Adherence in Mobile Populations: Qualitative Study of ART for Refugees in sub-Saharan Africa

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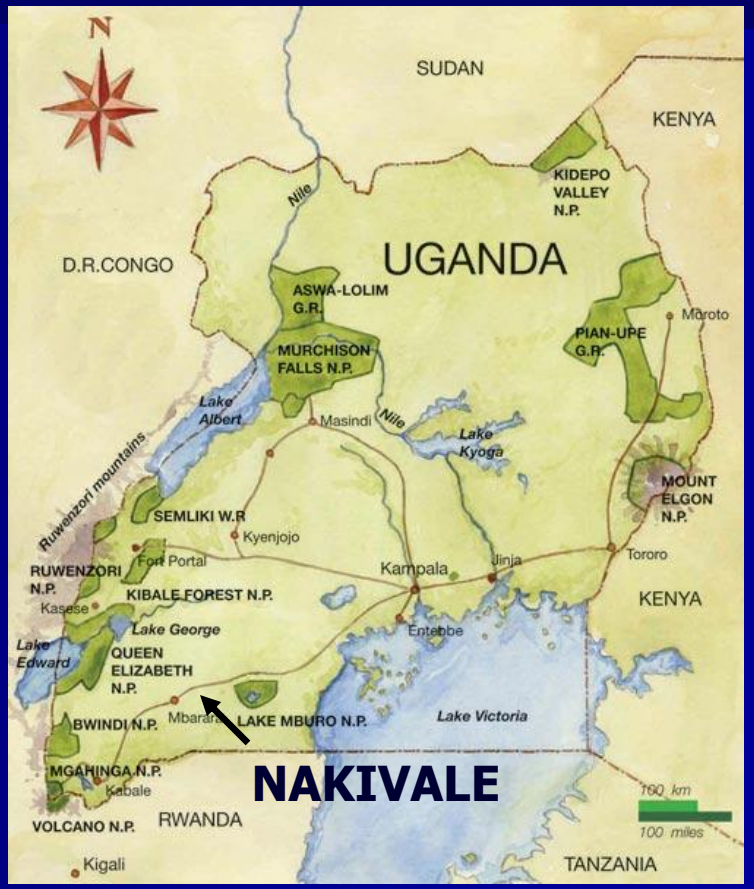
BACKGROUND

- 15.4 million displaced refugees
- Many in regions with high HIV prevalence
- Efforts to scale up ART among refugees in sub-Saharan Africa
- Little known about experiences of refugees on ART or obstacles faced

BACKGROUND

- Nakivale Refugee Settlement
- 56,000 refugees
- 659 known to have HIV/AIDS



BACKGROUND

- GIZ Clinic
- Only ART distribution site in Nakivale
- 215 on ART

METHODS

Open ended interviews with adult refugees on ART (n=73) and clinic staff (n=4) [March- July 2011]:

(1) *accessibility of HIV/AIDS-related testing and care*

(2) *experiences of ART adherence*

(3) *perspectives on how to improve access to testing and care, adherence, and retention*

RESULTS

	Patients (n=73)	Clinic Staff (n=4)
Average Age	40 years	27 years
Gender	59% female	50% female
Country of Origin	74% Rwanda 18% DRC 7% Burundi <2% Sudan	100% Uganda
Education	4.5 years	16 years
Religion	82% Christian 16% Muslim <2% Jehovah's Witness	75% Christian 25% Muslim

RESULTS

	Patients (n=73)
Marital Status	64% Married 23% Widowed 11% Divorced <2 % Single
Years in Nakivale	9 years
Time to clinic	2 hours
Cost to clinic	3,500 USH ($1.50)

RESULTS

A need to focus on immediate survival needs

Yet ART adherence still prioritized

RESULTS

Reasons for ART Interruption:

- Food shortages
- Insecurity in settlement
- Delays in returning when away from settlement
- Lack of access during extended absences
- Delays during repatriation

Insecurity in settlement

"Yes there was a time when the Congolese had fought and blocked the road and were breaking the car screens that were passing their way. So, we had to pass the other side of the Nationals [Ugandan citizens] in [nearby town] and we had to go to [another nearby town] to get our drugs, because it was an emergency."

Delays during repatriation:

"When I went back to Rwanda, I did not continue to take the drugs because I had not gone with a transfer so they had to start the whole process of testing. So I had to spend 15 days without taking the drugs. So when they tested my CD4 they had gone too low and they started giving me ARVs."

RESULTS

Adherence strategies employed:

- Carrying medications while traveling
- Using medication reminders
- Traveling to clinic upon feeling unwell
- Having an ART refill plan
- Quickly accessing care when acute issues arise
- Remaining close to clinic (avoiding travel/ relocation)

Remaining close to clinic

"For me even if they tell me that I am resettled and move in a car I cannot go there. Because since I get my drugs from this clinic I feel like this clinic should stay and I meet my drugs here. Because I will not leave this place. Not at all. May be if they will come here and lift me and throw me away! Otherwise I will not leave this place. My life is depending on this clinic."

CONCLUSIONS

- Refugees face similar but more extreme adherence challenges
- Significant measures taken to ensure treatment success
- Future interventions should aim to facilitate adherence during movement from Nakivale
  - Continuity of care during travel
  - Transfer of care if permanently leaving

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