Targeted Adherence Strategies for Provision of Cross-Border Antiretroviral Therapy (ART) to Migrant Farm Workers in Musina, South Africa

T. Matambo[1], C. Mwongera[1], L. Wilkinson[1], G. Van Cutsem[1,2], A. Bauernfeind[1], C. Metcalf[3], R. Sirwali[4], H. Bygrave[3]

[1]Médecins Sans Frontières, Cape Town, South Africa, [2]Centre for Infectious Disease Epidemiology and Research, University of Cape Town, Cape Town, South Africa, [3]Médecins Sans Frontières, South African Medical Unit, Cape Town, South Africa, [4]Department of Health, Limpopo Province, South Africa

Introduction

- Migrant workers have an increased vulnerability to HIV infection and limited access to health care.
- They often do not seek health care for fear of deportation or due to cultural and language barriers faced at health centres.
- Access to antiretroviral therapy (ART) is sometimes denied due to concerns about adherence and continuity of care.
- In Musina sub-District, South Africa, almost half the population are farm workers who migrate seasonally between South Africa and Zimbabwe.
- In 2010, Médecins Sans Frontières (MSF) and the Limpopo Department of Health established a mobile HIV/TB service for workers on 6 farms. Patients were provided with a patient-held record and asked about travel plans at each visit.
- Those planning to travel for ≥2 weeks were classified as temporary transfers out (TTFO) and were given a 3-month supply of antiretroviral therapy (ART) with one week of tail protection, and a letter of referral.
- An ART site near their home town was identified and contact details given.
- Counselling materials were designed to help patients understand possible changes in regimen and formulation.
- We describe the early outcomes of this model.

Methods

- Data was entered prospectively into an electronic patient register.
- Adults who initiated ART between 1 November 2010 and 31 October 2011, followed to 30 April 2012, were included in the analysis.
- Proportions retained in care and with virological suppression (using a threshold of 400 copies/ml) at 6 and 12 months were used as outcome measures.
- A record review was conducted to assess outcomes among those temporary transferred out.

Results

- 269 patients were included in the analysis. They had a median age of 36 years (interquartile range [IQR]: 30 – 42 years); median baseline CD4 count of 181 cells/µl (IQR 109 – 249 cells/µl); and 157 (58%) were women.
- Retention in care was 93% at 6 months (95% CI: 88% – 96%); and 90% at 12 months (95% CI: 78% – 97%).
- Of those patients whose viral load was measured, 90% were virologically suppressed at 6 months (95% CI: 83% – 98%); and 92% were suppressed at 12 months (95% CI: 83% – 99%).
- Of 63 patients TTFO, 43 (68%) returned by their due date; 2 (3%) returned late but accessed ART in Zimbabwe; 6 (10%) returned late having stopped ART using tail protection; 1 (2%) returned late without using tail protection; and 11 (17%) did not return (Figure 1).

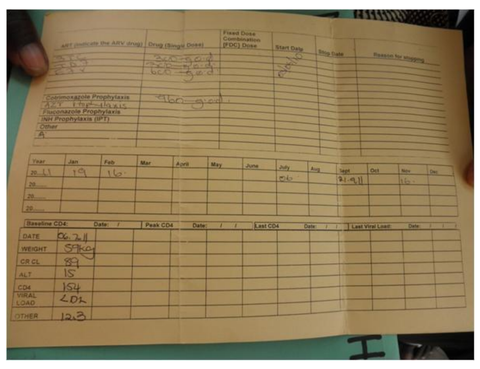
Kayemayema Mobile farm clinic

Sandquest Mobile farm clinic

The Model of Care

Travel plans are discussed at each visit

A patient-held treatment card is issued on the day of diagnosis

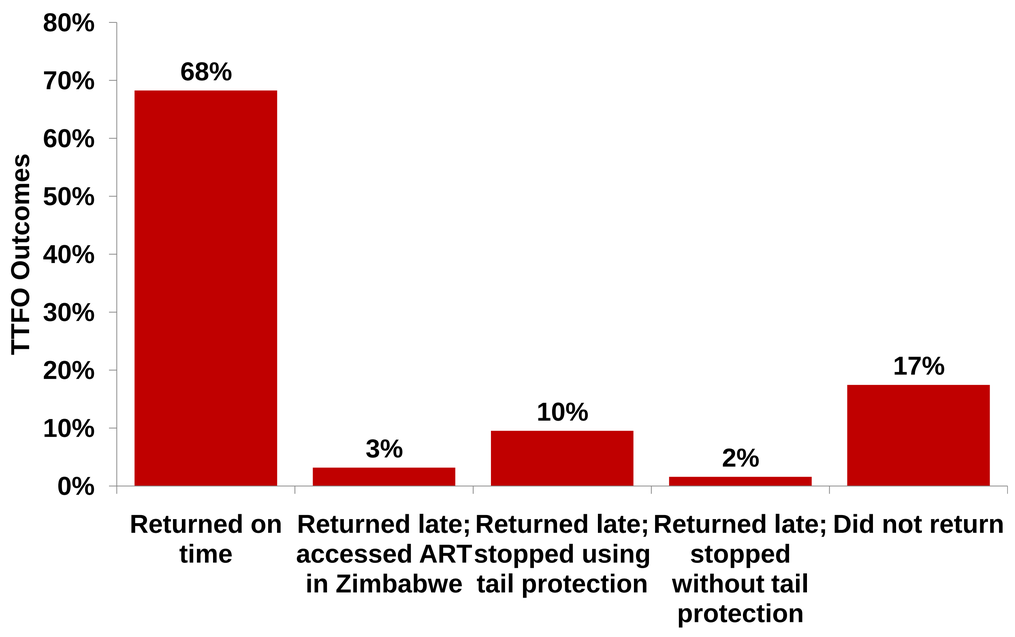


An alternative ART site is identified using the treatment road map

Counselling is given about the possible changes in regimen and formulations

A 3-month drug supply and tail protection is given to anyone travelling for 2 weeks or more

Figure 1: Outcomes among those temporarily transferred out



Discussion

- It is possible to retain a highly mobile population on ART with good virological outcomes.
- The strategy described here could easily be included in ART programmes in the region.
- This study is limited by a small sample size and short length of follow-up. Results must be confirmed when more data is available and/or in other treatment sites, especially outcomes among patients temporary transferred out.
- In southern Africa, lobbying should continue to advocate for:
  - ❖ A regional first line regimen
  - ❖ A regional ART health passport
  - ❖ Improved referral networks between ART sites in different countries

Address for correspondence: Tambu Matambo msf-musina-med@msf.org.za

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