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May 1, 2022

MEMO FOR CHRIS LAMORA, U.S. AMBASSADOR TO CAMEROON

FROM: S/GAC – Sally Blatz, S/GAC Chair
S/GAC – Samantha Walker, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Cameroon Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Cameroon Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Cameroon, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Cameroon Country Operational Plan (COP) 2022 with a total approved budget of \$80,441,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	79,284,193	1,156,807	80,441,000
Bilateral	78,784,193	1,086,806	79,870,999
Central	500,000	70,001	570,001

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$80,441,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 22-25, 2022 virtual and in-person planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for Cameroon's COP 2022 will support PEPFAR Cameroon's vision to work with the Government and people of Cameroon to achieve epidemic control during the COP22 year. To support this vision for COP22, the PEPFAR Cameroon program has worked with the Government, Global Fund, and other key stakeholders to align on common national treatment targets for COP22 that are based on the 95-95-95 UNAIDS testing, treatment and viral suppression goals, and to fully fund the commodities needed to support the common targets. The COP22 program includes a range of innovative testing, treatment and prevention strategies, targeting 391,512 people on treatment at PEPFAR-supported treatment sites, and a viral load suppression rate of 95%. The PEPFAR program for COP22 will continue to work in all 10 regions of Cameroon, adding 40,008 new individuals on treatment across all 10 regions and in military facilities.

The COP22 plan seeks to achieve epidemic control by 1) ensuring access to optimal treatment regimens for both adults and children (TLD and DTG-10), 2) expanding access to Pre-exposure prophylaxis (PrEP), 3) refining and expanding person-centered, differentiated testing strategies and services delivery models, 4) expanding community-led monitoring, 5) addressing the gaps in health outcomes experienced by children living with HIV in Cameroon, 6) tailoring prevention strategies to at-risk populations, especially key populations (KPs), adolescent girls and young women (AGYW) and pregnant and breastfeeding women, and 7) continuing efforts to optimize the supply chain in Cameroon. This vision to achieve epidemic control in Cameroon builds on the COP19 policy that eliminated all HIV-related formal and informal user fees at health facilities in Cameroon, and on the innovative, adaptive strategies put in place during the COVID-19 pandemic. The COP22 vision for epidemic control also prioritizes the transition to local partners for program implementation, which is critical for a sustainable epidemic response.

The COP22 plan emphasizes access and availability of commodities to patients, especially access to optimal antiretroviral treatment (ART) regimens and PrEP. A critical aspect of COP22 is ensuring that all adults living with HIV weighing at least 30kg are offered TLD for treatment, and all children who are at least 4 weeks of age and weigh at least 3 kg are offered DTG-10 for treatment. Importantly, this includes adults and children already receiving a different treatment

as well as those starting treatment for the first time. These regimens are superior to the alternatives and are a critical component of the program's retention strategy, as they are preferred by patients and result in higher patient adherence. Access to and prioritization for these regimens for all adults and children must be formalized in both national treatment guidelines and in national quantification exercises in the months leading up to COP22. For PrEP, PEPFAR will fund a PrEP evaluation in the Q3 and Q4 of FY22 which will review the initial roll-out of PrEP and determine the next phase of PrEP expansion in Cameroon, including reducing the minimum age for initiation and expansion to additional population groups. PrEP is an essential prevention tool in the COP22 plan, and funding for COP22 emphasizes an expansion to additional population groups, especially AGYW, all KPs-including transgender persons, people who inject drugs (PWID) and people in prisons and other closed settings- pregnant and breastfeeding women, serodiscordant couples, and other populations with an increased risk for HIV transmission.

Case-finding targets in COP22 will be achieved through expansion of differentiated, person-centered case-finding strategies like self-testing, social network testing and community-based strategies based on local cultures and norms like *chefferie* testing. Case-finding targets will also be achieved through the optimization of existing strategies, like provider-initiated testing and counseling (PITC) and index case testing (ICT). PITC will be optimized through rigorous training of health care workers on the use of the screening tool. ICT will continue to be expanded through the sensitization of health care workers to index case testing best practices, and the prioritization of safe and ethical practices when working with index cases. ICT at scale will be especially important for identifying undiagnosed children. While overall PITC targets will decrease in COP22, in some high coverage regions, where PITC and VCT testing would normally be scaled back in favor of ICT and other modalities, implementing partners will continue to receive PITC targets due to limited Monitoring & Evaluation (M&E) systems as well as stigma and discrimination that results in patients preferring to not identify through ICT. For treatment, person-centered approaches will emphasize multi-month and community dispensation of ART, customized adherence support tailored to the needs of specific populations like men, youth, and AGYW, and, of course, commodity availability, especially the availability of optimal treatment regimens. In order to increase linkage to ART enrollment as well as continuity of treatment, PEPFAR will strengthen the community-facility continuum through the establishment and reinforcement of collaboration framework documents.

In COP22, PEPFAR will engage civil society partners to increase community-led monitoring (CLM) activities with the goal of ensuring quality service delivery and equity of treatment for all people living with HIV in Cameroon. COP22's CLM activities will include a special focus on key populations, and to this end, PEPFAR will engage KP-led organizations to lead the CLM efforts for key populations, and work with these organizations as they establish indicators that will provide special insight into KP experiences and needs in both facility and community service points. CLM activities will also engage youth organizations and will seek to understand the experiences of youth, AGYW, and the general population receiving services in PEPFAR supported and other sites. All CLM will continue to monitor the elimination of formal and informal user fees at health facilities. Data collected through CLM will be reviewed regularly with health facilities, as well as with PEPFAR and relevant Government of Cameroon MoH teams, and their findings used to improve site performance.

COP22 will continue to place a special emphasis on improving health outcomes of children and adolescents living with HIV in order to close the gaps seen throughout the clinical cascade. Pediatric areas of focus in COP22 will include prioritizing 2 month EID coverage, including EID POC options, specialized pediatric case-finding strategies, pediatric VL coverage and suppression, and a rapid scale up of DTG-10 ensuring that all children are offered this as their preferred treatment option, including children already receiving a different treatment and those starting treatment for the first time. Optimized testing strategies of HIV-exposed infants (HEI) and pediatrics will be utilized and active linkage of infants and children to ART will be ensured. For infants, this will be done by improving care for HEI by targeting 95% EID testing at 2 months and expanding POC options for EID testing. Additionally, the orphans and vulnerable children (OVC) program will continue to be leveraged for support towards improving pediatric outcomes across the cascade in all 10 regions in Cameroon.

Prevention activities in COP22 will continue to scale up PrEP as mentioned previously, and include \$500,000 of funding for condom programming, one of the most effective prevention strategies. Prevention activities in the key populations program will continue in COP22 and will build on the work that has already been done to remove structural barriers that exist at the national and site level. The OVC program will also continue to engage its enrolled participants in prevention activities, complemented by Peace Corps who will support prevention activities to both OVC (10-14 years), adolescent boys and young men (ABYM) and AGYW with the return of volunteers to Cameroon in September 2022.

Finally, COP22 will continue to work to optimize the supply chain in Cameroon and will prioritize the transition to local partners in line with PEPFAR guidance. COP22 will continue to support Last Mile Delivery (LMD) activities, ensuring on-time and accurate delivery of commodities to sites, and engaging with government, Global Fund, and other stakeholders, to improve quantification planning, stock monitoring at all levels, and timely distribution and coordination. In COP22, the community-based programs for OVC and KPs will fully transition to local prime partners, and the clinical program will continue its work in capacity building to prepare for a local partner transition.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

	Total	of which, Bilateral New Funding							Applied Pipeline	
		Total	FY 2022			GAP	FY 2021			FY 2020
			GHP-State	GHP-USAID	GHP-State		GHP-State	GHP-State		
TOTAL	79,870,999	78,784,193	78,209,074	-	575,119	-	-	-	1,086,806	
DOD Total	1,920,533	1,920,533	1,920,533	-	-	-	-	-	-	
DOD	1,920,533	1,920,533	1,920,533	-	-	-	-	-	-	
HHS Total	54,692,366	54,692,366	54,117,247	-	575,119	-	-	-	-	
HHS/CDC	54,692,366	54,692,366	54,117,247	-	575,119	-	-	-	-	
PC Total	830,312	-	-	-	-	-	-	-	830,312	
PC	830,312	-	-	-	-	-	-	-	830,312	
STATE Total	1,096,747	840,253	840,253	-	-	-	-	-	256,494	
State	517,253	517,253	517,253	-	-	-	-	-	-	
State/AF	579,494	323,000	323,000	-	-	-	-	-	256,494	
USAID Total	21,331,041	21,331,041	21,331,041	-	-	-	-	-	-	
USAID, non-WCF	14,348,559	14,348,559	14,348,559	-	-	-	-	-	-	
USAID/WCF	6,982,482	6,982,482	6,982,482	-	-	-	-	-	-	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

	Total	of which, Central New Funding										Applied Pipeline
		Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipeline			
			GHP-State	GHP-USAID	Total							
TOTAL	570,001	500,000	-	500,000	-	-	-	-	-	-	70,001	
DOD Total	-	-	-	500,000	-	-	-	-	-	-	-	
DOD	-	-	-	-	-	-	-	-	-	-	-	
HHS Total	70,001	-	-	-	-	-	-	-	-	-	70,001	
HHS/CDC	70,001	-	-	-	-	-	-	-	-	-	70,001	
PC Total	-	-	-	-	-	-	-	-	-	-	-	
PC	-	-	-	-	-	-	-	-	-	-	-	
STATE Total	-	-	-	-	-	-	-	-	-	-	-	
State	-	-	-	-	-	-	-	-	-	-	-	
State/AF	-	-	-	-	-	-	-	-	-	-	-	
USAID Total	500,000	500,000	-	500,000	-	-	-	-	-	-	-	
USAID, non-WCF	-	-	-	-	-	-	-	-	-	-	-	
USAID/WCF	500,000	500,000	-	500,000	-	-	-	-	-	-	-	

* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Cameroon has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Cameroon. Upon approval of this memo, the amounts below will become the new earmark controls for Cameroon. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	53,621,168	53,621,168	-	-
Orphans and Vulnerable Children	6,365,125	6,365,125	-	-
Preventing and Responding to Gender-based Violence	269,600	269,600	-	-
Water	312,446	312,446	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	910,809	910,809	-	-	-
Of which, AB/Y	287,398	287,398	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	31.6%	31.6%	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

Cameroon is thought to have a mixed epidemic with a prevalence rate of 2.7% among all adults, and a concentrated epidemic among certain key population groups. Cameroon's prevention program primarily targets key and other priority populations (e.g. clients of female sex workers, long distance truck drivers, prisoners, and military populations). Primary prevention activities for adolescents and youth make up 31.6% of all prevention programming, below the minimum amount that must be programmed. The Peace Corps' temporary suspension of volunteer operations due to the COVID-19 pandemic has affected the OU's ability to meet the AB/Y earmark as volunteers played an important role in providing primary prevention services to adolescent girls and young women. As volunteers gradually return to post, the OU will leverage the OVC platform to reach 10-14 year-olds with primary prevention activities. In addition, USAID will roll out Parenting for Lifelong Health in COP22, an evidence-based parenting program that focuses on primary prevention of HIV and sexual violence for males and females aged 10-14 and their parents/caregivers.

UNCLASSIFIED

- 9 -

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	78,784,193	1,086,806	500,000	70,001	80,441,000
<i>of which, Community-Led Monitoring</i>	<i>511,518</i>	<i>100,000</i>	<i>-</i>	<i>-</i>	<i>611,518</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>73,417,550</i>	<i>986,806</i>	<i>-</i>	<i>-</i>	<i>74,404,356</i>
<i>of which, Core Program (Central)</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>70,001</i>	<i>70,001</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>4,855,125</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,855,125</i>
DOD Total	1,920,533	-	-	-	1,920,533
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, Core Program</i>	<i>1,920,533</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,920,533</i>
HHS Total	54,692,366	-	-	70,001	54,762,367
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
<i>of which, Core Program</i>	<i>54,692,366</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>54,692,366</i>
<i>of which, Core Program (Central)</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>70,001</i>	<i>70,001</i>
PC Total	-	830,312	-	-	830,312
<i>of which, Core Program</i>	<i>-</i>	<i>830,312</i>	<i>-</i>	<i>-</i>	<i>830,312</i>
STATE Total	840,253	256,494	-	-	1,096,747
<i>of which, Community-Led Monitoring</i>	<i>-</i>	<i>100,000</i>	<i>-</i>	<i>-</i>	<i>100,000</i>
<i>of which, Core Program</i>	<i>840,253</i>	<i>156,494</i>	<i>-</i>	<i>-</i>	<i>996,747</i>
USAID Total	21,331,041	-	500,000	-	21,831,041
<i>of which, Community-Led Monitoring</i>	<i>511,518</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>511,518</i>
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	<i>-</i>	<i>-</i>	<i>500,000</i>	<i>-</i>	<i>500,000</i>
<i>of which, Core Program</i>	<i>15,964,398</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>15,964,398</i>
<i>of which, OVC (Non-DREAMS)</i>	<i>4,855,125</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,855,125</i>

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- 10 -

FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Cameroon		SNU Prioritizations			Total
		Scale-up: Saturation	Scale-up: Aggressive	Centrally Supported	
TX_NEW	<15	2,375	8	-	2,404
	15+	36,523	76	-	37,604
	Total	38,898	84	-	40,008
TX_CURR	<15	16,529	28	-	16,737
	15+	364,559	499	-	374,775
	Total	381,088	527	-	391,512
TX_PVLS	<15	12,412	22	-	12,565
	15+	270,328	372	-	278,114
	Total	282,740	394	-	290,679
HTS_SELF	<15	-	-	-	-
	15+	13,406	199	-	13,605
	Total	13,406	199	-	13,605
HTS_TST	<15	141,752	450	-	143,048
	15+	709,612	1,171	-	732,314
	Total	851,364	1,621	-	875,362
HTS_TST_POS	<15	2,211	6	-	2,234
	15+	38,114	77	-	39,251
	Total	40,325	83	-	41,485
HTS_INDEX	<15	33,798	-	-	33,858
	15+	60,917	111	-	63,164
	Total	94,715	111	-	97,022
PMTCT_STAT	<15	2,444	-	-	2,444
	15+	110,209	-	-	113,264
	Total	112,653	-	-	115,708
PMTCT_STAT_POS	<15	13	-	-	13
	15+	6,398	-	-	6,691
	Total	6,411	-	-	6,704
PMTCT_ART	<15	13	-	-	13
	15+	6,398	-	-	6,691
	Total	6,411	-	-	6,704
PMTCT_EID	<15	6,453	-	-	6,760
	15+	292	-	-	398
	Total	6,453	-	-	6,760
TB_STAT	<15	34,148	-	-	34,651
	15+	70	-	-	92
	Total	34,440	-	-	35,049
TB_ART	<15	8,711	-	-	8,891
	15+	5,048	14	-	5,082
	Total	102,638	164	-	104,642
TB_PREV	<15	16,579	30	-	16,785
	15+	363,790	499	-	374,034
	Total	380,369	529	-	390,819
KP_PREV	<15	86,808	9,978	-	96,786
	PrEP_NEW	8,643	82	-	8,725
	Total	4,626	33	-	4,659
PrEP_CT	<15	1,035	-	-	1,035
	15+	31,227	70	101	31,398
	Total	32,262	70	101	32,433
OVC_SERV	<18	44,532	-	-	44,532
	18+	20,789	-	-	20,789
	Total	65,321	-	-	65,321
OVC_HIVSTAT	<18	42,783	-	-	42,783
	18+	42,783	-	-	42,783
	Total	3,075	-	-	3,075
GEND_GBV	<18	42,783	-	-	42,783
	18+	42,783	-	-	42,783
	Total	3,075	-	-	3,075

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of individuals who test HIV positive to treatment the indicator measured should be HIV test positive to new in treatment of greater than 85 percent. If the issue is retention, it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC of the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Cameroon's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified
Total	39,550,935	100%	5,846,146	7%	48,015,994	54%	6,139,917	7%	21,632,612	25%	3,266,850	4%	4,769,716	5%	0%
DOD	2,162,363	2%	42,252	2%	1,414,959	6%	139,018	6%	566,134	26%	-	0%	-	0%	0%
HHS	61,830,378	69%	2,963,619	5%	39,050,756	63%	5,450,119	9%	13,968,189	23%	397,695	1%	-	0%	0%
PC	954,290	1%	-	0%	-	0%	-	0%	616,668	65%	243,399	26%	94,223	10%	0%
STATE	1,005,103	1%	50,000	5%	-	0%	-	0%	955,103	95%	-	0%	-	0%	0%
USAID	23,182,901	26%	2,788,075	12%	7,550,279	33%	750,780	3%	4,793,518	21%	2,624,756	11%	4,675,493	20%	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified
Total	30,410,000	100%	4,627,198	6%	41,476,549	52%	5,564,490	7%	21,334,624	25%	3,550,026	4%	4,838,110	6%	0%
DOD	1,920,593	2%	24,200	1%	1,235,108	6%	91,303	5%	474,922	25%	95,000	5%	-	0%	0%
HHS	54,762,367	68%	2,330,016	4%	33,850,139	62%	4,721,953	9%	13,459,612	25%	400,647	1%	-	0%	0%
PC	830,312	1%	-	0%	-	0%	-	0%	737,145	89%	65,667	8%	27,500	3%	0%
STATE	1,096,747	1%	100,000	9%	-	0%	-	0%	996,747	91%	-	0%	-	0%	0%
USAID	21,851,041	27%	2,172,982	10%	6,391,302	29%	751,234	3%	4,716,197	22%	2,968,712	14%	4,830,614	22%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not	% Change in Not
Total	(8,694,035)	(1,215,743)	-21%	(6,539,445)	-14%	(775,427)	-12%	(514,388)	-2%	264,176	8%	86,398	2%	-	-
DOD	(241,830)	(48,052)	-43%	(179,851)	-13%	(47,715)	-34%	(91,212)	-16%	95,000	1%	-	-	-	-
HHS	(7,068,011)	(633,603)	-21%	(5,200,617)	-13%	(728,166)	-13%	(508,577)	-4%	2,952	1%	-	-	-	-
PC	(123,978)	-	-	-	-	-	-	120,477	20%	(177,732)	-73%	(66,723)	-71%	-	-
STATE	91,644	50,000	100%	-	-	-	-	41,644	4%	-	-	-	-	-	-
USAID	(1,351,860)	(615,093)	-22%	(1,158,977)	-15%	454	0%	(77,321)	-2%	343,956	13%	155,121	3%	-	-