff receive an incentive on top of their base stipend/salary if they achieve and/or surpass their targets. The program monitoring team meets with partners who struggle to achieve targets to address challenges with effective solutions. Partners who face consistent challenges achieving targets may receive a withholding of up to 10% of funds requested until they are able to bring achievement back up to standards.

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## Innovative partnerships to ensure continuity of care and treatment

### Government of Cameroon

Close partnership with the Government of Cameroon has been instrumental in ensuring continuity of care and achieving targets. At the national level, CHAMP liaises with the Department of Disease Control within the Ministry of Health, and the National AIDS Control Committee on matters related both to program implementation and implementation science. CHAMP has supported the development of the National Strategy on HIV/AIDS (2018-2022), the Minimum Package of Services for Key Populations, the development, validation, and rollout of an Integrated Stigma Mitigation training curriculum for providers, Integrated Biological and Behavioral Surveillance for MSM and FSW, national guidelines on the implementation of HIV self-testing, a national protocol for implementation of pre-exposure prophylaxis (PrEP), and research on stigma and discrimination among key populations.

At the regional level, CHAMP collaborates with Regional Health Authorities in planning, implementation, client tracking, and

analysis of program data on a monthly basis. These coordination meetings have helped in solving problems associated with transfer and tracking of clients lost to follow up, forecasting and management of stockouts, and ensuring access to treatment and diagnostic services including STI treatment and viral load tests. The program has established direct agreements with public sector treatment sites to coordinate community-based testing and treatment initiation efforts, including community ART dispensation, and training of DIC staff in the provision of clinical care and other health services.

### Global Fund

Collaboration with the Global Fund and its local partner, the Cameroon National Association for Family Welfare (CAMNAFAW), has been critical in ensuring client access to STI and other sexual and reproductive health services. CAMNAFAW sites provide family planning, antenatal and post-natal care, diagnosis and treatment of STIs, screening of cancers of the reproductive system, HTS, TB screening and referral, and legal support for

those who experience violence. The organization also provides community care and education programs aimed at reducing stigma and discrimination associated with HIV. CHAMP refers beneficiaries to CAMNAFAW to provide gender-based violence prevention and response services, and clinical care and

support at sites that are not associated with key populations. CAMNAFAW trains CHAMP case managers in community-based identification and referral for TB. The organization also supports CHAMP with the provision of STI kits for syndromic screening and STI management.

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## Looking Ahead

While CBO partners continue to achieve results across the services cascade, there is potential for saturation in current hotspots, especially among FSW. The program also recognizes the need to diversify services and delivery modalities in order to continue to attract key and priority population beneficiaries with different needs. In fiscal year 2019, CHAMP is implementing new strategies for reaching deeper into hidden networks, optimizing case finding, and increasing options for beneficiaries for testing and prevention of HIV acquisition.

### 'I feel tokoss': Outreach 3.0

An innovative online campaign called "*I feel tokoss<sup>6</sup>, I know my status*" promotes and extends online-mediated services, including provision of counseling on sexual health, and referral to HIV and STI counseling and testing, and HIV treatment. The campaign utilizes social network platforms including Facebook, WhatsApp, and dating sites to identify and engage beneficiaries in virtual hotspots. Outreach workers meet clients online to facilitate conversations on sexual health and encourage them to engage in conversations and/or referral services offline.



### HIV Self-Testing

CHAMP has played a key role in piloting HIV self-testing among KP in Cameroon. As part of an effort to increase access to testing options, CHAMP has supported the government to develop guidelines for national implementation. The program will also scale HIV self-testing to all partners in Douala and Yaoundé in fiscal year 2019. Kits will be distributed via direct and indirect modalities, including outreach worker distribution, and peer-to-peer distribution through index clients.

### PrEP

Evidence now strongly supports the use of oral antiretroviral PrEP to prevent HIV acquisition among individuals at risk. However, it is important to build social capital and effectively integrate PrEP into existing HIV services to ensure that PrEP users receive sufficient counseling and support. CHAMP is currently facilitating working sessions with the Ministry of Health, community leaders, and key population stakeholders to validate and finalize an implementation strategy for the use of oral PrEP. The program expects to begin PrEP implementation for key and priority populations in mid-2019.

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#### Notes

- 1 <https://www.pepfar.gov/priorities/keypopulations/index.htm>
- 2 <http://www.unaids.org/en/regionscountries/countries/cameroon>
- 3 <https://www.pepfar.gov/priorities/keypopulations/index.htm>
- 4 Ministry of Health Cameroon, Centers for Disease Control and Prevention (CDC), ICAP at Columbia University. Cameroon Population-based HIV Impact Assessment (CAMPHIA) 2017 summary sheet: Preliminary findings July, 2018. <https://phia.icap.columbia.edu/countries/cameroon/> (accessed Aug 27, 2018).
- 5 <http://www.unaids.org/en/regionscountries/countries/cameroon>
- 6 Tokoss is a slang term in Cameroon meaning "great, fantastic"



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