**MSF believes the following actions are essential for a successful HIV response in West and Central Africa**

1.      **Implement ‘Test & Start’ in the 25 countries of the region:** Since 2015, the WHO has recommended that everyone diagnosed with HIV start immediate antiretroviral therapy (ART), an approach known as ‘test & start’. Yet today, only 7 out of 25 countries in WCA have implemented this policy, compared with the majority of countries in East and Southern Africa, where test & start is now national policy. Starting ART early reduces the spread of HIV and improves health outcomes overall.

2.      **Make ‘differentiated models of care’ national policy:** Piloted by community groups and NGOs including MSF in Southern Africa since the early 2000s, ‘differentiated models of care’ are an efficient way of managing growing numbers of people on lifelong treatment in ways adapted to local conditions. These include giving 3 to 6 months of drug supplies, distributing ART through patient groups and giving spaced appointments to reduce travel time. However, national governments must enable this by adopting national policies that support decentralisation and task-shifting, which allows nurses and lay health workers to deliver selective HIV services, not just doctors.

3.      **Make all aspects of HIV and TB care free of charge for people living with HIV**: One of the biggest barriers to HIV care are the multitude of costs that people living with HIV frequently face: consultation fees, laboratory tests, drugs for opportunistic infections and hospitalisation care. This often means that people simply forgo treatment and wait until very sick before seeking care.

4.      **Improve national supply chains:** Strong HIV programmes need robust logistics to provide regular treatment to people for life. In West and Central Africa, inadequate supply systems often prevent drugs from reaching the point of delivery. Effective supply management means avoiding low stocks and stock-outs of drugs, and includes monitoring and rapid responses when problems arise.

5.      **Strongly involving civil society groups and HIV patients’ associations:** These groups have a critical role to play in HIV service provision, for example in testing, counselling people and supporting adherence, both in health centres and communities. They’re key agents in HIV advocacy, fighting against high levels of stigma, acting as independent agents to monitor service delivery. 6.      **Matching domestic commitments with international funding:** With many West and Central African governments aiming to triple HIV treatment by 2020, budgets will also need to increase to support the accelerated response. With most countries in the region being lower income or fragile economies, to fully rely on domestic funds to implement this scale up is unrealistic. International donors must match global political commitments with financial

contributions and step up to support West and Central Africa by providing the technical and financial means necessary.

Three novel approaches: <http://samumsf.org/wp-content/uploads/2017/03/Brochure-HIV-Final-EN-24-Jan-2017.pdf>

PODIs <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5305289/>

VoA article on spaced appointments, community groups, longer refills: <https://www.voanews.com/a/insecurity-creates-challenges-hiv-treatment-central-african-republic/3850787.html>

*If we have something on Zemio in CAR (OCA) that would be good to add*