Policy Briefing:

Ending HIV in Cameroon: Getting Long Acting Prevention to Those Who Need It

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Overview:

This policy brief synthesises key insights from the Cameroon Town Hall for Healthcare Professionals meeting held on December 14, 2024, marking World AIDS Day with updates on HIV prevention, treatment and vaccines by Dr. Boghuma Kabisen Titanji of Emory University.

Context:

Africa carries 70% of the global HIV burden, and young women account for most new infections in sub-Saharan Africa. Highly effective prevention, including twice yearly injectable lenacapavir, now exists, but oral PrEP has had low uptake for 12 years, children lag in treatment coverage, and international funding is under threat.

Key Issues:

1. **Low prevention coverage:** PrEP reaches far fewer people than targeted, held back by stigma and limited access points.
2. **Young women at highest risk:** Age disparate relationships, economic dependence, violence and untreated STIs drive infections in women aged 15 to 24.
3. **Price and delay of new drugs:** Long acting PrEP is priced far above production cost, and generic access may take 18 to 24 months or longer; no African manufacturer is licensed.
4. **Children left behind:** Only 57% of children with HIV globally were on treatment in 2023.
5. **Funding fragility:** Dependence on PEPFAR and the Global Fund leaves gains vulnerable to cuts.

Discussion Highlights:

- Lenacapavir showed 100% protection in young African women and superiority to oral PrEP in two trials.
- Stigma, not technology, was identified as the main barrier to PrEP use in Cameroon.

- Regional, African Union backed manufacturing was proposed as the realistic path to local production.
- Long acting PrEP appeared safe in women who became pregnant during the trial.
- Participants were urged to know their status and to counter vaccine conspiracy beliefs.

Recommendations:

- **Prepare now for long acting PrEP:** MINSANTE's HIV programme, with PEPFAR and the Global Fund, should plan for introduction of generic lenacapavir and cabotegravir: regulatory registration, supply forecasting, training of providers and drug resistance monitoring. First step: include long acting PrEP in the next national HIV strategic plan and grant applications.
- **Normalise and decentralise PrEP:** MINSANTE and regional delegations should make oral PrEP routinely available at university health centres, youth friendly services and pharmacies, backed by a public education campaign to reduce stigma.
- **Target adolescent girls and young women:** Programmes should combine PrEP with STI screening and treatment, economic empowerment and protection from gender based violence for women aged 15 to 24, building on schools and universities.
- **Close the paediatric treatment gap:** Hospitals and the PMTCT programme should strengthen early infant diagnosis and paediatric ART, given that children have the lowest coverage.
- **Support African manufacturing regionally:** Government should work through the African Union and regional bodies on pooled procurement and purchase commitments that make African production of ARVs and PrEP viable.
- **Protect domestic financing:** MINSANTE and the Ministry of Finance should increase domestic funding for HIV to reduce dependence on external donors.

Next Steps: The town hall planned to move to monthly sessions in 2025. Dr. Titanji referred participants to her earlier town hall talk on HIV prevention and cure strategies.

Conclusion: The tools to end HIV as an epidemic now exist, including twice yearly injections that prevented every infection in a trial of young African women. Whether Cameroon benefits depends on affordable access, sustained funding and a determined effort to remove the stigma that keeps people from prevention and treatment.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of December 14, 2024. Recording: https://www.youtube.com/watch?v=j2ng2AmtauM