

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



CAMEROON

COUNTRY CONTEXT:

Size of population:	17,340,702 ¹
Life expectancy at birth:	51.16 years ²
Percentage of population under 15 years:	41.2% ³
Population below income poverty line of \$1 per day (2004):	17.1% ^{3a}
Female youth literacy rate: (15-19):	73.3% ^{3b}
Female youth literacy rate: (20-24):	68.2% ⁴
Average age at first marriage for women in 1998:	20.2 years ⁵
Median age at first sex among females (ages 15-49) in 1991 ⁱⁱ :	(20-24) is 16.1 years (45-49) is 15.7 years ⁵
Health expenditure per capita per year (2002):	\$68 ⁷
Contraceptive prevalence rate ⁱⁱⁱ :	7.1% ⁸
Fertility Rates (2005):	4.4 ⁹
Maternal mortality rate per 100,000 live births (2004):	730 ¹⁰
Main ethnic groups: Cameroon Highlanders 31% Equatorial Bantu 19% Kirdi 11% Fulani 10% Northwestern Bantu 8% Eastern Nigritic 7% other African 13% non-African less than 1% ¹¹	
Main religions: Indigenous beliefs 40% Christian 40% Muslim 20% ¹²	
Main languages: 24 major African language groups English (official) French (official) ¹³	

AIDS CONTEXT:

Number of women (ages 15-49) living with HIV (2005):	283,000 ¹⁴
Number of men (ages 15-24) living with HIV:	183,523 ¹⁵
Adult HIV prevalence 2005:	5.5% - women: 6.7%, men: 4.1% ¹⁶
Youth HIV prevalence (15-24):	3.2% - women: 4.8%, men: 1.4% ¹⁷
HIV prevalence among sex workers in Yaounde (1997/98):	34% ¹⁸
Number of deaths due to AIDS in 2003: 49,000 (range: 32,000-74,000) ¹⁹	
Estimated number of orphans (ages 0-17) in 2004:	240,000 ²⁰

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

HIV and AIDS continues to remain a problem in Cameroon, particularly for young women and girls. The most vulnerable groups are sex workers, truck drivers, mobile populations and military personnel. Young people (15-29) account for one third of those living with HIV and AIDS.²¹ Prevalence rates are higher among women than men. The median HIV prevalence among young women aged 15-24 years was 11.9%, ranging from 7.5% in Littoral province to 19.6% in Adamawa province. Among women aged 15-19 years, the median HIV prevalence was 11.5%, ranging from 2.8% in Littoral province to 21.9% in Adamawa province. In 2000, HIV prevalence among antenatal care attendees in 28 sites was 10.8%.²² Sex work is a problem that continues to be overlooked by the authorities and, therefore, largely fails to be incorporated into policy directed at the response to HIV and AIDS. This is all the more pertinent as sex workers are disproportionately affected. Rape and gender based violence are also problems that need an urgent and comprehensive response, ensuring that incidents are reported and perpetrators are brought to justice. Female genital mutilation is practiced, particularly in the north of the

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN CAMEROON.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Cameroon. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Cameroon**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Cameroon.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Cameroon to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Cameroon' (available on request from IPPF).

country. Corruption ensures that prevention strategies are not as effective as they could and should be, leading to the overcharging of Voluntary, Counselling and Testing services and antiretroviral treatment (ARVs).

The National Strategic Plan for 2006-2010 addresses the full continuum of HIV and AIDS strategies, including care prevention, support and treatment but the reality on the ground is often different. Voluntary Counseling and Testing (VCT) is being scaled up, thereby increasing availability, but these services are difficult to access in rural areas and can involve travelling long distances. People are sometimes reluctant to visit the centres due to the stigma associated with them, and young women and girls are often discriminated against by health workers. Antiretrovirals (ARVs) are available but until March 2007 were very rarely free of charge. Male condoms are widely available and affordable but the female condom is too expensive and availability is scarce. Evidence suggests that condom use is increasing and that boys and men are generally willing to use them.



KEY POINTS:

- The minimum **legal age for marriage** is 15 for girls and 18 for boys.²³ However, this is regularly overlooked, particularly in the northern provinces of Adamawa and Far North Province where parents often arrange for girls to get married without the bride's consent.²⁴
- The legal age for both accessing an **HIV test and sexual and reproductive health (SRH) services** without parental or partner consent is not clearly defined, and in practice accessibility varies depending on staff attitudes and policy at individual Voluntary, Counselling and Testing (VCT) centres.^{24a}
- The **law prohibits rape**, although in practice it does occur and is a serious problem. **Female genital mutilation (FGM)**, which evidence suggests can increase the risk of HIV transmission,²⁵ is not prohibited. Although it is not widely practiced, increased internal migration means that FGM is spreading to some areas.²⁶
- There is no official **AIDS Law**. However, confidentiality is prescribed in protocols and during the training of staff on counselling and HIV testing.²⁷ A **draft law is being developed to protect people living with HIV and AIDS (PLHIV)** and will be submitted to the Ministry of Health and National AIDS Control Committee.
- **Sex work** is illegal but widely tolerated by the authorities. It is particularly common in urban areas.²⁸
- Under section 337 of the Penal Code, **abortion is legal only if it saves the mother from grave danger to her health or when the pregnancy is the result of rape**. Induced abortion and its health complications constitute a serious problem in Cameroon.²⁹ Women who obtain an illegal abortion face up to one year imprisonment and a fine of 200,000 francs (approx. USD 410).³⁰

QUOTES AND ISSUES:

- "Even though girls nowadays get married later, most of them are involved in **sexual activities with men earlier than before**. Not that they are officially married, but the **social life pushes them to be with somebody** so that they can at least get their daily bread."
(Interview, President, Faith based group)
- "*For the basis of change is to **provide women with education** so that she becomes autonomous while making decisions concerning age of marriage or problems related to her sexual life.*"
(Interview, Reproductive Health Officer, Multilateral agency)
- "It is not everybody who would like to do it [HIV test] with her **parents' consent**. For example a 15 years old girl who is already sexually active might want to know her serological status. **She can't say: 'Mummy, I'm going to do the HIV screening test'.** She can't say that."
(Focus group discussion with young women in Loum [15-19 years])
- "*More than legislation, it is **parents' responsibility** which should be sought.*"
(Interview, Reproductive Health Officer, Multilateral agency)
- "Women's unfaithfulness is severely **punished by law** whereas men are more or less not even blamed for that."
(Interview, Coordinator, Law and HIV/AIDS Network)
- "*Legislation is a **minor problem** as compared to age and poverty.*"
(Interview, Executive Assistant, UN Agency)
- "Abortion is forbidden, but girls conveniently **do away with any pregnancy** they don't desire."
(Interview, President, AIDS focused NGO)
- "*There is a **draft law** concerning the protection of **PLHIV** under study, but it has not yet been adopted. Even though we are covered by Human Rights, it would be better that a **specific law protects PLHIV** who have particular problems.*"
(Interview, Executive Assistant, UN Agency)
- "The government should introduce a law that acknowledges the **desire and the right of HIV positive girls and young women** to have children."
(Interview, President, Faith based group)



KEY POINTS:

- The National Strategic AIDS Plan (2006-2010) addresses the **full continuum of HIV and AIDS strategies, including care, prevention, support and treatment.** **The government is committed to promoting universal access** to treatment and prevention and voluntary testing and counselling centres have been integrated into all national, provincial and district hospitals in the 10 provinces.³²
- The National Strategic Plan does not emphasise **confidentiality** within HIV and AIDS services but does follow guidelines where it is recommended.^{32a}
- A **multisectoral plan** for expanding and decentralizing the provision of antiretroviral therapy has been developed.³³
- **Preventing mother to child transmission (PMTCT) services** are being gradually expanded, including free voluntary testing and counselling for pregnant women and their partners.³⁴ The aim is to cover at least 80% of health districts by 2006 and to offer HIV counselling and testing to at least 80% of pregnant women.³⁵
- In January 2007 an **interministerial decree** between the Ministries of Basic Education and that of Secondary Education was signed to introduce a programme on **Education to Family Life on Population and Prevention of HIV/AIDS.**³⁶ The Global Fund Round 7 proposal aims to scale up this initiative to the entire education system by 2012 provided the funding is achieved.³⁷
- Key **national data**, such as that used by UNAIDS, is **disaggregated by age and gender.** This enables an analysis of how the HIV and AIDS context – and its impacts on girls and young women – are changing.³⁸ This is disseminated on **calendars and flyers.** **Children, adolescents, women** and other high risk groups have been targeted by policies aiming to promote **safer sexual behaviour.**³⁹
- Despite good programme design, failure to put in place **transparent and participatory monitoring systems,** and failure to bring to justice cases of **corruption, embezzlement and abuses** in the context of HIV/AIDS has constrained the fight against HIV/AIDS in Cameroon.⁴⁰
- Researchers have found that some government officials **see community sector organizations as competitors rather than collaborators.** They also found that information sharing between government and the community sector was very poor.⁴¹
- **Cameroon's Sectoral Health Strategy 2001-2010** specifically cites as an objective the increase in **modern methods of contraceptive prevalence** from 12% to 25% in urban areas and to at least 15% in rural areas.^{41a}
- There are not yet any national policies which mention the **rights of people living with HIV (PLHIV)** but certain organisations have workplace policies. Also, the coalition of PLHIV associations RAP+ Afrique Centrale held a sub regional session in May 2007 at which a strategic plan was adopted which includes a component on protecting the rights of PLHIV.⁴²

- The new National Strategic Plan (2006-2010) has taken into account **programmes for sex workers.**^{42a}
- A **National Strategic Plan for Contraceptive Commodity Security** exists, yet its implementation is still insufficient.⁴³ The main providers of condoms are through the public health system (CENAME), social marketing (ACMS) and private sector and pharmacies. There are very large differences in price according to product.⁴⁴

QUOTES AND ISSUES:

- "If a rich man parks a Mercedes car, whether he's infected or not, we don't care. **All we want is money.**" (Focus group discussion with young women in Loum, rural area [15-19 years])
- "*I can't imagine that a boy in Loum (urban area) can have sex with a girl from Loum without condom. If he does it, it means that he's faithful and maybe they have already dated for a long time. And the majority use condom. Married men are those who rarely use protection.*" (Focus group discussion with young women in Loum, rural area [15-19 years])
- "They don't have the habit of buying condoms themselves, to the point that **people prefer having unprotected sex than buying condoms** they expect the government to provide." (Interview, President of PLHIV Network)
- "*If you approach them [sex workers], they will tell you no sex without condom. They became very conscious after all the sensitization that has been carried out on them.*" (Interview, President, Faith based group)
- "**HIV screening is not yet in the habit of the people** and the government has made it a priority to encourage the population to go in for voluntary counselling and testing in the 2007 actions plan." (Interview, Reproductive Health Officer, Multilateral agency)
- "*The government should support all community based organisations working on sex education, so that they can intervene on youths who are either in school or out of school.*" (Interview, Coordinator, Law and HIV/AIDS Network)
- "There should be a clear policy for the socio-economic **integration of PLHIV.**" (Interview, Coordinator, Law and HIV/AIDS Network)
- "*There is not much need for new policies or protocols. The main problem is to have these protocols applied.*" (Interview, President, Faith based group)



KEY POINTS:

- There are approximately **49 Sexual and Reproductive Health (SRH) clinics** belonging to NGOs or private associations. They are mostly based in Yaounde and the provincial capitals. The majority of the 143 district hospitals provide SRH activities, although these are mostly limited to family planning.⁴⁵
- The number of facilities providing services for **voluntary counselling and testing (VCT)** increased: from 18 at the end of 2003 to 89 by September 2005.⁴⁶
- **Female condoms** are expensive, scarce and largely unheard of, particularly in more rural areas. Male condoms are better known and more accessible in terms of price and availability.⁴⁷
- By December 2005 the government aimed to have **reached 36,000 of the 108,000 in need of antiretroviral treatment (ARVs)**.⁴⁸ There are currently 84 service points for access to ARVs and 39 new services points have just been created where ARV treatment will be available during 2007.⁴⁹ First line **ARVs are free for all since May 1st, 2007**.⁵⁰ Also, eligibility for treatment is being assessed at 14 VCT centres and 160 prevention of mother to child transmission (PMTCT) sites.⁵¹
- The Network of People Living with HIV (PLHIV), RECAP+, organizes **training on ARV adherence** with the financial support of CARE/The Global Fund. GTZ also used to organize training on positive living for PLHIV and more than 3,000 PLHIV have been trained on this programme.⁵²
- Ndo Milaiti, a **women's group** in north western Cameroon, supports 17 PLHIV and 225 children impacted by HIV and AIDS, helped by the support of Hope for African Children Initiative (HACI).⁵³
- The government organises **workshops to promote safer sexual behaviour** among young people by building capacities of leaders and peer educators on the following topics: safe sexual behaviour among children aged 5-14 and among adolescents aged 15-24, sexual education among at-risk groups such as sex workers.⁵⁴
- There is a German-Cameroon Health Programme for **girls and young women who are victims of early and unwanted pregnancies**. There are 115 associations of Aunties in Cameroon with more than 6,000 trained members. Young men also get training under this project.⁵⁵
- A number of programmes also work to **engage men and boys in HIV prevention and gender equality**. However, males only accounted for 4% of all trained young people (2001-2004).⁵⁶
- International and national NGOs support **information, education and communication activities** such as HIV counselling, psychosocial and material support and home-based care for **PLHIV and orphans and vulnerable children**.⁵⁷

QUOTES AND ISSUES:

- "More efforts need to be put on **decentralising services**, making them available closer to people particularly **in rural areas**." (Interview, Coordinator, Law and HIV/AIDS Network)
- "*I often sell it [condoms]. This is **no longer a taboo**. We buy and sell in school.... If you want one, I sell it to you.*" (Focus group discussion with young women in Loum, rural area, [15-19 years])
- "They (men) have it [condoms] always in their pockets. **They use it more often, they move with it always**. I think they are cautious, they are scared." (Focus group discussion with young women in Yaoundé, urban area [20-24 years])
- "**Condoms are available now and it is easy to find them nearly everywhere. But people don't always use it. Treatment is available in special treatment centres or units and there is hope that very soon, ART will be free of charge for pregnant women.**" (Interview, Reproductive Health Officer, Multilateral agency)
- "In some clinics girls are provided with reproductive health services without their parent's consent. But in other health units, **cultural barriers** may mean that some staff **don't provide these services to young girls.**" (Interview, HIV Officer, Family Planning Association)
- "*Structures are open to all, to men, to women, to everybody. Therefore **everyone chooses where he wants to go and access is free**. Care is given to all.*" (Interview, Executive Assistant, Multilateral Agency)
- "HIV screening is available in Voluntary, Counselling and Testing (VCT) centres, but people don't use this service much because they are **afraid of what will happen then if they were HIV positive**, what they will have to spend to be taken care of. Home based care for AIDS patients is lacking." (Interview, HIV Officer, Family Planning Association)



KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Cameroon, including:
 - Judgemental attitudes of families, community members and health workers.
 - Stigma associated with HIV and AIDS makes people reluctant to visit Voluntary, Counselling and Testing (VCT) centres.
 - Lack of information about available services.
 - Distance to services and costs of transport, particularly in rural areas.⁵⁸
 - Lack of privacy and confidentiality is a significant barrier to access in Cameroon.
 - Traditional norms of gender inequality.

Many of these barriers particularly affect girls and young women living in rural areas.
- HIV prevention and Sexual and Reproductive Health (SRH) services are **equally open** to married and unmarried young women and girls, regardless of their HIV status. In fact, HIV positive women are even better taken care of in Prevention of Mother to Child Transmission (PMTCT) or treatment centres where their needs are well known to health staff.⁵⁹
- **VCT services** are free for **pregnant women**, children (0-15), students, the military and prisoners but others have to pay. However the fee has been reduced to 500 Central African Franc (US \$1) which can potentially undermine HIV prevention initiatives. In general, women access VCT services more than men.⁶⁰
- As a result of new legislation, first line **antiretrovirals (ARVs) are available and are free of charge** since May 2007.⁶¹ It is vital that this new legislation is comprehensively implemented in all service delivery points.
- **Stigma and discrimination** issues are included in the training curriculum of Health workers at SRH clinics so as to make services as accessible as possible.⁶²
- Association des Amis de la Prudence with the assistance of the Cameroon Red Cross has specifically **targeted sex workers and their clients**, using peer educators to encourage dialogue and understanding on sexual health and HIV. Through these initiatives they have sensitised 5,304 sex workers and clients.⁶³
- **Reproductive Health services** in general are **not youth friendly** however this approach is often practised by NGOs, associations and medical centers inside secondary level schools (lycees).⁶⁴ For the past 4 years, UNFPA has contributed to the implementation of youth friendly services (and training health staff) in 11 health districts in 6 provinces. This intervention is currently being expanded to 11 more districts.⁶⁵

QUOTES AND ISSUES:

- "To be honest, I personally am afraid. I don't know whether I'm HIV positive or negative. **As long as I have not done it** [taken an HIV test] **I cannot know!** Sometimes, I think a lot about it. **I'm so scared**, I don't have the courage. It's lack of courage. I don't know. I really don't know." (Focus group discussion with young women in Loum, rural area [15-19 years])
- "*I think that we are being **minimized, not respected**. It's as if we were committing the crime of the century! That's ... if you don't know someone there (medical centre), you would not be attended to.*" (Focus group discussion with young women in Loum, rural area [15-19 years])
- "They [medical staff] have the tendency of **insulting young girls** especially during prenatal consultations. Yes, they will always say: 'Look at her, she's not yet a woman, but she's already pregnant'." (Focus group discussion with young women in Yaoundé, urban area [20-24 years])
- "*One day, I entered into a pharmacy with my boyfriend, I saw different condoms with lubricants, I said: 'this condom has mint. It's good, let's take it'. They looked at me. **The way those people looked at us, it was as if it was something extraordinary**. Yet, it is exposed there and not hidden.*" (Focus group discussion with young women in Yaoundé, urban area [20-24 years])
- "There is a **lack of anonymity** in services. People easily identified day care hospitals as places where HIV patients are found. People are **afraid of being stigmatised**." (Interview, Reproductive Health Officer, Multilateral agency)
- "***Cultural barriers** will make nurses not provide contraceptive services to young girls because they don't want to accept that **these girls could be sexually active**.*" (Interview, HIV Officer, Family Planning Association)
- "**Sensitize doctors** together with all health personnel to **respect confidentiality** towards patients or clients' status." (Interview, Executive Assistant, UN Agency)
- "***Another hindrance to the utilisation of services is the cost, which is still very much high, the time to wait which is still too long, insufficient health personnel** and at times even the few who are supposed to be there are not always available.*" (Interview, President, PLHIV Network)
- "The cost (prior to May 2007) is a lesser problem than the **side effects of some regimens like Triomune [an antiretroviral drug] that deforms their bodies** in a way they don't like at all." (Interview, President, Faith based group)
- "**Access to free tests remains a problem** liable to affect the prevention of HIV and AIDS in girls and young women negatively." (Interview, President, AIDS focused NGO)



KEY POINTS:

- Cameroon signed the **Convention on the Rights of the Child** in 1993, and the **Convention on the Elimination of All Forms of Discrimination Against Women** in 1994.⁶⁶
- Three actions carried out with the support of the United Nations system have been:
 - Implementation of the PDA (**Participation and Development of Adolescents**) programme in six provinces, 56 establishments and 22 sites outside schools (lead agency: UNICEF).
 - The NO AIDS Caravan (Lead agency: World Bank).
 - Development of mapping of the risks to the **vulnerability of young Cameroonians** in respect to HIV and AIDS in each of Cameroon's ten provinces and a proposal of lines of intervention in order to reduce them (lead agency: UNICEF).⁶⁷
- Three members of 2 different networks of people living with HIV (PLHIV) - RECAP+ (membership of over 90 associations and NGOs) and CANEP (Cameroon Network of People living with HIV/AIDS) - represent the interests of PLHIV in the National AIDS Council.⁶⁸
- Most urban Cameroonian adolescents are exposed to reproductive health messages through **mass media channels**. In total an estimated 200,000 adolescents received reproductive health information directly through Institut de Recherche et des Etudes des Comportements (IRESCO's) "Among Youth" campaign. Also, there are campaigns and Behaviour Change and Communication materials developed by ACMS (Association Camerounaise de Marketing Social).⁶⁹ These messages need to be supported by peer education initiatives in order to reinforce behavioural change.⁷⁰
- **Capacity building** of PLHIV is not implemented widely, although international NGOs and multi/bilateral donors do offer training courses occasionally.⁷¹
- **Stigma and discrimination** are distinct problems in Cameroon. Despite this, there have been examples of young women using the media as a platform to speak out about their HIV status.⁷²
- There is a very active **youth network composed of 194 associations** (about 2000 members) that were involved in the development of the National Strategic AIDS Plan (2006-2010).^{72a}
- The Cameroon National Association for Family welfare (CAMNAFAW) also has a **National Youth Action Movement** which is represented at all levels of governance (National and Provincial).⁷³

QUOTES AND ISSUES:

- "Little is said about people's rights. **People do not know nor accept that People Living with HIV (PLHIV) have rights** like that of reproduction for example."
(Interview, HIV Officer, Family Planning Association)
- "*Generally youths are involved just to please funding agencies or the international community. There is no clear strategy as to make this involvement active or participative...they are not mandated by a larger group that they are supposed to represent.*"
(Interview, Coordinator, Law and HIV/AIDS Network)
- "PLHIV have their associations and fight to have their rights respected. Their national network known as **RECAP+ has been very active and has made the government consider their needs.**"
(Interview, Reproductive Health Officer, Multilateral agency)
- "*The government should stop making decisions on behalf of people without even listening to them.*"
(Interview, President, PLHIV Network)
- "The number of PLHIV should be increased in commissions or committees dealing with HIV/AIDS to **strengthen the participation of PLHIV** so that they can also easily voice their concern and needs."
(Interview, President, Faith based group)
- "*PLHIV should have their capacity developed so that they become activists and reinforce their activities because we are in a context where rights are not given to people, they must stand up for that.*"
(Interview, HIV Officer, Family Planning Association)
- "All these **conventions are ratified**, but the **problem is their application.**"
(Interview, Coordinator, Law and HIV/AIDS Network)
- "*Give more responsibilities to women so as to provide them with sufficient means and avoid that they are too dependent on men, which makes them vulnerable to HIV/AIDS.*"
(Interview, President, AIDS focused NGO)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Cameroon. These are actions that key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider:

LEGAL PROVISION

1. Ensure that laws that do exist such as the **law on rape** and **legal age of marriage** are fully respected and enforced so that the reality meets the rhetoric. This should also apply to international conventions that Cameroon has signed up to such as the **Convention on the Rights of the Child** and the **Convention on the Elimination of All Forms of Discrimination Against Women**.
2. Introduce the proposed '**AIDS Law**' and ensure that it addresses and upholds the sexual and reproductive health rights of all People living with HIV (PLHIV) and seeks to increase their participation in the National AIDS Council.

POLICY PROVISION

3. Review and strengthen Cameroon's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
4. Building on existing signs of progressive and equitable behaviour of boys and men, initiate and promote HIV prevention programmes and campaigns that **include boys and men alongside girls and women**. These should address boys' and men's attitudes and behaviours towards prevention, specifically addressing gender norms; stigma and discrimination; the rights of people living with HIV and AIDS; and, sexual behaviour and prevention methods.
5. Develop programmes and initiatives that **increase girls' and women's economic independence** so that they are less likely to engage in high risk activities that place them in a vulnerable position.

AVAILABILITY OF SERVICES

6. Provide **free and universal voluntary counselling and testing (VCT) services to all**. VCT and sexual and reproductive health (SRH) centres/clinics should be **youth friendly** and not discriminate against any groups, so as to be as **inclusive, accessible and discrete** as possible. In order to achieve this, health workers should undertake mandatory training in issues relating to **stigma and discrimination**, which can exist towards young people and women as well as other vulnerable groups.

7. Commit to dealing with the impact of **unsafe abortion** as part of a wider commitment that targets women's health. Note that any measures related to abortion within the health system can only be determined at the national or local level according to the legislative process.
8. Scale-up **home based care** and **support** for young people living with HIV, including training on Antiretroviral (ARV) adherence, positive prevention and access to sexual and reproductive health services.
9. Ensure the new programme concerning **family life and HIV prevention** education (agreed upon by an inter-ministerial decree signed in January 2007) leads to sexual health and reproduction education as well as HIV prevention and life/relationship skills education in all schools across the country.

ACCESSIBILITY OF SERVICES

10. Continue to ensure that not only are male condoms widely available, but also **female condoms at an accessible price**, so as to provide women with greater control and freedom regarding their sexual health.
11. Aim to take a comprehensive **approach and integrate HIV/AIDS and SRH services within a wider health systems context**, so that users, particularly young women and adolescents, do not feel stigmatised and therefore reluctant to attend. For example, rather than having stand alone VCT centres, **provide health centres where confidential VCT is available**, particularly in rural areas.

PARTICIPATION AND RIGHTS

12. Rather than tacitly acknowledge that **sex workers** exist, specifically **target them in terms of a rights based approach** to universal access to HIV prevention, treatment, care and support. This includes: addressing the economic, social and gender-based reasons for entry into sex work; providing health and social services to sex workers; and, providing opportunities to alternatives for sex work.
13. Commit to tackling the **corruption** within government provided services for HIV/AIDS prevention, treatment, care support, as well as efforts to **foster better relations between charitable, private and government providers**.
14. Build the **capacity of people living with HIV (PLHIV) and increase their involvement** in the National AIDS response.

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