CAMEROON
Mid-term Assessment

Global Fund Breaking Down Barriers Initiative

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DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Cameroon is a program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Côte d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Cameroon. It seeks to: (a) assess Cameroon's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers 'Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services[1] increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.[2] This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Cameroon to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Cameroon was a program assessment. It was conducted primarily between October and December 2020.

[1] The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

[2] **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services.

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a supportive environment to address human rights-related barriers

At mid-term, all of the milestones that are key to creating a national landscape that can successfully deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services had been achieved. These were to: (a) gather sufficient data through a Baseline Assessment on rights-related barriers to services, existing programs to overcome them and possible costed comprehensive programs; (b) reach national consensus and ownership through a Multi-stakeholder Meeting which reviewed the Baseline Assessment's findings; (c) develop a National Plan towards scaling up to a comprehensive response, and (d) create a structure for movement forward and sustainability by setting up a Working Group on Human rights, HIV and TB (see Table 1 for more details on the milestones, their dates and results).

Table 1: Key milestones

Milestone	Results	Date
Baseline assessment	Inception meeting for the Breaking Down Barriers initiative held. Literature review, key informant interviews and focus groups conducted	May 2017
	Report finalized and presented to country	June 2019
Matching human rights funds	US$2.4 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Matched with US$0.8 million from within the HIV allocation	Fall 2018
Working group on human rights, HIV and TB	CCM established a committee to organize the multi-stakeholder meeting and develop a plan of action based on it	May 2018
Multi-stakeholder meeting	An estimated 150 participants from across Cameroon, including officials, national and international experts, program implementers, and members from key and vulnerable population communities discussed and validated the baseline assessment report	June 2019
National plan to reduce human rights-related barriers	The committee developed a "Five-Year Plan 2020-2024 for an Integral Response to Human Rights-related Barriers that Impede Access to HIV and TB Services in Cameroon" which had been finalized but not formally adopted by the end of 2020.[3]	June 2020

[3] Secretariat Footnote: As of November 2021, the plan had not yet been officially adopted but the Principal Recipient is presenting and disseminating it informally through its networks

Scale-up of Programs: Achievements and Gaps

Compared to the 2018 baseline, Cameroon has scaled-up activities in six of seven program areas, with the overall HIV scorecard score improving from 1.1 to 2.4. Activities in three areas—stigma and discrimination reduction, training of health workers, and legal services—evolved from one-off, time-limited programs to operating at subnational level in multiple regions. Programs to reduce gender-based discrimination, which were the most developed at baseline, have stagnated. In terms of populations, programs for people living with HIV and MSM have advanced most whereas those for people who use drugs remain limited.

For TB, only minimal progress was made, with the overall scorecard score increasing from 0.1 to 0.4 and programs remaining one-off and time-limited. The combination of a lack of established organizational capacity and experience to develop and implement programs to remove TB-related human rights barriers and a lack of funding for such programs result in a situation that has largely remained unchanged. Integration of TB-related human rights barriers into HIV programming remains weak although the fact that CAMNAFAW will be responsible for the community components of both the HIV and TB grants from the Global Fund offers opportunities for better integration. Scaling up TB programs will require significant investments in strengthening of the TB community's organizational infrastructure, both at the national and district level, as capacity to implement programs remains very limited.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	1.0	2.8	0.0	1.0
Training for health care providers on human rights and medical ethics	1.3	3.0	0.5	1.0
Sensitization law-makers and law enforcement agents	1.0	2.0	0.0	0.0
Legal literacy ("know your rights")	1.0	2.0	0.2	0.2
Legal services	1.0	3.0	0.0	0.0
Monitoring and reforming laws, regulations and policies relating	0.8	2.2	0.0	0.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.7	1.7	0.0	0.0
Ensuring confidentiality and privacy			0.0	0.5
Mobilizing and empowering patient and community groups			0.0	0.0
Programs in prisons and other closed settings			0.7	1.0
Average score	**1.1**	**2.4**	**0.1**	**0.4**

0 – no programs present
1 – one-off activities
2 – small scale
3 – operating at subnational level
4 – operating at national level (>50% of geographic coverage)
5 – at scale at national level (>90% geographic coverage + >90% population coverage)
N/A – Not applicable

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming and sustainability, as documented in an implementation guide for programs to reduce human rights-related barriers to HIV programs.[4]

Considerations related to achieving quality of programs to remove human rights-related barriers to HIV and TB services

Cameroon is making progress toward creating the conditions required to put in place high quality programs to remove human rights-related barriers to HIV and TB services. The MTA identified several encouraging developments, including the fact that such programs are organized around a clearly articulated and easily understandable goal (ensuring everyone has access to appropriate HIV and TB services), the increasing linkages between programs that address different types of human rights barriers, and growing human rights competency among implementing organizations. More effort is needed, however, to ensure that human rights programs are integrated into or linked to prevention and treatment services, which would improve sustainability, and to put in place and implement a strong monitoring and evaluation framework, which remains weak.

Community Involvement

While community-led organizations were well represented in the multi-stakeholder meeting, a number of stakeholders expressed concern that community organizations played an insufficient role in the design and implementation of programs to remove human rights-related barriers. Among others, key informants said that community organizations are often treated more as *implementers* than as *strategic partners* in these programs; that they lost ownership of their initiatives once larger organizations became involved; and that too little was done to strengthen their organizational capacity.

Northwest/Southwest Regions

Due to years of unrest in the Anglophone Northwest and Southwest regions, few human rights programs have been implemented in this part of Cameroon which is home to about 13% of the population. The lack of programs in these regions poses a significant challenge to the goal of achieving comprehensive coverage. Because the unrest has led to broad disruptions of health facilities and significant population displacement, it will be challenging to simply expand human rights programs to these regions. Efforts should be made to integrate human rights activities into the HIV and TB service programs planned with NFM3 funding for these regions.

[4] Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See: Frontline AIDS, A Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-Related Barriers to HIV Services, 2020. Available at https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/

Donor Landscape

Encouragingly, the MTA found close collaboration and significant alignment between the Global Fund and PEPFAR and other US agencies on the *Breaking Down Barriers* initiative. Among other, PEPFAR was represented on the working group that developed the multiyear human rights plan and US agencies conduct significant training of health workers on stigma and discrimination. Closer coordination with other donors, such as Expertise France, GIZ and various embassies, would help generate greater synergies between programs.

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. As described below, these programs are contributing to increasing space for open discussion and collaboration around key populations issues.

Creating Space to Address Key Populations Issues

Many key informants noted what they felt was a significant shift in recent years in the willingness of government officials and other key actors in society to discuss and address challenges facing key populations. They said that, while this shift predates it, they believed that the *Breaking Down Barriers* initiative was accelerating this process. In the words of one key informant, the initiative "allows us to get different stakeholders to understand there is a link between health, access to justice, the right to education, etc., and that all these questions are interdependent…" Key informants identified the following positive changes: greater public recognition of the importance of key populations in the HIV response; improved participation of key populations in HIV-related strategy development and programs implementation; a reduction in law enforcement interference with HIV prevention programs in communities; a reduction in arrests of men-who-have-sex-with-men; and a perceived reduction in stigma and discrimination in health settings. Key informants noted that this gradual opening up to key populations issues remains a slow and precarious process but uniformly felt encouraged by and hopeful about these changes.

Conclusion

The mid-term assessment found that Cameroon has significantly scaled up programs to remove human rights-related barriers to HIV services and has made progress toward strengthening their quality, and that these programs are showing early signs of impact. Operating in a complicated environment in which key populations continue to be criminalized and stigmatized, stakeholders have crafted an approach around the shared objective of ensuring that all populations have access to appropriate health services, regardless of their sexual orientation, engagement in sex work or drug use. This approach has allowed for alignment and collaboration between HIV and TB service organizations, community organizations, and health and law enforcement officials around human rights programs that pursue this objective. The scale of these programs, however, remains relatively limited for HIV and programs for TB and in the Northwest and

Southwest regions are non-existent or very small scale. Further investments, including from domestic budgets, are needed to scale up these programs and strengthen their quality. A sustained effort is also needed to strengthen the organizational capacity of community-led organizations as they are essential to any effort to scale up human rights program to national reach.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment
• The human rights working group should meet regularly to coordinate initiatives and programs, identify gaps and weakness, and employ a consensus-based approached to addressing these challenges • Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the plan should be connected to efforts towards gender equality and other national development strategies to generate synergies • Awareness needs to be built around the harms of criminalization beyond access to health services and strategies should be explored to gradually improve the legal environment for key populations
Programmatic Scale-up
• Integrate training on HIV, TB, human rights and key populations into standard pre- and in-service curricula for health workers, law enforcement officials, lawyers and prison guards • Review and adjust all existing human rights programs to ensure that they are gender-responsive • Increase technical and financial assistance to support capacity strengthening of implementing organizations, including CAMNAFAW, and scale-up of programs to remove human rights-related barriers to TB services
Programmatic Quality and Sustainability
• Strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment programs for HIV and TB and to conduct robust monitoring and evaluation • Significantly strengthen the role and capacity of community-led organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers • Ensure that programs to remove human rights-related barriers, especially community-led monitoring of HIV and TB-related health services and activities against gender-based violence, are integrated into the workplan for the Northwest and Southwest regions

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Cameroon, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Cameroon from October to December 2020 to: (a) assess Cameroon's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative's Theory of Change
The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services[5] increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to *"*introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services", * and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

"Comprehensive" programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).†

[5] The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

Text Box 1: Program Areas to Remove Human Rights-related Barriers

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy ("know your rights");
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In October 2020, the Global Fund supported a program mid-term assessment examining Cameroon's progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Cameroon as a program assessment included interviews with 37 key informants conducted remotely as a result of the COVID-19 pandemic. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Cameroon mid-term program assessment was conducted between October and December 2020 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

At the time of the mid-term assessment, the COVID-19 pandemic had begun to seriously affect the implementation of programs to remove human rights-related barriers to HIV and TB services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact. While the evaluation team sought diverse perspectives from a diverse set of key stakeholders, carefully selected, there was an inability to meet with key informants and conduct site visits due to the situation induced by COVID-19. In addition, there were limitations in terms of resources (human, time and financial). These findings and recommendations should be understood as being the best assessment possible, with those limited resources, for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. The team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a useful, if partial, snapshot and a basis for further development of programs seeking to remove human rights-related barriers to HIV and TB services.

Table 2: Cameroon Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Diederik Lohman, Cecile Kazatchkine, Julie Mabilat	August 2020
Key informant interviews conducted remotely with 37 people	Diederik Lohman, Cecile Kazatchkine	October/December 2020
Follow-up with relevant key informants	Diederik Lohman, Cecile Kazatchkine	December/February 2020

Part I. Background and Country Context

Epidemiologic Context

Cameroon has a mixed HIV epidemic with prevalence among adults in the general population estimated at 3.1% in 2019‡ and considerably higher among key populations: 24.3% among sex workers; 20.6% among men-who-have-sex-with-men; and 4% among prisoners.§ No data on HIV prevalence among injecting drug users was available. In 2020, an estimated 15 thousand people in Cameroon were newly infected with HIV, with women 15 years and older making up 57% and children under 15 13% of new cases.** An estimated 14 thousand people died of HIV-related causes, with 46% occurring among adult women 15 years and older and 18% in children.†† In 2013, about 45% of new infections were estimated to occur in stable heterosexual partnerships; approximately 40% were estimated to come from key populations, the majority from female sex workers and their clients and partners.

In 2019, 79% of people living with HIV were estimated to know their status and 78% of people who knew their status were estimated to be on treatment.‡‡ The percentage of people living with HIV who are virally suppressed was not reported.§§ Cameroon's performance on the first indicator of these 90-90-90 indicators is better than the average for the Western and Central African countries; it is slightly worse for the second indicator.

Cameroon had an estimated TB incidence of 179 per 100,000 population in 2019, with an estimated 46,000 people developing TB, including 4,800 children and 12,000 people living with HIV, that year.*** ††† 12,400 people were estimated to have died from TB in 2019.‡‡‡ Treatment coverage for TB (number notified/estimated incidence) is 53%.§§§ MDR-TB accounted for 1.6% of new TB cases and 9.2% of previously treated cases.**** While TB affects all ages and genders, the group most heavily impacted is men.†††† Key and vulnerable populations for TB include prisoners, migrants, refugees, indigenous populations people living in poverty and people living with HIV.

Legal and Policy Context

Cameroon does not have a specific law relating to HIV and AIDS or TB but the constitution guarantees health for all. National health policies such as the sectorial health strategy, the National Health Development Plan and the national strategic plan for the fight against AIDS focus on ensuring access to health services for everyone and specifically prioritize key and vulnerable populations.‡‡‡‡ As the baseline report noted, the national strategic plans on HIV have increasingly placed emphasis on the human rights of affected populations as part of the HIV response, including by including strategic priorities around respect for rights in health institutions and reducing stigma and discrimination among health providers.§§§§ In an important development, the government abolished formal user fees for HIV services as of January 2020.*****

Key populations, however, continue to be subject to punitive legal provisions, as the penal code criminalizes sexual relations between persons of the same sex, sale of sexual services, and possession and use of drugs in any quantity, as well as drug paraphernalia, such as syringes.[†††††] Stigmatizing views and behaviors toward key populations remain common.[‡‡‡‡‡]

Cameroon's 2020-2024 national strategic plan for TB recognizes human rights-barriers to TB services, including out-of-pocket payments, insufficient community-based services, and stigma and discrimination, but does not comprehensively address human rights or genders issues in the context of TB. Cameroon does not have laws or policies that mandate compulsory treatment for TB, including drug resistant forms although the baseline report noted involuntary isolation practices in prisons.[§§§§§]

Other Key Considerations for the HIV and TB Responses

In 2016, a crisis erupted in the Anglophone Northwest and Southwest regions, which are home to about 13 percent of the population, resulting in more than 2,000 persons killed, more than 44,000 refugees in Nigeria, and more than 500,000 internally displaced persons.[******] The crisis has led to widespread disruptions of health services. The Safeguarding Health in Conflict Coalition documented 14 and 8 incidents of violence against health workers respectively in 2018 and 2019, many of which coincided with an escalation of the conflict between June 2018 and February 2019.[††††††] In the Far North region, Cameroon has faced repeated attacks from Boko Haram fighters in which more than 100 civilians have been killed since January 2019.[‡‡‡‡‡‡]

COVID-19

Cameroon imposed a lockdown in March 2020 to prevent the spread of COVID-19 which was lifted in May 2020 although some restrictions on gatherings and travel remained in place. To date, Cameroon avoided the worst of the pandemic; as of late February 2021, it had confirmed about 35,000 cases and 550 deaths.

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Cameroon through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

Table 3 – Key milestones towards comprehensive programs

Milestone	Results	Date
Baseline assessment	Inception meeting for the Breaking Down Barriers initiative held. Literature review, key informant interviews and focus groups conducted	May 2017
	Report finalized and presented to country	June 2019
Matching human rights funds	US$2.4 million of matching funding allocated to programs to reduce human rights-related barriers into general Global Fund grant. Matched with US$0.8 million from within the HIV allocation	Fall 2018
Working group on human rights, HIV and TB	CCM established a committee to organize the multi-stakeholder meeting and develop a plan of action based on it	May 2018
Multi-stakeholder meeting	An estimated 150 participants from across Cameroon, including officials, national and international experts, program implementers, and members from key and vulnerable population communities discussed and validated the baseline assessment report	June 2019
National plan to reduce human rights-related barriers	The committee developed a "Five-Year Plan 2020-2024 for an Integral Response to Human Rights-related Barriers that Impede Access to HIV and TB Services in Cameroon" which had been finalized but not formally adopted by the end of 2020.[6]	June 2020

[6] Secretariat Footnote: As of November 2021, the plan had not yet been officially adopted but the Principal Recipient is presenting and disseminating it informally through its networks

Baseline Assessment *(2019)*

Key informants who were familiar with the baseline assessment generally provided positive feedback on the report and the process by which it was developed. However, a surprising number of key informants were not—or only vaguely—aware of the document, suggesting that its use outside the multi-stakeholder meeting and the national plan development process (see below) was limited. This is particularly unfortunate given that the baseline report would have been a useful instrument to raise awareness on human rights-related barriers and programs to remove them.

Several key informants raised points of concern about the report. Its timing—the report was not finalized until June 2019 while Cameroon applied for human rights matching funding in September 2017—was lamented. Some key informants felt that the report did not adequately reflect Cameroon's geographic and cultural diversity, and insufficiently addressed the socioeconomic barriers to HIV and TB services that are widespread. One key informant, for example, pointed out that the situation for key populations in big cities is incomparable to that in small cities or rural areas but that participants in the baseline study research were predominantly from Yaounde and Douala. Likewise, barriers in the country's Muslim regions in the north and extreme north and in the Northwest and Southwest regions, which have faced unrest and where Global Fund programs have faced significant implementation challenges, were not explored specifically.

Matching Funds *(2019)*

Cameroon received US$2.4 million in catalytic funding from the Global Fund for programs to remove human rights-related barriers, and supplemented with US$0.8 million from the general allocation. The implementation of programs under the matching funding was subject to some initial delays as the principle recipient, CAMNAFAW, spent a significant part of 2018 selecting sub- and sub-sub-recipients, and recipients had to recruit staff and set up programs. In 2020, the COVID pandemic had some impact on implementation of human rights programs, especially those that required work in communities and with key populations. CAMNAFAW estimates, however, that 91-93% of human rights matching funds had been absorbed by the end of 2020.

Multi-Stakeholder Meeting *(2019)*

The baseline assessment was presented and validated at a three-day multi-stakeholder meeting with about 150 participants representing the government, community organizations, HIV and TB program implementers, UN agencies and donors. Key informants uniformly praised this meeting for being inclusive, open and constructive. One participant, a donor, said that the meeting showcased the progress Cameroon has made in recent years with respect to key populations, stating that representatives of key populations seized the opportunity to raise their concerns in the presence of high level government officials. Some representatives of community-led organizations, however, said the implications of the fact that key populations remain criminalized was not sufficiently discussed at the meeting. Another key informant said

that while discussions were open and participatory, community members still had to be prudent because “you don’t know who is who.” A key informant who works on TB noted that the meeting was heavily focused on HIV and that few participants had any experience working on TB and human rights in communities.

Working Group on Human Rights, HIV and TB *(2019-2020)*

In May 2019, Cameroon’s CCM created a committee to organize the multi-stakeholder meeting, and develop and carry out a national plan to remove human rights barriers. This committee, presided by the CCM, consisted of fourteen people including representatives of the ministry of health, civil society organizations and technical partners, as well as an international and national consultant hired by CAMNAFAW to help write a multi-year human rights plan. After the June 2019 multi-stakeholder meeting, the committee had a series of meetings to develop a draft of the multi-year plan, including a meeting with broader stakeholders in late 2019. After that, the COVID-19 pandemic complicated community consultations around the plan. The plan was finalized in 2020[7]. In lieu of a large validation meeting, the working group has convened a series of smaller meetings to validate and present the plan.

Descriptions of the process to develop the multi-year plan varied significantly, including among civil society and community-led organizations. Some stakeholders said that the process was very participatory and open, with significant participation from government, non-governmental and other stakeholders and opportunities for those who could not attend to provide input in writing. By contrast, other stakeholders said that communication about the process was poor and that deliberations were not open, lacked transparency and were closely controlled. Several key informants mentioned that they had raised significant comments about the draft plan which they felt had not been addressed and which they were not sure were ever discussed by the working group. One key informant expressed concern that some important stakeholders, including key community-led organizations, were not involved in the validation process as only “conciliatory groups”—stakeholders that would not raise questions about strategic decisions on sensitive questions—had been invited.

The CCM has designated the same committee to coordinate and monitor implementation of the multi-year plan, in accordance with the monitoring and evaluation framework outlined in it (see below). According to CAMNAFAW, membership in the committee will be reviewed to ensure broader participation of relevant stakeholders. Regional implementation committees are also planned across Cameroon but had not yet been convened as of December 2020[8].

Multi-year Plan *(2020)*

The committee developed a 79-page multi-year human rights plan entitled “Five-Year Plan for A Comprehensive Response to Human Rights-Related Barriers that Impede Access to HIV and TB Services in Cameroon (2020-2024).” While the plan has been finalized, its official status

[7] Secretariat Footnote: As of November 2021, the plan had not yet been officially adopted.
[8] Secretariat Footnote: CAMNAFAW, the PR, is establishing three regional committees. Further committees in Cameroon's ten regions will be created by partner organizations in those regions.

remains unclear as it had not yet been formally adopted as a national strategy by a government agency or the CCM as of December 2020.

Members of the committee noted that they had decided that the national plan would center the goal of ensuring that all populations have access to adequate and appropriate HIV and TB-related health services, and that programs proposed in the plan would be aligned with that objective. They said that this was a pragmatic decision based on the idea that this should be a national plan rather than a civil society plan and that this focus would allow all stakeholders, including the government, to support it.

The downside of this decision, however, is that the plan does not directly confront politically sensitive questions such as the continuing criminalization of MSM, sex work and drug use. Indeed, criminalized key populations are not very visible in the document. For example, activities to reduce stigma and discrimination focus on people living with HIV and do not address the stigma and discrimination that key populations face more broadly.

Most key informants, including from several key population-led organizations, expressed support for this decision, saying that this was a tradeoff that allowed them to begin addressing human rights-related barriers and to implement programs that would significantly benefit key populations. As one interviewee put it, “if we focus on changing the law [on MSM, sex work, or drug use] we won’t go anywhere. We need to find a way to live in this repressive environment.”

However, a few key informants felt that the five-year plan was too timid, pointing out that even if health services were non-judgmental criminalized populations would still be reluctant to use them because they are criminalized and that criminalization encourages behaviors that put key populations at risk of contracting HIV. They felt that steps needed to be taken to address the broader harms of criminalization. As one key informant put it, “People [always] say society is not ready. But society is not ready because we haven’t tried to discuss these issues. People don’t know about key populations and the lack of knowledge results in stigma. So we should be starting this debate.”

A review of the contents of the multi-year plan has revealed a number of technical weaknesses in the five-year plan that should be addressed as part of its implementation or require modifications. These include:[9]

- TB is largely invisible in the plan. Most glaringly, the plan does not outline an approach to and specific activities under the three program areas that are specific to TB—confidentiality, community empowerment and prison services. But elsewhere the TB component of the plan is also weak.
- Many of the activities proposed in the plan are one-off trainings and workshops. Activities in the plan are often not clearly linked to one another to ensure synergies. It is moreover often unclear how activities are expected to translate into sustained change or what follow up will happen to ensure that awareness raising activities lead to change on the ground.

[9] The plan should also be reviewed for potentially stigmatizing language as well as factual inaccuracies. For example, on page 5 female sex workers and men-who-have-sex-with-men are described as “important vectors of HIV transmission.” In footnote 10, almost half the countries participating in the Breaking Down Barriers initiative are incorrectly identified.

- Community actors, including key populations organizations, are largely invisible in the plan as most activities are assigned to government agencies or large civil society organizations, such as CAMNAFAW.
- The M&E section requires strengthening as indicators, data required and data sources are not sufficiently developed (see also below, chapter on Cross-Cutting Issues related to Quality Programming and Sustainability).

Stakeholders said that there remains a lot of uncertainty over the implementation of the plan as a decision about who will be implementing human rights programs in the Global Fund's 2020-2022 funding cycle ("NFM3") had not yet been made.

Recommendations

Several important lessons can be drawn from the key informant interviews. First, the multi-stakeholder meeting provided an important platform to bring together a broad range of stakeholders to discuss a sensitive topic and build significant support for the notion that the health system should provide non-judgmental services to all people, including members of key populations. This represents important progress in a country where the legal environment for key populations remains unfavorable and discussion of key populations issues has long been highly sensitive.

Going forward, efforts should be made to build on the normalization of access to non-judgmental health services for key and vulnerable populations and explore ways to discuss and address the broader harms of criminalization of key populations. While the focus on the right to health has been strategic, the 90-90-90 objectives—that 90 percent of people infected with HIV know their status; that 90 percent of people living with HIV are on anti-retroviral therapy (ART); and that 90 percent of people on ART will achieve sustained virologic suppression—are only achievable in a more favorable legal environment for key populations. Key populations organizations should play a central role in developing and implementing a strategy to build support for improvements in the legal environment.

Based on these findings, the following recommendations are made:

- Build on progress to date to build awareness around the broader harms of criminalization and explore ways to gradually improve the legal environment for key populations.
- The five-year plan should be refined to ensure that programs are integrated with services, build on one another, are community-driven and contain a robust monitoring and evaluation component with clearly defined and measurable indicators.
- The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approached to addressing these.
- Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the plan should be connected to efforts towards gender equality and other national development strategies to generate synergies.
- The plan should be used as a tool to seek funding from donors other than the Global Fund.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards "comprehensiveness" of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on "Ensuring Quality Programming".

Programs to Remove Human Rights-related Barriers to HIV Services

Compared to the 2018 baseline, Cameroon has scaled-up activities in six of seven program areas, with activities in three areas evolving from one-off, time-limited programs to operating at subnational level in multiple regions. Efforts to train health workers and legal assistance programs are particularly well developed, while programs to reduce gender-based discrimination, which were the most developed at baseline, have stagnated. Programs for people living with HIV, MSM and sex workers are the most developed; those for people who use drugs are much more limited.

While programs have grown in scale and scope, Cameroon has only made limited progress toward institutionalizing interventions to remove human rights-related barriers and their integration with service delivery programs. This negatively affects the quality, impact, reach and, especially, sustainability of these programs and more efforts is needed to ensure these activities become a standard component of the HIV response. There is also an urgent need to strengthen monitoring and evaluation, which is currently not conducted in a structured fashion, of these programs. We were unable to assess the gender-responsiveness of individual programs.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	1.0	2.8

Cameroon has made significant progress scaling up programs to reduce HIV-related stigma and discrimination, improving both their population and geographic reach. While at baseline, these programs focused almost only on people living with HIV, they now also increasingly address stigma and discrimination against MSM, sex workers, and, to a lesser extent, people who use drugs and transgender persons. Geographic reach increased as these program are now implemented in more regions although the reach of these programs remains relatively limited, geographically and in terms of numbers of people reached.

The MTA identified most of the types of interventions to reduce stigma and discrimination recommended by UNAIDS, including community mobilization, public engagement with opinion

leaders on HIV, media campaigns, peer mobilization and support groups, and a forthcoming stigma index study.§§§§§§ These programs cover five of the six settings recommended by the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, including health, education, employment, justice, and communities. The MTA did not identify stigma and discrimination reductions programs that specifically addressed humanitarian settings, which is an important gap given significant displacement in the North West, South West and West regions of the country due to unrest.

Stigma and discrimination interventions were increasingly linked to interventions to improve legal literacy and legal support programs, as well as to healthcare worker training. Stakeholders described how stigma and discrimination reduction activities helped develop connections in communities, health facilities or law enforcement institutions that were subsequently used to resolve specific challenges—interference with HIV prevention activities, for example—or negotiate local changes in policy or practice. These efforts, however, were very locally focused and did not feed into broader efforts to improve the overall regulatory environment for key and vulnerable populations. Integration of programs to reduce HIV and TB related stigma remains poor, as most activities are centered on HIV.

Table 4 – Illustrative Example of Mix of Programs for Reducing Stigma and Discrimination

Key Intervention	Activities	Organization
Community mobilization	Awareness raising workshops with religious authorities, community leaders and health workers on stigma, discrimination in communities	CAMNAFAW
Public engagement with religious, community leaders and celebrities	Digital campaigns to promote testing through social media with involvement of highly visible individuals	Presse Jeune Developpement
	Sensitization workshops on MSM with community leaders and journalists	Humanity First
	Sensitization sessions in military camps on HIV, stigma and discrimination	US Department of Defense (US DOD)/Metabiota
Media campaigns, edu-tainment, and radio shows	Radio and television spots on HIV stigma and discrimination in multiple local languages, aired around World AIDS Day	CAMNAFAW
Anti-discrimination programs in work, health and education settings	Sensitization of labor ministry, labor inspectors, company managers, union representatives, and magistrates around employment discrimination and HIV	CAMNAFAW
	Sensitization of military leadership on HIV	US DOD/Metabiota
	Training and sensitization for health workers on HIV, stigma, and discrimination	CDC, US DOD/Metabiota, CAMNAFAW
Stigma and discrimination measurement	HIV stigma index	RECAP+, youth network, CAMNAFAW
Peer mobilization and support groups	Trainings for peer educators on HIV, stigma, discrimination, gender-based violence, early marriage	Presse Jeune Developpement

	Peer group discussions with PLHIV to reduce self-stigma	RECAP+, ACMS
	Trainings for key populations on their rights	Affirmative Action
	Training for sex worker communities on their rights	Care and Health Program
	Sensitization activities on rights and responsibilities at drop-in centers for sex works	Horizon Femmes
	Training for peer educators on human rights	CARE

Recommendations

- Expand programs to reduce stigma and discrimination with respect to key and vulnerable populations to all regions, prioritizing high impact regions; particular emphasis should be placed on scaling up programs for populations that have fallen behind such as people who use drugs and transgender people
- Increase funding for stigma and discrimination interventions through national or local budgets
- Develop stigma and discrimination reduction programs for humanitarian settings in regions with significant population displacement, in line with the multiyear human rights plan.
- Carry out coordinated national communications campaigns to reduce stigma and discrimination related to HIV, key and vulnerable populations based on the forthcoming stigma index study results
- Use stigma and discrimination reduction activities to begin raising awareness about the broad harms of criminalization of key populations and to mobilize support for steps to improve the legal and regulatory environment for these populations

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	1.3	3.0

Ensuring access to non-judgmental health services for all key and vulnerable populations has emerged as the central goal of Cameroon's programs to remove human rights related barriers to HIV and TB services. It pervades the design and messaging of different human rights interventions and was uniformly identified as the main objective by stakeholders. Most stakeholders felt that the consistency and simplicity of this message had resulted in shifting attitudes in health settings.

The MTA found that Cameroon has made considerable progress in training of health workers on HIV, human rights and ethics as training programs that existed at baseline were expanded and improved, new training programs emerged, and new approaches involving low threshold services with health staff specifically trained on key and vulnerable populations issues were pioneered.

Yet, many programs remained stand-alone interventions that were not sufficiently integrated into pre-service and in-service training for healthcare providers, and geographic coverage remained incomplete. The Centers for Disease Control and Prevention and US Department of Defense have integrated stigma and discrimination into in-service training provided health workers at hundreds health facilities around the country. Importantly, members of key and vulnerable populations play important roles in these trainings.

Stigma and discrimination are not yet part of government pre- and in-service training curricula although CDC has developed a module for such integration and stakeholders believed that such a module would soon be part of the standard training on HIV. The MTA was unable to identify any sustained effort to work with the ministry of higher education to integrate stigma and discrimination into standard curricula for medical and nursing schools. An important weakness of Cameroon's five-year plan is the fact that it does not set the goal of integrating stigma and discrimination into regular training pre- and in-service curricula for health workers.

Although Cameroon has a variety of community-based monitoring programs that collect information, among others, on stigma, discrimination and other human rights violations in health settings, the MTA only found limited evidence that this documentation was used to sensitize health workers and administrators through integration of case studies into trainings or regular meetings between health providers and communities to identify and address areas of concern. In one interesting initiative, the US Department of Defense supports a monitoring program to collect information on services provided by the military hospital system that is fed back to providers in order to improve quality of services on an ongoing basis. The findings of this monitoring, however, are not public.

Recommendations

- Integrate stigma, discrimination, human rights and ethics modules into all in-service training for HIV and TB services
- Engage the ministries of higher education and health to ensure that instruction on HIV, TB, key populations, stigma, discrimination, human rights and ethics become a standard part of pre-service curricula in nursing and medical schools
- Ensure that members of key and vulnerable populations and their experiences are an integral part of in-service training programs for health workers to ensure dialogue between health workers and key populations on quality of services
- Set up mechanisms to ensure regular discussion between health workers and key and vulnerable populations at the local level on the results of community-based monitoring so that specific concerns, including non-implementation of policy changes (ie, abolition of user fees), are identified and addressed in a timely manner.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.0	2.0

Sensitization activities toward law enforcement officers, which were mostly one-off, time-limited interventions at baseline, have become more structured and better linked to other programs to

remove human rights related barriers, in particular legal assistance services. Both the Global Fund and PEPFAR support outreach at the local level to police officials related to key populations issues, including drug and sex work, with the goals of educating officials about HIV and key populations, the importance of HIV prevention interventions, and the development of a constructive and ongoing relationship. The scale of these activities has also expanded, with activities in all 10 regions.

The participation of members of key populations in these sensitization activities remains complicated because of their criminalized status and the perception that they promote what law enforcement officials see as illegal behavior. Some key informants felt that the fact that an organization like CAMNAFAW has been organizing these meeting had resulted in greater responsiveness among law enforcement officials. But some key populations organizations said that they felt insufficiently included and did not always know what takes place in these meetings. As one key informant put it, “We are often not really involved... We just see the reports but are not included.”

Regular pre- and in-service training curricula for law enforcement officers, judges and lawyers do not include any modules on HIV, key populations and human rights. No work to integrate such training materials into police academy and other relevant curricula was identified. In recent years, an official of the National Human Rights Commission has included HIV and key populations issues in a general human rights training for police and military organized. Activities to sensitize and engage law makers remain extremely limited. While stakeholders mentioned some outreach around HIV, adolescent girls and young women, and early marriage, the MTA did not identify any ongoing efforts to sensitize law makers around HIV and, especially, on the harms of criminalization of key populations. Programs to sensitize prison guards and prisons focus primarily on behavior change to prevent HIV transmission and lack a clear human rights component. There were limited efforts to train lawyers on HIV key populations issues through lawyers involved in legal assistance programs (see below) but the reach of these activities is limited.

Table 5 – Examples of Activities to Sensitize Law Enforcement Officials

Key Intervention	Organization	Location
41 sensitization workshops at local level with 460 police, security and military officials around HIV and key populations; involvement of police officials in risk management committees; development of long-term relationships	CAMNAFAW	All 10 regions
Quarterly sensitization workshops for small groups of law enforcement (5 at a time) on key populations and HIV, followed by efforts to engage sensitized agents into an ongoing conversation about HIV and key populations	CAMFAIDS	Center, Littoral, East, West and South regions
Two sensitization workshops in 2018 and 2019 with law enforcement, judges, lawyers, law makers an health workers	UNDP	National

The Network of Key Actors of Local Intervention (RAIL KP) is a network in five cities that consists of representatives of law enforcement agencies, religious and opinion leaders, lawyers, teachers and health providers that provides for a rapid response at local level to incidents of violence against LGBTI individuals. The network seeks to develop a favorable local environment for the LGBTI community.	Alternatives	Bafoussam, Bertoua, Douala, Kribi, and Yaounde

Recommendations

- Sensitization activities should continue to be scaled up so that most law enforcement officers, lawyers and prison guards in at least high burden areas are reached
- A strategy should be developed and implemented to begin engaging law makers on HIV, key populations and human rights issues, and to sensitize law makers to harmful impact of criminalization on public health goals
- A concerted effort should be made to include representatives of key populations in activities to sensitize law enforcement officers, law makers, lawyers, and prison guards. It is imperative for the ultimate effectiveness that these programs result in direct contact and exchanges with key populations
- Modules on HIV, TB, key populations and human rights should be developed and integrated into curricula of the police academy and other training institution for law enforcement officers, prosecutors and judges

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy ("know your rights")	1.0	2.0

Cameroon has made some progress in expanding legal literacy programs for key and vulnerable populations. With Global Fund support, CAMNAFAW organizes "cafés juridiques" together with community-based organizations and at drop-in centers, often with participation of legal professionals. Likewise, legal literacy activities are conducted through the PEPFAR-funded CHAMP program. Key informants said that these programs are more developed for MSM and sex workers than for people who use drugs or transgender individuals.

The MTA was unable to determine exactly what materials are used in legal literacy programs. Several organizations said that they had developed brochures, posters and other tools to increase legal literacy of key and vulnerable populations but did not share them. A review of websites and social media accounts of organizations that implement program to remove human rights-related barriers did not identify any materials to improve legal literacy.

Several stakeholders emphasized that legal literacy programs focus not just on raising awareness on the rights of members of key and vulnerable populations but also on their responsibilities. In particular, several suggested that one goal of legal literacy programs was to encourage members of key and vulnerable populations to engage in behavior that avoids provocation and keeps them out of trouble. While in a context of significant hostility toward and criminalization of key populations, avoiding attracting attention or giving offense may be a wise survival tactic, the primary purpose of legal literacy programs is to empower members of key

and vulnerable populations as rights holders, not to teach them to comply with prevailing social norms.

Cameroon does not systematically train peer educators on human rights and does not have a system of paralegals. This significantly limits the reach of legal literacy programs, and likely means that those populations that are the most vulnerable to human rights violations—people who are not using drop in centers or otherwise in regular touch with service providers—do not have access to legal literacy information. The five-year plan does provide for the creation of the role of paralegals which should help reach hard-to-reach communities and improve linkages of communities to legal, psychosocial and mediation services.

Recommendations

- Integrate legal literacy into routine training for peer educators and provide them with legal literacy materials so that they can raise awareness among populations they work with
- Establish a paralegal program with paralegals from all key and vulnerable populations to ensure that people most at risk of human rights violations are reached with legal literacy information, and are connected to legal and other assistance services as needed
- Ensure that legal literacy materials are easily accessible to key and vulnerable populations, including through distribution at community organizations, health facilities, websites, and social media platforms.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	1.0	3.0

Cameroon has expanded legal assistance programs since baseline, with multiple organizations offering basic legal counseling, psychological and social services, and referrals to lawyers for professional legal services when needed. These programs are theoretically available across the country but are most developed in the Center, West and Littoral regions although progress has been made in expanding them to other regions, including the northern regions, and the Anglophone North West and South West regions.

The legal assistance programs are well integrated with programs to improve legal literacy among key populations and to sensitize law enforcement officers where they exist. Key informants described a coordinated approach to simultaneously raise legal literacy and awareness of legal assistance services among key populations in a specific location and sensitize law enforcement officers in that same area about HIV, key populations and human rights. According to key informants, this coordinated approach has created positive synergies. Several key informants mentioned examples of cases of rights violations that emerged after the legal literacy activities with communities that were subsequently resolved through risk mitigation committees, structures set up specifically to deal with emergency situations involving key populations, with the help of law enforcement officials who participated in sensitization activities. As noted above, however, the scale of legal literacy programs remains limited which means that many communities are likely unaware of existence of legal assistance programs, which may result in their underutilization. As noted above, Cameroon does not have a system of paralegals

which likely limits the reach of legal literacy and legal assistance programs although the five-year plan envisions paralegals.

The majority of cases for which legal assistance is provided continue to involve MSM and sex workers. A CAMNAFAW report on legal assistance activities in 2018 and 2019 includes cases of arrest of MSM based on perceived sexual orientation or denunciations, as well as threats, violence and blackmail against perceived MSM or transgender individuals. Provision of legal assistance services to PLHIV, drug users and prisoners remained limited.

Multiple stakeholders said that legal assistance programs have contributed to reductions in interference with HIV prevention activities by law enforcement agencies and arrests of MSM and sex workers. Although the number of cases in which legal assistance is provided is limited—a reflection, in part, of reluctance of individuals to engage in formal legal proceedings—cases where it has been provided have overwhelmingly had positive results, including the release of various people arrested on the suspicion of same sex sexual activity. Disconcertingly, lawyers providing legal assistance reported that they continue to face harassment and sometimes vandalism as a result of their work on behalf of members of key populations.

Cameroon's legal aid system for indigent people does not lend itself to easy integration of HIV and TB-related issues as such assistance is not provided in a centralized manner through legal aid clinics. Efforts are underway to train more lawyers on HIV, TB, key populations issues but the reach of these activities is limited. Cameroon has not yet sought to use strategic litigation to seek to challenge problematic legal provisions.

Recommendations

- Recruit, train and support paralegals from key and vulnerable population communities to improve legal literacy of these communities, document cases of violations and report them to a central community-based monitoring system, and link victims to legal and other services.
- Recruit and support lawyers in additional regions, including the Anglophone regions, to provide legal services and improve coverage
- Expand legal services to prisoners, people who use drugs and men who have sex with men to regions that are not currently covered, especially those most significantly impacted, including through complaint mechanisms for public oversight committee.
- Explore the possibility of using strategic litigation to challenge problematic legal and regulatory provisions that interfere with the rights to health and other rights of key and vulnerable populations

HIV Program Area	***Score***	
	Baseline	***Mid-term***
Monitoring and reforming policies, regulations and laws	0.8	2.2

Cameroon has made some progress with community-based monitoring programs for health services and MSM but no such monitoring programs exist for other key populations, such as sex workers and people who use drugs. Advocacy for reform of laws, policies and practices with government officials remained very weak.

Several community-based monitoring initiatives focus on health systems through routine monitoring, community-led site inspections and community reporting mechanisms, identifying

stock-outs of ARVs and other medicines, documenting instances of failure to waive user fees for HIV-related health services in accordance with the 2019 ministry of health decree, and reporting incidents of stigma and discrimination. Information collected is used to raise concerns with health authorities on a routine basis. Monitoring in communities is less well developed although there are several monitoring initiatives for LGBT communities. Results of community-led monitoring are not collected in a single repository, making it difficult to analyze data overall trends over time.

Table 6 – Examples of Community-Based Monitoring Activities

Key Intervention	Organization	Location
The Treatment Access Watch program collects information on stock-outs, stigma, discrimination and other challenges in the healthcare system through a number of approaching, including ongoing monitoring of a selected health facilities, periodic inspection visits to health centers and collection of feedback from the community. Information collected is used to raise concerns with health authorities and providers, and, where necessary, cases are referred for legal or other support services.	Positive Generation	Monitors available in all regions; legal assistance centralized through a lawyer in Yaounde
Unity Platform is a collaborative initiative of several LGBTI organizations to ensure that cases of arrests, threats violence and other violations against LGBTI individual are centrally reported. Local monitors and organizations report cases to the platform, which documents them and can refer individuals for legal and psychosocial support.	National Observatory for the Rights of LGBTI People and their Advocates (Humanity First, Alternatives, and other LGBT organizations)	Nationwide
The Numero Vert is a regional hotline in the West region of Cameroon, which provides teleconsultations for several marginalized populations, in providing information and orientation, to improve access to health services for all, as a fundamental right.	Colibri	West region
RECAP+ is implementing community-led monitoring of health centers, including compliance with the government's decision to suspend user fees for HIV-related health services, in all ten regions under a 3-year USAID grant.	Recap+	Nationwide

The MTA did not find any sustained activities focused on influencing legislation, policy or practice, or even any evidence of advocacy strategy development. As described above, there are some activities aimed at raising awareness of law makers and other policy makers but these are not sustained or linked to specific advocacy goals. Outreach regarding early marriage is planned, along with a potential effort to legislative changes at a later date. There was no

advocacy related to the criminalization of key populations, one of the most significant long-term barriers to achieving the end of the HIV epidemic in Cameroon.

Stakeholder repeatedly noted that key populations remain highly stigmatized and that the first goal is to achieve progress toward ensuring key populations have access to appropriate health services. While most key populations organizations agreed with that focus, several expressed a desire to go beyond that and, as the TRP recommended in its comments on the most recent funding proposal, begin activities to address criminalization. In the short term significant changes to the legal environment for key populations may seem unlikely but it is critical to build a long-term strategy to address these issues.

Recommendations

- Strengthen existing community-led monitoring programs by supporting their scale up; ensuring that peer paralegals become monitors who report cases; and linking them to risk mitigation committees to ensure that specific situations are addressed quickly.
- Where possible, integrate community-led monitoring with service delivery programs through peer educators, paralegals and community volunteers working in health facilities, and ensure that that the results are used to address problematic conduct or practices when identified.
- Develop an advocacy plan to begin addressing key policy, regulatory and legal barriers to HIV and TB services for key and vulnerable populations. This plan should identify achievable, short term advocacy goals, as well as set out a longer-term strategy to address the broader harms of criminalization of key populations.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.7	1.7

Cameroon has not made significant progress in addressing gender discrimination related to HIV. As at baseline, a variety of programs exist to address gender-based violence, create support systems for victims of gender-based violence, improve sexual and reproductive health services, improve sexual education for youth, and create economic, educational and other opportunities for girls and young women in extreme poverty. In some cases, these programs were directly linked to and integrated with HIV programs but that did not appear to be the case across the board.

The MTA was not able to fully assess gender responsiveness of interventions under other program areas. One key informant, however, noted that this is an area that requires more attention and observed that the current approach to MSM, people who use drugs and sex workers does not specifically include a gender component or information on gender-related discrimination.

Recommendations

- Scale up efforts to 'popularize' laws and policies meant to protect adolescent girls and young women from harmful social and cultural practices. Greater, collaborative and well-coordinated efforts, particularly between government and civil society partners, are needed to address this gap.
- Support community organizations working with women and girls to monitor the implementation of Penal Code provisions against such acts as forced marriage, sexual abuse and sexual assault, FGC and breast-ironing.
- Community organizations, technical partners, CNLS should expand coverage of the integrated approach to addressing and preventing GBV amongst key and vulnerable populations.

Programs to Remove Human Rights-related Barriers to TB Services

At baseline, hardly any programs to reduce human rights-related barriers to TB services existed in Cameroon and progress since then has been very limited. The combination of a lack of established organizational capacity and experience on TB-related human rights barriers and a lack of funding for programs to remove these barriers means that the situation has largely remained unchanged. Integration of TB-related human rights barriers into HIV programming remains weak although the fact that CAMNAFAW will be responsible for the community components of both the HIV and TB grants from the Global Fund offers opportunities for better integration. Scaling up TB programs will require significant investments in strengthening of the TB community's organizational infrastructure, both at the national and district level, as capacity to implement programs remains very limited.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	0.0	1.0

Although various stakeholders emphasized the importance of addressing TB-related stigma in communities, the MTA was unable to identify many programs to counter it. A few organizations reported small, often ad hoc programs to remove TB-related stigma. It was unclear how active implementation of the TB stigma working group mentioned in the baseline report is. In a promising development, a stigma index study has been carried out with support from the Global Fund. While the study was delayed because of the COVID-19 pandemic the results are expected in early 2021 and should provide a good basis for developing a more structured approach to combating TB-related stigma and discrimination.

Recommendations

- Establish and implement a robust stigma and discrimination reduction programs based on the findings of the TB stigma index
- Strengthen integration of TB element in programs for people living with HIV
- Significantly strengthen the capacity of TB community groups

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.5	1.0

Training for health workers on human rights and medical ethics related to TB remains limited. Such training is not included in standard in-service and pre-service curricula. CDC's trainings on TB include some content on stigma and discrimination but not at the same level as its HIV trainings. Several stakeholders mentioned that trainings for community outreach workers focus on the importance of confidentiality and privacy.

Recommendations

- Include of TB, stigma and discrimination into existing pre- and in-service trainings for healthcare workers.
- Strengthen the TB component in training curricula on HIV, discrimination and human rights for doctors and nurses.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	0.2	0.2

Some legal literacy activities for HIV key and vulnerable populations also benefit people affected by TB although their content is primarily focused on HIV. The MTA did not identify any legal literacy interventions specifically targeted at these populations.

Recommendations

- Expand the availability and accessibility of a diverse set of "know your rights" materials for all TB key populations, including leaflets, handouts, website and social media resources. Integration of "know your rights" information related to TB should be improved in HIV legal literacy materials.
- A sustained effort should be made to ensure legal literacy materials reach TB key populations through their distribution via support groups, expert patients, healthcare institutions, and relevant community organizations.
- Actively engage people affected by TB in legal literacy programs as community paralegals to increase community protection and to develop monitoring and advocacy capacity around TB.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	0.0	0.5

The MTA did not identify any standalone programs to ensure confidentiality and privacy related to TB but some content on the topic is integrated into the healthcare workers trainings on TB.

Recommendations

TB-related confidentiality and privacy should be integrated into programs to train healthcare workers on human rights and medical ethics, to improve legal literacy and to provide legal assistance. The following steps are recommended:

- Assess how the TB-related confidentiality and privacy components in activities under programs to train healthcare workers on human rights and medical ethics, improve legal literacy and provide legal assistance can be strengthened.
- Document through community-based monitoring programs the frequency and impact of unauthorized disclosure by healthcare providers on people living with TB and their families.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	0.7	1.0

There are programs in prisons in a few regions focused on knowledge of HIV and TB, countering self-stigma and improving legal literacy among prisoners, run by the NGO JAPSSO with support from the ministry of justice.

Recommendations

- Institutionalize training on TB, HIV and human rights for all penitentiary personnel.
- Strengthen and expand stigma reduction and legal literacy programs and linkages to legal services in places of detention

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	0.0
Legal Services	0.0	0.0
Monitoring and reforming policies, regulations and laws related to TB	0.0	0.0
Reducing TB-related discrimination against women	0.0	0.0
Mobilizing and empowering patient and community groups	0.0	0.0

No activities were identified for these five program areas.

Recommendations

- Integrate and strengthen the TB component in HIV-related trainings for police and staff at police detention facilities, including by inviting representatives of TB communities to participate in them
- Expand training on human rights for penitentiary personnel to all regions of the country, including in prisons for women
- Integrate TB-related human rights issues into sensitization activities for judges, prosecutors and lawyers
- Expand legal assistance programs for HIV key and vulnerable populations to people affected by TB
- Ensure that expert patients, community agents and others engaged with TB populations distribute legal literacy information and connect people whose rights have been violated with risk management committees and legal assistance programs
- Set up community monitoring mechanisms related to TB and human rights and ensure that they are linked to existing observatories
- Develop a strategy to advocate for reform of laws, regulations and policies that harm people affected by TB
- Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB based on the findings of the TB stigma index.
- Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services.
- Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness
- Make significant investments in TB community organizations to enhance their diversity and grow their capacity to implement programs to reduce human rights-related barriers
- Build capacity of civil society and key population representatives to serve as monitors, provide legal literacy sessions and provide links to legal assistance services

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB.******* A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.[10]

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

While programs to remove human rights-related barriers in Cameroon are still young, the country has made progress on several areas that are key to ensuring the quality of such programs:

- ***Clearly articulated goal.*** Stakeholders have agreed on a clearly articulated overall objective—that everyone, including members of all key populations, should have access to appropriate health services—and program design and messaging is generally strongly aligned with this goal across program areas.

- ***Increasing linkages between human rights programs.*** Interventions in different program areas are increasingly linked to one another, creating the potential for important synergies. An example is the way legal assistance, legal literacy and sensitization of law enforcement programs are linked to one another and come together in the work of risk mitigation committees that solve specific incidents involving key populations.

- ***Increasing human rights competencies.*** Staff responsible for implementing these programs increasingly have key human rights competencies. The selection of a sub-recipient specifically for human rights under the 2021-2023 grant cycle is an opportunity to further strengthen the technical strength of these programs.

However, the MTA also identified a number of key quality challenges. These include:

- ***Many programs are not sufficiently integrated with or linked to prevention and treatment services.*** For example, while stigma and discrimination reduction is often part of training for health

[10] Frontline AIDS, A Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-Related Barriers to HIV Services, 2020. Available at https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/

workers on HIV, it has not yet been institutionalized in standard pre- and in-service curricula. Similarly, legal literacy programs are not sufficiently integrated with the work of peer educators.

- ***Monitoring and evaluation remains weak.*** Most programs lack clearly defined indicators of progress or established mechanisms to collect data on indicators. Several stakeholders said that their only way of assessing existing programs is through follow up conversations with implementing staff, participants and other stakeholders in specific events as M&E data are not routinely collected. The five-year plan sets out a new monitoring and evaluation framework which will be implemented under NFM3; however, it requires a careful review to address some important weaknesses.[11]

Community Involvement

The MTA found significant discontent among community organizations about their role in the *Breaking Down Barriers* initiative to date. While they welcomed being included in the multi-stakeholder meeting and other forums, several said that they played an insufficient role in the design and implementation of programs to remove human rights-related barriers. In particular, community actors identified the following concern:

- Key informants said that community organizations are treated as *implementers* rather than as *strategic partners* in efforts to remove human rights-related barriers, and that they often had had little hand in designing or shaping the activities they were funded to implement.
- Several said that larger, better funded organizations had "taken over" their initiatives rather than helping develop the capacity of community or key populations organizations to implement and grow these initiatives themselves.
- Several key informants noted a profound information asymmetry between community organizations and larger implementers that they felt undermined their ability to operate effectively.
- Key informants expressed concern that community organizations received funding to implement specific activities but had little or no access to funding or other resources to strengthen their organizational capacity, including, for example, their organizational and governance structures, or their accounting practices.

While not all community organizations expressed these concerns, the frequency and consistency with which these issues were raised was notable. Moreover, a number of key informants who are not part of community organizations echoed these concerns.

To be successful, it is critical that community organizations are at the center of designing and implementing programs to remove human rights-related barriers, and that a concerted effort is made to empower them and strengthen their capacity to do so. In the next few years, facilitating this central role for community organizations should be a key priority.

Political Engagement

Although key populations remain sensitive in Cameroon, government officials have embraced the objective of ensuring that everyone has access to appropriate HIV and TB-related health services, irrespective of any other status they may have. Indeed, numerous key informants said that significant progress had been made in removing the taboo around key populations. While

[11] Weaknesses include indicators that focus on output rather than outcomes; indicators that contain poorly defined terms or concepts; the lack defined nominators and denominators for indicators; and indicators that may be difficult or impossible to measure; and the lack of identification of data sources for indicators.

this is a welcome development, Cameroon has not yet taken steps to institutionalize programs to remove human rights-related barriers, integrate them into regular health services, or to make domestic funding available for them.

COVID-19 Response

The lockdown resulted in some disruptions and delays of HIV and TB related services, including to programs to remove human rights related barriers. These disruptions particularly affected activities in communities, such as stigma reduction and legal literacy activities. The evening clock, which remained in effect after the lockdown was lifted, posed significant challenges for activities focused on sex workers. Activities in prisons were disrupted as access became significantly more difficult. The level of disruptions varied from region to region as some local authorities were more willing to grant permission for activities to go forward than others. One key informant noted that local authorities who had been sensitized around HIV and TB tended to be more willing to allow activities to proceed.

Several key informants expressed concern that the COVID-19 pandemic had resulted in a de-prioritization of HIV and TB with the government and health system heavily focused on COVID-19. This led, they said, to a reduction in awareness raising activities, less testing, and less viral load monitoring for HIV. One key informant wondered whether the drop in attention for HIV had led to increased risk behaviors and thus greater spread of HIV.

The pandemic also caused delays and disruptions in the development of the five-year plan. Meetings of the committee that wrote the plan were postponed and travel restrictions prevented the international consultant in some of the meetings. As a result, the plan has not yet been officially adopted although key informants said that the draft is final.

Northwest/Southwest Regions

The crisis in the Anglophone Northwest and Southwest regions continued to significantly impact access to HIV and TB services, with key informants noting that the health system in these regions has largely collapsed and that many people have been displaced, both within those regions as well as into the West region. The crisis has had a significant impact on the establishment and implementation of programs to remove human rights-related barriers in these regions, as these regions are hard to reach and many health facilities are not functional.

Under the new Global Fund grant, a Sub-Recipient will be chosen specifically to improve delivery of HIV, TB and malaria services in this part of the country. The multiyear plan to remove human rights barriers includes a specific section on these regions, listing a number of activities to improve knowledge of humanitarian practices and of human rights norms. Given the particular situation in these regions, language barriers, and issues of trust, it does not seem feasible to expect human rights programs implemented elsewhere in Cameroon to simply be extended to these regions. Instead, the following approach is recommended:

- The SR for the Northwest/Southwest region should as much as possible integrate human rights activities into the general work plan. The terms of reference for the consultant who will develop the plan for these regions should explicitly task them to assess how human rights can be integrated into

the work plan. Close coordination in the design and implementation of programs to address HIV, TB and malaria with the broader humanitarian response should be ensured.

- An investment should be made to strengthen human rights capacity in the Northwest/Southwest regions and ensure that local actors, especially community-led organizations, can implement programs to remove human rights-related barriers.

- Priority should be given to establishing and implementing programs to monitor access to HIV and TB prevention and treatment services, with special focus on displaced populations, and to combat gender-based violence in these regions.

Donor Landscape

While the Global Fund is the largest single donor to support programs to reduce human rights-related barriers in Cameroon, the mid-term assessment found that several other donors fund activities that are closely aligned with the *Breaking Down Barriers* initiative. The US government, through PEPFAR, USAID, CDC and Department of Defense, supports training of health workers that includes a significant component on stigma and discrimination. Expertise France and the German Agency for International Cooperation (GIZ) have both supported legal empowerment activities for key populations and the development or strengthening of community observatories. Several embassies have supported similar kinds of projects.

Despite this alignment, knowledge among other donors about the *Breaking Down Barriers* initiative was mixed. Encouragingly, PEPFAR was represented on and actively participated in the working group that developed the five-year plan. According to key informants, this has resulted in improved coordination of activities and in increased engagement of PEPFAR and other US agencies in programs that seek to remove human rights barriers. Expertise France and GIZ, on the other hand, had little knowledge of the *Breaking Down Barriers* initiative or the five-year plan, likely resulting in missed opportunities to generate synergies between programs.

Recommendations

- Strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment programs for HIV and TB and to conduct robust monitoring and evaluation
- Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers
- Ensure that programs to remove human rights-related barriers, especially community-based monitoring of HIV and TB-related health services and activities against gender-based violence, are integrated into the workplan for the Northwest and Southwest regions
- Ensure that the baseline report and multiyear plan are used to raise awareness among and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV and TB services.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. As described below, these programs are contributing to increasing space for open discussion and collaboration around key populations issues.

Creating Space to Address Key Populations Issues

Many key informants noted what they felt was a significant shift in recent years in the willingness of government officials and other key actors in society to discuss and address key populations as part of the response to HIV in Cameroon. They said that they believed that the Breaking Down Barriers initiative was accelerating this process. As one key informant put it, the Breaking Down Barriers initiative "allows us to get different stakeholders to understand there is a link between health, access to justice, the right to education, etc., and that all these questions are interdependent…" Key informants identified a number of ways in which this increasing openness and readiness to address key populations issues has had positive effects, including:

- **Public recognition by government officials.** Key informants noted that top health officials are publicly acknowledging the importance of addressing the needs of key populations. They provided various examples of such officials publicly discussing these issues at national and regional meetings. Among others, one key informant said, a ministry of health official spoke in "very conciliatory tone" about key populations at the multi-stakeholder meeting.

- **Participation of key populations in meetings and programs.** Interviewees noted that key populations are increasingly accepted as relevant stakeholders in the response to HIV. As one key informant put it, "key populations can be around the table now with national authorities. This is a big advance."

- **Reduction in interference with HIV prevention programs.** According to several key informants, outreach activities with police officials have led to better coordination between law enforcement and service providers around HIV prevention activities with key population communities and have led to significant reductions in cases of interference by police with outreach activities in a number of cities.

- **Reduction in arrests of MSM.** The number of arrests of MSM appears to be declining which community groups attribute to greater awareness and advocacy. Where arrests do occur, community organizations have increasing capacity to intervene, including through law enforcement officers who have been trained on HIV and key populations, or through legal services programs.

- **Reduced stigma and discrimination in health settings.** While there is no data yet from surveys to confirm this, key informants overwhelmingly felt that stigma and discrimination toward key populations in health settings has decreased.

Key informants noted that this gradual opening up to key populations has occurred slowly over a number of years and that this progress is precarious. One interviewee noted that the broader social, legal and political environment had not yet changed; another noted that there had been few efforts to date to engage the general population. But key informants uniformly felt encouraged by and hopeful about these changes.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

Key Recommendations

Creating a Supportive Environment
• The human rights working group should meet regularly to coordinate initiatives and programs, jointly identify gaps and weakness, and employ a consensus-based approached to address these challenges • Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the plan should be connected to efforts towards gender equality and other national development strategies to generate synergies • Awareness needs to be built around the harms of criminalization beyond access to health services and strategies should be explored to gradually improve the legal environment for key populations
Programmatic Scale-up
• Integrate training on HIV, TB, human rights and key populations into standard pre- and in-service curricula for health workers, law enforcement officials, lawyers and prison guards • Review and adjust all existing human rights programs to ensure they are gender-responsive • Increase technical and financial assistance to support capacity strengthening and scale-up of programs to remove human rights-related barriers to TB services
Programmatic Quality and Sustainability
• Strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment programs for HIV and TB and to conduct robust monitoring and evaluation • Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers • Ensure that programs to remove human rights-related barriers, especially community-based monitoring of HIV and TB-related health services and activities against gender-based violence, are integration into the workplan for the Northwest and Southwest regions.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	• Build on progress to date to build awareness around the broader harms of criminalization and explore ways to gradually improve the legal environment for key populations. • The five-year plan should be refined to ensure that programs are integrated with services, build on one another, are community-driven and contain a robust monitoring and evaluation component with clearly defined and measurable indicators. • The working group should meet regularly to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approached to address these. • Knowledge of and engagement in the multi-year plan should be promoted among government agencies/ministries, donors, civil society, and technical partners; and the plan should be connected to efforts towards gender equality and other national development strategies to generate synergies. • The plan should be used as a tool to seek funding from donors other than the Global Fund.
Programmatic quality and sustainability	• Strengthen efforts to integrate programs to remove human rights-related barriers into prevention and treatment programs for HIV and TB and to conduct robust monitoring and evaluation • Significantly strengthen the role and capacity of community-based organizations in the conceptualization, design, implementation and evaluation of programs to remove human rights-related barriers • Ensure that programs to remove human rights-related barriers, especially community-based monitoring of HIV and TB-related health services and activities against gender-based violence, are integration into the workplan for the Northwest and Southwest regions • Ensure that the baseline report and multiyear plan are used to raise awareness among and seek funding from other donors to fund a comprehensive effort to remove human rights-related barriers to HIV and TB services

HIV-related recommendations by program area	
Stigma and discrimination reduction	• Expand programs to reduce stigma and discrimination to all regions; particular emphasis should be placed on scaling up programs for populations that have fallen behind such people who use drugs and transgender people • Increase funding for stigma and discrimination interventions through national or local budgets • Develop stigma and discrimination reduction programs for humanitarian settings in regions with significant population displacement • Carry out coordinated national communications campaigns to reduce stigma and discrimination related to HIV, key and vulnerable populations based on the forthcoming stigma index study results • Use stigma and discrimination activities to begin raising awareness about the broad harms of criminalization of key populations and to mobilize support for steps to improve the legal and regulatory environment for these populations
Training of health care workers on human rights and ethics	• Integrate stigma, discrimination, human rights and ethics modules into all in-service training for HIV and TB services • Engage the ministries of higher education and health to ensure that instruction on HIV, TB, key populations, stigma, discrimination, human rights and ethics become a standard part of pre-service curricula in nursing and medical schools • Ensure that members of key and vulnerable populations and their experiences are an integral part of in-service training programs for health workers to ensure dialogue between health workers and key populations on quality of services • Set up mechanisms to ensure regular discussion between health workers and key and vulnerable populations at the local level on the results of community-based monitoring so that specific concerns are identified and addressed in a timely manner
Sensitization of lawmakers and law enforcement agents	• Sensitization activities should continue to be scaled up so that most law enforcement officers, lawyers and prison guards in at least high burden areas are reached • A strategy should be developed and implemented to begin engaging law makers on HIV, key populations and human rights issues, and to sensitize law makers to harmful impact of criminalization on key public health goals • A concerted effort should be made to include representatives of key populations should in activities to sensitize law enforcement officers, law makers, lawyers, and prison guards. It is imperative for the ultimate effectiveness that these programs result in direct contact and exchanges key populations • Modules on HIV, TB, key populations and human rights should be developed and integrated into curricula of the police academy and other training institution for law enforcement officers, prosecutors and judges

Legal literacy	• Integrate legal literacy into routine training for peer educators and provide them with legal literacy materials so that they can raise awareness among populations they work with • Establish a paralegal program with paralegals from all key and vulnerable populations to ensure that people most at risk of human rights violations are reached with legal literacy information, and are connected to legal and other assistance services as needed • Ensure that legal literacy materials are easily accessible to key and vulnerable populations, including through distribution at community organizations, health facilities, websites, and social media platforms
Legal services	• Recruit, train and support paralegals from key and vulnerable population communities to improve legal literacy of these communities, document cases of violations and report them to a central community-based monitoring system, and link victims to legal and other services. • Recruit and support lawyers in additional regions, including the Anglophone regions, to provide legal services and improve coverage • Expand legal services to prisoners, people who use drugs and men who have sex with men to regions that are not currently covered, especially those most significantly impacted, including through complaint mechanisms for public oversight committee. • Explore the possibility of using strategic litigation to challenge problematic legal and regulatory provisions that interfere with the rights to health and other rights of key and vulnerable populations
Monitoring and reforming laws, regulations and policies related to HIV	• Strengthen existing community-based monitoring programs by supporting their scale up; ensuring that peer paralegals become monitors who report cases; and linking them to risk mitigation committees to ensure that specific situations are addressed quickly • Where possible, integrate community-based monitoring with service delivery programs through peer educators, paralegals and community volunteers working in health facilities • Develop an advocacy plan to begin addressing key policy, regulatory and legal barriers to HIV and TB services for key and vulnerable populations. This plan should identify achievable, short term advocacy goals, as well as set out a longer term strategy to address the broader harms of criminalization of key populations
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	• Scale up efforts to 'popularize' laws and policies meant to protect adolescent girls and young women from harmful social and cultural practices. Greater, collaborative and well-coordinated efforts, particularly between government and civil society partners, are needed to address this gap. • Support community organizations working with women and girls to monitor the implementation of Penal Code provisions against such acts as forced marriage, sexual abuse and sexual assault, FGC and breast-ironing. • Community organizations, technical partners, CNLS should expand coverage of the integrated approach to addressing and preventing GBV amongst key populations

TB-related recommendations by program area	
Reducing stigma and discrimination	• Establish and implement a robust stigma and discrimination reduction programs based on the findings of the TB stigma index • Strengthen integration of TB element in programs for people living with HIV • Significantly strengthen the capacity of TB community groups
Training of health workers on human rights and ethics	• Include of TB, stigma and discrimination into existing pre- and in-service trainings for healthcare workers. • Strengthen the TB component in training curricula on HIV, discrimination and human rights for doctors and nurses
Sensitization of lawmakers and law enforcement agents;	• Integrate and strengthen the TB component in HIV-related trainings for police and staff at police detention facilities, including by inviting representatives of TB communities to participate in them. • Expand training on human rights for penitentiary personnel to all regions of the country, including in prisons for women. • Integrate TB-related human rights issues into sensitization activities for judges, prosecutors and lawyers
Legal Literacy	• Expand the availability and accessibility of a diverse set of “know your rights” materials for all TB key populations, including leaflets, handouts, website and social media resources. Integration of “know your rights” information related to TB should be improved in HIV legal literacy materials. • A sustained effort should be made to ensure legal literacy materials reach TB key populations through their distribution via support groups, expert patients, healthcare institutions, and relevant community organizations. • Actively engage people affected by TB in legal literacy programs as community paralegals to increase community protection and to develop monitoring and advocacy capacity around TB
Legal services	• Expand existing legal assistance programs for HIV key and vulnerable populations to people affected by TB • Ensure that expert patients, community agents and others engaged with TB populations distribute legal literacy information and connect people whose rights have been violated with risk management committees and legal assistance programs
Monitoring and reforming policies, regulations and laws that impede TB services	• Set up community monitoring mechanisms related to TB and human rights and ensure that they are linked to existing observatories • Develop a strategy to advocate for reform of laws, regulations and policies that harm people affected by TB
Reducing gender-related barriers to TB	• Develop a plan of action to reduce gender discrimination and harmful gender norms in relation to TB based on the findings of the TB stigma index. • Carry out advocacy projects to obtain government commitments concerning gender equality in the provision of TB healthcare services. • Review all programs to remove human rights-related barriers to assess and improve their gender-responsiveness.
Ensuring privacy and confidentiality	• Assess how the TB-related confidentiality and privacy components in activities under programs to train healthcare workers on human rights and medical ethics, improve legal literacy and provide legal assistance can be strengthened.

	● Document through community-based monitoring programs the frequency and impact of unauthorized disclosure by healthcare providers on people living with TB and their families
Mobilizing and empowering patient groups	● Make significant investments in TB community organizations to enhance their diversity and grow their capacity to implement programs to reduce human rights-related barriers. ● Build capacity of civil society and key population representatives to serve as monitors, provide legal literacy sessions and provide links to legal assistance services
Programs in prisons and other closed settings	● Institutionalize training on TB, HIV and human rights for all penitentiary personnel. ● Strengthen and expand stigma reduction and legal literacy programs and linkages to legal services in places of detention

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;

2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);

3) To help inform the new Global Fund strategy.

The assessment was expected "to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs."[†††††††]

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Cameroon is a program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Cameroon was a program assessment, which originally would have included one week of in-country key informant interviews. However, as a result of the COVID-19 pandemic, the Cameroon program assessment team conducted key informant interviews remotely. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	**Questions**
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in August 2020 and completed in February 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Cameroon Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Diederik Lohman, Cecile Kazatchkine, Julie Mabilat	August 2020
Key informant interviews conducted remotely with 37 people	Diederik Lohman, Cecile Kazatchkine	October/December 2020
Follow-up with relevant key informants	Diederik Lohman, Cecile Kazatchkine	December/February 2020

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
*	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Amber Kimbro, PEPFAR
2. Ange Meralli Ballou, Expertise France
3. Angoni Angoni, Positive Generation
4. Anonymous (stakeholders requested that their name be withhold for fear of repercussions)
5. Antoine Olongo, Humanity First
6. Ayuk Achale, CAMNAFAW
7. Bruno Clary, Cameroon Senior Fund Portfolio Manager, Cameroon Country Team, Global Fund
8. Carrine Angumua, CDC
9. Cedric Ferdy, CAMNAFAW
10. Cheikh Traore, international consultant
11. Christian Tshimbalanga, international consultant
12. Denise Ngatchou, Horizons Femmes
13. Emmanuel Mbella, CHP
14. Eva Etongue, secretary general, National Human Rights Commission
15. Franz Mananga, Alternatives
16. Fredly Mbebi, CAMNAFAW
17. Gayane Arustamyan, Community, Rights and Gender Department, Global Fund
18. Ghislain Mumbari, US Department of Defense
19. Guy Christian Fako, CARE Cameroon
20. Hyeyoung Lim, Community, Rights and Gender Department, Global Fund
21. Ines Hiefou, Positive Generation
22. Iris Kuoh, PEPFAR
23. Jathan Ndongo, lawyer
24. Jean Jacques Dissoke, Alternatives
25. Kevin Evina, Affirmative Action
26. Landom Shey, Recap+
27. Mintere Anne Florial, JAPSSO
28. Nancy Bolima, Executive Director, HEDECS, Vice President of the CCM, and Chair of the CCM Oversight Committee
29. Nicholas Bony, Jeune Presse Developpement
30. Nickel Liwandi, CAMFAIDS
31. Noelle Mamgno, CAMNAFAW
32. Savina Ammassari, country director, UNAIDS
33. Steave Nemande, national consultant
34. Telse Badil, GIZ
35. Thomas Tchetmi, Community Advisor, UNAIDS
36. Urbain Abega Akongo, FESADE
37. Yemurai Ndowa, Senior Program Officer, Cameroon Country Team, Global Fund

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Baseline Assessment: Cameroon (2019)
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Report of Multi-stakeholder Meeting and Technical Working Group Meeting for Strategic Planning to Address Human Rights-related Barriers to HIV and TB services in Cameroon (26-27 June 2019, Yaounde)
3. Global Fund, Achieving Quality in Programs to Remove Human Rights- and Gender-Related Barriers to HIV, TB and Malaria Services (June 2020)
4. Global Fund. RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries. July 2019

Global Fund Internal Documents

5. *Grant Management Data – Briefing Note: Cameroon* (data retrieved 2020)
6. *Budget of the Ministry of Public Health of Cameroon – Grant FR215-CMR-C* (undated)
7. *Budget of the Cameroon National Association for Family Welfare – Grant FR215-CMR-C* (undated).
8. *TB HIV Funding Request, 2018-2020 cycle (2017)*
9. *Performance Framework Cameroon – CMR_H_MOH*
10. *Performance Framework Cameroon – CMR-H-CMF*
11. *Performance Framework for All-Ukrainian Network of People Living with HIV/AIDS Grant* (19 February 2018)
12. *Resume des fonds de contrepartie (undated)*

Country Documents

13. Plan Quinquennal 2020-2024 de Réponse Globale aux Obstacles Lies aux Droits Humains qui Entravent l'Accès aux Services de Lutte contre le VIH et la Tuberculose au Cameroun.
14. Plan Stratégique National 2020-2024 du Programme National de Lutte contre la Tuberculose
15. Plan Strategique National de Lutte contre le VIH, le Sida et les IST, 2021-2023

Relevant Third-Party Resources

16. APMG Health, *Assessment of HIV Service Packages for Key Populations in Cameroon* (2018)
17. HIV Leadership through Accountability Programme, GNP+, ReCAP+ Cameroon, *PLHIV Stigma Index: Cameroon Country Assessment 2012.* (2013)
18. Stop TB Partnership and UNDP, *Legal Environment Assessment for Tuberculosis in Ukraine* (2018).
19. Global AIDS Monitoring: Cameroon (2019), available at https://aidsinfo.unaids.org/
20. Rule of Law Factsheet: Cameroon
21. UNDP. *Assessment of the legal environment in Cameroon relevant to access of key populations to health care services.* (2018)
22. ICF, *Résumé de l'étude "Comprendre le système de financement de la santé et documenter les types de frais d'utilisation (formels et informels) affectant l'accès aux services de VIH, tuberculose et paludisme en Afrique de l'Ouest et centrale*
23. PEPFAR. (2020). *Cameroon Country Operational Plan – COP 2020, Strategic Direction Summary*
24. PEPFAR. *Cameroon COP 2020 – Parts 1 & 2 of Planning Letter* (January 14 & 16, 2020)
25. PEPFAR. *Cameroon COP 2020 – Memo* (April 1, 2020)
26. CDC Division of Global HIV & TB – *Country Profile: Cameroon* (2019)
27. Initiative 5% Sida, Tuberculose, Paludisme – Expertise France. *Rapport d'activité 2018*
28. US Department of State (2020). 2019 Country Reports on Human Rights Practices: Cameroon.

29. Safeguarding Health in Conflict Coalition (2020). Health Workers at Risk: Violence against Health Care.
30. Human Rights Watch. (2020). Annual Report: Cameroon: Events of 2019
31. UNAIDS, Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses, 15 May 2012; UNAIDS, Guidance on effective programmes to eliminate HIV-related stigma and discrimination in the six settings of the Global Partnership, March 2020.

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‡ UNAIDS. (2019). *Cameroon Country Factsheet*. https://www.unaids.org/en/regionscountries/countries/cameroon
§ Ibid.
** UNAIDS. (2020). *UNAIDS DATA 2020*, 2nd edition. https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf
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‡‡‡ StopTBPartnership TB dashboard for Cameroon (February 26, 2020). http://www.stoptb.org/resources/cd/CMR_Dashboard.html
§§§ World Health Organization. (February 25, 2021). Tuberculosis Profile: Cameroon (2019). https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22CM%22
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