

CDC in Cameroon

20 Years of Public Health Impact



Cameroon

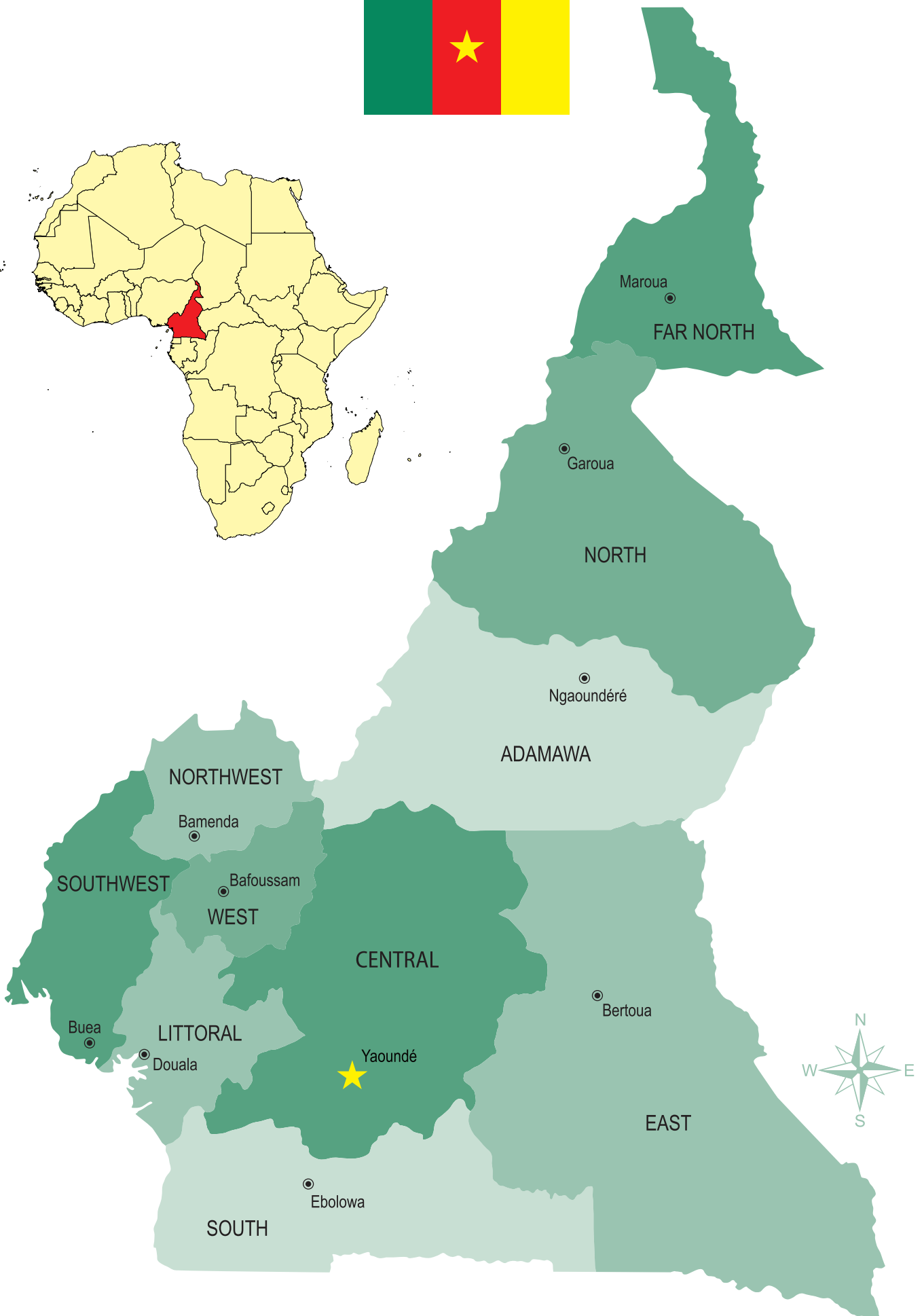


Table of Contents

Message from the U.S. Ambassador to Cameroon.....	2
Message from the CDC Country Director in Cameroon	3
Timeline: History of CDC in Cameroon.....	5
Overview	6
Responding to HIV, tuberculosis (TB), and malaria	7
Controlling the dual epidemics of HIV and TB.....	7
Controlling the malaria epidemic	8
Preventing, detecting, and responding to health emergencies	9
Responding to the COVID-19 pandemic	10
Strengthening laboratory capacity and systems.....	11
Integrated sample transport system.....	11
Enhancing disease surveillance and data systems	12
Case-based surveillance for HIV and HIV-associated TB.....	12
Population-based HIV surveillance.....	12
Developing a robust health workforce.....	13
Looking Ahead	14

Message from the U.S. Ambassador to Cameroon

I am pleased to celebrate the 20th anniversary of the U.S. Centers for Disease Control and Prevention (CDC) establishing its presence with our U.S. Embassy family in Cameroon.

Since 2004, CDC Cameroon has worked closely with the country's Ministry of Public Health, the World Health Organization, and other partners to strengthen health systems, reduce illness, and respond to disease outbreaks. By providing technical and financial assistance to strengthen public health services and bolster the nation's ability to detect and control epidemic threats, CDC has helped improve Cameroonians' healthcare quality and access significantly. With its partners, CDC has expanded HIV services to all 10 regions, trained nearly 2,000 local field epidemiologists, and established the National Public Health Laboratory and five internationally accredited labs – among many other achievements. In short, CDC has saved thousands of lives.

Health has always been and will continue to be one of our top priorities in Cameroon, and the U.S. Mission in Cameroon looks forward to continued collaboration to advance the health of people in Cameroon and around the world.

On behalf of the entire United States Government, I extend my enthusiastic congratulations to CDC on its 20th anniversary in Cameroon.

Sincerely,



Christopher J. Lamora
United States Ambassador to the Republic of Cameroon



Ambassador Lamora (right) welcomes incoming CDC Country Director Dr. Mohamed Jalloh (left) to Cameroon.

Message from the CDC Country Director in Cameroon

Dear colleagues and friends,

Since the establishment of CDC's office in Cameroon in 2004, the agency has worked hand-in-hand with the Government of Cameroon and implementing partners to prevent, detect, and respond to diverse public health threats while also strengthening systems for laboratory, surveillance, data, and informatics. CDC is pleased to recap the substantial public health advancements that we have contributed to in Cameroon. These achievements were only possible through our collaboration with Cameroon's Ministry of Public Health (MOH) and local and international partners.



Technical assistance has been the foundation of CDC's bilateral engagement with MOH over the past 20 years to tackle disease-specific threats such as HIV, tuberculosis, and malaria, in addition to strengthening Cameroon's health systems to better respond to cross-cutting health emergencies. CDC has played a key role in the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Global Health Security Agenda (GHS), and the U.S. President's Malaria Initiative (PMI). These efforts have improved health outcomes, enhanced coordination in the health sector, and boosted Cameroon's capacity to respond to health emergencies, as witnessed during the COVID-19 pandemic.

Cameroon is now on the cusp of ending its HIV epidemic by 2030. Data from UNAIDS as of December 2023 show that over 90% of the 500,000 people living with HIV in Cameroon knew their status, nearly everyone diagnosed with HIV was on treatment, and nearly 90% of those on treatment reached viral suppression. These achievements would not have been possible without the incredible work of our PEPFAR-funded partners providing services in more than 300 health facilities across all ten regions in Cameroon.

CDC, in partnership with MOH, the U.S. Agency for International Development (USAID), and others, has produced nearly 2,000 domestically trained field epidemiologists equipped to respond to complex disease threats in the country. In collaboration with USAID through PMI, CDC has contributed to substantially reducing malaria cases and deaths among children. In 2024, CDC supported Cameroon in becoming the first country to introduce malaria vaccines in its routine immunization program after pilot projects elsewhere in Africa. Moreover, we are reassured



CDC Cameroon staff during April 2024 office retreat.

to see how Cameroon went from not having a single accredited laboratory at the onset of our partnership to now having five accredited laboratories and an accredited blood bank – making it the first country in central Africa to reach this milestone.

We stand ready to continue to expand our collaborations with the Government of Cameroon and forge new partnerships with diverse stakeholders to accelerate public health goals and sustain our collective achievements. CDC, together with MOH and partners, will redouble our efforts to monitor health threats across all corners of Cameroon to better prevent them at their source and respond effectively, benefiting the people of Cameroon and the rest of the world, including the United States of America.

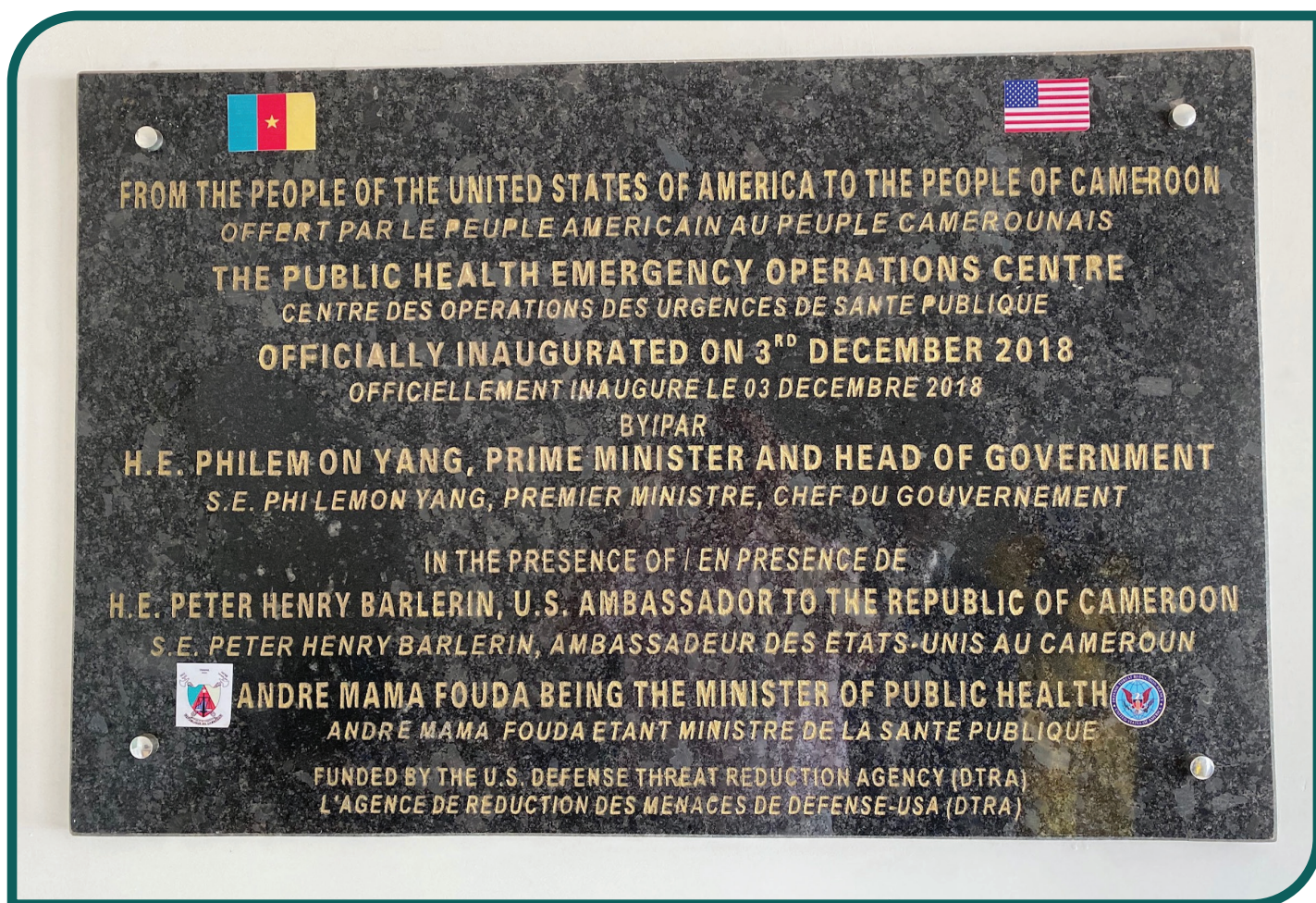
Our *people*, the diverse CDC staff in Cameroon, are the bedrock of all we do in Cameroon as part of the U.S. Mission. I want every CDC staff, past and present, who worked in Cameroon over these 20 years to know that your relentless efforts have made a tremendous impact in the lives of *people* in Cameroon and beyond. The passion, commitment, and resilience you bring to the work, coupled with your unique skills, make CDC-Cameroon one of the best places to work overseas within our agency, as shown in the 2024 CDC Organizational Effectiveness Survey.

One thing is clear: we will continue to put people first in the next unwritten chapters of our CDC story in Cameroon so that we can achieve even more together in protecting lives.

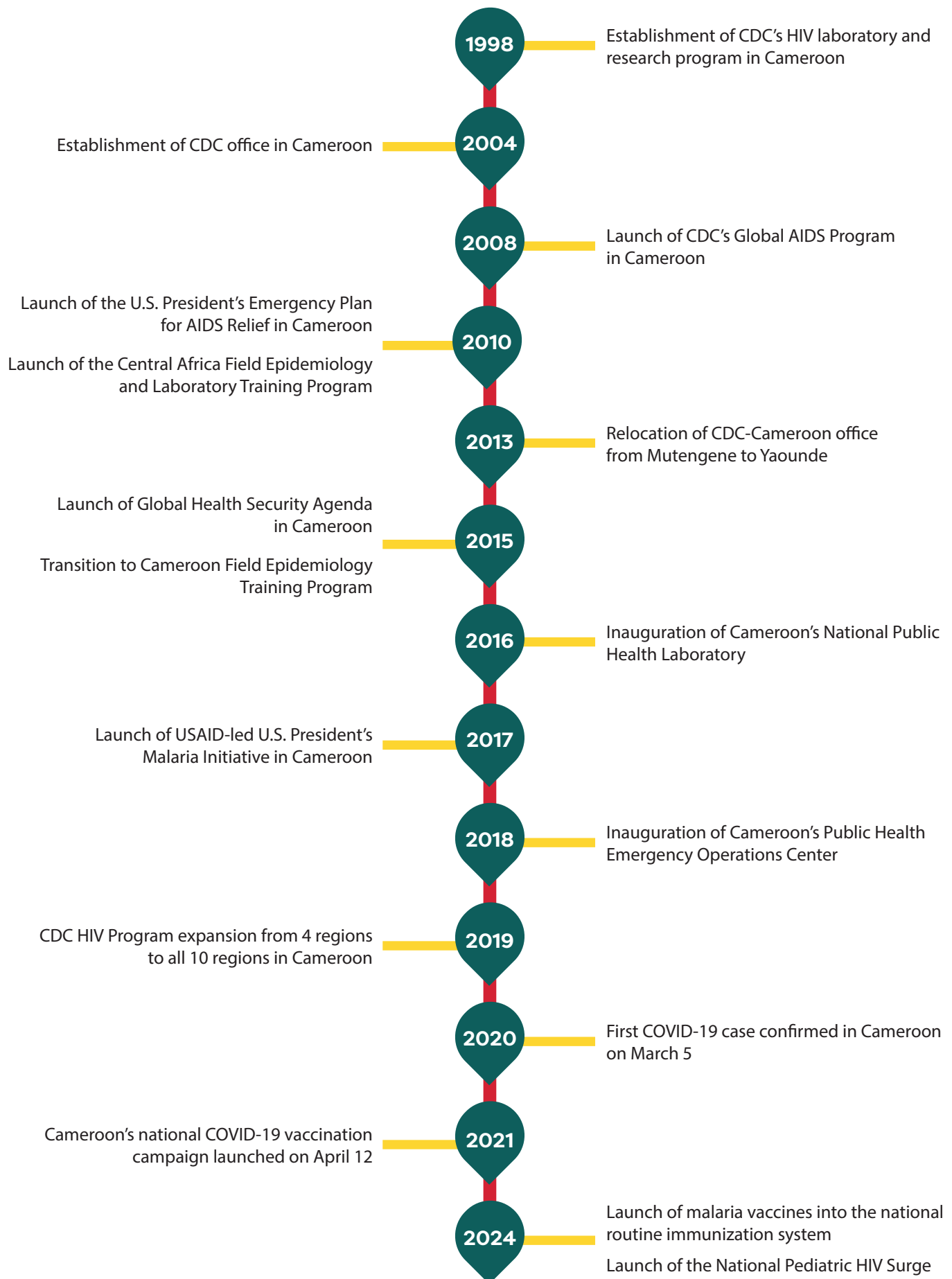
Sincerely,



Mohamed F. Jalloh, PhD, MPH
Country Director, Cameroon
U.S. Centers for Disease Control and Prevention



Plaque commemorating the inauguration of Cameroon's Public Health Emergency Operations Center.



Overview

CDC has a long history of contributing to public health in Cameroon, starting in 1998 with an HIV laboratory and research program. In 2004, CDC established an office in Cameroon as part of the U.S. Mission to further collaborate with the Government of Cameroon and advance public health. Over the past two decades, through close partnership with MOH and other partners, CDC has made significant strides in reducing illness and death from various health threats and strengthening health systems to prevent, detect, and respond to complex public health challenges.

CDC's HIV program in Cameroon expanded in 2008 through the Global AIDS Program and again in 2010 with support from PEPFAR. In 2015, CDC joined a new partnership with the Government of Cameroon under GHSA to enhance the country's ability to prevent, detect, and respond to health threats. In 2017, PMI, led by USAID and co-implemented with CDC, began supporting Cameroon to reduce illness and death from malaria.

- Through GHSA, CDC has provided expertise and support to build Cameroon's core public health capacities in workforce development, disease surveillance, emergency management, and laboratory systems. This effort has strengthened systems for tracking and diagnosing priority diseases and significantly expanded outbreak response capacity across Cameroon.
- Through PEPFAR, CDC has improved the availability of and access to essential public health services, closing gaps in HIV and TB prevention, care, and treatment. During the COVID-19 pandemic, PEPFAR infrastructure and resources helped to maximize the reach of COVID-19 mitigation and vaccination strategies in Cameroon.
- Through PMI, CDC partners with USAID to contribute to malaria prevention and control efforts in Cameroon. The impact of these efforts is detailed in PMI's Cameroon Fact Sheet (see link on page 15).
 - PMI has delivered training and millions of life-saving supplies and treatments to protect families against malaria.

In 2024, Cameroon made history by including malaria vaccines in the country's routine immunization program, becoming a world pioneer in the fight against malaria.

Impact by the Numbers



1,700+
field epidemiologists trained



424,000+
people living with HIV are on antiretroviral treatment



1st
Cameroon established the first accredited blood bank in Central Africa



840,000+
pregnant women tested for HIV. 97% of those who tested positive received treatment

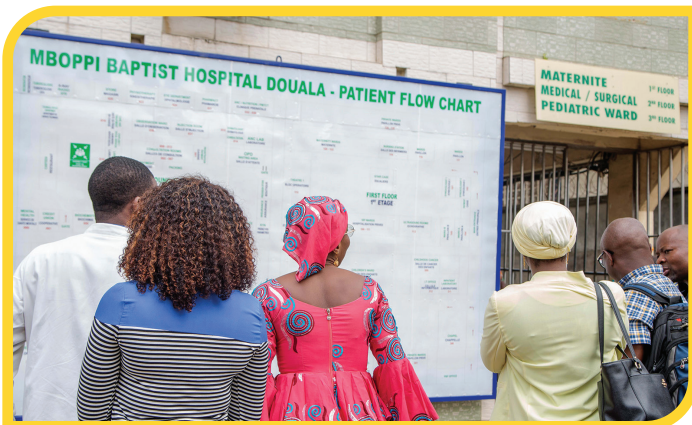


98%
of TB patients at PEPFAR-supported facilities have been tested for HIV



5
laboratories achieved ISO 15189 accreditation

Responding to HIV, tuberculosis (TB), and malaria



Review of patient flow chart at Mboppi Baptist Hospital Douala

Controlling the dual epidemics of HIV and TB

As a lead implementer of PEPFAR in Cameroon, CDC has worked with partners to scale up access to HIV testing, prevention, care, and treatment services to accelerate Cameroon's progress towards achieving the UNAIDS global targets for ending the HIV epidemic by 2030. CDC expanded the availability of free HIV clinical services from 56 health facilities in four regions to 347 sites in all ten regions of Cameroon between 2018 and 2019. These CDC-funded sites through PEPFAR serve over 400,000 people, representing approximately 95% of people living with HIV (PLHIV) receiving treatment in Cameroon.

With CDC's financial and technical support, major gains were observed between 2017 and 2023: the proportion of people in Cameroon living with HIV who were diagnosed increased from 56% to 92%; the proportion of people diagnosed who initiated HIV treatment increased from 93% to nearly 100%; and the proportion of those on treatment who achieved HIV viral suppression increased from 80% to 94%. These three indicators, when taken together, imply that over 85% of all PLHIV in Cameroon are living with an undetectable viral load. Such a high level of population viral load suppression reduces the number of new HIV infections and ensures that PLHIV live longer, healthier lives.

CDC works to prevent mother-to-child transmission of HIV through early identification and rapid treatment of HIV-positive mothers as well as appropriate testing and care for HIV-exposed infants. Through CDC's implementing partners, over 840,000 pregnant women have been tested for HIV, and 97% of those who tested positive for HIV received treatment from 2019 to 2023. CDC supported MOH in establishing the

Early Infant Diagnosis (EID) program in 2007 to ensure timely identification and treatment of HIV-infected children in all 10 regions. Fast-forward to 2024: More than 15 molecular biology reference labs provide laboratory support for EID and viral load testing. Four labs are dedicated to EID – including one lab that CDC originally stood up and transitioned to MOH.

CDC supported the integration of HIV and TB services and scaled up access to HIV testing among TB patients to ensure access to early antiretroviral therapy (ART). Nearly all TB patients at PEPFAR-supported facilities have been tested for HIV and are aware of their HIV status, and 95% of people receiving HIV treatment have been screened for TB. To enhance early TB case detection among PLHIV, CDC has supported systematic TB screening at every clinical visit and the expansion of molecular laboratory testing, which significantly improves the accuracy of TB diagnosis. CDC supports rapid linkage to both HIV and TB treatment, including providing TB preventive therapy (TPT) to protect people living with HIV from developing active TB disease. Through this support, of those receiving antiretrovirals who also initiated TPT at PEPFAR-supported facilities, the percentage of people that completed TPT increased from less than 50% in 2020 to nearly 80% in 2023.



CDC Cameroon HIV Adult Care and Treatment Lead Dr. Yasmine Fadil and HIV Senior Data Manager Colince Keleko converse during a health facility site visit.

Controlling the malaria epidemic

PMI, led by USAID and co-implemented with CDC, implements efforts to reduce malaria-related illness and death in Cameroon. Malaria prevention activities are focused on the North and Far North regions of the country, where malaria transmission is seasonal.

In 2024, Cameroon became the first country to introduce malaria vaccines into the national routine immunization system, outside of a malaria vaccine pilot program involving Ghana, Kenya and Malawi. With technical and financial support from PMI, together with Gavi, United Nations Children's Fund (UNICEF), World Health Organization (WHO), and other partners, MOH is providing over 1.3 million malaria vaccine doses to children in 42 health districts, prioritizing areas with the highest malaria burden. As a Gavi expanded partner, CDC has been providing a range of technical assistance to evaluate the malaria vaccine introduction in Cameroon through its Global Immunization Division in addition to collaborations through PMI.

To strengthen local workforce capacity to conduct malaria prevention and control activities, PMI has supported the Cameroon Field Epidemiology Training Program (CAFETP) to train disease detectives focused on malaria. To date, 181 CAFETP graduates have completed the malaria-focused frontline program in the Far North and North regions. Thanks to CAFETP, frontline healthcare workers can better diagnose, treat, and report malaria cases and detect significant changes in patterns of malaria transmission.

PMI has also contributed to increasing entomological surveillance and laboratory capacity to detect malaria. Specifically, PMI's technical support to Cameroonian

institutions resulted in the training of local entomologists in 15 sites across eight regions to track mosquitos and their resistance to insecticide to better inform malaria prevention programming. This support also contributed to training 135 laboratory technicians on microscopic diagnostic methods, which helped to improve case management at the health facility level. In addition, PMI assesses the effectiveness of first-line malaria treatments on a regular basis to detect early signs of antimalarial resistance.



CDC PMI Resident Advisor Dr. Judith Hedje conducts mosquito rearing (feeding mosquitoes with cotton ball soaked with sugar).

Since the launch of PMI in Cameroon, USAID and CDC have supported the distribution of at least:



1.7 m
mosquito nets



6 m
fast-acting
malaria medicines



3.9 m
preventive treatments
in pregnancy



6.1 m
rapid diagnostic tests



47.1 m
seasonal preventive
treatments

Preventing, detecting, and responding to health emergencies



Cameroon's National Public Health Emergency Operations Center

CDC has boosted Cameroon's capacity to respond promptly and effectively to public health emergencies of international concern. In 2018, Cameroon's Public Health Emergency Operations Center (EOC) was inaugurated with support from CDC and the Defense Threat Reduction Agency. The EOC coordinates emergency response activities for human and animal health threats and has led to more robust responses by improving multisector collaboration, data sharing, and decision-making.

Thanks to CDC's emergency management trainings since 2016 combined with the network of CAFETP graduates, Cameroon has the capacity to rapidly activate and respond to health threats. The EOC can be activated in less than 24 hours, which was illustrated during the early 2023 Marburg Virus Disease alert at Cameroon's southern border. MOH has undertaken at least 75 public health investigations with U.S. government support, and the EOC has been activated 15 times for emergencies, including cholera, measles, and mpox. In addition, the EOC was

activated for a train accident and as a preemptive measure for a large international soccer competition.

CDC has provided extensive technical assistance to develop disease-specific surveillance and incident management plans at the national, regional, and district levels. CDC supported a cholera response simulation during 2016-2018 GHSA accelerated cholera control efforts that demonstrated multisector management of an outbreak. These efforts served as the groundwork for improved emergency preparedness and response capacities.

CDC's Public Health Emergency Management Program has trained and certified MOH staff in emergency management. Certified staff have worked with regional districts to establish a similar program at the subnational level in Cameroon, with the goal of creating a pool of well-trained EOC managers for human and animal sectors. CDC also supported the establishment of trained rapid response teams and trainings on risk assessment and communication.



COVID-19 testing swabs

Responding to the COVID-19 pandemic

CDC supported all aspects of MOH's response to the COVID-19 pandemic by providing public health leadership, outbreak response expertise, and response coordination, often building on the infrastructure developed for HIV prevention. During the pandemic, CDC provided funding and technical assistance to conduct the Cameroon National Urban Serosurvey in 2020. This survey equipped the HIV program with key insight on COVID-19 antibody prevalence across the country based on age, region, and sex. The results from the serosurvey provided guidance to design COVID-19 prevention and vaccination strategies. CDC also enabled laboratory testing on nearly 3 million samples as well as genomic surveillance to detect new circulating variants of SARS-CoV-2, the virus that causes COVID-19 infection. CDC and implementing partners provided personal protective equipment and supplies to health facilities to strengthen infection prevention and control.

In addition to supporting MOH in the development and implementation of the national risk communication and community engagement plan for COVID-19 in Cameroon, CDC worked with MOH to establish and support call centers at national and regional EOCs. CDC provided financial and technical assistance to MOH to

conduct surveys on COVID-19 knowledge, attitudes and practices and adverse events following immunization to better understand factors contributing to vaccine hesitancy. With CDC's technical assistance, MOH revised the strategic communication plan and tools to meet the changing communications needs of the outbreak, sensitize the population to COVID-19 vaccines, and counter COVID-19 misinformation.

To increase vaccine uptake, CDC supported the development of national guidelines for COVID-19 vaccine rollout, a nationwide vaccine logistics deployment plan, and training manuals and communication tools. CDC provided additional funding for COVID-19 vaccine implementation as part of Global VAX, leveraging existing PEPFAR platforms to address vaccine hesitancy and increase access to vaccination services for PLHIV and others.

Through Global VAX, CDC's implementing partners have supported MOH in vaccinating nearly 300,000 people against COVID-19, including more than 100,000 PLHIV. COVID-19 vaccination has been integrated into routine HIV service delivery at health facilities with support from CDC's clinical partners.

Strengthening laboratory capacity and systems

With CDC's support, Cameroon's laboratory capacity to diagnose priority diseases has improved. CDC supported the establishment of the National Public Health Laboratory (NPHL), which provides leadership and guidance to subnational laboratories across the country. CDC has expanded technical assistance to NPHL and a national network of laboratories on the diagnosis of priority pathogens, including cholera, anthrax, brucellosis and mpox. Through strengthening cholera diagnostic capacities, the number of laboratories that can confirm suspected cholera cases rose from a single laboratory to six. During the COVID-19 pandemic, CDC worked to expand COVID-19 testing efficiency by providing technical assistance to support COVID-19 testing in regional reference laboratories. This decentralization lessened COVID-19 testing turnaround times.

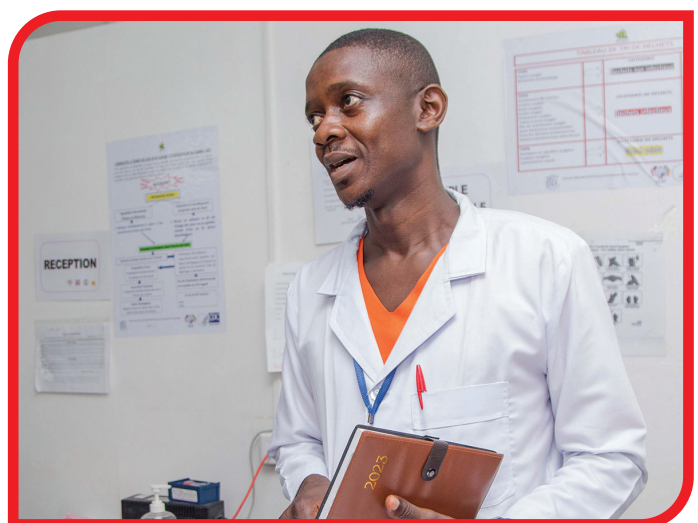
CDC provided technical assistance to implement quality management systems and ensure standardization of HIV testing processes across 347 health facility laboratories and 19 USAID drop-in centers. In addition, CDC and MOH are mentoring 15 subnational reference laboratories in their efforts towards accreditation. To date, five laboratories have achieved ISO 15189 accreditation—the international standard for laboratory quality management. CDC also supported the establishment of the first accredited blood transfusion center of excellence in Central Africa. Accreditation of the blood bank has ensured quality service delivery, including improved efficiencies in screening for and preventing spread of transmitted infections such as HIV and hepatitis. Between 2017 and 2023, wastage of donated blood, or blood bags, declined by about 82%. The number of HIV cases identified amongst blood donors is monitored to strengthen HIV prevention efforts. The blood bank is based at Central Hospital in Yaounde.

CDC's contributions have strengthened laboratory systems for HIV and TB testing in Cameroon. CDC supported MOH in establishing a national external quality assurance (EQA) program for HIV testing. The national EQA program for HIV rapid testing has increased the use of domestically produced HIV proficiency testing panels, which are used to monitor and ensure sustained competency of laboratory personnel in HIV testing. By training nearly 6,000 staff and enrolling over 1,300 sites in proficiency testing across all ten regions of the country, the EQA program has served a vital role in expanding access to quality HIV testing in resource-limited settings in Cameroon.

Integrated sample transport system

Starting in October 2024, CDC will support the introduction of a unified transport system in Cameroon that will transform how biological samples are sent from health facilities to laboratories in the 10 regions of the country. The new system will integrate laboratory sample referral and transport systems for HIV, TB, and emerging public health concerns. Expected improvements include faster turnaround time of laboratory results, improved quality of laboratory testing services for PEPFAR-supported sites, increased sustainability of an optimized diagnostic network, and strengthened laboratory health systems in Cameroon.

CDC is supporting the expansion of routine viral load monitoring to reach everyone receiving HIV treatment in Cameroon, including through assessing the existing sample transport system and exploring alternate ways to collect samples (e.g., dried blood spots). Continued monitoring of sample rejection rates, equipment downtime, availability of supplies, and other key quality performance indicators of the integrated sample referral system will be a critical feature. Laboratory information systems will be strengthened at high-volume testing sites to aid with monitoring turnaround time, sample quality, and effective use of the implemented system. The integrated system will strengthen national capacity for transportation and referral of samples for laboratory testing services and return of results for HIV, TB, and emerging infectious diseases. This effort will also support tailored laboratory waste management strategies and transport networks for the safe and efficient transport of waste generated from molecular testing reference laboratories, for safe disposal and to minimize negative environmental impact.



Head of Laboratory Department at Mboppi Baptist Hospital Douala

Enhancing disease surveillance and data systems



Review of HIV surveillance data during a hospital site visit

CDC has provided extensive support to establish and enhance processes for tracking and reporting the spread of priority diseases in Cameroon. CDC, in collaboration with WHO, provided technical assistance to MOH to strengthen the use of electronic reporting platforms for data collection, analysis, and reporting for COVID-19, cholera, mpox, and other priority diseases. More than 95% of health districts currently use the District Health Information Software to collect and report public health data to MOH and laboratory counterparts. The increased use of this software, combined with training through CAFETP, helped to improve the completeness and timeliness of reporting to MOH—more than 80% of health facilities now submit weekly surveillance reports to MOH in a timely manner.

To speed up Cameroon's ability to detect and address public health threats at their source, CDC supported a pilot application of WHO's Early Warning, Alert, and Response System. The early warning system has strengthened local-level disease surveillance in Cameroon by facilitating the training of over 1,000 community leaders and health workers to identify and report suspected cases of diseases of epidemic potential. This work established a process for community health workers to report potential health threats to district health authorities. Piloting of the early warning system laid a foundation for subsequent efforts towards achieving a robust, efficient data reporting system from subnational to national public health authorities to inform decision-making.

Case-based surveillance for HIV and HIV-associated TB

Extensive support from CDC's implementing partners to transition health facilities from paper-based to

electronic data management systems was crucial to improving HIV and HIV-associated TB surveillance and service delivery across Cameroon. The rollout of Data Manager (DAMA) and electronic medical record (EMR) systems across all PEPFAR-supported sites allowed facilities to track patient care and treatment more efficiently and use aggregate data to inform strategies for addressing gaps in care. DAMA and EMR also made it possible for facilities to report public health data to MOH in near real-time for regular assessments of progress towards country-specific targets for HIV elimination.

Population-based HIV surveillance

In 2017, MOH launched the first Cameroon population-based HIV impact assessment (CAMPHIA) to measure the prevalence of HIV in Cameroon and the rate of viral load suppression among adults living with HIV. With support from CDC and an implementing partner, home-based HIV testing and counseling was provided to over 11,600 households in all regions of Cameroon. The results from CAMPHIA provided critical insight on the country's programmatic areas needing intensified HIV response efforts. CAMPHIA also informed program strategies to improve access to and uptake of HIV services to enhance progress towards achieving HIV epidemic control. A second round of the assessment, CAMPHIA 2024, is underway with results expected by early 2025 to inform the next phase of the national HIV epidemic response. In addition, CAMPHIA 2024 is being leveraged to strengthen local institutions that will form key arms of the nation's National Public Health Institute under consideration by his Excellency the President of Cameroon.



Site Improvement Through Monitoring System visit at Regional Hospital Ebolowa. CDC Cameroon Associate Director of Clinical and Lab Services Dr. Judith Shang and Program Quality Assurance Specialist Laura Eno.

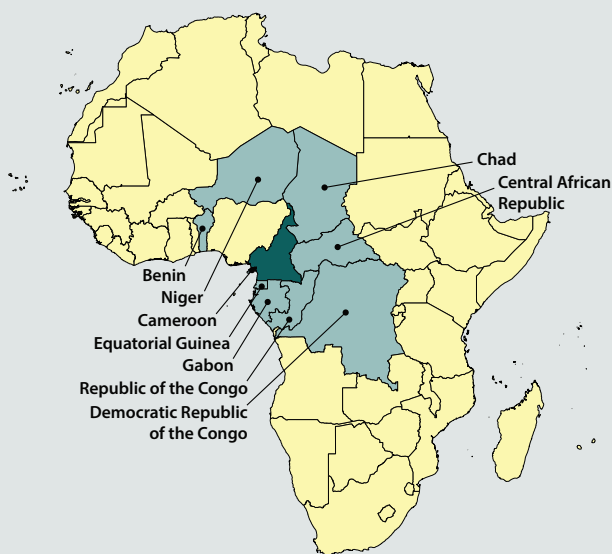
Developing a robust health workforce

CDC has significantly increased Cameroon's ability to detect, investigate and respond to disease outbreaks through training field epidemiologists, commonly referred to as "disease detectives." The Central African Field Epidemiology and Laboratory Training Program was launched in 2010 with support from CDC and the Bill & Melinda Gates Foundation to train disease detectives in Cameroon, Democratic Republic of the Congo, and Central African Republic. The program was based in Cameroon and transitioned to CAFETP in 2015, organized by MOH and University of Buea while continuing to support other countries in the region.

CAFETP has trained over 1,700 graduates from various sectors to conduct disease surveillance and outbreak response activities. Graduates serve in leadership positions throughout the country, and both trainees and graduates have been crucial for the prompt detection and response to public health threats in Cameroon. Due to CAFETP, public health workforce capacity continues to expand. Each region and district in Cameroon has at least five field epidemiologists, and CDC-supported trainees participate in more than 90% of disease investigations conducted by MOH.

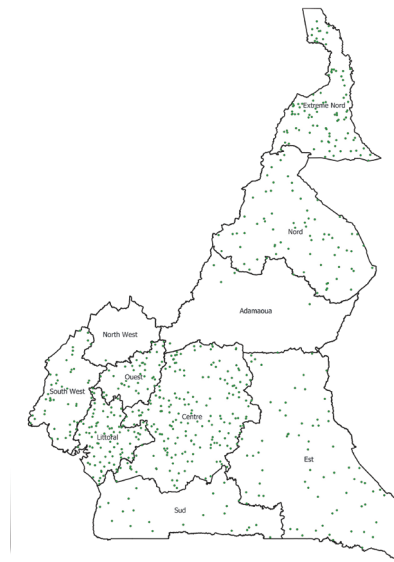
Cameroon has become a regional leader in training field epidemiologists.

CAFETP has trained health personnel from Cameroon, Democratic Republic of the Congo, Republic of the Congo, Central African Republic, Chad, and Gabon. CDC has also provided technical assistance to Niger and Gabon to launch a frontline FETP and has provided insight to other countries to help improve their FETP training approach. CAFETP is the first fully accredited FETP program in Africa, accredited by TEPHINET in 2017.

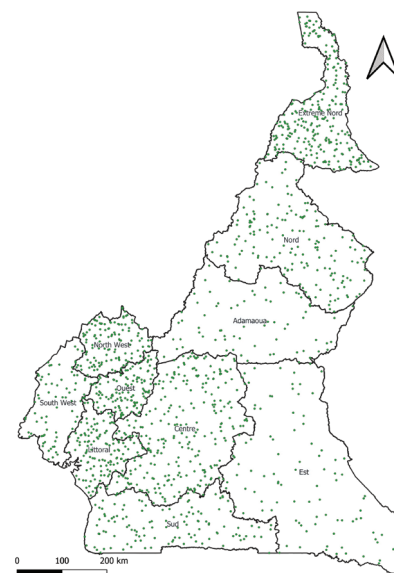


Countries supported by CAFETP

CAFETP has contributed to an increase in the availability of trained field epidemiologists by region across Cameroon since 2019.



Geographical distribution of frontline FETP graduates in Cameroon from 2016 to 2019



Geographical distribution of frontline FETP graduates in Cameroon from 2016 to 2024

Legend:
 ● = 1 graduate
 □ Region

Looking Ahead

As part of the U.S. Mission in Cameroon, CDC will continue to support the Government of Cameroon to strengthen the health sector, prevent and respond to public health threats, and improve health outcomes in Cameroon.

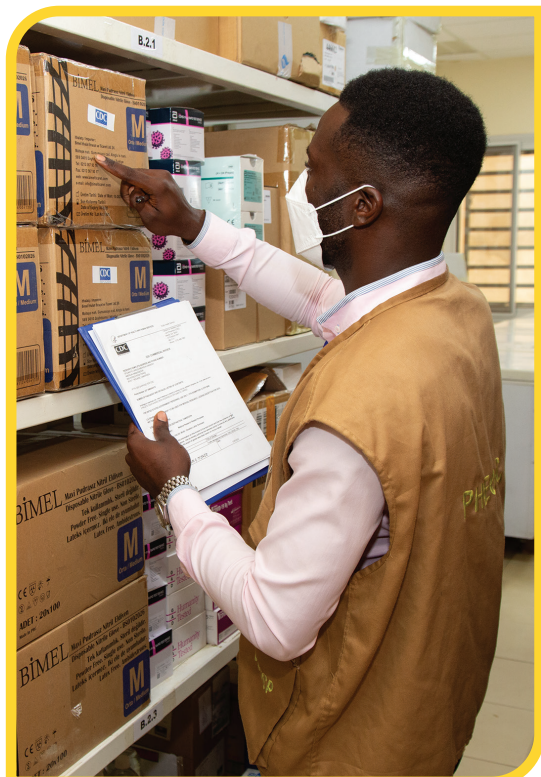
We are committed to strengthening global health security by implementing the 7-1-7 framework, which focuses on detecting outbreaks within seven days, notifying authorities within one day, and initiating response measures within seven days. Looking ahead, we will redouble our efforts with MOH and partners to end the HIV and TB epidemics in Cameroon by 2030 through sustained treatment and prevention efforts, ensuring every individual living with HIV and TB receives the care they need. In 2024, the Government of Cameroon launched the National Pediatric HIV Surge in partnership with CDC to scale up the identification of children and adolescents living with HIV and connect them to lifesaving treatment. We aim to accelerate our partnerships to bring malaria deaths and cases under control, particularly for vulnerable populations such as children.

Through these concerted efforts, we envision a future where Cameroon is a model of health resilience, protecting its citizens and contributing to global health security.



For more information, visit:

- CDC in Cameroon: www.cdc.gov/global-health/countries/cameroon
- CDC Cameroon HIV and TB: www.cdc.gov/global-hiv-tb/php/where-we-work/cameroon
- PMI Cameroon: www.pmi.gov/where-we-work/cameroon/





www.cdc.gov/global-health/



CDC Global



@CDCGlobal



@CDCGlobal

CS 337176-X | July 2024