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# **REPORT ON UPDATES OF CAMEROON'S COUNTRY PROFILE ON HIV, TB AND MALARIA WITH A YOUTH-FRIENDLY LENS**

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## *Executive Summary*

Cameroon continues to confront significant public health challenges from HIV, Tuberculosis (TB), and Malaria, with adolescents and young adults disproportionately affected. In 2024, the Global Fund's investments, exceeding US\$5 billion globally, contributed to saving approximately 1.2 million lives in Cameroon alone. Despite these gains, young people face structural, social, and behavioural barriers that hinder their access to prevention, treatment, and care services.

The Community Engagement Strategic Initiative (CESI), funded by the Global Fund, seeks to strengthen youth participation, leadership, and accountability in Cameroon's national response to these epidemics. A central component of CESI is the development of an updated, youth-friendly national health profile consolidating the latest data on HIV, TB, and Malaria. This profile is intended to empower young people to advocate, monitor, and influence health policies and programs effectively.

The primary objective of this initiative is to produce a comprehensive, youth-friendly national profile on HIV, TB, and Malaria that delivers accessible, actionable, and credible information to support youth advocacy, awareness, and informed decision-making. Specific objectives include consolidating national and regional data, translating the profile into English and French, presenting data through infographics and interactive visuals, validating findings with youth-led organizations, and disseminating the profile via digital platforms and webinars.

A multi-step, participatory methodology was employed, including a desk review of data from UNAIDS, WHO, CNLS, national TB and Malaria programs, Demographic and Health Surveys, and Global Fund reports. Drafting and translation produced a visually engaging, youth-focused profile, which was subsequently validated through consultations with youth-led organizations and advisory groups.

Key findings indicate that while national HIV prevalence declined from 5.4% in 2018 to 2.7% in 2024, adolescents and young adults particularly young women remain disproportionately affected. Approximately 3,395 new HIV infections occurred among youth in 2024, with high ART coverage (~96%) and viral suppression (~93%) reflecting near-achievement of UNAIDS 95-95-95 targets. TB incidence remains significant, with youth representing 30–35% of cases, and treatment success rates for drug-sensitive TB at 80%. Malaria continues to affect 600,000–700,000 young people annually, contributing substantially to hospital admissions and school absenteeism.

The report concludes that while progress is evident, persistent inequities particularly among girls and rural youth remain. Strengthening youth-friendly services, addressing systemic barriers, scaling up TB and Malaria interventions, and promoting youth-led advocacy are essential. Empowering youth with evidence, leadership opportunities, and decision-making roles is critical for a more inclusive, equitable, and resilient response to HIV, TB, and Malaria in Cameroon.

## *Table of Contents*

List of Figures .....	5
Executive Summary .....	3
List of Acronyms .....	6
Introduction .....	8
Objective of the Consultancy .....	10
Specific Objectives .....	10
Methodology .....	11
Findings .....	13
HIV prevalence Situation Among Young People in Cameroon 2024 .....	13
Tuberculosis in Cameroon .....	19
Malaria .....	24
Discussion .....	29
Conclusion .....	35
Recommendations .....	35
Annexes .....	37
Reference .....	41

## *List of Figures*

Figure 1: HIV Factsheet in Cameroon 2024 .....	14
Figure 2: TB Factsheet in Cameroon 2024 .....	20
Figure 3: Malaria Factsheet in Cameroon 2024-2025 .....	25

### List of Acronyms

<b>Acronym</b>	<b>Meaning</b>
ACTs	Artemisinin-Based Combination Therapies
ANC	Antenatal Care
ART	Antiretroviral Therapy
CAGEAD	Centre for Advocacy in Gender Equality and action for development
CAMPHIA	Cameroon Population-based HIV Impact Assessment
CESI	Community Engagement Strategic Initiative
CHWs	Community Health Workers
CNLS	Comité National de Lutte contre le SIDA
DHS	Demographic Health Survey
HIV	Human Immuno-deficiency Virus
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
LLITNs	long lasting insecticide-treated nets
MDR/RR-TB	Multidrug-Resistant Tuberculosis
PLHIV	people living with HIV
RDTs	Rapid Diagnostic Test
ReCAJ+	<i>Cameroonian Network of Adolescents and Positive youths</i>
SMC	Seasonal Malaria Chemoprevention

SRH	Sexual and Reproductive Health
Tb	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
YAG	Youth Advisory Group

## *Introduction*

The Global Fund is one of the world's most powerful engines for saving lives investing up to US\$5 billion every year to push back HIV, tuberculosis, and malaria, and to build a future where everyone, everywhere, has a fair chance at good health<sup>1</sup>.

By uniting countries, communities, scientists, and partners around proven solutions, the Global Fund drives change at a scale few institutions can match. And the impact is unmistakable. Lives are being saved every day, and the world is measurably safer because of this collective effort. The work is not done yet but the progress shows that ending these epidemics is within reach.

What this partnership achieved in 2024:

- 70 million lives saved real people who are alive today because of Global Fund-supported programs.
- 25.6 million individuals receiving lifesaving HIV treatment.
- 7.4 million people treated for tuberculosis, preventing illness, disability, and death.
- 162 million mosquito nets distributed, protecting families and children from malaria across the most at-risk communities.

In Cameroon alone in 2024, approximately 1.2 million lives were saved, over 150,000 individuals received lifesaving HIV treatment, around 60,000 people were treated for Tuberculosis, and more than 12 million insecticide-treated mosquito nets were distributed<sup>1</sup>.

The Community Engagement Strategic Initiative (CESI), funded by the Global Fund, is a catalytic effort aimed at elevating youth leadership, strengthening youth participation, and enhancing accountability mechanisms within Cameroon's national response to HIV, Tuberculosis (TB), and Malaria <sup>2</sup> . Despite being one of the demographic groups most disproportionately

impacted by these three diseases, young people continue to face significant barriers to meaningful inclusion in policy formulation, program design, implementation, and monitoring processes. Their insights, lived experiences, and innovative perspectives are often absent or insufficiently integrated into national and subnational health strategies.

Recognizing that youth engagement is essential for an effective and sustainable disease response, the CESI project seeks to equip young people and youth-led organizations with the knowledge, tools, and evidence required to advocate for equitable health services and influence decision-making processes. A foundational step in this effort is reliable updating of Cameroon's country profile with the latest available data on HIV, TB, and Malaria as they affect young people.

This process goes beyond simple data collection. It involves consolidating accurate, up-to-date, and disaggregated information on disease prevalence, treatment access, service gaps, prevention behaviours, structural barriers, and social determinants that uniquely affect adolescents and young adults. Such data must also be presented in formats that are accessible, youth-friendly, and easily interpretable, ensuring that young advocates whether community mobilizers, network leaders, or civil society representatives can confidently use the information to engage stakeholders.

Updating and contextualizing this youth-focused data will:

- Strengthen evidence-based advocacy, empowering young people to engage in national dialogue with credible, data-driven arguments.
- Enhance the ability of youth networks to monitor program implementation, identify service gaps, and advocate for improved resource allocation.
- Increase transparency and accountability by enabling youth to engage constructively with government institutions, technical partners, and Global Fund structures.

- Provide a robust foundation for youth-led policy recommendations, program innovations, and community-driven solutions.

Ultimately, this initiative seeks to ensure that youth are not only beneficiaries of national health programs but active contributors and decision-makers in shaping Cameroon's HIV, TB, and Malaria responses. By building a strong evidence base that centres young people, the CESI project advances a more inclusive, equitable, and impactful health response for the country.

### *Objective of the Consultancy*

To produce a comprehensive, youth-friendly national profile on HIV, TB, and Malaria in Cameroon that empowers young people with accessible, accurate, and actionable information to drive advocacy, awareness, and informed decision-making. This profile keeps things clear and practical for young people, focusing on the latest national, regional, and global insights. It highlights what's changing, what's working, and where you can plug in.

### *Specific Objectives*

- **Update and consolidate data:** Gather and analyse the latest statistics and trends on HIV, TB, and Malaria among youth, drawing from national health surveys, regional reports, and global databases, ensuring the profile reflects current realities and emerging challenges.
- **Bilingual accessibility:** Translate the profile into both English and French to ensure it reaches a broad audience of young people, health practitioners, and policymakers across linguistic divides.
- **Youth-friendly design:** Present the data in an engaging, visually appealing format that resonates with young people, incorporating infographics, simplified statistics, interactive charts, and clear visuals to make complex information easy to understand and act upon.

- **Validation and ownership:** Participate in a collaborative review and validation workshop with key youth-led organizations including ReCAJ+, CAGEAD, CCMS, and YAG members to ensure the profile is accurate, credible, and aligned with the perspectives and priorities of young people themselves.
- **Strategic dissemination:** Submit the final profile through a youth-led webinar and other digital platforms, demonstrating practical ways young people can use the information for advocacy, policy engagement, and programmatic decision-making, thereby amplifying youth voices in national health discourse.

### *Methodology*

The consultant adopted a multi-step, participatory, and evidence-based approach to ensure the updated country profile on HIV, Tuberculosis (TB), and Malaria among youth in Cameroon is accurate, accessible, and impactful. The methodology included the following phases:

A comprehensive desk review of data sources including UNAIDS, WHO, National AIDS Control Committee, National Malaria Control Program, National TB Program, Demographic and Health Surveys (DHS), and Global Fund reports to:

- Generate updated insights into disease burden, service access, and youth-specific challenges.
- Compile and analyse statistics on prevalence, treatment coverage, prevention behaviours, and structural barriers.
- Map trends over time to highlight progress and persistent gaps.

The consultant then drafted the Country Profile, produced a comprehensive evidence-based profile tailored at youth' s advocacy needs.

The report was produced in English and then translated into French incorporating youth friendly visuals infographics and simplified information.

A stakeholder engagement session will be organized by CAGEAD for review and validation of the findings. This will include Youth Advisory Group (YAG) members. Feedback from this meeting will be collected and recommendations incorporated to finalize the profile and the final report.

## *Findings*

### *HIV Prevalence Situation Among Young People in Cameroon 2024*

The HIV epidemic in Cameroon continues to show gradual improvement, with overall reductions in new infections and increased access to treatment. However, young people particularly adolescent girls and young women remain disproportionately affected. Data from the UNAIDS 2024 Prevention Scorecard highlights persistent gaps in prevention, treatment access, and youth engagement that require sustained action.

National prevalence of HIV has fallen from 5.4% (2018) to 2.7% (2024), with young people 15–24 remaining the most affected age group <sup>3</sup>. Cameroon reported 3,220 new cases in 2024 and renewed national mobilization around stigma reduction and rights protection<sup>4</sup>.

The burden of HIV among young people remains a significant public health concern.

More specifically, in the sub-group of young people aged 15–24 years surveyed by CAMPHIA (Cameroon Population-based HIV Impact Assessment), data show for older adolescents (15–19) and young adults (20–24): HIV prevalence of ~1.2% for girls vs ~0.2% for boys (ages 15–19), and roughly ~2.9% for young women vs ~0.6% for young men (ages 20–24)<sup>4</sup>. These figures translate to tens of thousands of young people living with HIV in this age bracket across the country and therefore underscore the importance of targeted interventions that specifically address gender disparities and structural barriers affecting young people <sup>5</sup>. Among these, the number of youths (age 20–24) living with HIV in 2024 was estimated at **≈ 2,308**, and adolescents (15–19) at approx. **1,087**.

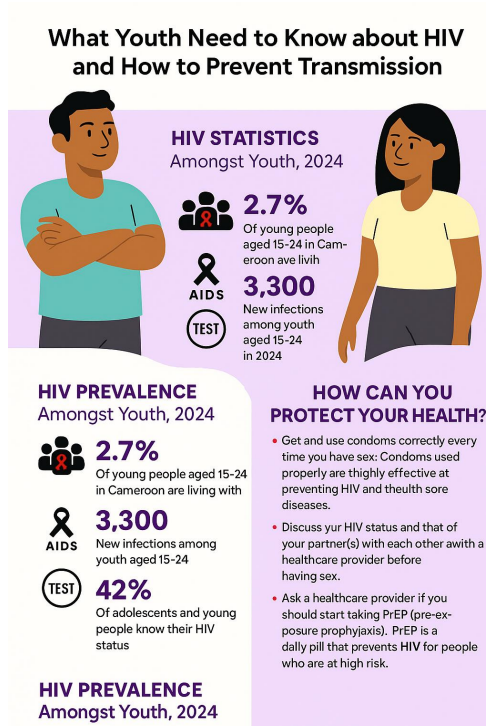


Figure 1: HIV Factsheet in Cameroon 2024

## Number of Persons on ART

According to the 2024 report from CNLS the total number of people estimated to be living with HIV (PLHIV) in Cameroon rose to around 510,000 from 448,818 people living with HIV (PLHIV) on antiretroviral treatment (ART) by end-2023<sup>6</sup>.

A 2024 summary indicates that “treatment access remained high, reaching 96% in 2024” among those diagnosed<sup>7</sup>. Thus, the “treatment rate” in 2024 (i.e. proportion of diagnosed PLHIV on ART) is around 96%.

## Progress toward the 95-95-95 Target

Based on recent data (2023–2024) from CNLS and WHO partners:

First 95 (diagnosis awareness): ~ 92% of PLHIV reportedly know their status in 2024.

Second 95 (on treatment): ~ 96% of diagnosed individuals are on ART.

Third 95 (viral suppression): Viral suppression rate among those on ART reportedly rose to ~ 93% by 2024.

Cameroon seems to be *very close* to or in some metrics achieving the 95-95-95 targets by 2024 (i.e. 92-96-93).

The 2024 data suggest strong progress in Cameroon toward 95-95-95 for HIV: a high proportion of PLHIV know their status, most of them are on ART, and a large majority of those have suppressed viral load (assuming the data reflect actual testing and good adherence). This is very encouraging for public health and HIV control efforts.

### **Rate of Condom Use among Youths in 2024**

A study on condom use among adolescents in Cameroon revealed that among adolescents who had initiated sexual activity, about 69.7% used a condom at their last sexual intercourse<sup>8</sup>.

### **Main Challenges among Young People**

From recent reports and surveys, several recurring challenges hinder effective HIV prevention and care among youths<sup>4</sup>. The challenges are as follows:

**Gender inequalities and higher risk for young women:** Young women (girls 15–24) are disproportionately affected compared to their male peers nine times higher incidence in some reports<sup>9</sup>.

**Low testing and knowledge levels:** Many young people lack complete understanding of how HIV is transmitted; testing uptake remains inadequate, especially among women 15–24<sup>10</sup>.

**Limited access to youth- friendly HIV services:** Only a minority of adolescents living with HIV are on ART, indicating gaps in identification, linkage to care, and retention<sup>10</sup>.

**Stigma, discrimination, and social barriers:** Fear of being judged, anticipated stigma, and societal taboos around sexuality or HIV discourage many youths from testing or seeking care. A recent community- based study also noted “fear of a positive result” and “anticipated stigma” as major reasons for avoiding HIV testing.

**Behavioural risk and vulnerabilities:** Gender- based violence, early sexual debut, unequal power dynamics, and socio-cultural factors increase young women' s vulnerability to HIV.

### **What Young People in Cameroon Can Do to Prevent HIV**

Given the above challenges and drawing on national guidelines, international best practices, and health- promotion evidence, young people can take the following actionable steps:

**Get tested regularly:** Knowing your HIV status is the first step. Because testing rates remain low among youth, it is crucial to use voluntary testing opportunities (free/safe) and encourage peers to do the same.

**Use condoms and practice safer sex consistently:** Condom use remains one of the most effective ways to prevent sexual transmission; combining condoms with other preventive methods increases protection.

**Seek youth- friendly sexual and reproductive health (SRH) services:** Use health facilities or community services designed for adolescents/young adults. Many such services offer counselling, family planning, HIV testing, and guidance often in confidential and nonjudgmental ways.

**Stay informed learn accurate HIV knowledge:** Understand how HIV is transmitted (and not), dispel myths, and educate peers. Better knowledge improves prevention behaviour.

**Address social and behavioural vulnerabilities:** For young women especially avoid risky relationships, aim for equal decision- making in relationships, and be aware of gender- based violence risks.

**Advocate for and support peer-to-peer education & community outreach:** Youth-led awareness, support groups, and peer educators (friends, peer mentors) can effectively reduce stigma and encourage healthy behaviour.

**Enrol in national health coverage / services:** Use provisions under national schemes (e.g. universal health coverage, free HIV care) to access HIV prevention and treatment without financial barriers.

**Support stigma reduction and promote inclusion:** Stand up against discrimination, support people living with HIV, and encourage open, compassionate dialogue both among peers and within families/communities.

# What Young People in Cameroon Can Do to Prevent HIV



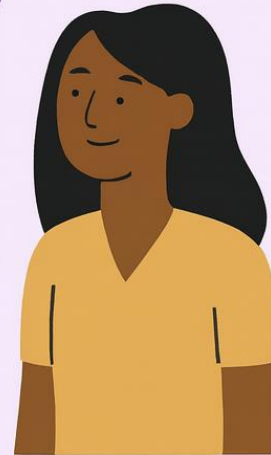
## Get tested regularly

Knowing your HIV status consistently



## Use condoms and practice safer sex consistently

Condom use remains one of the most effective ways to prevent sexual transmission : combining



**24%**

of new infections

## Seek youth friendly SRH services

Use health facilities or community services designed for adolescents/young adult . Many such services offer counseling, family planning, HIV testing, and guidance



## Stay informed

Learn accurate HIV knowledge



## Address social and behavioral vulnerabilities

For young women especially avoid risky relationships, aim for equal decision making in relationships, then be aware of gender based violence



## Advocate for and support peer-to-peer education & community outreach

Youth-led awareness, support group and promote inclusion & community outreach



**Risk to HIV amongst youths in Cameroon**

Despite this progress, adolescent girls and young women remain at significantly higher risk of acquiring HIV than their male peers. Multiple driving factors persist, including:

- Economic vulnerability,
- Gender-based violence,
- Transactional sex, and
- Limited negotiation power in relationships.

Unless targeted, high-impact interventions reach this group consistently, the national decline in infections may not be equitably distributed.

### *Tuberculosis in Cameroon*

#### **TB Burden and Epidemiological Situation (2024–2025)**

Cameroon continues to experience a high tuberculosis burden, with an estimated incidence of 180–200 cases per 100,000 population. Youth remain a significant and vulnerable segment, accounting for 30–35% of all TB cases, consistent with national age-disaggregated trends.

In 2024, the country recorded approximately 50,000–55,000 new and relapse TB cases, underscoring the scale of ongoing transmission. Annual TB-related mortality (excluding HIV) remains high at roughly 8,000 deaths. Co-infection with HIV is also significant, as 30–35% of TB patients are HIV-positive, highlighting the dual burden of the two diseases. Drug-resistant TB persists as a major public health concern, with an estimated 1,500–2,000 MDR/RR-TB cases annually, though treatment access remains limited.

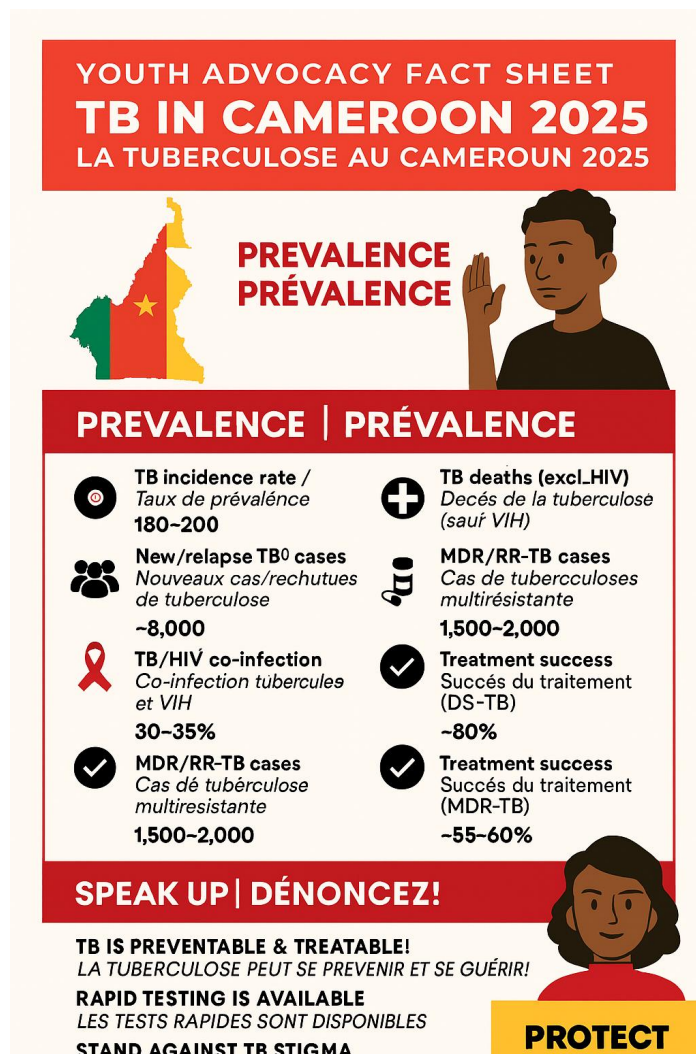


Figure 2: TB Factsheet in Cameroon 2024

## Health System Capacity and Response

Diagnostic capacity has improved through the expansion of GeneXpert machines, yet important gaps persist in rural and hard-to-reach areas. Treatment coverage remains suboptimal, with only 70–75% of estimated cases being detected and started on therapy. Treatment outcomes for drug-sensitive TB are moderately strong at about 80%, whereas outcomes for MDR-TB remain poor, with success rates of only 55–60%. TB preventive therapy is being scaled up among people living with HIV and household contacts, though national coverage remains below 50%.

## Persistent Challenges

Several challenges continue to constrain national progress. A substantial proportion of cases remain undiagnosed, particularly in rural and conflict-affected regions. The TB/HIV co-epidemic places additional pressure on the health system, and integration of services is inconsistent. Drug-resistant TB services face operational and financial constraints, as treatment is lengthy, costly, and difficult to decentralize. Overall, TB programming remains heavily dependent on external donor support, with limited domestic investment.

### **Progress Toward Global Targets**

Cameroon remains classified by WHO as a high-TB-burden country. Although there has been a 15–20% reduction in TB incidence and a 20–25% decline in TB deaths since 2015, these achievements fall short of the End TB Strategy milestones for 2030. While TB services are officially free in public health facilities, many patients still face access barriers related to geography, stigma, and system capacity constraints.

### **Strategic Priorities Moving Forward (2025–2030)**

To accelerate progress, efforts should prioritize strengthening community-driven case detection, scaling up molecular diagnostics, and expanding the uptake of shorter MDR-TB regimens and new medicines such as bedaquiline and pretomanid. Integration of TB services with HIV and primary health care is essential. Increased domestic financing will also be crucial in reducing reliance on donors and sustaining program gains.

### **Summary Table**

<b>Indicator (2025)</b>	<b>Cameroon Estimate</b>
<b>TB incidence rate</b>	180–200 / 100,000
<b>New/relapse TB cases</b>	50,000–55,000

<b>TB deaths (excl. HIV)</b>	~8,000
<b>TB/HIV co-infection</b>	30–35%
<b>MDR/RR-TB cases</b>	1,500–2,000
<b>Treatment success (DS-TB)</b>	~80%
<b>Treatment success (MDR-TB)</b>	~55–60%

### **Youth-Specific Challenges**

Despite progress, several systemic and social barriers continue to hinder effective TB prevention and care for adolescents:

- Delayed diagnosis driven by low awareness, stigma, and misinterpretation of symptoms.
- Poor treatment adherence, particularly in rural and underserved districts where transport costs and distance pose major obstacles.
- Limited psychosocial support, leaving adolescents to navigate long treatment periods without mental health services.
- Minimal school-based outreach, missing a key entry point for prevention among high-risk youth populations

These barriers underscore the importance of designing youth-tailored programs that respond to the realities of their social and economic environments.

### **What youth can do**

- **Recognize symptoms:** Cough  $\geq 2$  weeks, fever, night sweats, weight loss get tested.
- **Complete treatment:** Finishing your course prevents relapse and resistance.
- **Protect your circle:** Encourage friends to get screened if they have persistent coughs.

## Youth-Specific Challenges to TB in Cameroon



Despite progress, several systemic and social barriers continue to hinder effective TB prevention and care for adolescents.



### Delayed diagnosis

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### Poor treatment adherence

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### Limited psychosocial support

- leaving adolescents to navigate long treatment periods without mental health services



### Minimal school-based outreach

- missing a key entry point for prevention among high-risk youth populations

## What Youth Can Do



### Recognize symptoms

Cough  $\geq 2$  weeks, fever, night sweats, weight loss get tested



### Complete treatment

Finishing your course prevents relapse and resistance



### Protect your circle

Encourage friends to get screened if they have persistent coughs

## Strategic Opportunities for Youth Engagement

Empowering young people is essential to accelerating progress against TB.

Several promising pathways exist:

- Peer-led TB education, especially through youth networks, can reduce stigma and increase early care-seeking
- Digital support platforms can connect young patients with treatment reminders, tele-counseling, and peer groups
- Youth participation in TB policy and program design ensures interventions reflect lived experiences
- Community-based youth ambassadors can help track service gaps and promote accountability

Engaging youth as partners not merely beneficiaries strengthens community ownership and enhances the sustainability of national TB efforts.

### *Malaria*

Malaria remains a major public health challenge, with an estimated 3.5–4 million cases nationwide in 2024 and an incidence rate of 13,000–15,000 cases per 100,000 population <sup>11</sup>. Young people aged 10–24 years account for an estimated 600,000–700,000 cases annually, representing nearly 30% of the national malaria burden. Adolescents (10–19 years) account for ~400,000 malaria cases, while young adults (20–24 years) record 250,000–300,000 cases. Despite this high burden, youth remain largely under-targeted in prevention and services.

Mortality remains high, with 6,000–7,000 deaths recorded during the year <sup>12</sup>. Children under five continue to be the most affected, accounting for approximately 60% of all malaria-related deaths, reflecting their heightened vulnerability. Pregnant women also remain a high-risk group, facing increased susceptibility to infection and complications such as maternal anemia, stillbirth, and low birth weight. These trends highlight the need for strengthened prevention, timely diagnosis, and improved access to effective treatment.

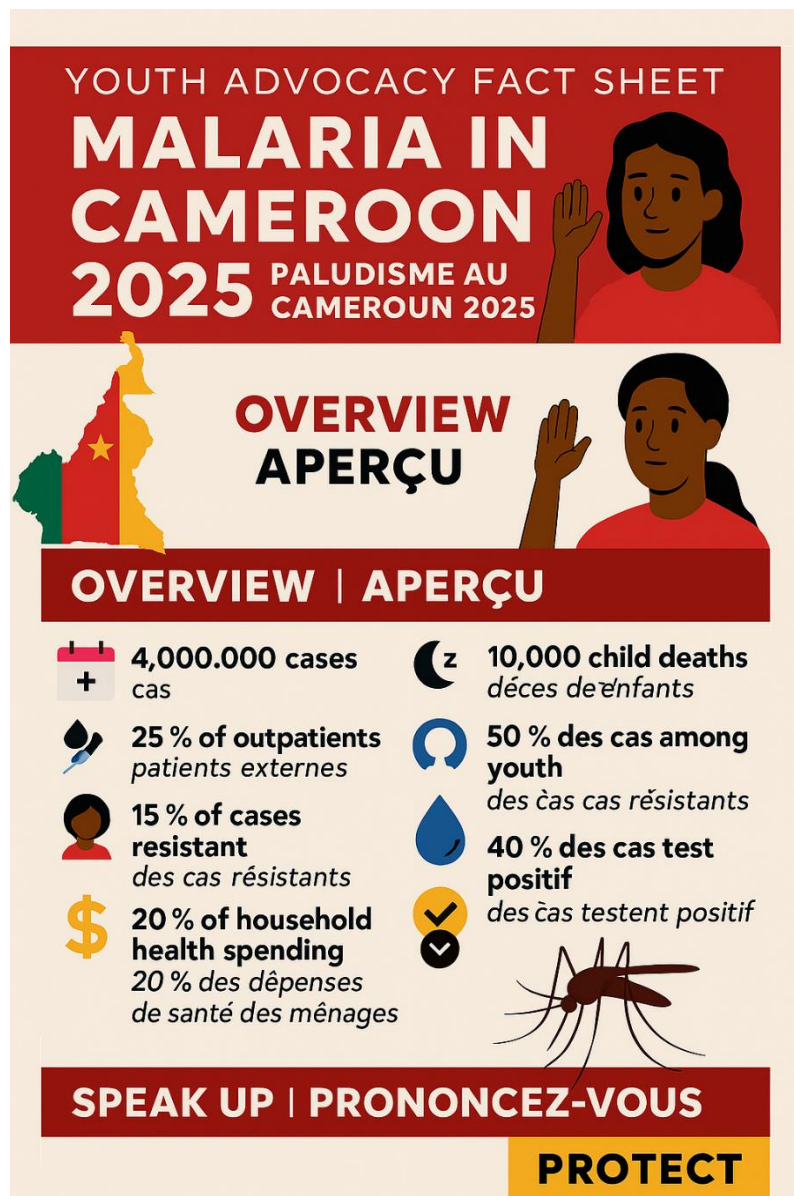


Figure 3: Malaria Factsheet in Cameroon 2024-2025

### Programmatic and Strategic Context Alignment with Global Goals

Cameroon remains a priority country under the **High Burden to High Impact (HBHI)** initiative, reflecting its significant malaria burden and the need for intensified, targeted responses<sup>11</sup>. While progress toward malaria elimination has been **slow but steady**, national efforts are increasingly structured and data-driven. The **National Strategic Plan (2023–2027)** outlines key priorities aimed at accelerating impact, including achieving **universal coverage of long lasting insecticide-treated nets (LLITNs)**, strengthening surveillance systems

for timely and accurate case detection, and expanding **community-led interventions** to improve access to prevention and treatment at the grassroots level <sup>13</sup> . Additionally, the plan emphasizes **increased domestic resource mobilization** to reduce reliance on external funding and ensure sustainability of malaria control efforts.

### **Prevention and control measures**

**Long Lasting insecticide-treated nets (LLITNs):** National household coverage is estimated at around 80%, though significant gaps persist in rural, hard-to-reach, and conflict-affected regions where distribution and replacement campaigns face logistical challenges.

**Indoor Residual Spraying (IRS):** IRS remains limited in scope, implemented mainly as pilot interventions in select high-transmission districts, reflecting both cost constraints and operational limitations.

**Seasonal Malaria Chemoprevention (SMC):** SMC has been successfully scaled up across northern regions, providing preventive treatment for children under five, who face the highest malaria morbidity and mortality.

**Intermittent Preventive Treatment in Pregnancy (IPTp):** Coverage of IPTp using sulfadoxine-pyrimethamine stands at approximately 60–70%, demonstrating progress but also highlighting persistent barriers to ANC attendance and timely dose uptake among pregnant women.

### **Diagnosis and Treatment**

Effective malaria case management in Cameroon relies on timely diagnosis and access to quality treatment across all levels of the health system. While national policies promote widespread availability of diagnostic tools and first-line therapies, persistent gaps particularly in remote and underserved communities continue to hinder optimal service delivery. Community health

workers play a critical role in bridging these gaps and ensuring early detection and treatment.

### **Case Management Overview**

- **Rapid Diagnostic Tests (RDTs):** RDTs are widely available in public health facilities, enabling prompt diagnosis and improved clinical decision-making.
- **Artemisinin-Based Combination Therapies (ACTs):** ACTs remain the national first-line treatment for uncomplicated malaria, with protocols aligned to WHO recommendations.
- **Stockouts and Access Gaps:** Despite strong national supply systems, stockouts persist in remote and underserved areas, limiting timely treatment and increasing the risk of severe malaria.
- **Community Health Workers (CHWs):** CHWs serve as frontline actors in community-level case management, providing early diagnosis, distributing treatment, and facilitating referrals for severe cases.

### **Challenges to Malaria control**

Malaria transmission and control efforts in Cameroon continue to be shaped by environmental, financial, and socio-political factors. These challenges influence the effectiveness of interventions and contribute to persistent transmission in several regions of the country.

#### **The following key contextual factors affect malaria control in the country:**

- **Year-Round Transmission:** Cameroon experiences **high malaria transmission throughout the year**, particularly in humid, forested, and equatorial zones where vector breeding conditions remain consistently favorable.
- **Climate & Urbanization Dynamics:** **Climate change and rapid urbanization** are altering mosquito distribution and breeding patterns, leading to expanded transmission zones and increased unpredictability in outbreak trends.

- **Financing Constraints:** The national malaria response continues to face **limited domestic funding**, with heavy reliance on external partners such as the Global Fund, PMI, and WHO to support prevention, case management, and surveillance activities.
- **Conflict-Related Disruptions:** Ongoing conflict and population displacement in the **Northwest and Southwest regions** significantly disrupt service delivery, hinder access to prevention tools, and reduce continuity of care for affected populations.

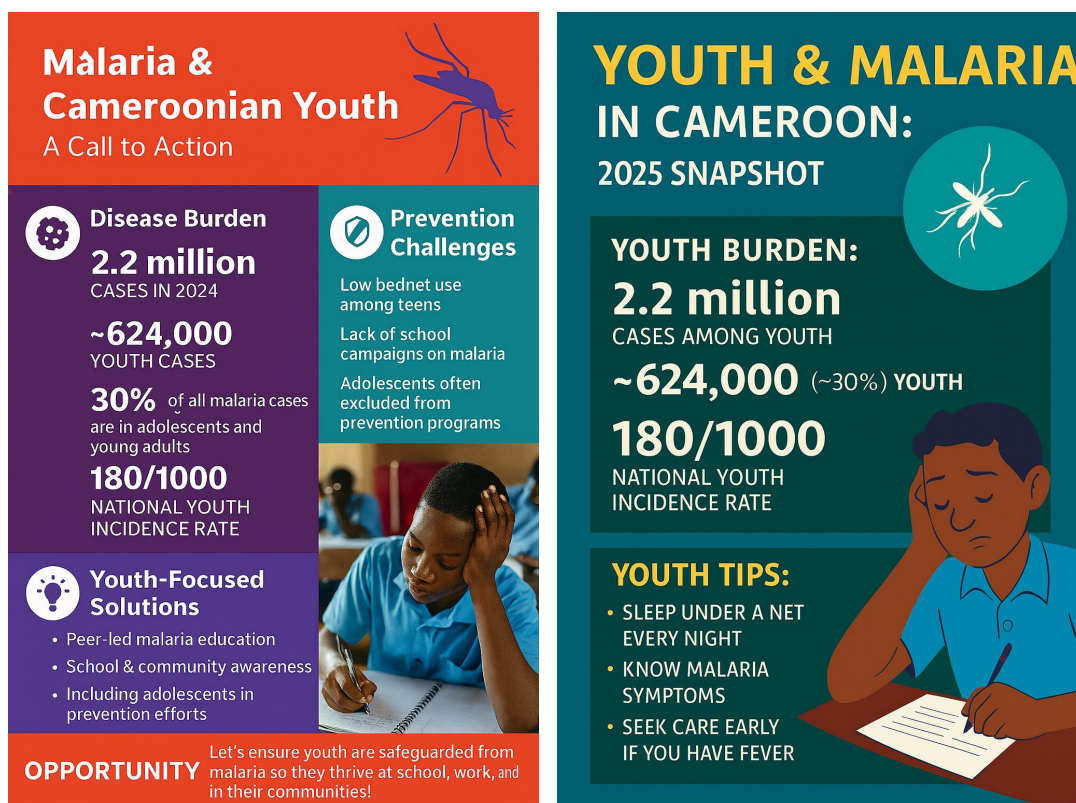
### **Key Messages for Youth Advocacy**

Malaria remains a preventable and treatable disease, and no child should die from an illness that can be effectively controlled with the right tools and timely care. Strengthening community engagement and youth participation is essential to improving prevention, diagnosis, and treatment outcomes across Cameroon.

- **Promote consistent ITN use:** Encourage households to use insecticide-treated nets every night, with special focus on protecting children under five and pregnant women.
- **Support frontline health workers:** Advocate for strong community health systems and ensure access to free malaria diagnosis and treatment at local facilities.
- **Address service delivery gaps:** Mobilize communities to speak out against stockouts, inadequate services, and barriers to care in their regions.
- **Engage youth leadership:** Participate in youth-led campaigns to increase awareness, reduce stigma, and champion malaria prevention efforts within communities.

### **Impact on Health & Education**

Malaria accounts for **50% of national hospital admissions** and is a leading cause of **school absenteeism** among adolescents and young adults, significantly affecting both health and educational outcomes.



### Discussion

Cameroon continues to face a triple burden of HIV, malaria, and tuberculosis (TB), with young people disproportionately affected. Over the past decade, the country has recorded significant reductions in HIV prevalence, improved TB treatment outcomes, and expanded malaria control interventions. The country is nearing the UNAIDS 95–95–95 targets, with high ART coverage (96%) and impressive viral suppression (93%)<sup>4</sup>. Similarly, TB incidence and mortality have declined moderately since 2015, and malaria programs have expanded LLITN coverage and Seasonal Malaria Chemoprevention (SMC).

However, these national achievements mask substantial disparities among youth populations. Young women, rural youth, and adolescents in conflict-affected regions continue to face disproportionately high risks of infection, reduced service access, and significant social vulnerabilities. As such, national progress has not translated into equitable health gains across all youth groups. This report therefore synthesizes key data from 2024- 2025, challenges youths face across all three diseases and outlines strategic roles youth can play in prevention, awareness, and advocacy.

## **Determinants of vulnerabilities amongst youths**

### **Gender and Social Inequalities Deepen Youth Vulnerability**

Across all three diseases, gender emerges as a consistent determinant of health outcomes.

**HIV:** Adolescent girls and young women bear the highest burden, with HIV prevalence up to nine times higher than their male peers in some age brackets. Gender-based violence, economic dependency, transactional sex, and limited negotiation power create environments where prevention is difficult and timely care-seeking is compromised<sup>4</sup>.

**TB:** Young women face diagnostic delays due to social stigma, while young men especially those in informal labour often delay seeking care due to cost, distance, or fear of losing income<sup>4</sup>.

**Malaria:** Pregnant adolescents, who often experience low antenatal care attendance, face increased susceptibility to malaria and its consequences such as maternal anaemia and adverse birth outcomes.

These gender-related patterns highlight the need for tailored, rights-based interventions that extend beyond biomedical services to address power imbalances, economic vulnerability, and violence prevention.

### **Structural Barriers Limit Access to Youth-Friendly Services**

Despite the presence of national policies promoting universal access to HIV, TB, and malaria services, multiple structural barriers persist:

- **Limited adolescent-friendly health services**, with many facilities still lacking confidential, non-judgmental spaces tailored to young people<sup>14</sup>.
- **Weak health-seeking behaviour**, driven by stigma, fear of positive results, and misinformation<sup>4</sup>.
- **Geographic barriers**, particularly in rural and conflict-affected regions, which hinder timely diagnosis and treatment<sup>14</sup>.
- **Out-of-pocket costs**, even for “free” services, such as transportation or laboratory follow-up, making care inaccessible to low-income youth<sup>15</sup>.
- **Dependency on external financing**, particularly for TB and malaria, which threatens sustainability if donor support declines.

Young people’s voices remain underrepresented in health governance and program design, which further limits the responsiveness of national interventions to their realities.

### **Persistent Gaps in Diagnosis, Prevention, and Treatment**

Each disease presents specific challenges in reaching youths effectively:

**HIV:** Despite impressive ART coverage, testing uptake remains low among youth, meaning many infections go undetected.

Limited comprehensive sexuality education and persistent myths create major knowledge gaps.

Peer influence, social pressure, and judgemental attitudes from healthcare providers reduce consistent condom use and engagement with SRH services.

**TB:** Youth account for 30–35% of all TB cases, yet delayed diagnosis is common due to low awareness of symptoms.

Treatment adherence remains a major problem, particularly given the 6-month (DS-TB) and longer (MDR-TB) treatment regimens.

MDR/RR-TB remains an emerging threat, with young adults particularly affected due to mobility, interrupted treatment, and socioeconomic stressors.

**Malaria:** Youth are not traditionally considered a “high-risk” group, yet 600,000–700,000 cases occur annually among 10–24-year-olds.

Increased night-time mobility among adolescents contributes to exposure to mosquito bites.

Although LLITN coverage is high on paper, actual consistent use remains low among youth due to heat, net discomfort, and misconceptions.

These gaps emphasize the need for more youth-centred prevention strategies that consider behavioural patterns, social norms, and real-world constraints.

### **Young Engagement Opportunities**

Youths play a pivotal role in accelerating progress toward malaria, HIV, and TB control and strengthening community health systems. Harnessing their energy, innovation, and proximity to affected populations is essential for improving prevention, service uptake, and accountability. The following opportunities outline practical pathways through which young people can contribute meaningfully to national health outcomes.

#### **Awareness and Education**

- Lead peer-to-peer sensitization activities HIV, Malaria and Tuberculosis in communities, youth groups and schools.
- Translate key health information and factsheets into local languages and youth-friendly formats.
- Use digital platforms including social media, short videos, and interactive content to share prevention messages and debunk myths.

#### **Prevention and Protection**

- Promote consistent use of ITNs, condoms, and PrEP among peers and community members.

- Encourage early testing for malaria, HIV, and TB, and support timely linkage to care.
- Assist pregnant women and caregivers of young children in accessing essential preventive services.

### **Advocacy and Accountability**

- Advocate for youth-friendly services and equitable access to free diagnostics, treatment, and preventive tools.
- Engage actively with local councils, health committees, civil society networks, and donor coordination platforms.
- Monitor commodity stockouts, service disruptions, and other barriers to access, and report them to local health authorities.

### **Innovation and Leadership**

- Develop mobile applications, radio programs, or WhatsApp-based campaigns to strengthen health education and community engagement.
- Establish youth health clubs, community action groups, and peer support networks.
- Participate in national health strategy consultations, leadership initiatives, and fellowship programs to influence policy and program design.

A promising insight from the analysis is the growing potential for young people to become key drivers of Cameroon' s health transformation. Young advocates, networks such as ReCAJ+ and CAGEAD, and digital platforms are emerging as critical actors in:

- promoting accurate health information,
- improving testing and treatment uptake,
- monitoring service gaps,
- reducing stigma, and
- holding institutions accountable.

The CESI initiative' s focus on building youth capacity and enhancing accountability directly addresses the systemic exclusion of youth voices. This

creates an enabling environment for sustainable, youth-led solutions, especially through community engagement, digital innovations, and school-based interventions

*Table 1: What is changing for HIV, TB and Malaria and why it matters for Youths*

Area	What' s changing	Why it matters for youth	Where to find the latest
<b>HIV</b>	Cameroon tracks progress toward 2025–2030 UNAIDS targets, focusing on testing, treatment, and stigma reduction.	Early testing, youth-friendly services, and fighting stigma keep young people healthy and in care.	UNAIDS country profile and targets for HIV in Cameroon
<b>TB</b>	National TB Program strengthens case-finding and treatment completion, aiming to reduce delays and drug resistance.	TB spreads in close contact; youth in schools, dorms, or workplaces benefit from early detection.	National TB Program reports; WHO global TB monitoring
<b>Malaria</b>	WHO' s 2024 country profile shows updated trends in cases, deaths, and intervention coverage validated by the country.	Malaria hits children and young adults hard; nets, testing, and treatment save lives.	WHO Malaria 2024 Cameroon country profile

## *Conclusion*

The 2024–2025 data underscore the substantial progress made in Cameroon’s response to HIV, TB, and malaria, driven by global partnerships, national programs, and youth-focused initiatives. While prevalence and mortality are declining and treatment coverage is improving, adolescents and young adults remain disproportionately affected, highlighting persistent gender, geographic, and social inequities. Strengthening youth engagement, expanding access to prevention and treatment services, and addressing systemic barriers are critical to sustaining gains. By empowering young people with evidence, advocacy tools, and leadership opportunities, Cameroon can accelerate progress toward national and global health targets, ensuring an inclusive, equitable, and resilient response to these epidemics.

## *Recommendations*

1. Strengthen youth-friendly health services to improve access and retention in HIV, TB, and Malaria care.
2. Address systemic barriers, including gender inequalities, stigma, and socio-cultural obstacles, to ensure equitable service delivery.
3. Scale up TB and Malaria interventions targeting adolescents and young adults, with emphasis on prevention, early diagnosis, and treatment adherence.
4. Promote youth-led advocacy and engagement in policy-making, program design, and monitoring of health interventions.
5. Empower young people with credible data, leadership opportunities, and decision-making roles to sustain national health outcomes.
6. Enhance digital and community-based platforms to facilitate peer education, awareness campaigns, and adherence support.


These recommendations aim to create a more inclusive, equitable, and resilient response to HIV, TB, and Malaria in Cameroon, ensuring that youth are central to national health strategies.




Annexes

Annex 1: HIV, TB and Malaria Fact sheet


### YOUTH HEALTH IN CAMEROON: HIV, TB MALARIA 2024 SNAPSHOT



**HIV**  
INCIDENCE (15-24):  
**0.25%**  
(~7,000 NEW INFECTIONS)



**TB**  
TREATMENT SUCCESS: 82%



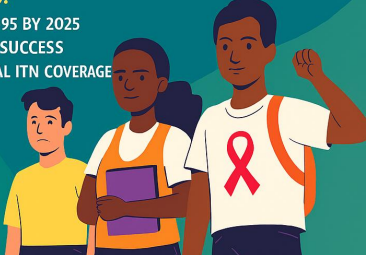
**MALARIA**  
NET USE (ITN):  
**64%**  
HOUSEHOLDS

**YOUTH TIPS:**



- HIV: GET TESTED, STAY ON ART, FIGHT STIGMA.
- TB: KNOW SYMPTOMS (COUGH ≥2 WEEKS, FEVER, NIGHT SWEATS), COMPLETE TREATMENT.
- MALARIA: SLEEP UNDER NET NIGHTLY, TEST EARLY IF FEVER

**GLOBAL GOALS:**

- UNAIDS 95-95-95 BY 2025
- WHO TB ≥85% SUCCESS
- WHO UNIVERSAL ITN COVERAGE




### HIV & MALARIA IN CAMEROON 2024 Youth-Friendly Snapshot




**HIV PREVALENCE**  
**2.7%**  
3.7% young (15-24)

- About 540,000 living with HIV
- 78% on antiretroviral therapy
- HIV disproportionately impacts young women

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**MALARIA PREVALENCE**  
**~7 million**  
annual cases



**30-35%**  
Under-five prevalence

- 64% of households use insecticide-treated bed nets
- Malaria is the leading cause of illness among kids & young adults
- 600+ global deaths yearly; most are children

# CAMEROON

## YOUTH HEALTH SNAPSHOT

### HIV & MALARIA | 2024-2025

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#### HIV FACTS

- # Prevalence: 3.3% (Adults 15-49)
- 🔄 Young women (15-24): 3.7% affected
- + Youth Action: Get tested. Stay on ART. Fight stigma.

#### WHY IT MATTERS

- ✓ HIV and malaria hit young people hardest.
- ✓ You have the power to protect yourself and your community.
- ✓ Join youth clubs, share facts, and demand friendly health services.

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- ✓ HIV and malaria hit young people hardest.
- ✓ You have the power to protect yourself and your community.
- ✓ Join youth clubs, share facts, and demand friendly health services.

**Be the generation that ends HIV, TB, and malaria.**

Your voice. Your health. Your future.

## Annex 3: Malaria Fact sheet

# YOUTH ADVOCACY FACT SHEET



# MALARIA IN CAMEROON

## 2025 PALUDISME AU CAMEROUN



### BURDEN | MALADIE

Indicator (2025)	Estimate
Estimated cases	3.5 -4 million
Incidence rate / 100,000	13,000-15000 / 100,000
Malaria deaths	~6,000-7,000
Deaths among children under 5	~60% of total
Pregnant women at risk	High vulnerability
ITN household coverage	~80%
IPTp coverage (pregnancy prevention)	~60-70% Expanding in North
SMC coverage (children under 5)	

Sources: WHO, PMil, Cameroon NMCP



**SPEAK OUT.  
ACT NOW.  
SAVE LIVES.**

### KEY MESSAGES FOR YOUTHS



**Malaria is Preventable and Treatable**

*Le paludisme peut être évité et guéri*



Every child death from malaria is avoidable.



**Protect Pregnant Women and Children**

*Protégez les femmes enceintes et les enfants.*



Encourage antenatal visits and IPTp uptake.

*Support SMC campaigns in northern regions.*



**Support Community Health Workers**

*Soutenez les agents de santé communautaires*

### KEY MESSAGES FOR YOUTHS



**Malaria Is Preventable and Treatable**

*Le paludisme peut être évité et guéri:*



Every child death from malaria is avoidable.

**Use insecticide-treated nets (ITNs) every night.**



**Demand Access to**

### YOUTH CALL TO ACTION

**Youth Leaders** Mobilize peers, host awareness drives

**Peer Educators.** Share facts



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