

Abstract category: E25 Strategies to increase HIV testing, and to promote linkage and retention in care

Title: Targeted adherence strategies for provision of cross border antiretroviral therapy (ART) to migrant farm workers in Musina, South Africa

Authors: T. Matambo¹, K. Hildebrand¹, C. Mwongera¹, L. Wilkinson¹, G. Van Cutsem^{1,2}, A. Bauernfeind¹, C. Metcalf³, R. Sirwali⁴, H. Bygrave³

Institution(s): ¹Medecins Sans Frontieres, Cape Town, South Africa, ²Centre for Infectious Disease Epidemiology and Research, University of Cape Town, Cape Town, South Africa, ³Medecins Sans Frontieres, South African Medical Unit, Cape Town, South Africa, ⁴Department of Health, Limpopo Province, South Africa

Text: Background: Among migrant workers, access to antiretroviral therapy (ART) is often denied due to concerns about adherence and continuity of care. Many of the farm-workers in Musina District, South Africa, migrate seasonally between South Africa and Zimbabwe. In 2010, Médecins Sans Frontières (MSF) and the Limpopo Department of Health started a mobile HIV/TB service serving 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 a temporary transfer out (TTFO) and were given a 3-month supply of antiretroviral therapy (ART), 1 week of tail protection, and a transfer letter. We describe the early outcomes of this model.

Methods: We conducted a retrospective cohort analysis of the records of adults who started ART between 1-Nov-2010 and 31-Oct-2011, followed to 31-Jan-2012 to assess programme outcomes.

Results: During this period, 269 patients started ART. They had a median age of 36 years (IQR 30-42), median baseline CD4 of 181 cells/ μ l (IQR 109-249), and 157 (58%) were women. Of 91 patients eligible for viral load at 6 months, 83 (91.2%) were suppressed at < 400 copies/ml. Of 63 documented TTFOs, 41 (65%) returned by their due date, 10 (16%) returned < 1 month late, 11 (17%) were < 3 months late and 1 (2%) was lost to follow up. 6 (60%) of those who returned late stopped ART.

Conclusions: It is possible to provide continuity of ART among highly mobile migrant workers moving across national borders. Further emphasis needs to be put on strict adherence to treatment. Continuity of care among migrant workers in the region could be enhanced by countries adopting a standard first-line ART regimen in a fixed-dose combination, and adopting a standard patient-held health "passport".

Country of research: South Africa