

BIAKUSU

ON S'ACHEMINE

Vers Une Génération Sans VIH



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September 2017



On the Field



Practices



My Story



Role Model



Discoveries



CAMEROONIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR



CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION





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WELCOME



PROJECT OBJECTIVES

Objective 1; Increase the proportion of PLHIV with known HIV status in the Center Region from 237,035 to 346,781 by March 31,2018.

Objective 2: Increase the proportion of PLHIV who access ART from 70% to 85.9% in the Center Region by March 31,2018.

Objective 3: Achieve 90% of all PLHIV on ART having viral load suppression from 80% (70% in children and 80% in adults) by March 31, 2018.

Objective 4: Health System Strengthening and Governance.



EDITORIAL

PROF. TIH PIUS MUFFIH PRINCIPAL INVESTIGATOR

Following a snow ball principle, HivF Center Project is moving on and gathering steam with each passing day and month. To say the least, the start of FY17 was far from being a smooth one-not *'business as usual'* given the pressure to meet all program targets or risk contract termination.

For the records, it should be recalled that initially HivF Center project targeted to scale up PMTCT and paediatric care, but the pivot of the global objectives in 2013/2014 towards UNAIDS 90-90-90 vision necessitated a commensurate shift in the country HIV response agenda. As such, HivF Center project was revised to align with the national policy which now promotes “test and treat, PITC at all entry points, early testing, quick start of treatment and viral suppression. Following this switch, the project which at onset was purely to expand and improve PMTCT option B+ suddenly metamorphosed into a Care and Treatment (C&T) project and this-within a highly challenging structural, resource limited, inadequate policy and poor governance setting.

CBCHB's determination to roll out the full package of activities soon met with great challenges partly stemming from an ill-prepared policy and structural environment and translated in the team's inability to achieve the two key treatment indicators-*treatment new* and *treatment current* despite increased efforts. The huge pressure resulting from this *'apparent'* poor performance which augured an uncertain future for this PEPFAR funding continuing was a major stimulant for the several high level meetings held within and with CBCHB, CDC-Cameroon,



Ministry of Public Health teams, other partners and stakeholders for what has been convenient to describe as a *“save the funding”* effort.

Part of this effort to save the CDC/PEPFAR funding also consisted in improving outcome of field results. Hence, CBCHB launched an *'Acceleration Plan'* from May 1 to September 30 in order to turnaround the treatment indicators. Several strategies were thus adopted to meet targets, strengthen collaborations with the different stakeholders and accelerate progress towards the overall program goal.

Now, I will like to welcome you all to this maiden publication of *“bia ku su”*- an ewondo expression meaning *“we are moving on”*. *Bia ku su* is the new name given to the monthly e-newsletter. The publication highlights project activities and other related information. The new name comes with a new look and content designed to ease reading and understanding. Indeed, *we are moving* towards an HIV Free generation in the Center region.

Enjoy reading *bia ku su!*



ON THE FIELD

Improving index case testing through contact tracing



Participants taking an oath of confidentiality

In a bid to improve index case testing, scale up, initiation and follow up of sexual contacts of HIV positive clients on treatment, a series of trainings were organized on September 14th through the 20th to update the skills of participants on contact tracing/partner notification. Other topics handled during the training include; the principles of contact tracing and partner notification, methodology and techniques required for good identification of sexual partners (contacts) of index persons, HIV testing in partner notification and interview techniques, good practices in contact tracing and managing resistance.

At the end of the training, the Assistant Project Manager of HIV-Free Center Region, Mr. Isa Ishmael urged newly trained contact tracers (Health Assistants) to put all hands on deck to break the chain of HIV and AIDS in the Centre region.

The outcome of this training didn't waste time to be felt as barely one month after the training, more

than 50 contacts of HIV positive persons (Index persons) were successfully reached with over 60% testing positive. All of the positive cases have been placed on treatment .

Tabulated below is the statistics from various sites that carried out contact tracing in the Djoungolo health district during F16.

Summary of Contact Tracing In the Djoungolo Health District

INDICATORS	Results
Number of Index persons	6327
Number of Contact Persons	9572
Number of contact persons notified	9205
Number of persons tested	8010
Number tested positive	1828
Number on ART	1686



ON THE FIELD

Religious leaders manned-up to educate the community about HIV/AIDS



Religious leaders posing with facilitators after training

. In this wise, a one day intensive training that held on the 13th of September 2017 was offered to 30 religious leaders (Rev Pastors, lay preachers, sisters, Imams. Evangelists Fathers etc) drawn from the Mfoundi health district to sensitize them on HIV&AIDS prevention, Test and Treat Strategy given the important role they play in their respective denominations .This training was also aimed at educating participants on voluntary HIV testing , promote uptake of HIV services and Provide access to antiretroviral therapy in the community.

The HIV-Free Center region has continued to strengthen the capacities of decision makers, community leaders and health care workers for an effective involvement and support of health activities.

At the end of the training religious leaders were expected to step-up sensitization and education on HIV/AIDS in their respective churches/mosque and communities . They were equally expected to pass across messages encouraging the population to adhere to ART if positive. *****

Viral Load Testing Takes a New Turn In The Center Region

In order to attain the USAIDS objectives by 2020, there is a need to achieve a 90% viral load suppression of PLWH on ART . In this vain, a series of meetings were organized to strengthen the skills of service providers so as to improve on Viral Load samples collection, storage and transportation in a bid to address challenges that might arise during viral load testing. Participated by 82 service providers, a practical sessions was conducted on how to carry out collection and storage of viral load samples.

participants committing to work as required so as to achieve the set goals.

The training also broadened participants knowledge on Cameroon’s recommendations on biological monitoring of PLHIV and proper documentation of viral load results. It ended with



Practical demonstration on how to carry out Viral Load testing *****



ON THE FIELD

CBCHS and Partners maps a way forward for better results during COP17



Dr Tshimwanga presenting strategies during training

Due to the swing of the global objectives to align with the national policy of test and treat during the 4th quarter of the HIV-Free project, there was a growing need to adopt a wide range of strategies to accelerate the implementation of this policy in order to meet up the set target in COP17. In line with this, the CBCHS held a dissemination meeting with the Regional Delegate of Public Health, DSF, CNLS, CHEMOXNICS, ICAP, EGPAF, FAIRMED and CAMNAFAW in a bid to strengthen quality improvement collaboration, review and implement resolutions made during COP16 in line with the 90-90-90 policy and deliberate on strategies to better manage HIV in the Centre Region during F17.

In line with this, an increased in the number of health districts covered by the HIV-Free project

from 9 to 23 with 5 clusters was effected in COP 17. As a reminder, the HIV-Free project covered 9 HD, activated 25 emergency centers at the Djoungolo HD and upgraded 39 option B + sites to UPEC during F16 Financial year. It is expected that, the mark increase in the number of health districts covered will go a long way to foster testing and treatment at entry points in all health facilities.



ON THE FIELD

New project year: management sets the ball rolling (COP 17)

Given the pressure surrounding the attainment of project goals come 20/20, there is an urgent need to restructure existing policies and enhance understanding of set indicators so as to increase HIV testing, early treatment initiation and adherence for consequence viral load suppression. In line with this, COP17 was launched on October 1st with a staff meeting aiming to update the skills of staff on new project strategies. With the expansion of CDC/PEPFAR funds in the Centre region, 23 health districts and

147 sites were activated in a bid to provide services to client in far off communities, expedite the attainment of the 90-90-90 agenda among others. Most sustained sites were upgraded to scale up sites in COP 17.

This forum also enabled the team to assess their challenges and make recommendations so as to better understand the landmark covered so far and what is still to be done to enhance the achievement of set indicators in COP 17.

Zone of Retention

COORDINATION ZONE	DISTRICT LIST	NUMBER OF DISTRICTS	NUMBER OF SITES	NUMBER OF C&T	NUMBER OF CLUSTERS
Akonolinga	Akonolinga, Ayos, Mbondjock, Nanga Eboko, Mfou	5	13	5	0
Bafia	Bafia, Monatele, Ndikimineki	3	15	3	0
BIYEM-ASSI	Biyem-Assi	1	9	4	4
CITE VERTE	Cite verte	1	12	6	6
DJOUNGOLO 1	Djoungolo	1	11	11	4
DJOUNGOLO 2	Djoungolo	0	14	14	6
EFOULAN	Efoulan	1	19	1	2
MBALMAYO	Mbalmayo, Esseka, Ngog Mapubi, Ngoumou	4	13	5	0
NKOLNDONGO	Nkolndongo	1	14	4	3
NTUI	Ntui, Sa'a, Ebebda	3	12	3	0
OBALA	Obala, Okola, Soa	3	15	4	0
TOTAL CENTER REGION	TOTAL	23	147	60	25



ON THE FIELD



M&E lead facilitating during workshop

Building the Capacity of Technical Staff For Better Result

A one day workshop was organized by the CBCHB to train health statisticians in the Center region to upgrade their accuracy in data collection. This training came from the back drop that quality data helps to better follow up patients and inform decision making. It also helped to strengthen the capacity of 25 technical staff on quality data reporting, expand DQA activities, assess lapses on data collection and deliberate on practical solutions to enhance the collection of data in the domains of Retention data, HTC data, global management data, aggregate and disaggregate data at site levels.

Other modules handled during the training include; Objectives and purpose of DQA, tools and usage of the ART and dispensation registers.

Its worth mentioning that all sites now have referral booklets for follow up in linkages of positive cases and confirmation of HIV test results in a bid to ensure quality data reporting.

TWG meet to deliberate on strategies to improve PMTCT services in the Center Region

With the expansion of activities in the center region, there is an increase need to ensure systematic scale up of PMTCT option B+ sites. In this vain, a meeting was organized to enforce the capacity of treatment for pregnant women and HIV exposed babies, revamp PMTCT operations in the country, Evaluate POC EID pilot, deliberate on national recommendation of Option B+ and global management of adults and paediatric HIV. The meeting was also aimed at updating participants on skills acquired during workshop organised at Johannesburg on PMTCT.

At the end of the meeting, the HIV-Free project expressed satisfaction with the TWG efforts in ensuring quality service delivery in all health facilities. A series of recommendations were made including the need to organise a regional coordination meetings among others.



ON THE FIELD

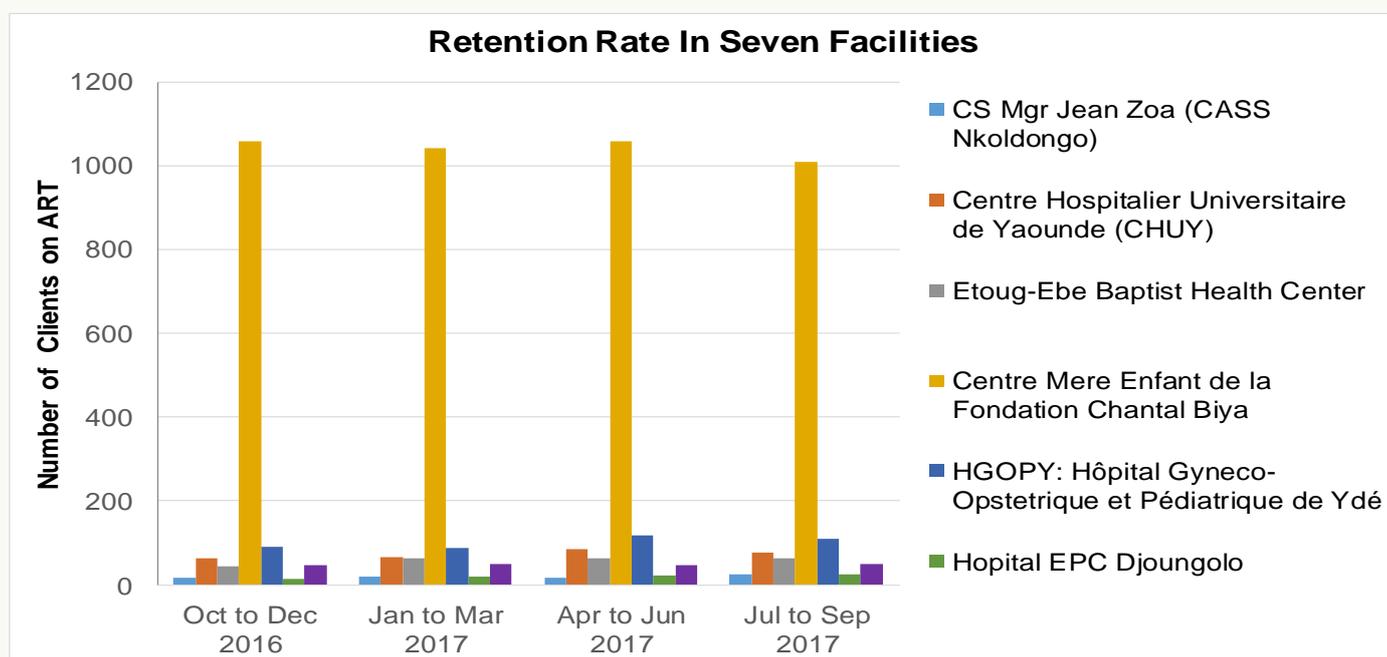
Ameliorating linkage to care for positive KPs

Taking in to consideration the pressing needs to improve initiation of PLWH (key population) on treatment in the Centre Region, a stakeholders meeting was organized by CARE-CHAMP to deliberate on strategies to double the number of KPS patients on treatment. Attended by the representatives of the CBCHS, Horizon Femmes, humanity First, GHSS, TENATA, the meeting was aimed at examining the real time situation of linkage, identify challenges and propose practical solutions to ameliorate the rate of initiation of KPS into ART in all health facilities in the Center region. Effective counselling skills

was prioritized as a requirement to enhance linkage of KPS in to ART given that only 60% MSM and 70% FSW tested were enrolled in to treatment

A need to create a convivial environment was advanced as a tool to enable the KPS to feel at home in the hospital milieu. In this wise, the HIV-Free center region project renovated and equipped C&T wards in most health facilities in a bid to enhance quality of care offered to KPS. As a result, they have been a remarkable improvement in retention rate.

Bar Chat Illustration of ART Results in Seven Health Facilities





PRACTICES

Enhancing Care and Improving Retention of Paediatric HIV on Treatment in The Center Region



Children listening to a story being told them by their trainer

Prior to the launching of the HIV-Free project in 2012, the management of pediatric HIV was a huge challenge in the Centre Region given that Care provided was not tailored to meet the need of children. In same vain, Children were not separated by age groups rather they were mixed with adults and did not have the opportunity to share their worries and experiences during clinic visits. Tracking the number of children on treatment was a veritable challenge. Moreso, the clinic environment was not friendly making the care of children inadequate. As of 2013, 94,000 children (0-19) were living with HIV in Cameroon; with only 6% receiving ART against 25% of adults.

With funding provided by CDC/PEPFAR, the CBCHS worked closely with the ministry of public health to improve access and quality of PMTCT and pediatric HIV care and treatment in the Center Region. An assessment of uptake, adherence and retention challenges of Option B+ in health facilities in the Center Region were conducted. This was in a bid to inform the ministry of health's PMTCT strategy and better improve the Implementation of accelerated children treatment (ACT) initiative to ensure that 90% of children tested positive are initiated on treatment.

The CBCHS partnered with local, community-based organizations to optimize pediatric and PMTCT service delivery through trainings and



PRACTICES

mentorship activities offered to service providers. This has greatly enhanced quality and holistic care provided by well-trained service providers leading to a mark improvement in the rate of initiation of infected children on ARVs, good adherence to ART, retention in care and reduction in mortality. Demands for pediatric HIV testing and counselling services were also intensified in remote areas through community mobilization and sensitization.

Also, The project created psychosocial support groups for both children and adults; increase access to early diagnoses (EID) and antiretroviral treatment among eligible children, point of care was also introduced at all entry points to Increase the number of children tested and initiated on ART, created a forum for affordable ,effective and equitable HIV testing of exposed infants.

More so, Child-friendly Centers were created and designed with beautiful artisan drawings to provide a more favourable, secured, relaxing and comfortable environment for children in most treatment centers. In addition, toys, children games and story books were provided to encourage activities for the

children so as to release their fears of being in a hospital environment and reduce the chance of treatment default. Children were grouped according to age groups : 1-9, 10-13 and 14-19 years with the aim to provide appropriate clinical services suitable for children in all age groups . Notwithstanding, children files were separated from those of adults and their pediatric clinic days separated in order to enhance therapeutic education.

The quality of care provided for CLHIV has greatly improved leading to a remarkable increase in the number of HIV positive children on treatment in the center region. The retention rate of pediatric HIV has skyrocketed. Constant viral load testing services is being offered and children who haven't achieved viral suppression are being actively followed by pediatric psychosocial counselors. It's worth mentioning that the CBCHS takes care of about 70% of the total number of HIV positive children on C&T in 4 regions of Cameroon including: the Centre, littoral, Southwest and Northwest regions through the PEPFAR funded ACT (Accelerated Children Treatment) Initiative.



MY STORY

Au Bout du Tunnel, la Lumière

Avez-vous jamais reçu une nouvelle qui a secoué tout votre être ? La peur agrippait mon âme et me déchirais. Je m'enfuyais et me cachais là où je pouvais pleurer et réfléchir à ce qu'on venait de me dire: je suis séropositif. C'était trop dur pour moi d'accepter cette dure réalité.

J'ai perdu mon père en 2006 et ma mère en 2013. J'avais à peine 11 ans quand j'ai perdu ma mère. C'était le début de mon calvaire ; j'étais souvent malade. Après de nombreuses consultations et plusieurs tests dont celui du VIH, la vérité sur mes maladies répétées est finalement tombée ! J'étais séropositif !. Ne sachant pas comment j'ai été contaminée, étant donné

le fait que je savais que c'était une maladie mortelle, je me posais des questions sur ce que l'avenir nous apporterait sans parents, mes trois frères et ma sœur. Ce furent des jours sombres pour moi ; rien ne semblait avoir de sens pour moi. Je vivais dans un monde à moi, ne sachant pas comment gérer la situation ou quoi faire de ma vie.

J'ai été chanceux d'avoir été transféré au CMA Mvog-Ada, où j'ai été éduqué sur mon statut et comment me débrouiller et ne jamais être timide ou triste. Nous avons été éduqués sur la façon d'utiliser nos médicaments et surtout j'avais quelqu'un avec qui je pouvais toujours parler étant donné que je ne discutais pas souvent de mon

statut avec mes frères et sœurs. Au fil du temps, grâce à l'éducation et au traitement, trois ans plus tard, je suis ici et ma vie a rebondi à la normale. J'ai des amis à l'école et je suis déjà en «SECONDE A» et rêve d'être journaliste à l'avenir. Cette profession m'a inspiré depuis ma tendre enfance et j'ai appris à réaliser mes rêves malgré mon statut. Je prends des mesures de

précaution pour éviter de contaminer mes amis et mes frères et sœurs en prenant d'abord mes médicaments et en gardant mes objets très personnels.

Je remercie ma famille, en particulier mon oncle qui m'a accueilli, l'hôpital qui me donne un traitement gratuit et tous ceux qui m'ont soutenu pendant cette phase

difficile de ma vie. Je sais qu'il y a des personnes plus jeunes que moi qui font face au même problème. Je vous encourage tous à être forts, persévérants, patients et à prendre constamment vos médicaments parce que c'est ce qui m'a aidé à lutter contre les problèmes de santé fréquents que j'avais avant de commencer le traitement. Se lier à un bon hôpital peut vous aider à résoudre 50% de vos problèmes, comme ce fut le cas avec moi. Je garde mes rêves et je travaille dur pour les atteindre, rien ne me décourage car avec mon ARV je suis juste une autre jeune fille qui travaille dur pour un bel avenir.



ROLE MODEL

Dr. TENE GILBERT: Source of Inspiration

CBCHS Paediatric Supervisor For The Littoral And Center Regions

This month, we sought through for an inspiring and passionate pediatrician who go extra miles pushing boundaries in the hope of providing the highest possible care to HIV positive children in Cameroon and caught up with an exceptional father, husband, grandfather and a great icon of pediatric care, Dr Tene Gilbert, CBCHS pediatric supervisor for the littoral and center region, whose remarkable journey towards the fight against PMTCT/ pediatric HIV and devotedness in helping children speaks volume in Africa.

Dr Tene took a steady tour through education by obtaining his First school leaving certificate in the Western region of Cameroon. He later on moved over to the Eastern region where he obtained his ordinary as well as advanced level certificates. Driven by his exceptional performance in science and a profound passion in serving humanity, our icon meandered his way to the Centre region for university studies, got enrolled into CUSS (Centre Universite des Science de la Santé) and obtained a certificate in medicine. In his quest to give hope to helpless children, Dr Tene later on specialized in Pediatric care. This enabled him to travel to Canada and France in a bid to broaden his scope on child development and care.

Not only is he known for being a famous doctor and a pediatrician, he is also known for being among the leading figures who spearheaded the initiation of pediatric HIV management in Cameroon in 2001. "I was motivated by an HIV positive child whom I rescued from the hands of death; on coming to the hospital one morning, this child run towards me and gave me a hug. The picture of this incident inspired me to make children the center of my preoccupation at the health care system.

His commitment to find new ways to bring pediatric care to under-served patients by helping as many children as possible get the medical attention they need



acted as a push factor to provide services in so many parts of the country. He served in numerous capacities within and without the country including pediatric HIV specialist with the Columbian University's International Center for AIDS Care and Treatment Programs (ICAP) in Rwanda, one of the leaders/educators of Kigali's pediatric Center for Excellence, pediatric HIV specialist with the Chantal Biya Foundation. He also worked with the Center for disease control and prevention (CDC) while providing technical assistance to the national AIDS Control Committee, NACC and the ministry of health. Dr Tene Has been active in pediatric HIV care throughout his career. His experience in PMTCT/Pediatric HIV Program design, planning and management has contributed to reduce the mortality rate associated with parentally acquired HIV over the past 10 years in Cameroon.

This Cameroonian born Doctor/pediatrician is a great lover of soul music and sport preferably juggling. He spend free hours in the midst of his "beloved wife", 5 children, and grandchildren whom he describes as a source of inspiration and a nurturer of his love for pediatric care. This passionate man believes in a better tomorrow for all children: a clarion call for everyone to put hands on deck to fight against HIV in Cameroon.



DISCOVERIES

L'impact de certaines croyances religieuses sur la TAR



Au fil des années, le gouvernement camerounais et les organisations partenaires se sont attelés à mettre sur pied de nouvelles stratégies pour parvenir à une génération sans SIDA au Cameroun. Cependant, certaines églises à Yaoundé en particulier mettent à mal ces efforts. Ne comprennent pas la réalité de cette maladie, ces églises compromettent le traitement de leurs ouailles en lui faisant miroiter une hypothétique guérison miraculeuse.. Ainsi environ 3 personnes sur 10 sous traitement TAR ont été perdues de vue 12 mois après TARV (2016). Les raisons évoquées pour cet état de choses comprennent entre autres les enseignements reçus dans la société, y compris les églises / mosquées qui ne croient pas en la prise de médicaments, mais plutôt en des miracles de la part de DIEU pour la guérison

SUR LE CHEMIN DU 90-90-90



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