



**UNHCR**

United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les réfugiés

# **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/documentated migrant*
  - *An irregular migrant/ undocumented 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

# Definitions (3)

## ***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



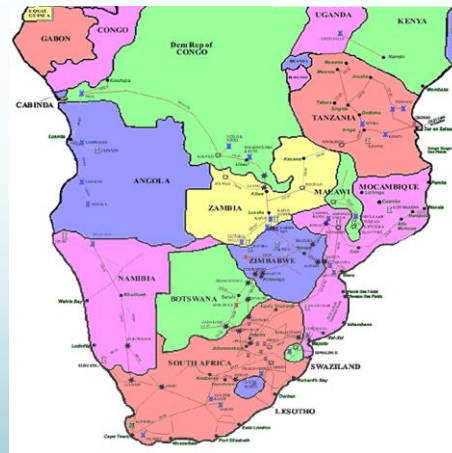
# Definitions (4)

## ***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*

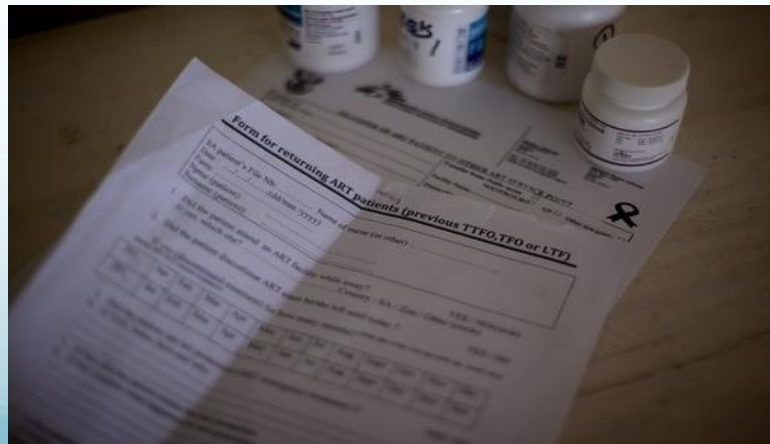
## *PATIENT PREPAREDNESS*

- *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

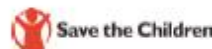
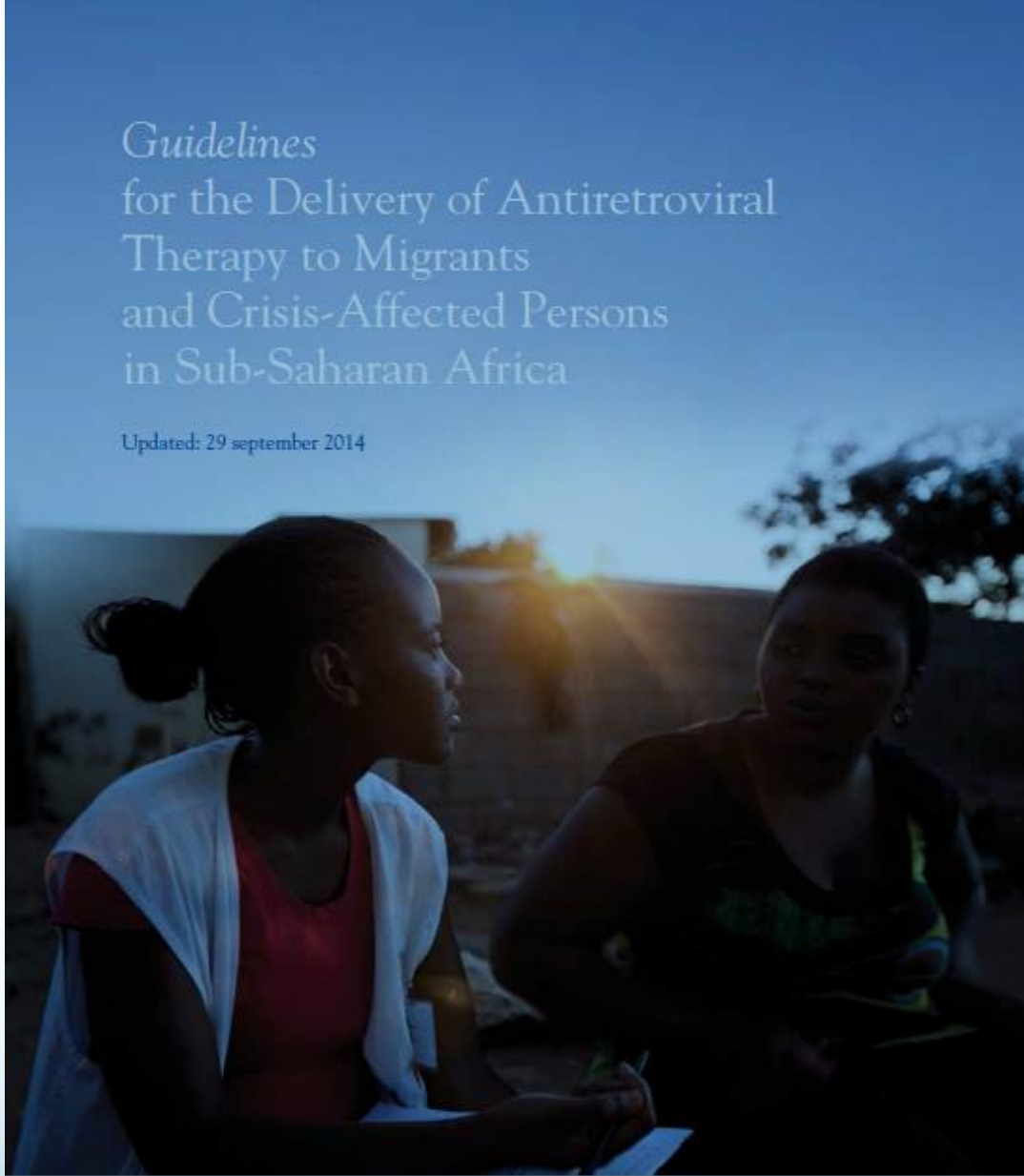


# *Gender-Based Violence and Post-Exposure Prophylaxis (PEP)*

- 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

Updated: 29 september 2014



UCLA Center for World Health

