CURRENT STATUS OF HIV/AIDS IN CAMEROON: HOW EFFECTIVE ARE CONTROL STRATEGIES?

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Abstract: More than two decades after its discovery, HIV infection remains the number one killer disease in Sub-Saharan Africa where up to 68% of the world’s 33.2 million infected people live (UNAIDS, 2007). In Cameroon, based on a Demographic Health Survey carried out in 2004, the national HIV prevalence is estimated at 5.5% with women and youths being predominantly infected (Enquête Demographique et de Santé, 2005). Orphans and vulnerable children (OVC) from the HIV and AIDS pandemic have increased steadily over the years; hospital occupancy is estimated at about 30%, hence stretching the health system; co-infections like HIV/tuberculosis have been reported to reach 40-50% of infected cases and 95% of teachers are said not to be productive on several counts. Thus, the impact is multi-sectorial. Furthermore, the HIV epidemic in Cameroon is peculiar because of the wide HIV-1 genetic diversity of HIV-1 Groups M observed with several subtypes reported (A, B, C, D, F, G, H, J, K), predominantly subtype A. There are also circulating recombinant forms, mainly CRF02_AG. In addition, HIV-1 Groups O and N have all been noted in Cameroon (Gurtler et al, 1994; Simon et al, 1998; Burda et al, 2004; Ndembé et al, 2004; Yamaguchi et al, 2006). These findings have great implications not only for HIV diagnosis, but also for responsiveness to therapy as well as for vaccine development (Koizumi et al, 2006).

In 1986, the initial response of the Cameroon government to the increasing trends in the HIV/AIDS infection was to create a National AIDS Control Committee to coordinate a national AIDS programme. By 2000, the first National Strategic Plan was drawn for 2000-2005. The second National Strategic Plan for 2006 – 2010 is currently being implemented and covers five axes: i) Universal access to prevention, ii) Universal access to treatment and care, iii) Protection and support of orphans and vulnerable children, iv) Ownership of the programme by the actors and v) Epidemiological surveillance and promotion of research. Some results obtained show that 45,605 adult patients had access to antiretroviral drugs by December 2007, compared to 28,403 in 2006 and 17,156 in 2005. There were 209,037 pregnant women tested at antenatal clinic in 2007 compared to 90,238 in 2006. Concerning OVC, overall, there were 43,505 OVC supported in 2007, an increase to the 25,643 supported in 2006. With combined efforts from International resources (Global Funds for AIDS, Tuberculosis and Malaria, Clinton’s Foundation, African Development Bank, UNESCO, UNICEF, WHO, GTZ, CARE etc.) and national support, as well as efforts to promote collaborative and operational research in the country, there has been significantly positive results noted in the various arms of intervention by the Cameroon government.

Keywords: HIV, AIDS, Cameroon