

SHAP SHAP

Towards An HIV-Free Generation

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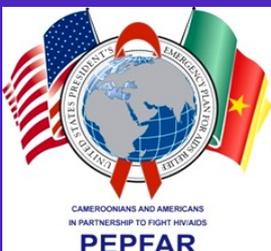
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US Ambassador to Cameroon Visits HIV Free Projects



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WELCOME

GOALS AND STRATEGIES OF HIV-FREE PROJECT

Project Goal: To reduce HIV-related morbidity and mortality for infected individuals through comprehensive, high-quality integrated and innovative HIV testing programs, optimized care and treatment program for adults, children, and pregnant women (Option B+), building on the successes of PEPFAR support in the HIV-Free Project in the NW and SW regions of Cameroon.

Strategy 1:
HIV Case
identification
& linkages

Strategy 2:
HIV
Treatment

Strategy 3:
Adherence,
and Retention

Strategy 4:
Data Management
and Quality
Improvement

Cross cutting approaches:

Cross-cutting Implementation Approaches: Coordination and joint supervision
Promote Task shifting and onsite mentorship.
Support MOH in Test and treat policy and community dispensation of ARVS.

With initial focus on the Northwest and Southwest, these strategies and approaches will enable the attainment of the following specific objectives:

- ◆ Increase the percentage of PLHIV who know their HIV status to 90% in both regions.
- ◆ Increase the percentage of HIV positive adults, pregnant women and children who access ART in health facilities and communities, from 86% to 90%.
- ◆ Increase by 10% the number of PLHIV retained in care and achieving VL suppression.
- ◆ Improve health systems performance and function through increase documentation, quality and utilization of health information, increase quality health services and increase human resource development.



EDITORIAL

Prof. Tih Pius Muffih

Project Principal Investigator

The CBC Health Board has succeeded in the implementation of HIVF NW/SW II Project as was effectively reported in the Shap Shap editions of Project Year 1. This resounding success was recorded amidst high insecurity in the two PEPFAR Regions. Since the start of project year 2, our teams in various sites have been effectively working and sending reports of work done to the management on a daily basis.

Due to the uncertainties that loomed the working atmosphere, we did not meet up with our Q1 Targets as planned by December 13. This then forced management to look into the reasons accounting for this snail pace implementation after the CDC site supervision team questioned the reasons for such a drop while demanding for lasting solutions.

After serious deliberations, we decided to institute an emergency catch up strategy dubbed CUP 2017 which was to run from December 16 to December 31, 2017. This acceleration period encroached into Q2 of the project as it is being used as the strategy to stabilize overall project targets. Consequently, the acceleration period was extended until this March 2018. During a review of the CUP results in January, CDC complimented our work in the field and recommended that such a robust strategy should continue since the end reveals factual results.

Worthy highlighting is the fact that, you all will be expected to work with such selflessness, giving in your all for us to see all persons living with HIV on treatment; hence meeting the 90-90-90 agenda of UNAIDS Vision 2020.

I will love to sincerely appreciate the huge efforts you all have been putting into making sure that we attain our targets for this project year. Just to note that I have kept a consistent tracking of your daily reports and I must confess that you all have been



doing remarkably well. That is why today, the M&E Team can be able to give us the actual number of persons living with HIV in each of the regions. Keep the Shap Shap spirit alive and in motion as we all struggle to ensure quality health services delivery to all in need while remaining steadfast to expressing our Christian love for one another.

Enjoy Reading...!



ON THE FIEL

US Ambassador Applauds HIV Free Project for Strides towards Attaining the UNAIDS Vision 2020



PI Explains the Progress on Attainment of Project Targets in Relation to PMTCT of HIV

The Cameroon Baptist Convention Health Board (CBCHB) has been successful in implementing the HIV Free Projects in Cameroon since April 2011. This has been with funds from the US based Center for Disease Control and Prevention (CDC) and the US President's Emergency Plan for AIDS Relief (PEPFAR). Haven impacted millions of lives in four Regions of Cameroon, the US Government has been very faithful in renewing their commitments to stampeding HIV and AIDS out of North West, South West, Center and Littoral Regions and Cameroon in general. In this light, the US Ambassadors to Cameroon always intentionally inspect all projects funded by US government. It is for this reason that the new US Ambassador to Cameroon; H.E Peter Henry Barlerin paid a

working visit to the CBCHB to inspect the implementation of the HIV Free Projects.

His visit started from Regional Hospital Bamenda where he inspected the Early Infant Diagnosis (EID) Laboratory – a PEPFAR funded project for PCR testing— and was updated on the present standing as regards the 90-90-90 in the region; thanks to the PEPFAR funding. Meanwhile, at Nkwen Baptist Health Center, he had a euphoric reception by both Paediatric and Adults Support Groups. They carried soul touching messages of appreciation on placards; and chanting songs in gratitude for the help of the American government. Talking to the Project Principal Investigator, this visit and the ambassador's impression only stands to testify to the fact that there is a better future for the project in Cameroon. *****



ON THE FIELD

“Soul Touching Messages:” US Ambassador’s Description of Messages Carried by Paediatric and Adults Support Groups



After 8 years of project implementation in the four PEPFAR Regions of Cameroon, the impact of HIV Free Project’s services cannot be overemphasized as they all speak for themselves. For instance, the prevalence rate of HIV in the North West Region dropped from ...% in 2011 to ...% in the year 2017. Meanwhile, due to the effective PMTCT services in the project, thousands of children are born HIV negative to positive mothers in the region and in the other three regions of the PEPFAR funding. With such healthy babies born to positive mothers in the region; the Adult Support Group Members could not hide their emotions as it reflected in their messages printed on placards. Some of such messages included the following:

♦ *“My exposed child is HIV negative; thanks to*

your support.”

♦ *“My son is alive today, thanks to CDC/PEPFAR.”*

♦ Bravo!!! Bravo!!! Bravo!!! CDC/PEPFAR.

The Paediatric HIV clients in their speech to the ambassador passionately and emotionally poured out their hearts saying; *“... when you go back home, tell your government that you came and saw us; tell them you saw us happy; tell them you saw us healthy; and tell them that you saw us with a lot of hope”* these words were spoken amidst an outpour of tears of joy and hope. In a response message, H.E Peter Henry Barlerin said, he is highly impressed by what he saw which corroborated the data the American government has been receiving over the years past.



ON THE FIELD

HIVF NW Trains Site Staff on Effective Use of New Index Testing Tools



Participants Paying Keen Attention to the Modules

According to the North West Regional Technical Group (RTG) for HIV and AIDS Coordinator – Dr. Tayong Gladys; close to 360,000 persons were tested for HIV in the year 2017 with only about 9000 diagnosed HIV positive. Of those positive, only about 6000 were effectively put on treatment and are being followed up. Addressing site staff, the RTG Coordinator stressed on ensuring that the 3000, declared as Lost-to-Follow-up (LTFU) are traced and placed on treatment. Within the year 2017, several strategies including community based Voluntary Counseling and Testing (VCT), and facility based direct testing were used. At year end, it was discovered that of those positive, only 2% were diagnosed during community based VCT while the facility based diagnoses had about 6%. This showed that the facility based is more effective;

hence the management decided to scale up HIV testing in facilities at all levels. This is how index testing became the main strategy for HIV testing in Cameroon to *“Find them, Treat them and Keep them”*.

The one day training which brought together some 150 participants in three sessions, started from April 26 to 29. Holding under the auspices of the RTG, the participants were well drilled on an overview of Index Testing (IT), the new IT tools, documentation and reporting format, and case scenarios. A core module taught was an understanding of the 5Cs of Confidentiality, Counseling, Consent, Correct Testing and Connection to Treatment and Prevention. At the end of the training, the participants in two sessions performed a role play of an ideal contact tracing based on the training modules.



MY OPINION

M&E Team Conduct Onsite Evaluation of Viral Load Testing for Scale Up

Few months after the training of some laboratory technicians, and UPEC coordinators, the HIVF project management deemed it necessary to conduct an evaluation of the facilities that were trained so as to monitor their progress for scale up of the activity. This evaluation was done as part of the evaluation of sample circulation for viral load analyses. The evaluation involved assessing each facility's competence in the collection and transportation of samples as well as turnaround of results to the clients and eventual follow – up of those clients based on suppression status. The latent reason for this exercise is to improve on the viral load service uptake in facilities.

The evaluation exercise was carried out by a technical team from the North West Regional Technical Group (RTG) for the fight against HIV and AIDS in collaboration with the CBC Health Board. From May 18, 2018, the team visited 13 sites. Several sites couldn't be visited for the evaluation exercise due to the crisis in the NWR. During this tour, the team ensured that enough recommendations were made where need be and as well some requests by the facility teams were recorded for onward transmission to the right quarters. Meanwhile, some outstanding challenges found to be conventional for all the sites visited remains the expensive nature of the viral load test, and the delay in the turnaround time for all the samples transported to the NW Regional Reference Laboratory.



M & E Officers Conducting Evaluation at CMA Nkwen



MY OPINION

HIV-FREE NW II Project Orientate Stakeholders on New Strategies in HIV Testing and Management

Following the national test and treat guide and the new orientation plans on targeted testing put in place by the HIVF Project in FY2, it was a growing need to inform stakeholders on new strategies. In this wise, the HIVF Project in collaboration with the North West Regional Technical Group (NWR TG) for HIV and AIDS organised a two day informative meeting for stakeholders. The briefing session was on new orientation on index testing, INH Prophylaxis and Community ARV Dispensation. It was also aimed at reviewing of HIV-Free NW II Project activities, performance, and perspectives. The meeting at the regional delegation from May 18-19, 2018.

Within the frame work of increasing HIV case identification, index testing (contact tracing and family model testing) was viewed as a necessary

tool to bridge the gap between HIV testing and positive yield. During the meeting, participants were urged to carry out the national algorithm of testing and verification as well as proper documentation using the new HIV algorithm AQ logbook.

Several challenges were identified including low adherence rate among paediatric HIV. In response, adolescent champions were deployed in various sites to work closely with peers to enhance treatment adherence. Also, a transition clinic was recommended as a necessary tool to facilitate the transition of Ped. HIV to adult clinics. As a reminder, 11 CBOs were put in place in targeted health districts to increase ART coverage, improve adherence support and retention in care.



RTG Coordinator Giving HIV Situational Analyses in the Region as 2017



MY OPINION

HIV-FREE NW II Intensify Index Testing to Increase Treatment New



Staff Respond to New Strategy in Relation to Field Realities

Achieving testing yield has been a great challenge in the NW region, sometimes stemming from a poor understanding of key indicators by service providers. As a result of this challenge, index testing was regarded as an essential tool to improve the scale up of positive cases, linkage, and retention and follow up of patients in ART. In order to intensify this strategy in the various health districts, a coordination meeting was organised on the 20th of April 2018 to update project staff on new orientations on index testing and new tools.

This meeting also created a platform for project staff to raise their challenges which included: low rate of testing and retention into HIV care as a

result of the ongoing Anglophone crisis, limited PITC at all entry points, shortage of test kits in some health facilities, documentation and reporting hitches among others. A series of recommendations were made all of which geared towards encouraging project staff to carry out targeted testing and systematic PITC at all entry points. Participants were also encouraged to carry out proper data collection and reporting.



MY STORY

I am a Mother of Hope

“*The thought of death; wondering what will become of my 2-year-old child as she grows in my absence, was what forced down my cheek, a river of tears some 13 years ago.*” Mary elucidated with some breath of relief.

In 2004, at a time when the news of HIV positive diagnoses was an obituary, I was told I'm HIV positive. At the time, I thought only unprotected sexual intercourse with an infected person was the only means of contracting the virus. This ideology made me disbelieve that my test results were untrue. News of my status somehow got of the information hungry villagers and rumor mongers; and went at a wild fire pace. Hence, I started receiving condolence messages. All my days of blissfulness suddenly turned gloomy; so I escaped the trauma to Bamenda.

Before my departure, curiosity got the best of me; I went back to the counselor to enquire about treatment, she placed on a diet since there was no available treatment as we have it today. I was told to eat plenty of vegetables, coconuts, pumpkin leaves, plenty of soya beans, water, then I was told no alcohol, boiled fish and not the fried fish.

The fear of never getting a husband pricked my heart; hence I never got into mingling until 3 years later (2007) when I found love in my husband. When I got pregnant in 2009, I hurried for ANC at Mbingo Annex where a test for confirmation was done. All those years, as each day passed, I still recalled a vivid pictorial view of the nurse and her soft painful words; *“I'm sorry, your test came out 'positive'; you are HIV positive”*. When my test results came back positive, it finally dawned on me that I'm actually doomed for obituary. The counseling I received made me to understand, HIV infection never and still does not mean one has arrived at the threshold of death.

In 2009, my CD4 count test was done and I had over 760; this prevented the nurses from placing me on treatment. Hence I was given Nevirapin which I was to take just one tablet prior to delivery;

When I gave birth, my child's routine PCR tests were all negative. It was only then that I could breathe some relief.

“I was only placed on treatment in 2015; my husband and I have three children and they are all HIV negative. This is because I followed all the advice I received at the health facility by counselors.”

My husband was filled with shock when I disclosed my HIV status to him. Though disappointed on how long it took me to disclose my status to him, he still showed me a high magnitude of love. His forgiveness and counsel was of great comfort to me. I was all over the moon again when his own diagnosis was negative.

Since it became clear to me that I got infected through the exchange of sharp objects with infected persons; I became over protective of my husband and children. My husband is very protected from me during sex.

“Apart from ARVs, I ensured that I made my mind to be very stress free. Hence, it is the key to my healthy state. AIDS comes as a result of a stressful mind, default in treatment and a low CD4 count.”

HIV does not bring you to the threshold of death. If infected, know that you are not alone. There are many other people out there with your condition; marriage is still very possible and just like me, your children can be born HIV Free. All you have to do is to take your treatment and adhere completely to it. When you do that, your husband and children can remain uninfected. Knowing your HIV status is the fastest and best way to long healthy and fruitful life. If you positive, ensure you join a support group and you will be able to overcome stigma and rise above your foes.



MY OPINION

H.E Peter Henry Balerin
US Ambassador to Cameroon



I have had the opportunity to visit the Reference Hospital Bamenda, and I also visited the HIV Free Project of the CBC Health Board all of which have been fully funded by PEPFAR under the US government. The Cooperation ties that exist between the CBC Health Board and the Reference Hospital is very impressive. I am also very impressed with the level of commitment the CBC Health Board and the Cameroon Government have towards stampeding HIV and AIDS from the country. I want to assure you that the United States' Government will stay glued and steadfast to the commitment in helping Cameroon overcome the HIV in the country and to other parts of Sub Saharan Africa.

On the Road to 90-90-90



CBC HEALTH BOARD

“HIV is just like any other disease; get tested and get treated”

Prof. Tih Pius Muffih, Project Principal Investigator.

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