
The question of key populations in CCMs: the associations between public health requirements and ideological issues. A comparison between Cameroon and Burkina Faso (eng)

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Introduction

- 1 The question of "key populations" emerged in the literature as a result of scientific evidence that showed that certain social categories faced the risk of HIV infection in much higher proportions than the so-called "general" population. While revealing a range of social categories particularly exposed to this risk, this problem has been accompanied by the political issue of sexual minorities, particularly those of men who have sex with men (MSM), particularly in Africa (Broqua, 2012).
- 2 "Therefore, by targeting sexual minorities, these guidelines link public health objectives with the objectives of recognizing their rights. Inspired by the history of AIDS mobilizations in the West and the demands for the recognition of sexual minorities in the United States and Europe, these global mechanisms contribute to the public and political recognition of non-heterosexual sexual identities. In response to these international injunctions, many African states have integrated MSM into their national AIDS strategic plans. Nevertheless, and depending on the context, these provisions sometimes co-exist with legal provisions that penalize homosexual practices" (Gallardo, Le Gall & Rojas Castro, 2018: 327).

- 3 The comparison that justifies this text derives one of its interests from the fact that the discussion does not focus exclusively on MSM but tries to show how this group polarizes debates, starting from two countries, one of which has criminal provisions against same-sex sexual practices (Cameroon), while in the other these criminal provisions are absent (Burkina Faso).
- 4 This comparative analysis focuses on the actors and context of reforms inspired by the key population approach, the challenges of these reforms arising from international recommendations, in this case the Global Fund's recommendations that impose them in CCMs as one of the *sine qua non* conditions for grant allocation since 2008 (Global Fund, 2009). It is also a question of describing their registration in a pre-existing national configuration. The objective of this article is to question the types and degrees of convergence and divergence relating to the ways in which the problem is constructed. This involves questioning the process of setting public policy priorities in the context of access to treatment and HIV/AIDS prevention. This raises the question of national conformity with supranational standards and/or directives, namely "the convergence of public policies". Following Colin J. Bennett (Bennett, 1991), Patrick Hassenteufel considers it to be "*a dynamic process that results in the fact that, in the same field and facing the same type of challenge and problem, a large number of countries with contrasting public policies are gradually adopting the same public policies*". (Hassenteufel P., 2005, 123).
- 5 The comparative approach of this article is therefore based on an analysis of national modalities for ownership and translation of the key population approach and operating modes disseminated by the Global Fund to Fight AIDS, Malaria and Tuberculosis through CCMs in sub-Saharan African countries. The comparison will concern the CCMs of Burkina Faso and Cameroon, for example, on the transnationalisation of public policies.
- 6 The comparative approach in this context makes it possible to capture national variations in this transnational diffusion. The levels of analysis of these variations may concern importing and translating actors, the timing and context of reforms inspired by these models, the issues from which reforms are introduced, the scope of reforms, their precise content and their integration into a pre-existing national configuration.
- 7 "*Transnational comparison of public policies integrates the questions, methods and contributions of international comparative analysis, unlike work on policy transfers, which, by favouring cases of transfer from one country to another, most often neglects comparison*" (Hassenteufel, 2005 :130).
- 8 The actors importing and translating the key population approach in the context of Burkina Faso and Cameroon are the Global Fund, the Global Fund's Country Coordinating Mechanisms, **the National Council for the Fight against AIDS and Sexually transmitted infections** of Burkina Faso (CNLS-IST) and the **National AIDS Control Committee of Cameroon** (CNLS).

"Key populations": Constraints to receiving a notion

- 9 In the fight against AIDS, malaria and tuberculosis, the Global Fund promotes policy options and practical and technical modalities for cooperation with local partners through its platforms, the National Coordinating Mechanisms for the Fight Against the Three Diseases (CCMs). This is the case with the transfer of the "key population" approach through "standardized international guidelines" (Demange in Darbon, 2009 :.

128). Such a process may encounter resistance at the local level inherent in the content of the transfer of public policies, which Thierry Delpuech explains in the following way:

"Any organization has cultural elements that are very difficult to export in a foreign context - such as representations, beliefs, values, attitudes, informal norms - and may require, to function, political, economic and social conditions that are virtually impossible to create through proactive action in the receiving environment" (Delpuech, 2008, p. 56).

- 10 On the other hand, we must avoid formulating *impasse a priori*, where the facts show more complex situations, mixing collisions and ideological, relational and social collisions. Our work here aims to analyse the nature and political and sociological issues surrounding these transfers and "travel models" that have been widely reported in the work of Jean-Pierre Olivier de Sardan and his colleagues in other fields (Olivier de Sardan, 2008, 2016, 2018).
- 11 How do these elements determine the receipt of these guidelines by political and institutional actors in the state structures of the CNLS-IST of Burkina Faso, the CNLS of Cameroon as well as the CCMs considered according to Fred Eboko's typology as consultation agencies (Eboko F., 2015) ?

The appropriation of the concept of "key populations" by local actors in Cameroon and Burkina Faso.

- 12 The question of key populations is the subject of a differential understanding of its definition(s) between the Global Fund on the one hand and the CNLS-ISTs of Burkina Faso and Cameroon on the other. There was some convergence in the tendency of the NACCs to define the key population based on the margins of freedom granted to them by UNAIDS. Indeed, a UNAIDS clause leaves each country room for a contextual definition of the concept of "key populations" that responds to the realities of the epidemic at the local level (UNAIDS, 2015).
- 13 In this logic, the "key populations" as defined by the leaders of the CNLS-IST of Burkina Faso in 2016 included more than the five components defined by the Global Fund. While the latter retains sex workers, injecting drug users, men who have sex with men (MSM) and people in prison as key populations, a member of the CNLS-IST defined them as follows:
- 14 *"The "key populations" we talk about at home are called "high-risk populations". It is not only "men who have sex with men", it is not only sex workers, there are gold panners, there are those who are in prison, there are young people at present who have a rate of new infection that does not go down much and finally there are pregnant women" (Member of the Permanent Secretariat of the CNLS-IST Burkina).*
- 15 The interactions of young and adult populations in gold mining activity were considered to be factors of exposure to HIV infection. The groups associated with the notion of "key populations" by this CNLS official refer to the WHO definition of "vulnerable populations", including, for example, migrant workers and adolescents (WHO, 2016).
- 16 The particularity of Cameroon's definition of this category of people lies in the fact that it varies from one national strategic plan (NSP) definition¹ to another. The identification and integration of a social group as one of the key populations is

generally the subject of intense debate within the NSP drafting committee at the NACC. The challenge is the survival of certain actors, in this case associations whose funding depends on the priority areas of intervention of the State, as contained in the NSP. In this configuration, epidemiological data are considered as inviolable.

- 17 "(...) It is the epidemiological data that will speak and give evidence, evidence of prioritization. So it's a scientific consensus. It is not a decision where you get up and start imposing. We put scientific evidence and everyone observes it and we all agree that this is the direction, this is the priority target, this is the areas of intervention"².
- 18 The notion of key population is thus open to different interpretations but once again meets the epidemiological objectives and political imperatives of national authorities. The Global Fund's option to focus on four population groups is part of an informative approach to CCMs. In 2016, in the use of key populations, there were varying meanings among Burkina CCM actors: "key populations", "bridge populations" and "vulnerable populations".

Institutional and political reception of the "key population" approach in Burkina Faso and Cameroon.

- 19 The reforms concerning key populations have been gradually incorporated into the institutional and political scale of Burkina Faso and Cameroon. The leverage of financial resources determined the *modus operandi* in importing and receiving this approach. The rationale for Global Fund grants is that the financial needs of local institutions must be met by taking this approach into account in the development of AIDS policies. Nevertheless, this pattern is quite labile within the two contexts of Burkina Faso and Cameroon and concerns very largely sub-Saharan Africa with gradients that vary according to the type of associations. Christophe Broqua talks about two trends that concern "new associations at the intersection of different groups (for example, MSM and drug users), thus aiming to highlight individuals who combine several risk factors, and on the other hand increasingly specialized associations, born of splits, such as specifically trans (trans or intersxed) groups that wish to become autonomous from MSM and LGBT associations that were taking hold during these audiences under their wings" (Broqua, 2018 : 30).
- 20 The issue of "key populations" in the institutional framework of the fight against AIDS in Burkina Faso involves two main stages. The first is "sex workers". The second step concerns sexual minorities, especially MSM, around what can be called the "homosexual" issue. The national policies enacted by the Technical Committee to Combat AIDS (CTLS) in 1987 included a strategy called "Information-Education-Communication" (IEC) focusing mainly on "sex workers" ("SP-CNLS/IST - History and organization", 2015). From 1990 onwards, this strategy was intensified and served as the basis for an AIDS information campaign organized by an NGO called the Social Marketing and Communication for Health Programme (PROMACO), for the benefit of "risk groups" such as truck drivers, secondary schools and sex workers (Soubeiga, 2016, p. 75-77)). The second stage, that of taking homosexuals into account in national AIDS policy, began in 2009 according to the testimonies of local associations and is presented in a more open manner in 2012 through an official speech by the Burkinabe Head of State, President of the CNLS-IST, who mentioned this category of people.

- 21 Cameroon's scheme for receiving key populations is rather based on a dynamic that highlights state dependence and a favourable international context. Indeed, the discovery of the first cases of AIDS in Cameroon in the mid-1980s was concomitant with the serious economic crisis that the country, as well as most of the states of sub-Saharan Africa, had experienced. Since then, the State of Cameroon has been extremely dependent on external resources, particularly those of the Global Fund, as part of³ its AIDS response policies. This dependence will increase with the recognition of free ARVs on May¹ 2007 and subsequently, the recent decision to subsidize biological follow-up examinations and the free treatment of certain opportunistic infections by the State⁴. Towards the end of the 2000s, the care of Cameroonian patients will take a dramatic turn due to the extreme dependence of the State. Following the rejection of Cameroon's application for Global Fund funding in *Round 09*, some programmes to support free ARV treatment, such as the National Programme to Support Orphans and Other Children Made Vulnerable by AIDS (PSN-OEV 2006-2010), will be suspended (Kojoué, 2013). In the meantime, Cameroon will also experience a rare shortage of ARV stocks during the period from 2009 to 2011. The improvement in the situation came from the Cameroonian government's decision to meet the Global Fund's requirements.
- 22 *"From Round 10 onwards, the Global Fund had demanded that the problems of key populations be taken into account, as a condition of eligibility. If it is not taken into account, the funding request is not approved. In this context, we had to rework it so that it could be integrated into the AIDS NSP and then into the funding request⁵.*
- 23 The NSP (2011-2015) and Cameroon's *Round 10* funding request from the Global Fund are amended to include MSM as a key population. While the country is experiencing violence, controversies and political-media debates hostile to MSM (Awondo, 2012), Cameroon obtains funding for this *round*. In 2012, the reform of the CCM as called for by the Global Fund will crown the entire strategy with the granting of a membership seat to key populations. We are here at the heart of what Fred Eboko calls a "dissonant model of public policy". It shows, in a context other than that of key populations, that Cameroon's public action against AIDS is more the product of an international institutional offer than the result of formal and structured social demands based on the needs expressed by populations (Eboko, 2013). In this context, this means defending the rights of part of the population. Although epidemiological evidence argues in favour of directing the response towards key populations, strategies to address them nevertheless represent an ideological shift. It is reflected in the growing importance of the human rights dimension in AIDS strategies. In its document entitled *The Global Fund's New Funding Model*, the Fund makes the promotion and protection of human rights a strategic objective (The Global Fund, 2013). It undertakes to ensure that it does not support programmes that violate human rights, to integrate human rights into the full cycles of its grants and to increase investments aimed at removing human rights-related barriers to access. The same is true of the main international organizations involved in the fight against AIDS. For UNAIDS, through its strategic guidance document *Goal Zero*, it commits to facilitating mass mobilization to change social norms to empower people to eliminate stigma and discrimination, as well as the risk of HIV infection, including through the participation of networks of PLWHA and other key populations (UNAIDS, 2010). WHO initiatives aim to work on the environment in which key populations live, i.e. to enable the adoption of less repressive legislation. This requires the decriminalization of certain practices such as homosexuality (WHO, 2014).

Key populations are taking advantage of these strategic shifts to integrate and participate, on an equal footing with other actors, in the development and implementation of public action on AIDS.

- 24 The inclusion of key populations or homosexual reality in Cameroon's and Burkina Faso's national strategies for universal access to treatment is linked to public health objectives. These objectives formally aim to reduce HIV prevalence, morbidity and mortality by reducing new infections in key populations and improving the quality of care, etc.

Key populations: a marker of political-ideological affinities in CCMs.

The inclusion of reforms relating to the approach of key populations in pre-existing national configurations highlights the question of the representations surrounding these categories. An ideological and political deconstruction characterizes international and national interactions around this approach and its translation into AIDS policies. If on the Burkina side the problem arises in terms of compartmentalization between the epidemiological and societal levels within the framework of this interaction, on the Cameroonian side it is the triptych of social rejection, associative tension, and suspicion of favoritism that prevails.

The homosexual question in Burkina Faso: a political ambivalence

- 25 In the case of Burkina Faso, certain societal issues polarize and animate the debates and power relations within the Burkina CCM. The "key population" approach is one of these debates. The question in the CCM is to know from which angle this approach should be considered: from an epidemiological point of view? From a societal perspective? From both angles? Each of the forces has a different idea and is active in promoting it. Four institutional figures are positioning themselves in this debate regarding the definition of the modalities for receiving and implementing the "key population" approach, particularly that concerning the MSM category. The Global Fund's rationale is epidemiological. The CNLS-IST is positioned on two levels: epidemiological and societal. The national policies defined by this institution seek to take into account and capitalize on social sensitivities in the fight against HIV/AIDS. Religious and customary people and other associative actors are also at both levels. Acting as intermediaries in response to societal and political changes in Burkina Faso, they are working to influence the definition of AIDS strategies in line with their educational and moral vision. Finally, local populations are involved, whose sensitivity is mentioned in the interactions within the CCM to legitimize or delegitimize the arguments of certain actors. This impersonal, elusive force constitutes a kind of "public opinion", with contours that are difficult to define and which is sometimes expressed through explicit forms of protest. The first three forces each have their own specific source of legitimacy, which is supposed to be recognized and accepted by others. The particularity of the fourth force is that it is supposed to be the one that all the others represent and protect in some way. It is claimed and brandished by each of the other three forces as a source and a means of legitimizing its own vision and actions. The Global Fund through the promotion of human rights protects the freedom of expression of the sensitivities of "key populations" in the fight against HIV. The CNLS-IST's national policies are positioned to take into account the sensitivity and vision of local populations. Religious and customary people capitalize on the religious vision

inherent in the anthropological and sociological dynamics of the local context. Each of these four forces interacts by mobilizing its own resources. The consultations for the development of strategies for the MSM category are a place where these symbolic resources are particularly mobilized by the URCB, which, on this issue, distances itself from what the Global Fund stipulates. It justifies its views on two grounds: its axiological references and its concerns about the ways in which the Global Fund's approaches aim to change behaviour with local populations.

- 26 *"We have sometimes raised our voices to tell the President of the ICN Dr. X about the position of "men who have sex with men". It was intended that "men who have sex with men" should be represented at the CCM level. We said no. We said no. Structures that represent "men who have sex with men" need to be represented, but not individually. And it took a meeting for a "man who has sex with a man" to say that he is proud to be a "man who has sex with a man". Until he's here, we can't defend his interests. He has to be there to defend himself. So he's proud to be. And people kept quiet. So I got up and said: "In reality, Burkina Faso is not yet well prepared to welcome. Otherwise we are not against the homosexual himself because he is a person we must love. If he says no, let him go out right now and declare his homosexuality in public and I will declare my heterosexuality: we'll see. Reason kept, let him calm down and go crescendo, little by little to reach things. So that's when we met with the members of the ICN: if they don't respect that, we boycott. And the four communities, as if by magic, had the same reflex. They shouldn't go that fast like that. Let them wait a while! This is not Europe!" (Catholic representative in the URCB)*
- 27 Three main elements emerge from this scene. On the one hand, the "pride" of being MSM and the desire to defend the interests, on the other hand, the call for caution not to offend popular sensibilities and, finally, a threat of boycott by the URCB of ICN meetings. Religious and customary people play the role of both mediators of sensitivities and pressure builders.
- 28 They invite the Global Fund to adopt a gradual pace in the implementation of its policy approach towards gay and lesbian populations. It denounces a haste in the Global Fund's policy agenda towards these populations. On the other hand, this Catholic representative in the URCB draws a diagram of the possible reactions of populations and religious and customary communities against the entry into public force of homosexual populations in Burkina Faso. The pattern of possible reactions underlies a similar cognitive approach between customary and religious people and populations. The former can have an influence on the latter, while at the same time translating the sensitivity of local populations in Burkina Faso on this subject (Kabore, 2019).

The homosexual question in Cameroon, an explosive context

- 29 The history of collective action against AIDS in the West is inseparable from homosexual mobilizations, although it is necessary to distinguish between the United States and France, for example (Broqua, 2005). In Cameroon, this relationship of filiation is reversed. AIDS organizations have preceded identity movements in this cause, although they share a common intervention logic linked to their respective emergence contexts. They all show a general trajectory that is certainly not always linear, but that oscillates between "social activism" ["community service logic"] and "claiming activism" ["political logic"] (Pinell et al., 2002). Like the first AIDS associations in Cameroon, key population associations were structured in response to social rejection. Indeed, the issue of homosexuality entered Cameroon's public space in

January 2006 following the "lists affair". It is the Cameroonian newspaper *La Météo* that first publishes a list of presumed homosexuals among public figures. Other newspapers later used the information to denounce "immoral" practices in the upper echelons of the state. This outcry originated in the homily of Monsignor Victor Tonye Bakot, then Archbishop of Yaoundé, on December 25, 2005, in which he made a sharp criticism of esoteric practices (including homosexuality, which he described as infamy). These publications will generate a wave of public outrage and free expression of homophobic reactions. What was originally a means of opposing the government and its policies (Awondo, 2012), will turn into an unprecedented mobilization against what is described in all its forms as "sexual excesses of society". However, those who pay the high price are not the personalities mentioned in the lists, but the young people (mainly men) from the disadvantaged classes (Kojoué, 2017), creating a need for solidarity among homosexuals.

- 30 *"In 2006, we are in a period just after the top 50. We have the first arrests that have been publicized. Which have received a lot of publicity in the local media that occupy the public square. There is a lot of debate. We are moving from a period when we were not talking about homosexuality at all to a period when we are talking about it in abundance and with misrepresentations, a lot of hatred, etc. (...) And as a gay person, you feel challenged. So with a few friends, the idea of creating an association was born (...)"*⁶.
- 31 In this context of social tension against homosexuality, the idea of a Western plot against Africa emerges. Indeed, the Archbishop's above-mentioned sermon based on the 1997 Amsterdam Treaty, which recommends that Europeans promote diversity in sexual practices, conveys this idea. "I must tell you that homosexuality is a plot against family and marriage. Let us not accept it in our country. Until the conduct of state affairs, the idea of conspiracy remains. In 2011, the Government of Cameroon, through its Minister of Foreign Affairs, Mr. Henri Eyebe Ayissi, will oppose the subsidy granted by the European Union Commission to a coalition of three associations involved in the fight against HIV/AIDS among MSM. The project to assist and support homosexual minorities (PAEMH) had received funding of 300,000 euros. In addition to prevention and care for MSM living with HIV, this programme included legal and medical assistance for people arrested and detained because of their sexual orientation. According to a statement by the International Federation for Human Rights (FIDH), the Minister had summoned Mr Raoul Mateus Paula, Head of the European Union delegation to Cameroon, and reportedly stated: "The Cameroonian people are neither ready nor willing to go in the direction of developing these practices on their territory"⁷. The idea of resistance to this plot is widely shared and publicized. Public opinion is in favour of strengthening the legal provisions that criminalize homosexuality. This will take place in 2016 with the promulgation of Act No. 2016/007 of 12 July 2016 on the Penal Code⁸. Unlike Burkina Faso, the State of Cameroon has a long history of legalizing homosexuality⁹. As a result of this deleterious context, acts of homophobic violence are increasing. Roger Mbédé's three-year prison sentence in 2011 and the murder in 2013 of Eric Ohena Lembédé, known for his activism in favour of the rights of the MSM minority, illustrate the harshness of this period.
- 32 The issue of key populations has also led to a reconfiguration of the associative space in Cameroon. As a result of the influx of funding and international support for key populations over the past decade, the number of associations working simultaneously to fight AIDS and defend the rights of sexual minorities has increased exponentially,

given the social context. From less than a dozen at the end of the 2000s, there are now more than a hundred. Forty of them are part of the Unity platform, which brings together the various key population organizations in Cameroon. This shift in the approach to the fight against AIDS seems to lead to a downgrading of PLWHA associations and other organizations involved in the fight against the disease. PLWHA associations feel neglected. On this subject, an associative actor expresses himself in these terms:

- 33 " (...) Maybe you will see yourself better than I do. We realized that all the other associations were harmed and that the fight focused on key populations. That's true, because it's them who are there in the big financing, the big vehicles, the big this, it's frustrating but we're going to do it how. We have no choice. We do not refuse to support others, but we should also take into account the pioneers who arrived. And, awareness is not only for a target. Awareness is for everyone. So we should not neglect the other associations.¹⁰
- 34 Some of these PLWHA associations, which had structured themselves in opposition to the over-invasive presence of health workers in associations, are now using resilience to reposition themselves in "promising niches". The COLIBRI association in Bafoussam is one example among many others. Created by and for PLWHAs, in response to the decrease in funding for PLWHA programmes, has engaged in the field of key populations. This fork in the road was made by amending its statutes. This process has exacerbated tensions between the supporters of the original spirit and those of the new deal. The irreconcilable positions of the two sides led to the break-up of the association into two organisations, and caused the disengagement of some members. Other associations, on the other hand, are expanding their sphere of activity beyond the fight against AIDS. This is the case of the "P" association, which is now working more and more on health financing issues and hepatitis. Its scope of activity has also expanded beyond Cameroon's borders. It also exports its expertise on the monitoring of HIV/AIDS care in health facilities in some Central African countries.
- 35 On the other hand, since the 2012 reform of the CCM, key populations have had two representatives (one full and one alternate) on the CCM. Although part of AIDS associations, these organizations seem to be entirely separate structures. Both within the civil society delegation and among public sector representatives, it is difficult to mention the key populations. PLWHA associations do not understand the interest given to MSM, although they consider themselves more legitimate. Indeed, through the reconfiguration of civil society seats within the CCM, PLWHA are not among the key populations. However, in the NSP and the guidance documents of international multilateral organizations such as the Global Fund, PLWHA are as much key populations as MSM. For public sector representatives, this subject is taboo. "We know what's going on. The Global Fund supports civil society. From you to me, the issue is homosexuality.¹¹..".
- 36 Under this statement is simultaneously a kind of resignation to accept to respect the rights of MSM and the flexibility that the Global Fund has given to these groups. It is not yet established that Burkinabe and Cameroonian societies are more sensitive or tolerant towards MSM, as they are towards sex workers, for example. Nevertheless, it seems clear that the field of HIV/AIDS offers a space from which efforts to reduce HIV incidence in highly vulnerable populations can be combined with the advancement of the protection of sexual freedoms, via the nexus of war. In this epidemiological and

political context, the end justifies without the means to avoid removing PLWHA who have carried the burden of the initial response in contexts that were far from favourable to them. An alliance between the two types of groups has obvious bridges that actors could use for "win-win" partnerships.

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NOTES

1. According to the 2011-2014 NHP, the key populations are truck drivers, TS, male uniformed personnel, prison populations, MSM. For the 2014-2017 NHP, these are TS, MSM, Drug Users and Truckers. As for the current 2018-2022 NHP, key populations include PLWHA, TS, drug users and MSM.
2. Interview with one of the section chiefs of the CNLS Cameroon, January 21, 2019.
3. First external investor in health in Cameroon (36% between 2012-2017). Source: Global Fund Disbursement Data, Global Fund website (Dec. 2018).
4. Decision No. 0498 of 04 April 2019 of the Minister of Public Health of Cameroon. This decision takes effect on 1 January 2010.
5. Interview with the representative of a United Nations agency that is a member of the CCM, on 15 May 2019.
6. Telephone interview (Whatsapp) with one of the founding members of Alternative Cameroon, August 06, 2019.
7. <https://www.fidh.org/fr>
8. Article 347 bis, entitled Homosexuality, provides that: "Any person who has sexual intercourse with a person of the same sex shall be punished by imprisonment from six (06) months to five (05) years and a fine of twenty thousand (20,000) to two hundred thousand 200,000 francs".
9. The question of homosexuality was introduced into the Cameroonian Penal Code by Ordinance No. 72-16 of 28 September 1972.
10. Interview with the coordinator of a historical association composed mainly of women.
11. Interview with a public sector representative on the CCM, 12 October 2015.