Targeted adherence strategies for provision of cross-border antiretroviral therapy to migrant farm workers in Musina, South Africa

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Background
Among migrant workers, access to antiretroviral therapy (ART) is often denied because of concerns about adherence and continuity of care. Many of the farm workers in Musina District, South Africa, migrate seasonally between South Africa and Zimbabwe. A survey conducted at these farms indicated that less than 50% of those in need of ART were able to access care. In 2010, MSF and the Limpopo Department of Health started a mobile HIV/TB service serving workers on six farms. We conducted a retrospective cohort analysis of the records of adults initiated on ART between Nov 1, 2010, and Oct 31, 2011, followed up to Jan 31, 2012, to assess programme outcomes.

Methods
Patients were provided with a patient-held record and asked about travel plans at each visit (monthly during the first year). Those planning to travel for 2 weeks or more were classified as a temporary transfer out and were given a 3-month supply of antiretroviral therapy (ART), a week of tail protection, and a transfer letter to an identified ART site. Specific counselling tools were developed to outline these steps and the potential regimen and formulation changes that may occur. We describe the early outcomes of this model.

Results
During this period, 269 patients started ART. They had a median age of 36 years (interquartile range [IQR] 30–42), median baseline CD4 of 181 cells/µL (IQR 109–249), and 157 (58%) were women. Of 91 patients eligible for viral load testing at 6 months, 83 (91.2%) were suppressed at <400 copies/mL. Of the 91 patients who had their viral load measured, 51 (56.0%) had an undetectable viral load, 36 (39.6%) had a detectable viral load <1000 copies/mL, and four (4.4%) had a viral load ≥1000 copies/mL. Of the six patients who had their viral load measured after a temporary transfer out, four (66.7%) had an undetectable viral load, one (16.7%) had a detectable viral load <1000 copies/mL, and one (16.7%) had a viral load ≥1000 copies/mL. Of 63 patients with a documented temporary transfer out, 41 (65%) returned by their due date, 10 (16%) returned less than 1 month late, 11 (17%) were less than 3 months late, and one (2%) was lost to follow up. Six of those who returned late stopped ART using tail protection and two accessed ART from a Zimbabwean clinic.

Conclusions
Our findings suggest that providing continuity of HIV care among highly mobile migrant workers moving across national borders is possible. 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 record. Applying aspects of this model to address the challenge of patient mobility in all ART programmes could reduce loss to follow-up.