



MSF perspective on HIV in West and Central Africa

ICASA 2019 satellite

Differentiated ART delivery approaches for West and Central Africa: From pilots to plans for scale-up

MSF-Doctors without Borders

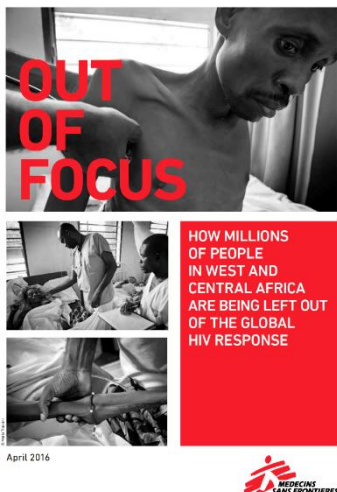
4 December 2019

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Worldwide, WCA accounts for...



- 5 million people living with HIV
- 1.5 % adult HIV prevalence
- 280,000 new HIV infect <> 160,000 AIDS related deaths
- 53 % adults on ARV <> 28 % children on ARV

Source Unaids data 2019

WEST AND CENTRAL AFRICA



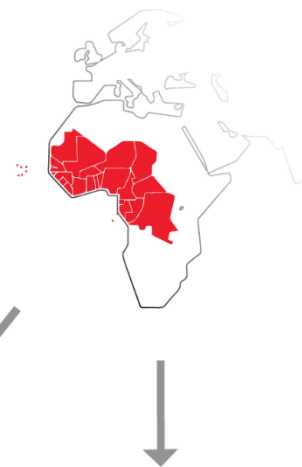
21%
OF NEW **HIV**
INFECTIONS



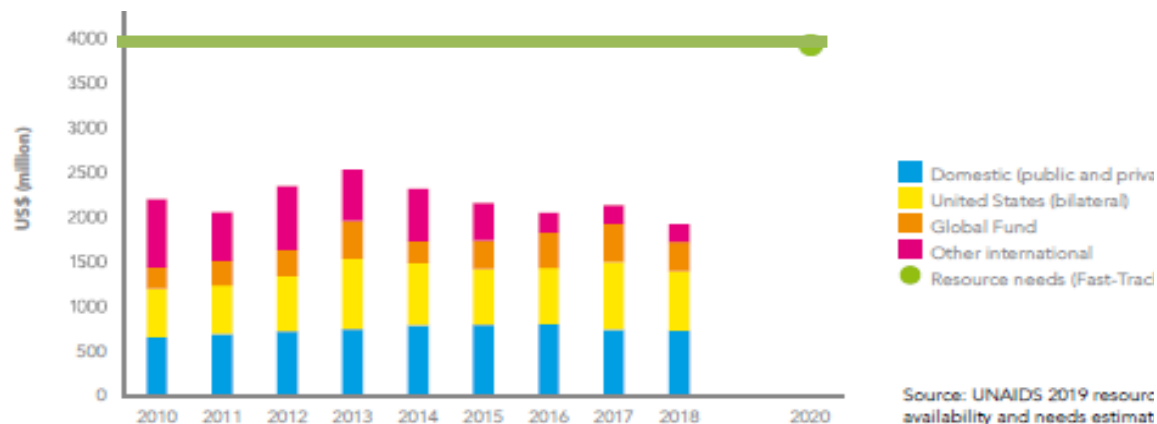
27%
OF DEATHS
BY **HIV/AIDS**



45%
OF CHILDREN
BORN WITH **HIV**

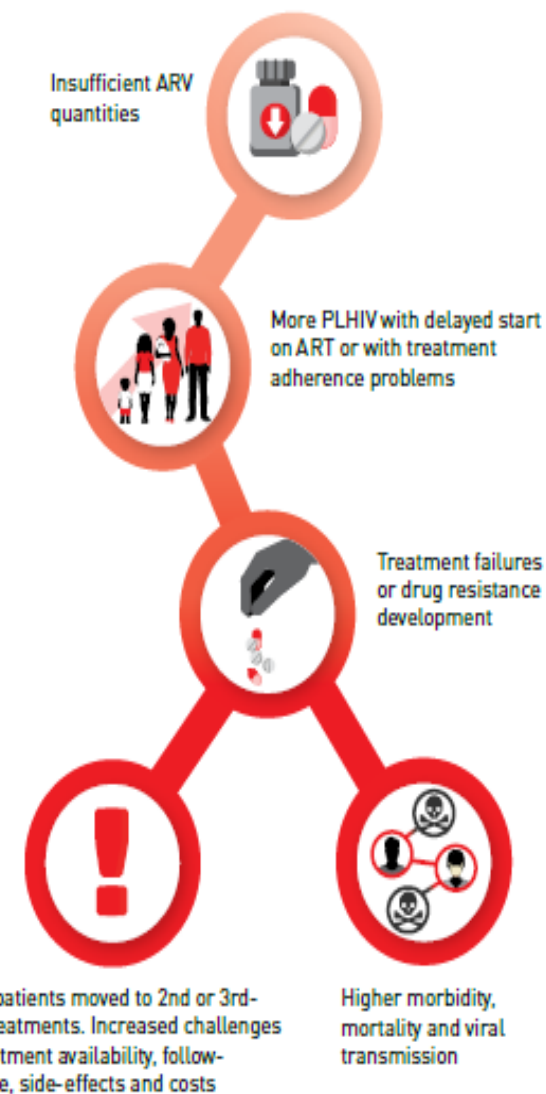


WCA funding for HIV falls short of needs, including for ART



- In real terms, overall funding for region fallen by 13% between 2010-2018.
- International funds (62% of total) declined from US\$ 1.5 billion in 2010 to US\$ 1.2 billion in 2018

- > **Push for domestic ARV purchase**
- **CSO without support**
- **Ration testing to specific groups**
- **Stop innovative approaches**





Challenges to provide & access ART



- PLHIV dispersed outside cities
- Structural/financial & social barriers, e.g. HIV-related stigma, user fees, 'paradox de la gratuité'
- Integration in weak/badly accessible services > weak access & quality HIV services
- Shortfall funding & exaggerated expectations national HIV spending
- Shortfall in ART & other medical supplies
- Competing priorities
- Crisis & armed conflict



MSF's approach to ART delivery in WCA

Support PLHIV to remain on ART

Reduce barriers

No user fees / voucher
Wellcome back services
Patient support

Avoid unnecessary visits health facilities

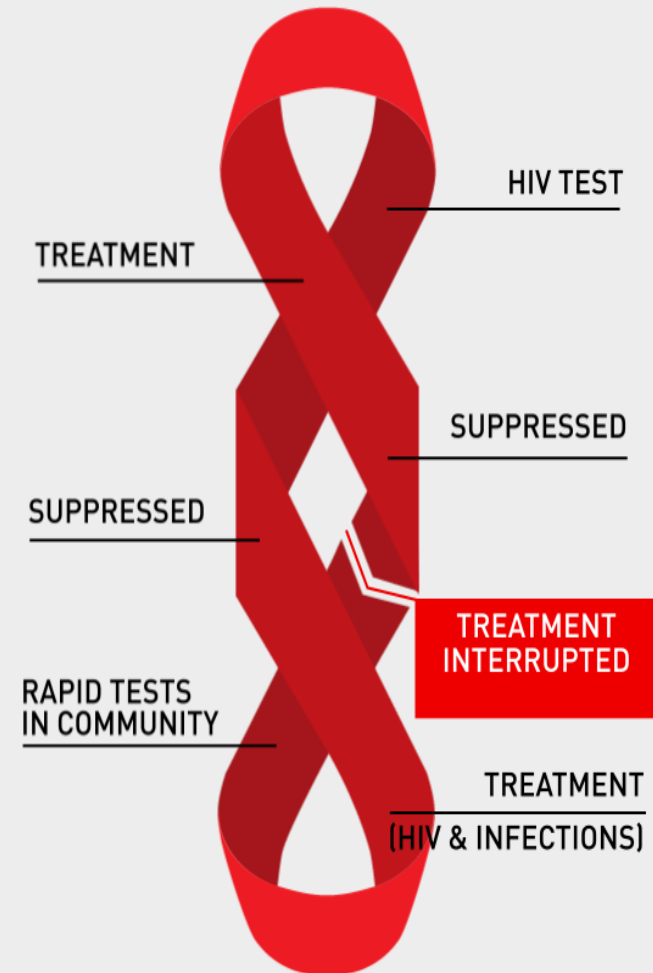
Demedicalised & community ART pick up
Longer periods ART

Assure continued supplies

Buffer stocks
Rapid response to low ART stocks

Focus on mortality risk >>>

Detection alert signals patient & community
Primary care: Quick diagnosis & treatment
Dedicated care & treatment OI

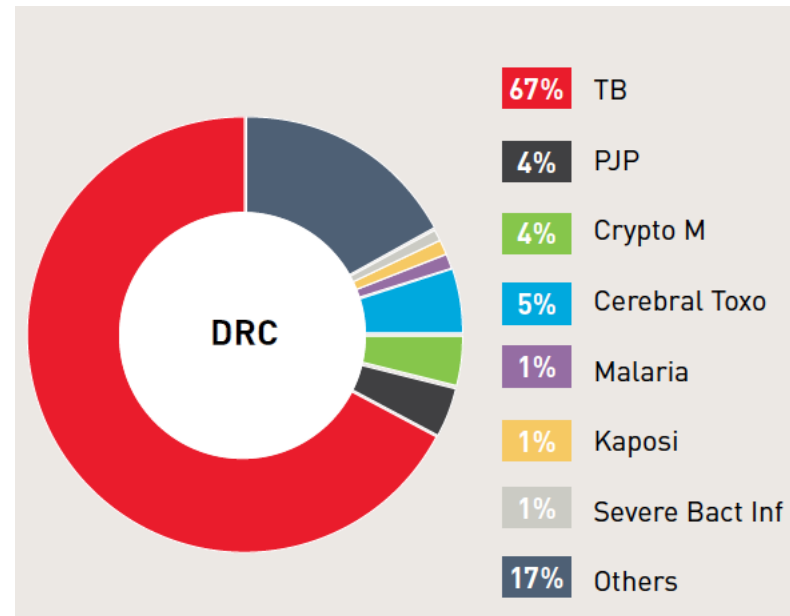




Advanced HIV disease, Kinshasa, DRC

- At MSF supported hospital, 71% of AIDS patients have previously been on ART

*Causes of death among AIDS patients at
MSF supported hospital, DRC*



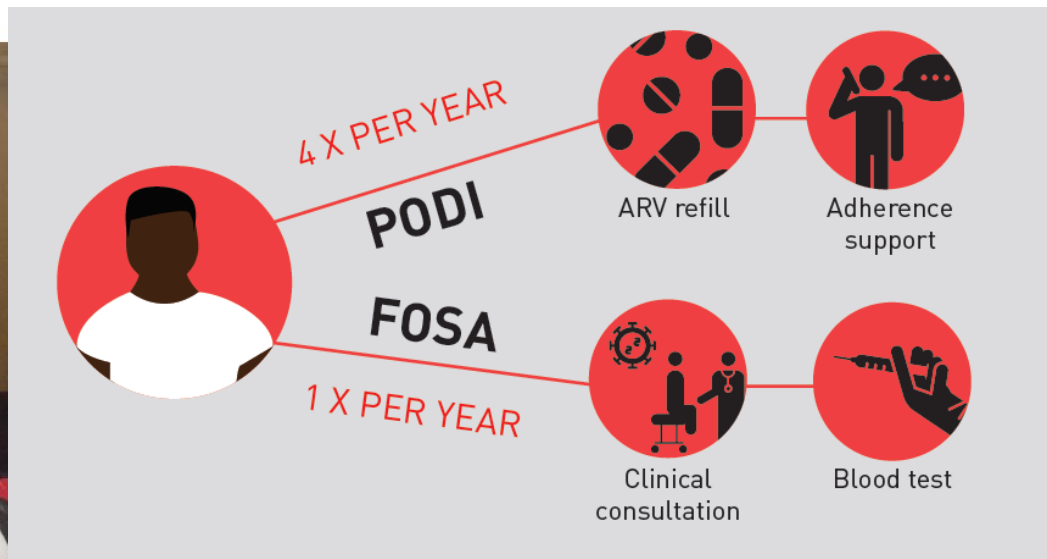


MSF's approach to ART delivery in WCA

- Differentiated ART delivery
 - Central African Republic → Pharmacy fast-track and community ART groups
 - Kinshasa, DRC → Community pharmacies staffed by peers
 - Guinea → 6-month refills to support uninterrupted supply during Ebola crisis
- Advanced HIV disease



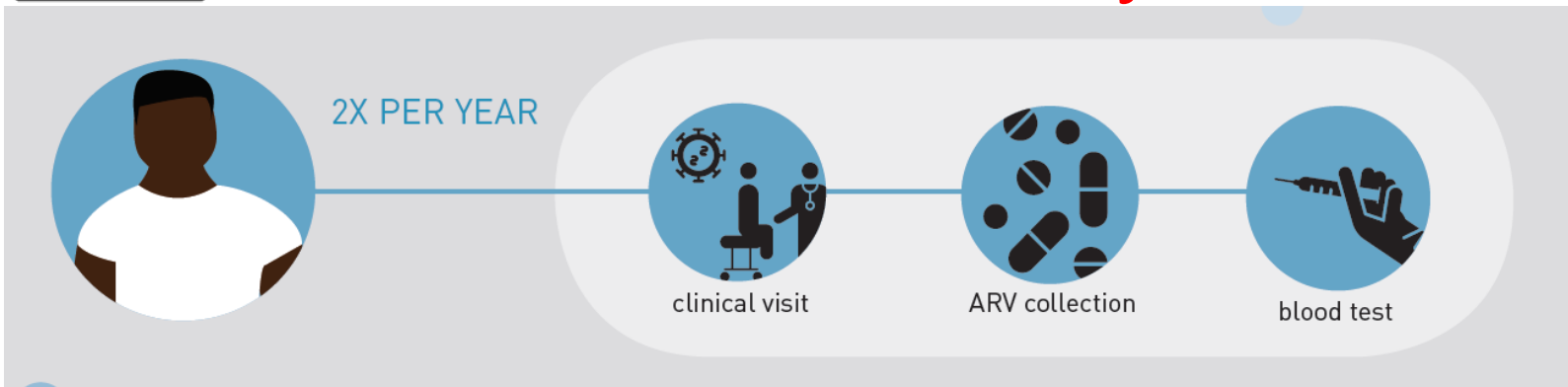
Example I: PODI's in Kinshasa, DRC



- **CSO run point of ART distribution**
- Quick and free of charge
- Patients support & Track missed appointments
- Testing
- **Scale up by other actors**



Example II: R6M in Conakry, Guinea

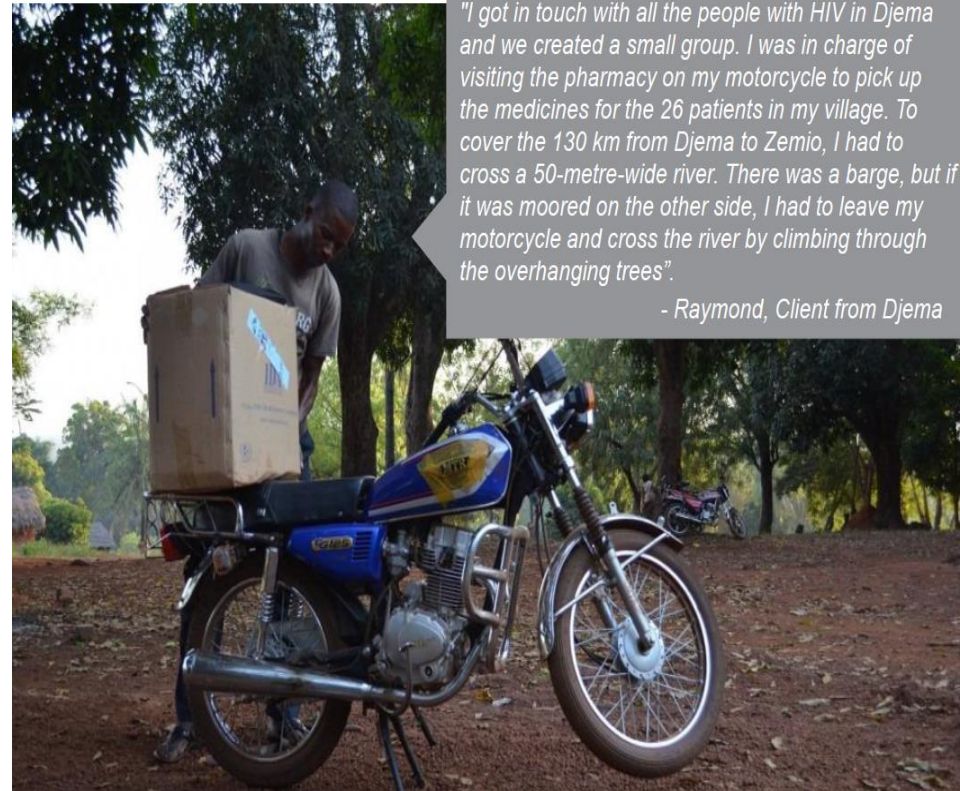


- National scale up foreseen (toolkit, guidelines etc)
- **!! Need to increase national ARV stock**
- > switch back to 3M/1M



DSD in high insecurity context: CAR

- We adapted DSD models (CAGs and PFT) to Zemio context; demonstrating feasibility and acceptability in a conflict/unstable setting in CAR.
- Demonstrated feasibility through minimal supervision (Remote setup) in conflict/unstable setting
- Possible that model could be replicated in other parts of the CAR and other countries with similar challenges



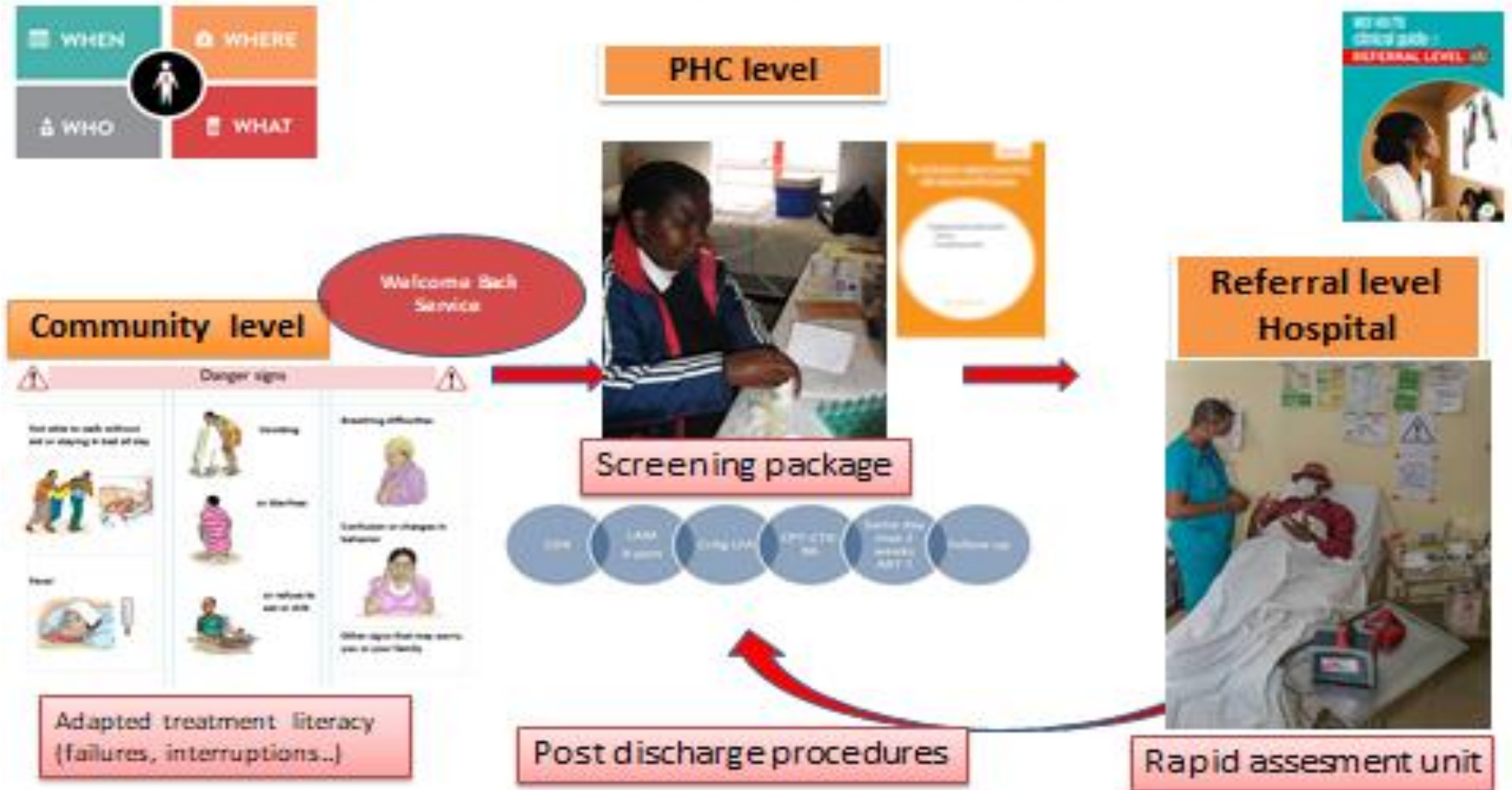
"I got in touch with all the people with HIV in Djema and we created a small group. I was in charge of visiting the pharmacy on my motorcycle to pick up the medicines for the 26 patients in my village. To cover the 130 km from Djema to Zemio, I had to cross a 50-metre-wide river. There was a barge, but if it was moored on the other side, I had to leave my motorcycle and cross the river by climbing through the overhanging trees".

- Raymond, Client from Djema



Decentralize ++ .. with continuum of care

DSD for unstable patients : differentiated care continuum at 3 different levels





Recommendation to detect, treat and prevent AIDS

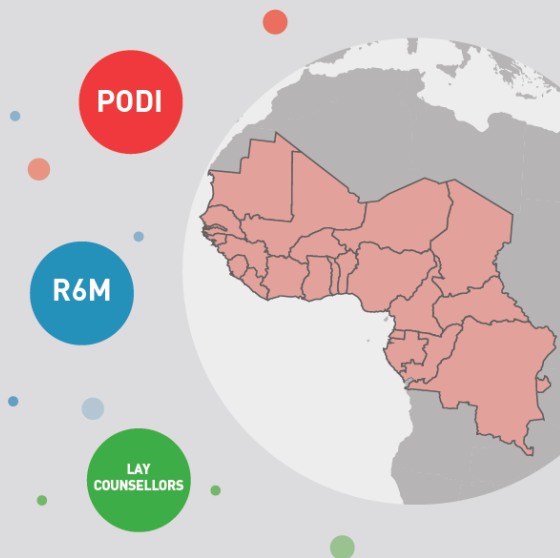
- Keep it simple!
- Accelerate differentiated models of care:
 - **Stable patients : community-led programs ++ to distribute ARV's**
 - **advanced HIV disease: dedicated centers**
 - **Integrate HIV/TB/STI ...according to epidemiology**
- Map out and contingency plans to gap fill and avoid stock outs (key diagnostics and treatment for prevention and treatment)



Thank you

TOWARDS AN INCREASED, MORE EFFECTIVE CARE FOR PLHIV IN WEST AND CENTRAL AFRICA:

DISSEMINATION OF **THREE NOVEL APPROACHES** PILOTED BY MSF



**NO TIME TO LOSE: DETECT,
TREAT AND PREVENT AIDS.**



BURDEN SHARING OR BURDEN SHIFTING?

HOW THE HIV/TB RESPONSE IS BEING DERAILED



OCTOBER | 2019



More info on:
www.msf.org
www.samumsf.org