

République du Cameroun

Paix – travail – patrie

Coalition de la Société Civile du Cameroun
contre le Sida, le Paludisme, la Tuberculose et les

Hépatites

CSCC-SANTE



Republic of Cameroon

Peace – work – fatherland

Cameroon Civil Society Coalition Against HIV,
Malaria, Tuberculosis and Hepatitis

CCSC-HEALTH

AC/CSCC, N° 007/2021 of January 11

CALL FOR EXPRESSIONS OF INTEREST

Community experts for the establishment of a Task Force on Community-based Dispensation of ARVs, and TB/HIV case management in Cameroon.

1. Introduction

In Cameroon, the prevalence of HIV infection in the general population decreased from 4.3% in 2011 (EDS-MICS, 2012) to 3.7% in 2018 (CAMPHIA, 2018). These results are the fruit of a general mobilization at all levels and in all sectors for the implementation of the five strategic frameworks five-year anti-AIDS campaigns which followed one another between 2001 and 2020. However, this prevalence rates remain generally high in the general population (one of the highest rates in the West and Central Africa Region).

With an estimated incidence of 186 new cases per 100,000 population (Annex 12 : Global Report TB, WHO, 2019), tuberculosis is a real public health problem in Cameroon. The estimated incidence reported in the general population assesses the number of new cases is expected to 47,000 a year.

Over the past decade, the country has seen a gradual decline in the incidence of about 4.5% on average per year. However, this decrease was not enough to close the gap between incidence and notification which is still about 50%. As a result, about 50% of TB cases are still missing despite the efforts of the program and its partners.

As part of the fight against HIV, in 2019, 97 of the 100 previously identified CBOs are functional with 18,835 enlisted in community ARV dispensation. However, despite an increasing number of patients enrolled at the community level, the target of 30% of the active file of followed up at the level of FOSA has not been attained. There has been (i) resistance of some health facilities to the community strategy (ii) laxity of CHW to do appropriate counselling, and also (iii) low prescription of follow-up examinations for PLWHIV on ARV treatment at the CBO. Similarly, it would be important that vulnerable populations such as young people and adolescents are included in this strategy of

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community dispensation as they belong to support groups or youth associations in order to make the strategy of teenage mentors effective.

Despite significant community interventions in both tuberculosis and HIV, it is clear that there are still significant challenges to be solved:

- ❖ Quantifying the contribution of communities to achieving the NSP targets for tuberculosis and the HIV NHS where the centralization of data from CSOs remains very limited at all levels of the health pyramid ;
- ❖ Assessing the share of the budget for the HIV response allocated to CSOs remains a challenge given the lack of information on this subject
- ❖ Community-based interventions' coverage in priority Regions other than Centre and Littoral Regions remain an important challenge.

The commitment of CSOs and community organizations however strong, remains lagging behind. Mainly confined to the field of prevention, the Community response has tended to be weakened in recent years. Proposals for strategies, innovative activities and offers of TB/HIV services of CSOs tend to shrink, as they are limited by a status of simple service provider by the Global Fund and PEPFAR programs. The Community response appears to be clearly seen now as the link which is holding back the expected progress in promoting screening, linking to treatment and retention in care.

It is in this dynamic of revitalization and remobilization of civil society actors that the Task Force on "**Community-based dispensation and case management**", led by CCSC HEALTH is called upon to act.

2. Task Force Goals

Harmonize and improve the contributions of Civil Society actors to the dispensation of ARV, Anti TB and case management in Cameroon.

The specific objectives are :

- Provide strategic information on community contribution;
- Strengthen the skills and assure the modelling of civil society actors interventions;
- Advocacy for the mobilization of financial, material and human resources.

3. Duration of the Task Force

- 3 years, 1 January 2021 to December 31, 2023

4. Profile of the associative experts

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- ❖ Public Health, Community Health, Social Sciences, Association Experts and Patient Expert, Recognized commitment and experience.
- ❖ At least 3 years of CSOs experience in the fight against TB and/or HIV ;
- ❖ Very good writing skills (French/English) ;
- ❖ Availability and mastery of teleworking tools ;
- ❖ Membership in a community-based dispensing organization or CCSC HEALTH.

5. What to submit

- ❖ A motivation letter addressed to the President of the Civil Society Coalition of Cameroon against AIDS, Malaria, Tuberculosis and Hepatitis (CCSC-HEALTH) ;
- ❖ A CV highlighting qualifications and work experience;
- ❖ The completed application form (Please request the application form to CCSC HEALTH Coordination, E.mail : csc.cameroun@gmail.com).

EMAIL OR DEPOSIT TO THE OFFICES OF THE CCSC c/o AFFIRMATIVE ACTION, ESSOS PLACE CALLED TITTI GARAGE, BEHIND THE SERVICE STATION NEPTUNE OIL, TEL. : 675 228 329 / 695 333 137.

FILE DEPOSIT DEADLINE: JANUARY 24, 2021 AT 3 :00 P.M.

For CCSC HEALTH



Patrice Désiré NDZIE, President

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