CDC in Cameroon





Staff

CDC office (physical presence)

2 U.S. Assignees

18 Locally Employed

At a Glance

Population: 23,739,000 Per capita income: \$2,940 Life expectancy at birth women/men: 58/56 yrs Infant mortality rate: 57/1000 live births

Source: <u>Population Reference Bureau, 2015,</u> Cameroon

Top 10 Causes of Death

- 1. HIV 13%
- 2. Lower Respiratory Infections 12%
- 3. Diarrheal Diseases 6%
- 4. Malaria 5%
- 5. Stroke 5%
- 6. Ischemic Heart Disease 4%
- 7. Birth Asphyxia & Birth Trauma 3%
- 8. Meningitis 3%
- 9. Preterm Birth Complications 3%

10. TB 3%

Source: WHO Country Health Profile: Cameroon The Centers for Disease Control and Prevention (CDC), Cameroon, was established in 1998 as an HIV/AIDS research-based field site and transitioned to HIV program support in 2008. In 2007, an historic memorandum of agreement was signed between USG and Government of the Republic of Cameroon (GRC) for cooperation in preventing and controlling HIV/AIDS, Avian Influenza and other infectious diseases. CDC's current focus is HIV prevention, care and treatment through technical and financial assistance in the following areas: Prevention of mother to child HIV transmission (PMTCT), Blood Safety and Health Systems Strengthening (Lab and Strategic Information (SI) support). Key collaborators include Ministry of Health (MOH), National AIDS Control Committee, WHO, UNICEF and national and international implementing partners.



HIV/AIDS

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the CDC Cameroon Office provides technical assistance to help the Ministry of Health (MOH) implement an effective, efficient HIV program. Using a data-driven approach, CDC is working closely with the MOH to tailor their HIV national response to the unique characteristics of the local epidemic for maximum health impact.

The scale-up of high quality prevention services to reduce HIV transmission from mother to child and the integration of prevention of mother-to-child transmission (PMTCT) services is a key priority. With CDC support, these services are being integrated into mainstream maternal neonatal and child health care. By the close of 2012, CDC has supported the scale-up of PMTCT programs in 555 clinics across the country.

Other key activities include improving and expanding HIV/counseling and testing, TB/HIV integrated service delivery, blood safety, and early infant diagnosis. Health system strengthening support includes building country capacity in the areas of workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic.



Health Systems Strengthening

CDC is helping Cameroon develop and implement a National Strategic Laboratory Plan and Policy. It also helped Cameroon launch a national laboratory quality assurance program, including its first national proficiency testing program which currently has 156 sites enrolled and participating in the program and covers all regional and district government health facilities in the North and far North regions.

Other lab capacity building activities supported include the roll-out of the Strengthening Laboratory Improvement Process towards Accreditation (SLMTA) training program and technical assistance needed to help Cameroon laboratories achieve accreditation. With CDC support, 12 laboratories are currently engaged in the strengthening laboratory improvement process (SLIPTA). At the close of 2012, over 1,300 MOH laboratory personnel and 139 non-MOH staff have participated in various trainings including SLMTA. CDC is also supporting the MOH to set-up and establish its first ever National Public Health Laboratory to provide sustainable leadership and guidance to laboratories across the national tiered health system.

CDC has also worked with Cameroon to improve its HIV surveillance system, including providing technical assistance in the development of evaluation protocols to conduct a full complement of surveillance, research, and program monitoring to inform program planning and increase the impact of HIV investments.

Impact in Cameroon

With our partners:

- 49, 032 pregnant women tested for HIV and received their results and 3, 020 HIV+ pregnant women put on ARVs
- 194 HCWs trained on aspects of blood safety
- 18,000 infants tested for HIV and over 400 HCWs trained on HIV testing and DBS collection
- 980 MOH lab personnel trained on quality assurance and lab strengthening protocols
- Strengthening 5 regional laboratories towards accreditation as five star labs

Field Epidemiology Laboratory Training Program

A Field Epidemiology Laboratory Training Program (FELTP) regional training program was launched in Cameroon in 2010 and with support from the GATES foundation; it serves three Central African countries (DRC, CAR and Cameroon). FELTP trains health professional and prepares them to respond to the challenges of detection, prevention and control of potentially epidemic diseases including disease surveillance and proper management of epidemic response. Thirty-five (35) FELTP fellows have now been trained.

For more information please contact Centers for Disease Control and Prevention: CDC-Atlanta

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