Enhanced KAP Engagement in Cameroon Wins Global Fund Opportunities

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Cameroon submitted a second-round Concept Note in May of 2015, incorporating strong critical civil society recommendations, and proposed complimentary activities, to better meet the contextual needs of key affected populations (KAP). In July of 2015, Cameroon received a funding notification from the Global Fund, with the budget earmarked for KAPs even higher than requested.

This is a considerable achievement for a country poised to set the stage, by its HIV response, for other Francophone countries in West and Central Africa. Without a significant overhaul in civil society participation in prevention and care, HIV targets in these countries will remain unmet. Treatment stock-outs, management problems, insufficient diagnostic capability for even routine check-ups, lack of follow-up and referral, and policy and legal barriers, exacerbate these situations, and will now be addressed – for the first time – in Cameroon.

> *"Without CRG funding, CLAC technical support, and the dedicated KAP consultant as advocate, the Government of Cameroon would not likely have listened to, or allowed, the active engagement of KAPs, even during the second round submission."*
> - Serge Douomong Yotta, Affirmative Action

The keys to Cameroon's successful Concept Note submission were fourfold, both process related and determining factors, and with lessons for other countries:

1. ***Leadership.*** Cameroon was fortunate to have a long-standing KAP representative with exceptional leadership skills on the Country Coordinating Mechanism (CCM). This leader was able to mobilize expertise and call on his network to unite and help find solutions at various critical stages during the development process. The CCM, consequently, trusted KAP decisions.
2. ***A United Civil Society.*** Mobilized KAP representatives realized early they could not work in isolation, but needed to pull together with broader civil society, for greater voice. They united as a Taskforce, forging strong relationships among themselves and with other key actors, pooling their experiences and expertise to a common advantage. Despite divergent interests, Taskforce members bought into the process and stayed engaged and united throughout, i) identifying priority needs, ii) presenting recommendations for endorsement, iii) participating in drafting pertinent Concept Note sections, iv) lobbying for appropriate budget allocation, and v) ensuring civil society and community engagement and participation in prevention and care, despite strong opposition. Post-award, they are now organizing for further engagement in grant-writing, implementation, and watchdogging.
3. ***Technical Support.*** Cameroon received support from Community Action and Leadership Collaborative (CLAC)[1] collaborators and in-country partners, who provided timely and

[1] The CLAC is a unique collaboration between AIDS and Rights Alliance for Southern Africa (ARASA), the Global Network of People Living with HIV (GNP+), Global Action for Trans* Equality (GATE), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC)-West Africa, and hosted by the Global Forum on MSM & HIV (MSMGF). Working closely together, the CLAC is able to link, train, strengthen capacity, share lessons learned, and build upon their deep understanding and connection with communities to strengthen key population interventions and programming, HIV

flexible advice, and continuity, amplifying and synergizing Taskforce efforts through both submissions. With funding from the Global Fund's Community, Rights, and Gender (CRG) team, the CLAC facilitated activities that strengthened the number of trained and engaged KAP advocates collaborating together for the first time to share priorities, identify joint recommendations, and build action plans, rather than competing for priorities. The Global Fund board augmented this ongoing support in early 2015, taking the unprecedented step of opening up a funding line directly to communities requiring additional assistance during resubmissions. Cameroon was one of those countries, immediately hiring a dedicated KAP expert to help them turn the process of revising their initial (and rejected) Concept Note into a beneficial opportunity to address weaknesses and tremendously strengthen the approach, activities, and budget for KAP-focused interventions.

4. ***Dedicated KAP Consultant.*** The presence of an international consultant dedicated to KAP and civil society forced stakeholders to take the Taskforce more seriously during the resubmission, and strengthened the quality of their participation. As an officially sanctioned participant, the consultant attended all the strategic meetings, redrafted KAP sections, fed information back the Taskforce and KAP leadership, and facilitated communication and discussion. He was an important link, viewed with legitimacy and respect by the CCM, the Government of Cameroon, and other consultants, for he knew the context and stakeholders at all levels, and was able to interact without bias in an inclusive and accepting manner.

COUNTRY CONTEXT. Only a few years ago, Cameroon's HIV situation, particularly for KAPs, was abysmal. Today, the population living with HIV is large, and there are significant delays in treatment, care, and support scale-up. Policy making by the Government of Cameroon is traditionally top-down and lacks explicit recognition of non-governmental civil society entities in the health and social service sectors. There are serious bureaucratic bottlenecks in the drug and diagnostic testing supply chain, and overall poor understanding of the necessity or usefulness of community involvement in health and development.

In all sectors, not just HIV, government officials and civil servants view the contribution of community stakeholders in service design and policymaking as unnecessary. "Civil society engagement in Cameroon is very weak. KAP involvement in prevention is confined to peer education and commodity distribution, and they have almost no role in treatment and diagnostic provision. There are no good practices from national authorities to engage them in antiretroviral (ARV) drug distribution, for instance. The pattern is that civil society, donors, recipients, and the government all do their own things, separately. Civil society are engaged only on an ad-hoc basis around project deliverables, but there is no permanent multi-stakeholder structure of engagement (except for small hospital-based patient forums)," notes Dr. Cheikh Traore, KAP consultant.

Cameroon remains one of the four most important countries in West and Central Africa for UNAIDS, the Global Fund, and PEPFAR, and is not on track to meet many – if any – HIV targets. International attention directed at Cameroon is spurred by the realization that huge impact could be realized, given the scale of the epidemic, with the right combination of community systems strengthening (CSS), civil society engagement, and appropriate service delivery.

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treatment access, human rights, gender equality, and community systems strengthening within the Global Fund's New Funding Model.

TRP RECOMMENDATIONS. In December of 2014, the Global Fund's Technical Review Panel (TRP) returned Cameroon's first Concept Note submission with recommendations for the CCM to address in a resubmission. In January 2015, a mission by the UNAIDS regional office and portfolio manager from the Global Fund in Geneva came to Cameroon to brief stakeholders on TRP review panel recommendations, better describe technical assistance requirements, and answer questions towards designing a more achievable activities roadmap. TRP recommendations aimed to ensure the CCM better describe situations achievable for all KAPs. They did not feel Cameroon adequately demonstrated how it was going to implement the very ambitious plan.

Taskforce representatives attended the briefing, and the Global Fund mission officially invited them to participate in all resubmission activities, reminding the CCM and Government of Cameroon to involve civil society, as per requirements of the New Funding Model (NFM). "Whereas in the first-round we had to impose ourselves, this time we had an undisputable invitation," said Serge Douomong Yotta of Affirmative Action and KAP representative on the CCM. For this reason, "the rejection of the first Concept Note was viewed as a good opportunity, not a failure, as it gave community stakeholders more time to go into detail and hold critical discussions, and work towards a stronger overall Concept Note submission," notes Nadia Rafif, policy advisor at the MSMGF.

Figure 1: Dr. Cheikh Traore

DEDICATED CONSULTANT. Taskforce members felt they needed further technical and financial support to ensure their engagement in the resubmission process. While the first-round Concept Note process united KAP under a proactive Taskforce, their subsequent participation "was not sustainable, and depended on external funding, because there was no mechanism in place for constant civil society engagement at national and provincial levels," observes Cheikh. In consultation with the MSMGF, Affirmative Action submitted a proposal to the Global Fund CRG team. It outlined pursuit of a multi-stakeholder policy-making and dialogue structure, as part of the Global Fund process, and financial and technical support to enable KAP involvement during all stages of the country dialogue process. The proposal requested CLAC's support towards this, given their prior involvement, knowledge of the Cameroonian situation and on MSM issues, and strong working relationships with key stakeholders.

In February 2015, the CRG awarded Affirmative Action roughly US$31,500, channeled through the MSMGF as fund manager and collaborator. The Taskforce and MSMGF quickly agreed that a dedicated community expert consultant would best help promote and support KAP issues, strategies, interventions, and actions through the process of redrafting and resubmission. The consultant would specifically promote TRP recommendations and priority activities identified by KAP during consultations organized by CLAC collaborators in 2014, to ensure the resubmission responded to TRP regarding i) KAP, ii) gender, and iii) human rights. The consultant engaged was Dr. Traore. "Cheikh knew well the Cameroon situation, Global Fund processes, and had met Serge previously at the MSMGF Headquarters in October 2014 during a roundtable discussion with PEPFAR's Ambassador Birx," says Nadia.

Remaining funds would support civil society representatives to participate in planning and drafting meetings. "Before, the CCM's lack of funds was used as an excuse to not invite civil

Figure 2: Cheikh Traore, Serge Douomong Yotta, and PEPFAR Ambassador Birx, at MSMGF Headquarters, October 2014

society to attend activities. This round we were self-funded to attend, and so participation was unarguable," notes one civil society representative.

CONSULTATIONS AND DIALOGUE. While dramatic changes occurred during the first round in civil society inclusiveness, given mandates under the NFM, it did not translate into attitude changes of acceptance among public servants. Cheikh and Affirmative Action both felt that if Cameroon got the right balance of civil society and KAP involvement in Concept Note implementation, it would change the course of the epidemic in Cameroon. If Cameroon could get it right, other countries could also. Alternatively, while structural changes arguably take time, if the Government of Cameroon did not accept a heightened community role, targets would not be achievable, and the TRP might again reject the Concept Note.

Towards this, Cheikh engaged in enhanced dialogue and information sharing from the start of his consultancy, seeking input and data from UNAIDS and US Government-funded program managers, KAP leaders, and other key stakeholders. UNAIDS consultants and staff were strong advocates for greater devolution of prevention and treatment at the community level, with useful good practices from elsewhere in Africa to share. He also negotiated a slight, and important, change to his scope of work, from representing KAPs, to broadly supporting civil society including people living with HIV (PLHIV), the TB sector, women's groups, and young people. "It was necessary to go broader because the TRP recommendations spoke to the deficiencies and lack of support for civil society in general, not just KAPs. While CLAC support was instrumental in getting KAP engaged during the first round, keeping civil society working together could not be lost during the second round."

To further discussions, the Ministry of Health and National AIDS Council organized two retreats with key stakeholders.

First Retreat. Held in Yaoundé on 16-31 March, the 50 participants included policy makers, HIV program implementers, representatives (UNAIDS, WHO, UNICEF, ILO, from UNAIDS, WHO), civil society, and KAP representatives. The focus was: i) to review human rights and KAP data and evidence, ii) to gather program data and experience to respond to specific TRP questions, and iii) to gain targeted input from sex workers and providers. Towards the latter, Cheikh organized a KAP Taskforce consultation to reflect on key strategic issues emerging from the Concept Note, such as 'Test and Treat,' CSS, prevention, and proposed actions regarding gender, youth, and human rights. He gave two presentations on CSS and program implementation models aimed at better organizing the KAP response.

One TRP criticism was the lack of cited supporting evidence. In Cameroon, data does not count as 'evidence' until it is 'validated' by the government. For this reason, in the first submission there was no reference to data on human rights or gender. Almost no validated epidemiological evidence pertained to the human rights of sex workers, lesbian gay bisexual or transgender intersex (LGBTI), or people who inject drugs (PWID). Fortunately for the resubmission, PEPFAR released in early 2015 their 'R2P' study looking at HIV prevalence and service access for MSM and sex workers, stigma and discrimination, and the experience of human rights violations and

violence. UNAIDS also published the results of their gender assessment of the national HIV response. Cheikh worked hard with civil society leaders to make sure the Concept Note referenced this new, validated, data.

Second Retreat. Held in Ambam on 13-24 April 2015, civil society representatives were not formally invited to attend, with the exception of the primary recipient for KAP under Round 10, already running a Global Fund program. The Taskforce went ahead and nominated 8 participants, who showed up without invitation, using CRG funds to support their attendance. After the first week concluded, 4 were allowed to continue to attend, along with the 12 other officials and consultants, and Cheikh. "There was initial resistance, as public servants do not collaborate with civil society on equal footing, in the existing political culture. For example, usually doctors speak on behalf of civil society, rather than civil society themselves. Improved representation and engagement had to happen. Our presence and diplomatic attitude made it happen. It would have been a clear oversight if we had not been there," noted Cheikh.

With help from the UNAIDS consultants team and the Global Fund recipient representative, Cheikh, as an informed outsider, was able to push a KAP agenda and engage in retreat discussions. He focused on the need to respond to TRP recommendations regarding KAPs, under threat that the Global Fund could again reject the resubmission if concerns were ignored. According to some stakeholders, "without CRG funding and the dedicated KAP consultant as our advocate, the Government of Cameroon may not have listened to, or allowed, the active engagement of KAPs, even during the second round."

One of the Concept Note targets TRP questioned was multiplying the number of people on treatment by 3, and within 3 years. This meant a shift from 150,000 people to over 300,000 people, despite i) existing public services unable to cope with current treatment demands, ii) a history of ARV stock-outs, iii) weak or insufficient diagnostic capacity, and other gaps in available care and support service delivery.

Despite concerns about how realistic it was, the CCM kept the target. The need to allow civil society to assume some burden in treatment delivery, follow-up, and referral, consumed subsequent discussions. Cheikh and the UNAIDS regional consultant "pushed like a revolution" to get public servants and the CCM to acknowledge that civil society engagement was required to achieve this (and other) targets. A greater focus on 'Test and Treat' could further signify a radical shift for many KAP-led community organizations in the HIV sector, pushing them into the primary and secondary care arena.

Objections hinged partly on current policy, which prevents civil society from being involved in prescribing, treating, and distributing ARVs. In Cameroon, the health system has 3 tiers (tertiary, secondary, and primary care). Current community action in the HIV sector works alongside the statutory health sector in prevention, information dissemination, human rights documentation, and advocacy. Partnerships distributing ARVs with MSM-, sex worker-, and PLHIV-led organizations would necessitate regular and critical consultations between the health sector and civil society, UNAIDS, bilateral partners, and INGOs. Objections also hinged on widespread distrust of KAP-led organizations regarding confidential patient management, and importantly, on the funding needed to strengthen their capacity to support an expanded role.

Ultimately, participants at the second Ambam retreat designed an ARV treatment acceleration plan, devoting the first year of implementation to CSS, in order to deliver on the target during the second and third year. "Cameroon must implement a shift where civil society is concerned, if they are to curb the epidemic," states Cheikh, echoing the sentiments of many. Stakeholders

remain hopeful the amount of CSS now written into the Concept Note is sufficient to adequately prepare civil society to deliver services, and that the government will quickly amend policy to conform.

Other areas of discussion included a comprehensive community delivery plan based on geography and disease burden as they pertained to more controversial topics:

- *Youth*. The government was initially reluctant to address youth issues, and the intersection with gender, despite there being 5 infected young women to every young man in Cameroon.
- *Gender*. Cheikh co-facilitated a focus group discussion with trans women and sex workers, and repeatedly referenced the 2014 UNAIDS gender assessment to push this point. "I drew lessons from the report, and used it in programmatic areas affecting youth, and those designed to improve PMTCT (prevention of mother to child transmission) and HCT (HIV counseling and testing) uptake among vulnerable groups."
- *Human rights*. Some government participants were reluctant to openly address issues of discrimination, violence, or harassment, and the negative impact of punitive laws and policies. To overcome this, the Global Fund Risk Management Framework, designed by CAMNAFAW in Round 10, was adapted and used to define a number of protective measures and service access issues for victims of violence. This provided opportunity to refine the risk management strategy itself to provide more stakeholder dialogues on the structural determinants of vulnerability, and extend its reach to more regions and districts of Cameroon. To detract from the difficult regulatory and legal framework discussions, the Concept Note described protective measures for KAPs exclusively in the context of protecting HIV programs and beneficiaries.

Figure 3: Concept Note Review and Consultation with the Taskforce and Civil Society Organizations, Mbalmayo, 30-31 March 2015

RESUBMISSION. Between the first and second retreats, the Writing Committee made significant changes to the Concept Note. Cheikh was charged with redrafting the KAP section, with assistance from 8 KAP representatives invited to be on the Writing Committee. This was a welcome change from the first round. "Before, it was more token. We did not have input on the budget, programs, or strategic decisions. TB members were not involved so there was no input on TB programming at all. This time, we had an elaborate part in the Concept Note. With the consultant this time, we (Taskforce members) were able to better formulate our needs, strengthening the Concept Note and addressing human rights and gender. We were part of all the different committees, including the writing committee," notes Serge.

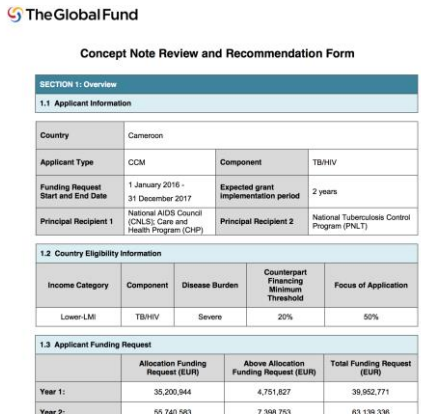
Civil society discussed revisions to the second draft at a meeting late March in Mbalmayo, attended by leaders from amongst PLHIV, MSM/LGBT, sex workers, PWID, TB, women, and youth. The 2014 adoption of a minimum package of services for KAPs was a major asset, enabling design of an evidence-based intervention plan. While gaps still exist, targeted training activities will help address them.

AWARD. The CCM validated the final second round Concept Note, and submitted it on 18 May

2015. In July, Cameroon received notice that it was accepted, and the budget earmarked for KAPs higher even than requested. From a budget analysis conducted by Affirmative Action, it is noted that:

- Increased financial allocation for interventions targeting KAPs is specifically found in module 5: prevention among sex workers and their clients; and module 6: prevention and among MSM.
- Financial allocation for KAPs represents an increase from 4% to 10% of the total grant between the first and second round Concept Note. For Module 5, the total budget subsidy increased from 1.49% to 7.06%, and for Module 6 from 2.49% to 2.96%
- Given the cross-disciplinary interventions for KAPs, financial improvements are, however, integrated and inseparable from other modules addressing treatment and care, prevention in vulnerable groups including youth and adolescents, PMTCT, management of co-infection, program management, and more.
- The implementation period was reduced from 3 years, to 2 years (2016-2017), with a decline in overall budget allocation from EUR 125 million in the first submission to EUR 103 million in the second, given the extension of funding to Global Fund primary recipients through 2015. This extension ensured continuation of activities being implemented during Concept Note development, and is considered as Year 1.

Figure 4: Second Concept Note Approval, August 2015



The Global Fund

Concept Note Review and Recommendation Form

SECTION 1: Overview

1.1 Applicant Information

Country	Cameroon		
Applicant Type	CCM	Component	TB/HIV
Funding Request Start and End Date	1 January 2016 - 31 December 2017	Expected grant implementation period	2 years
Principal Recipient 1	National AIDS Council (CNLS); Care and Health Program (CHP)	Principal Recipient 2	National Tuberculosis Control Program (PNLT)

1.2 Country Eligibility Information

Income Category	Component	Disease Burden	Counterpart Financing Minimum Threshold	Focus of Application
Lower-LMI	TB/HIV	Severe	20%	50%

1.3 Applicant Funding Request

	Allocation Funding Request (EUR)	Above Allocation Funding Request (EUR)	Total Funding Request (EUR)
Year 1:	35,200,944	4,751,827	39,952,771

RECOMMENDATIONS FOR THE FUTURE. Unification under the Taskforce, coupled with the presence of a dedicated consultant, proved a novel approach to mobilize KAP and wider civil society towards unified objectives, influencing policy and programs nationally. Success in Cameroon ultimately shifted the paradigm for the community sector, both in terms of i) participation in Concept Note development, ii) realization of their importance and the need for CSS and attention to gender and human rights to support their expanded implementation role, and iii) the percentage increase in budget earmarked for activities targeting KAP.

On 18-20 August, Affirmative Action helped organize a national KAP workshop with support from UNDP, UNAIDS, CARE, and CAMNAFAW. Twenty-five KAP organizations were involved, namely LGBTI, PWID, sex workers, and truck drivers. The objective was to think about strengthening leadership and to design a framework of KAPs to improve participation and better watchdog strategies and actions financed by the Global Fund and PEPFAR. Further discussions centered on ownership of the 'Fast Track' strategy, and community capacity to fill research and data gaps. Following the workshop, the UNAIDS country office provided a national consultant to help KAPs elaborate a 3-year strategic plan to coincide with the Global Fund calendar. This plan will include capacity strengthening and leadership opportunities, and relieve leadership at Affirmative Action from carrying the responsibility to mobilize and champion. KAP partners validated the finalized plan at a workshop mid-October.

As Cameroon embarks on grant making and implementation, further work remains.

1. The common space found between KAPs and civil society during the Concept Note process resulted in greater solidarity between diverse constituencies. As Cameroon moves forward, identifying sub-recipients, and actually implementing and monitoring activities, it will be necessary to cushion any tensions that creep back in between these diverse constituencies. As of this writing, the primary recipient remains undesignated. If there is a change from Round 10, it could be devastating for communities, reintroducing competition because of wider factors concerning sub-recipient selection, based on the chosen primary. Cameroon needs strong, united leaders from all sectors to counter negative ramifications and potential fragmenting, and these leaders require long-term support.

2. In view of the ambitious targets proposed in the Concept Note, covering 10 regions of the country, the legal and policy frameworks in Cameroon still present barriers to successful implementation. While 'Test and Treat' is welcome, major structural shifts are required to enable true rollout. The government bureaucracy in Cameroon must support the necessary legal and policy changes, enabling essential KAP involvement in treatment (ARV distribution), care, and support, and facilitating capacity strengthening among KAP-led organizations to scale up their activities and assume additional responsibilities. The Taskforce itself should consider expanding its initial role to support KAP-led organizations and formally watchdog implementation.

3. During the process, engagement from the different constituents varied greatly, with the highest mobilization and experience among MSM and other LGBT, youth, PLHIV, and truck drivers, less from sex workers, and almost none from PWID. Given oversight of TB issues in the first round submission, participation of this constituency was strongly encouraged in the second round. However, this was the only community that successfully changed their level of engagement between the two rounds.

   Cameroon is one of the first countries in the region where MSM self-organized, in spite of a repressive environment where same sex relationships remain illegal, and where MSM convictions and incarceration are the highest. Some MSM-led organizations are over a decade old now, which speaks to their enhanced participation. They serve as powerful role models for other Francophone African countries. Alternatively, and reflecting broad gender and class imbalances in the HIV response, sex worker-led organization for health and rights in Cameroon is weak, despite the slightly more favorable policy environment where sex work is not criminalized. Effort is needed to further mobilize sex workers, transgender people, and PWID during grant-writing and implementation phases.

4. Support of KAP and civil society was popular and strong during Concept Note development, given how much was on the line if their participation was subpar. Global experience shows that civil society is often left out of the grant negotiation phase, and there is no documented precedence for an alternative. This is generally when civil society stops requesting support, and other stakeholders stop considering it – though the real work is just beginning. In reality, it will take several months to negotiate a grant –budget, activities, implementing partners, and more – and community stakeholders must not allow participation gaps. Especially considering the budget, there is a need to remain vigilant, as KAP funding could easily be redirected during negotiations.

   Affirmative Action is taking steps to try to avoid this pitfall, submitting another funding request to CRG to allow them to continue watchdogging. With little experience to learn from, however, it is hard to frame and justify the current technical support needs. It is clear that the ongoing support from the CLAC and MSMGF, without interruption and over the

entirety of the process so far, was impactful to KAP and civil society, and should not stop now at this critical stage. Documentation of the ongoing process, as it unfolds in Cameroon and elsewhere (Nigeria, for example) is advised, and would greatly benefit KAP organizations globally.