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
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

<table>
<thead>
<tr>
<th></th>
<th>Patients (n=73)</th>
<th>Clinic Staff (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Age</strong></td>
<td>40 years</td>
<td>27 years</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>59% female</td>
<td>50% female</td>
</tr>
<tr>
<td><strong>Country of Origin</strong></td>
<td>74% Rwanda, 18% DRC, 7% Burundi, &lt;2% Sudan</td>
<td>100% Uganda</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>4.5 years</td>
<td>16 years</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>82% Christian, 16% Muslim, &lt;2% Jehovah’s Witness</td>
<td>75% Christian, 25% Muslim</td>
</tr>
</tbody>
</table>
# RESULTS

<table>
<thead>
<tr>
<th>Patients (n=73)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>64% Married</td>
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<tr>
<td></td>
<td>23% Widowed</td>
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<tr>
<td></td>
<td>11% Divorced</td>
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<tr>
<td></td>
<td>&lt;2% Single</td>
</tr>
<tr>
<td>Years in Nakivale</td>
<td>9 years</td>
</tr>
<tr>
<td>Time to clinic</td>
<td>2 hours</td>
</tr>
<tr>
<td>Cost to clinic</td>
<td>3,500 USH ($1.50)</td>
</tr>
</tbody>
</table>
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
“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)
“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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GIZ

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