Delivery of Antiretroviral Therapy to Migrants & Crisis Affected Persons in Sub-Saharan Africa

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No one should be denied care and appropriate support simply because they have moved in the past or may move in the future.
Definitions (1)

- **Internal migrant**: a person who moves **within** his or her own country of residence, for the purpose of employment

- **International migrant**: a person who moves **to another country**
  - A *regular migrant/document*ed migrant
  - An *irregular migrant/ undocument*ed migrant
Definitions (2)

- **Cross-border trader**: a person who moves across an international border for the purpose of trade.

- **Seasonal migrant worker**: a person whose work is dependent on seasonal conditions.

- **Trafficked person**: a person who has been moved by deception, coercion, the threat or use of force and/or other forms of exploitation.
Defining Crisis Affected Persons

- **Refugee**: A person who flees his/her own country because of race, religion, nationality, membership of a particular social group, political opinion, or civil unrest/war, and who cannot return home for fear of persecution.

- **Asylum seeker**: Someone who claims refugee status, but whose claim has not yet been definitively evaluated.
Definitions (4)

**Crisis affected persons**

- **Internally Displaced Person (IDP):** one who has been forced to flee his/her home suddenly or unexpectedly due to armed conflict, internal strife, systematic violations of human rights or natural disasters, and who is still within the territory of his/her country.

- **Non-displaced crisis-affected person:** one who has been affected by either conflict or natural disaster but remained living in his or her community of origin.
FACTS ABOUT MIGRATION, DISPLACEMENT AND ART

- **Internal migration** is a **dominant pattern** of migration in SSA
- Migrants can be **healthier** than the populations in their destination country
- Travel among regular and seasonal migrant workers is often **predictable** and can be planned for
Facts about Migration, Displacement and ART

- Refugees who are settled in camps tend to have similar levels of HIV behavioural risk as their surrounding host communities.
- Treatment outcomes among crisis-affected persons are similar to those of unaffected populations.
- ART regimens are increasingly being harmonized in the region.
GOVERNMENTS

- Enforce existing laws, policies, and practices that are inclusive of equitable and robust treatment approaches
- Remove exclusionary laws, policies, and practices
- Adopt travel health cards
- Strengthen systems to enable better follow-up of patients who move between different treatment sites
- Support the integration of ART with other support programmes
Clinicians and Programme Managers

- Ensure that all those who need treatment receive it.
- Prepare contingency plans.
- Advocate for non-discriminatory medical practices.
- Document and report any exclusionary practices or policies and laws.
- Ensure linkages with other programmes to ensure continuum of care.
CIVIL SOCIETY

- Strengthen the capacity of patient groups and their leadership
- Raise awareness of and speak out against xenophobia and other forms of discrimination in relation to access to health in general and HIV treatment in particular
- Advocate and support governments to meet their international obligations
**When to Start ART Naïve Adults**

- Initiate ART based on the national guidelines or WHO guidelines
- Patient preparedness
WHEN TO ADVISE THE PATIENT TO REMAIN WITHIN YOUR CARE FOR A SPECIFIED PERIOD OF TIME ONCE THEY START ART

- If travel is imminent and ART is not available at the site of return
- Clinically unstable
- M/XDR TB
REASONS FOR ADVISING THE PATIENT TO SEEK TREATMENT UPON ARRIVAL AT FINAL DESTINATION

- If travel is imminent, but treatment is not urgent
ADULTS ALREADY INITIATED ON ART

PATIENT PREPAREDNESS

- Obtain a complete medical, ART and social history
- Determine reasons for treatment interruption, if this has occurred
- If available, conduct a confirmatory HIV test
- Support the patient to make the decision either to continue or to restart ART
TREATMENT INITIATION

- If the individual is currently on ART, make every effort to continue antiretroviral medications
- If possible, conduct a viral load test at first visit
- Adherence counselling and support should be undertaken in light of the new circumstances
CHOICE OF REGIMEN

- Try to match the regimen and drug formulation to the one the individual is most likely to be on over the next year
- Often FDC
- If the patient arrives on a different regimen from the national programme, ascertain why
- If on an unknown regimen, with minimal history then in general, initiate on the national guideline's first line therapy, and follow closely
- If ART was interrupted, establish the cause of the interruption
CHOICE OF REGIMEN

- Advise the patient to inform the clinic of planned travel so that the following can be provided:
  - A longer routine refill (preferably three months or longer)
  - Where longer refill is not possible, consider an emergency supply of ART in case of urgent travel (2-4 weeks)
  - A treatment map listing alternative sites for ART refill
ADHERENCE BARRIERS

HEALTH TRAVEL CARD

Name: ________________________________

Clinic unique I.D. Number: ________________________________

Clinic name: ________________________________

Clinic location: ________________________________

Clinic/Pharmacy telephone number: ________________________________

Current medication(s)                                   Date started          Date last refill      #Days given
1. __________________                          ___________    ___________    _________
2. __________________                          ___________    ___________    _________
3. __________________                          ___________    ___________    _________

Last viral load (if available): __________  Date: __________

Last CD4 (if available): __________  Date: __________

Date: ________________

Clinician signature: ________________
**Co-infections**

- Tuberculosis
  - National guidelines should be followed
  - Few contraindications for starting standard TB treatment
  - In a patient found to be co-infected with TB and HIV, TB treatment must be started *first*
  - Transfer of patients with drug sensitive TB from one site to another can be done relatively simply
**Other Illnesses**

- Malaria is extremely common in SSA
- Give appropriate prevention advice on typhoid, trypanosomiasis, viral hepatitis, cholera, amoebiasis, measles and other diseases that can affect travellers
- Consider endemic AIDS-defining diseases in other countries that may not be common in the host country
- Assess and be particularly alert to issues related to mental health and psychosocial support
- Consider providing a contingency stock
HIV Prevention

- Combination prevention approaches
- Persons may be moving into a high HIV prevalence setting, particularly if they move from outside of Southern Africa into the sub-region
- For those already living with HIV, prevention messages must be re-emphasised to avoid further transmission
Gender-Based Violence and Post-Exposure Prophylaxis (PEP)

- If national guidelines exclude migrants and or persons affected by crises, treatment should be accessed elsewhere.
- For refugees who cannot access PEP through a local service, contact UNHCR.
- Forensic specimen should be collected where facilities at national level exist for analysis.
- Psychosocial interventions (i.e. trauma counselling) and referral for provision of legal assistance is critical.
Guidelines for the Delivery of Antiretroviral Therapy to Migrants and Crisis-Affected Persons in Sub-Saharan Africa

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