

## CAMPHIA First Findings

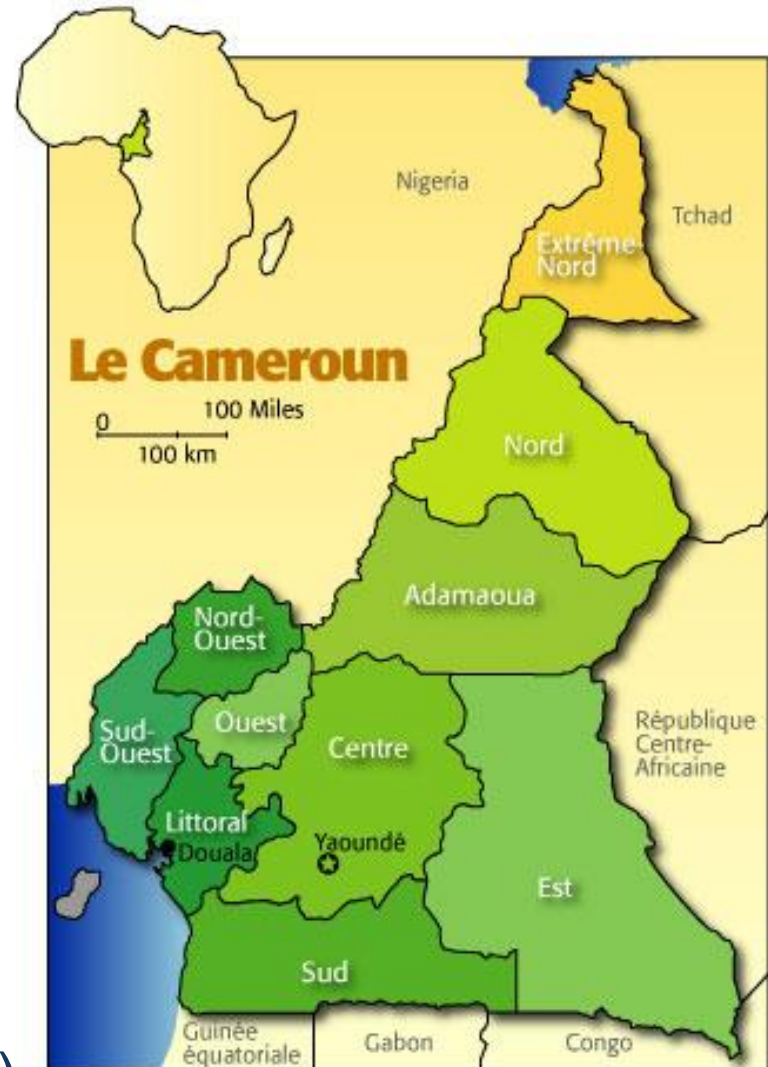
by

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# Cameroon Context

- Population- 24,994,885, growing at 2.56% annually
- A youthful population- more than 60% of population is under 25 yrs and median age is 18.5 years
- An urban population - 56.4% urban and estimated rate of urbanization increasing at 3.63% per year.
- HIV prevalence of 4.3% (DHS 2011)



# Introduction

- CAMPHIA is a household-based national survey focusing on **HIV incidence, prevalence, viral load** and the **cascade of care**.
- CAMPHIA have collected important HIV data to guide **future** policy and programs in Cameroon, particularly with regard to PEPFAR 90-90-90 goals

# Primary objectives

To estimate in a household-based, nationally-representative sample of persons aged 15-64 years:

- National HIV incidence (i.e., prevalence of recent HIV infection).
- Regional prevalence of suppressed HIV viral load (VL) i.e., <1000 copies/ml.

# Secondary objectives (1/2)

Estimate:

- National and regional HIV prevalence,
- National Hepatitis B prevalence,
- HIV/Hepatitis B (HVB) co-infection among HIV+
- National pediatric HIV prevalence
- Prevalence of stunting and undernutrition among HIV-exposed and HIV-infected children ages 5 and under

# Secondary objectives (2/2)

- Behavioral and demographic determinants of HIV incidence and prevalence,
- Uptake of HIV-related services (e.g., PMTCT),
- Distribution of CD4 T-cell counts among HIV+
- Prevalence of transmitted drug-resistance

# DESIGN & SAMPLING

- Study design: nationally representative cross-sectional survey
- Duration: 8 months(July 2017 to February 2018)
- Targets: 14,128 households from 489 EA across Cameroon
- Targets: persons aged 0-64 years from households
- Stratified two-stage sampling: Enumeration Areas (EA) and Households

# Interview

10 to 64 years :interviewed by using tablette

Three main questionnaire used

- Household questionnaire
- Individual adult questionnaire
- Individual early adolescent questionnaire

All participants received consent file





# TESTS

0 to 64 years: Tested for HIV

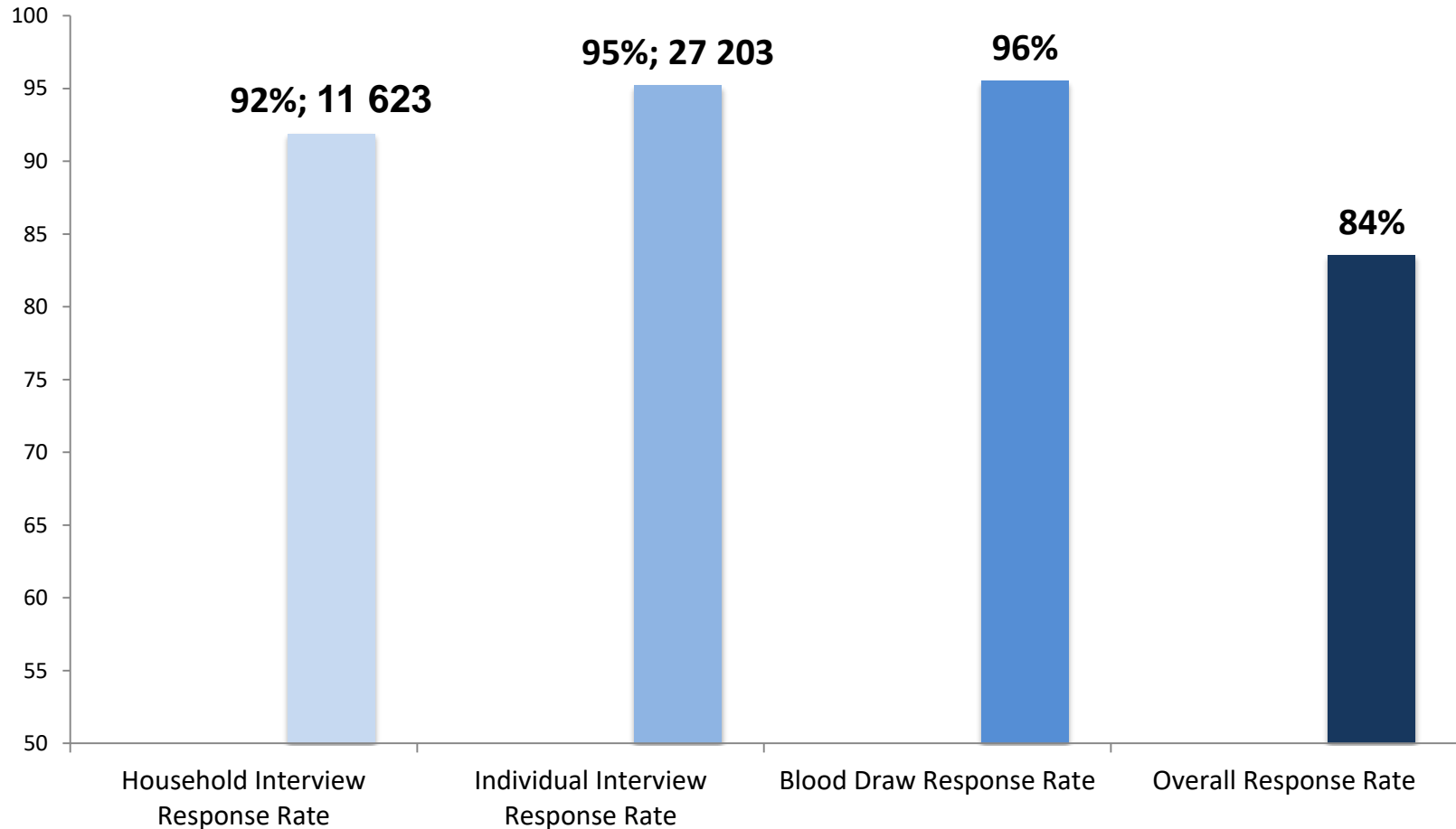
All HIV+ tested for

- CD4 count;
- Viral load;
- Lag Avidity;
- ARV Metabolites ;
- HBsAg (Hep B);
- Weight and height measurements (all 0-5years children exposed or HIV+)

For a sample of HIV-negative

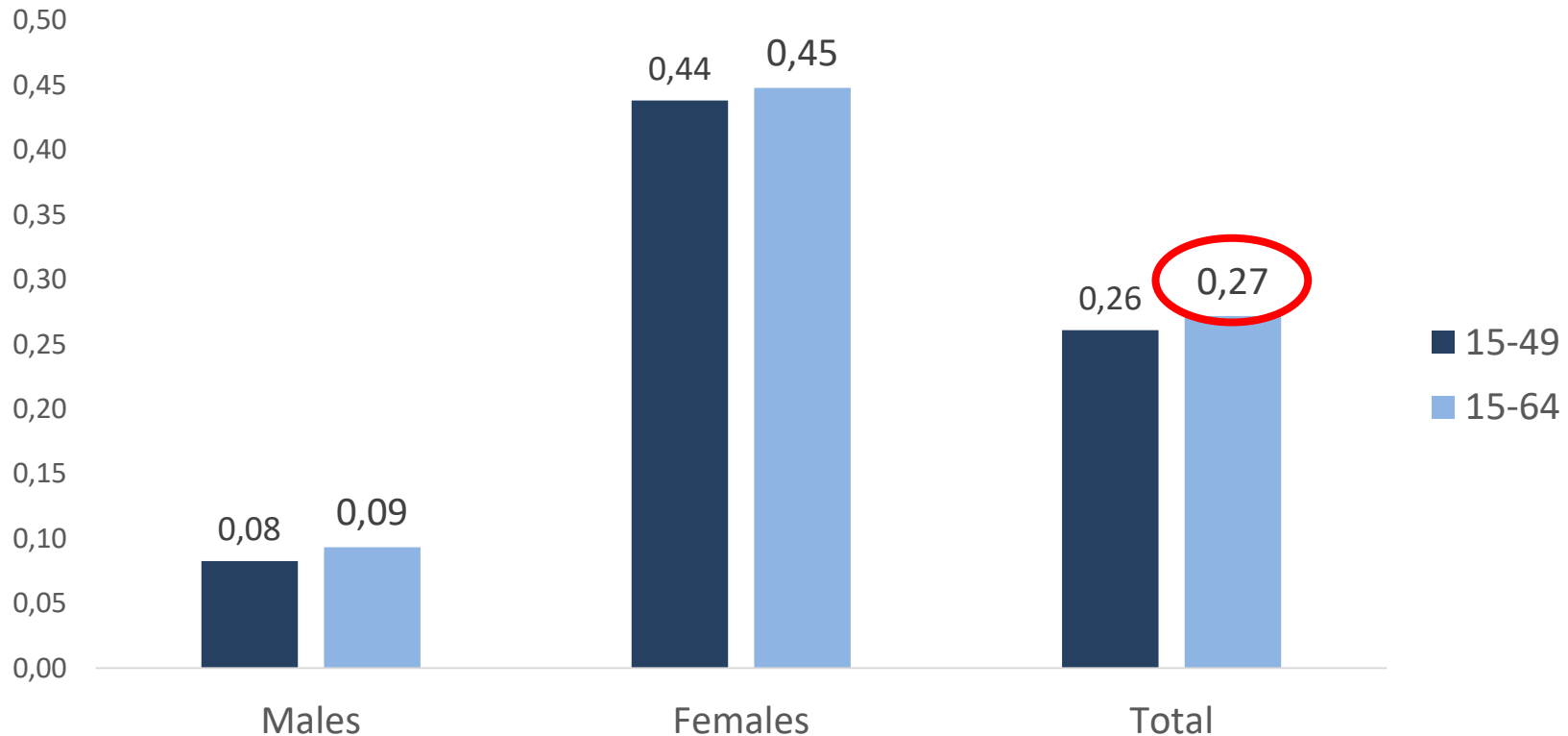
- 1000 tested for HBsAg (Hep B);
- 2% tested for CD4 count;
- 2% of children ages 0-5 tested for Weight and height measurements

# Response Rates (Adult 15-64)



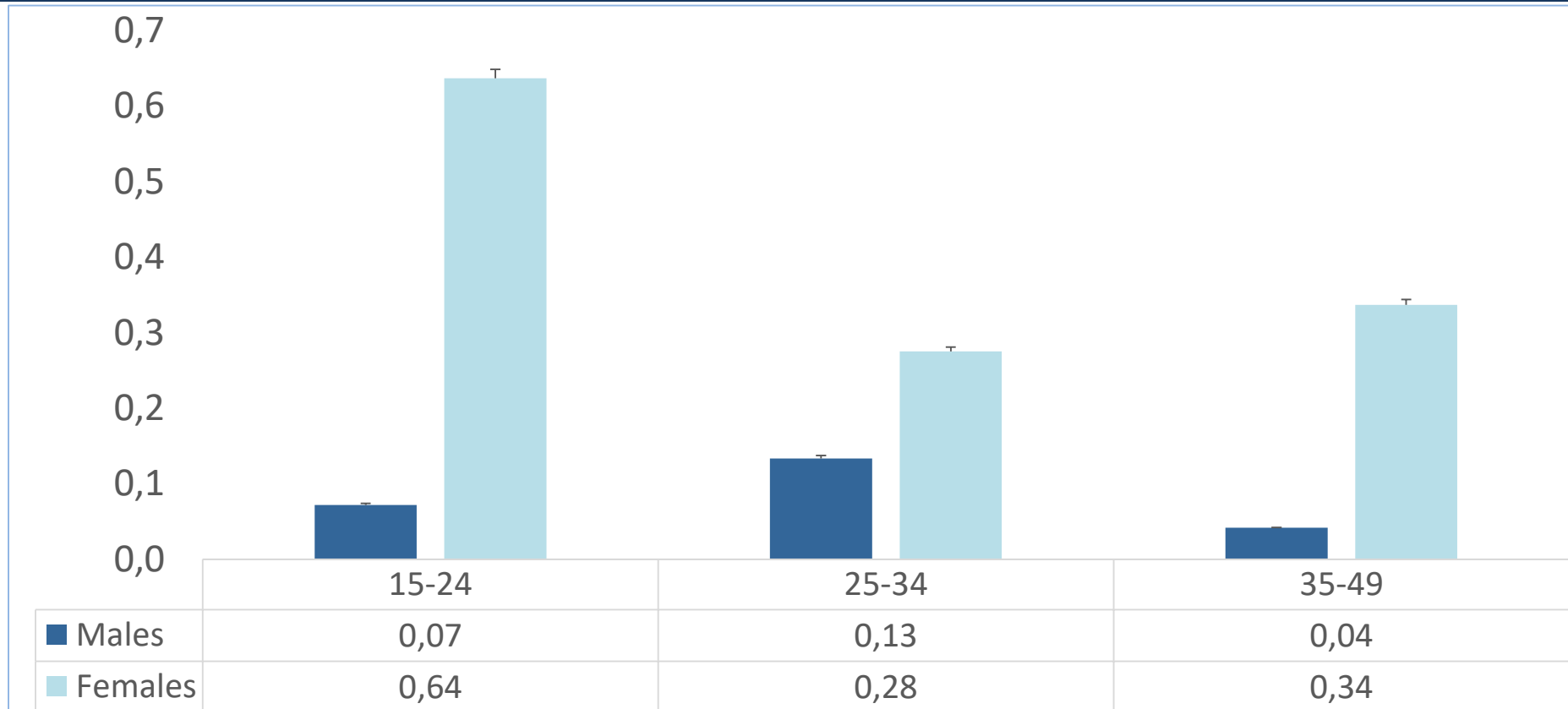
Overall response rate=(Household RR\*Interview RR\*Blood Draw RR)

# National HIV incidence (%)



- Approximately 40,000 new cases of HIV annually among adults ages 15-64 years
- Incidence is five times higher in women

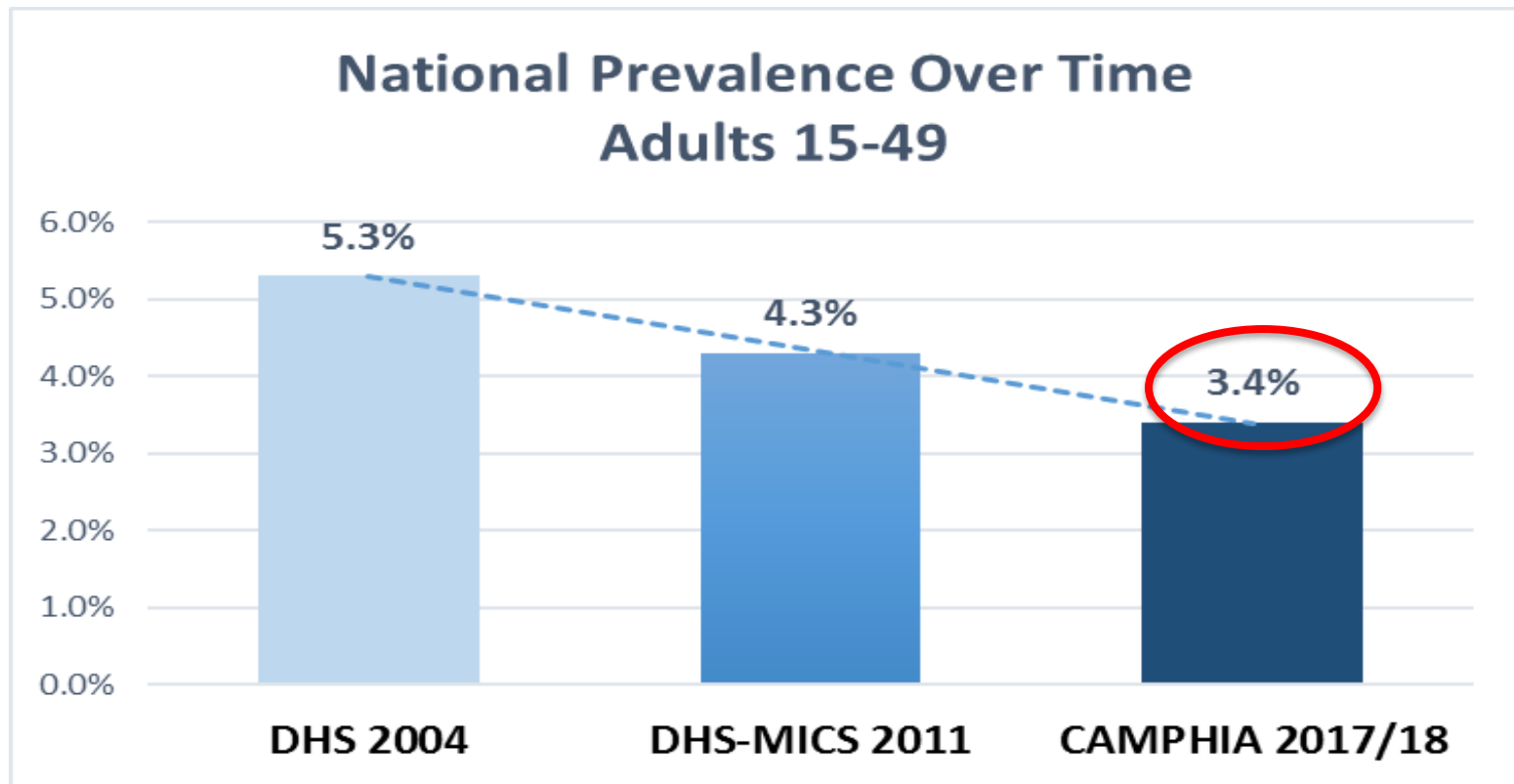
# HIV incidence by Age and Sexe



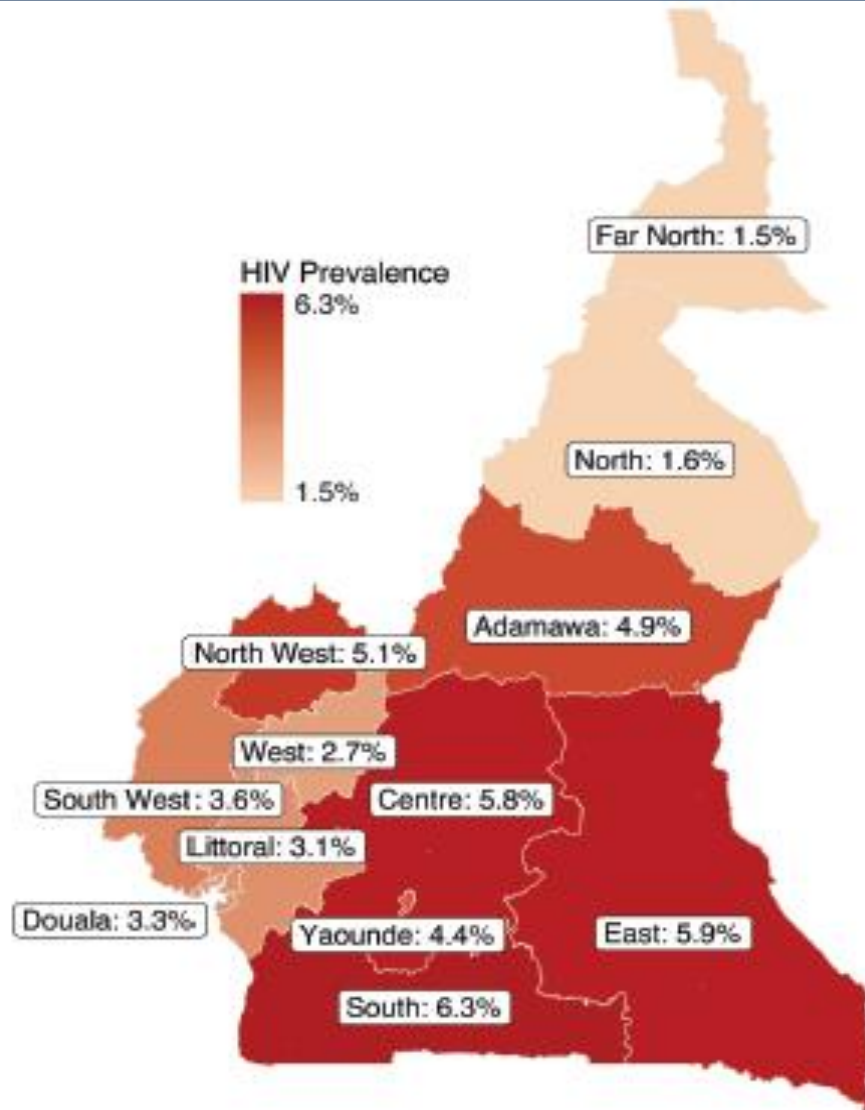
In the 15-24 age group:

- The HIV incidence pic observed for women
- The HIV incidence is 9 times higher in women

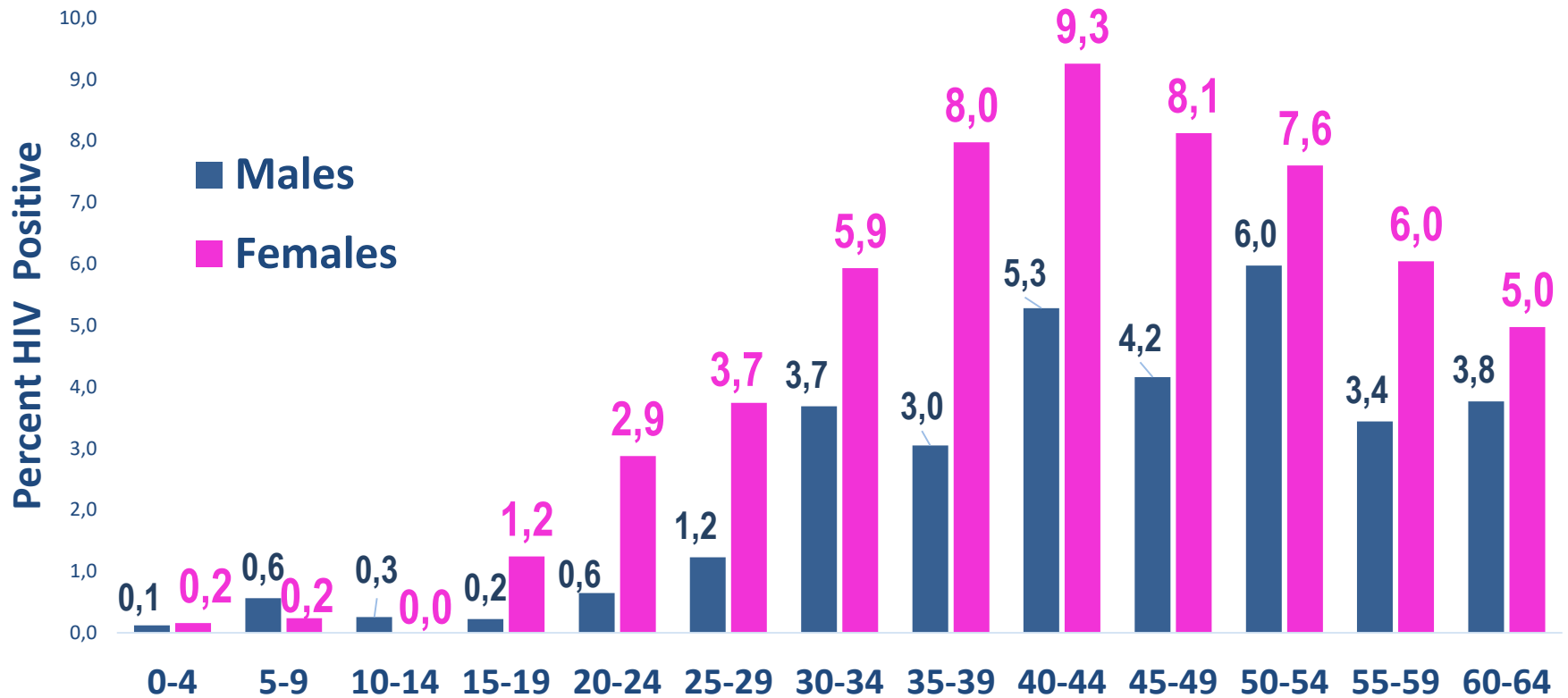
# National HIV prevalence (%)



# Regional Prevalence(15-64 years)



# HIV prevalence by Age and Sex(2)



Considering to age:

- The HIV prevalence is 0,1% in <5 years group
- higher prevalence for women in 35-49 years group
- higher prevalence HIV in men in 40-54 years group

# Viral load profile among HIV+

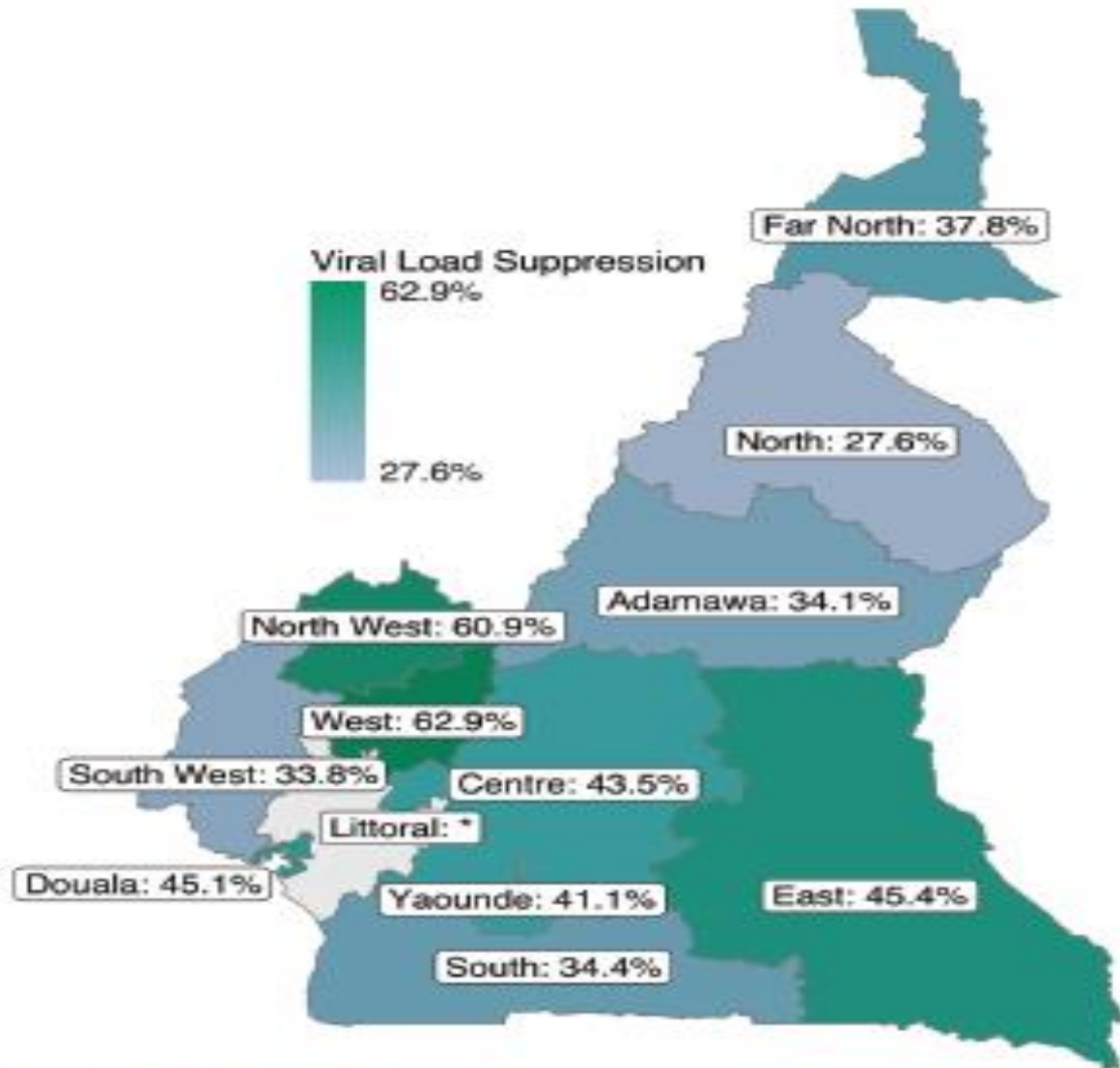
self-reported knowing their status and self-reported current use of ART

Indicators	Female	Male	Total
Knowing their HIV+ status	49.4%	41.2%	46.9%
Self-reported current use of ART	91.1%	92.0%	91.3%
Viral load < 1000 cp/ml	79.2%	82.1%	80.0%

- Among those tested HIV+ during the CAMPHIA survey, 46,9% self reported knowing their status.
- Among self reported knowing their status, 91,3% self-reported current use of ART
- Among self-reported oncurrent use of ART, 80,0% have VL<1000cp/ml



# Regional Viral Load profile (<1000cp/ml)



# Hepatitis B/HIV coinfection

HIV Status and Age	HBV Prevalence		
	Females	Males	Total
<b>HIV Positive</b>			
15-64 years	7,9	9,5	8,4
<b>HIV Negative</b>			
15-64 years	5,4	11,3	8,3
<b>Total</b>			
15-49 Years	6	12,4	9,2
15-64 Years	5,5	11,2	8,3

## Among the 15-64 years group

- National prevalence of Hep B : 8,3
- National prevalence of coinfection HepB/HIV: 8,4

# 1rst 90

## Ongoing strategies

- Index case testing
- Increase HIV testing among youth and adolescent (“ALL IN” Program; Aids free holidays; curricula HIV on schools)
- Multisectorial approach (Ministry of Youth and Civic Education)
- Scale–up HIV testing among KP, PP and vulnerable population;
- Supply HIV test and commodities at all level

## Perspectives

- HIV self testing
- Targeted PITCT
- Community testing approach (Home-based testing, family testing)
- Ownership of the fight by:
  - the Ministry of Women and Empowerment and Family (vulnerability of young girls)
  - Ministries in charge of education (intregation of HIV/AIDS in curricula).

# 2nd 90

## Ongoing strategies

- Scale-up PMTCT
- Implementation of Test and Treat strategy
- Decentralization of ART (Task Shifting, coaching and Mentorship)
- Supply ARV drugs and commodities

## Perspectives

- Scale-up different model of care (Community Dispensation of ART).
- Foods supplies for malnutrition for HIV case
- cost reduction health care services
- Multi months treatment (stable patients)
- HepB immunization at birth

# 3rd 90

## Ongoing strategies

- Reduction of lost to follow up
- Decentralization of services with POC VL
- Cost reduction follow-up test

## Perspectives

- Increase number of services with POC VL
- Scale-up client monitoring and retention

# Conclusions

- Cameroon's HIV program doing well in treating those who are diagnosed,
- BUT there is a gap in diagnosis- about half of HIV positive are not diagnosed
- Women are at particular risk of new infections
- Priority being given to young girl 15-24 years

# Acknowledgments

- All Technical, Funding Partners and PI
- National Ethic Commitee
- Administrative authorities (National, Regional, district)
- Health Facility staff
- Community actors
- Households

