



ART Management for Displaced Populations


Guidance for clinicians, non-governmental organisations and governments on the provision of antiretroviral therapy (ART) among displaced populations




All people, including displaced persons, should be encouraged to regularly **test for HIV**.



As with all patients, proper **counselling** is key to ensuring the displaced person's understanding of ART. Counselling in an appropriate language and with regard for cultural differences is crucial.




Displaced patients may be anxious that disclosure of their HIV status will have implications for their residency or have other **legal consequences**. HIV status does not have an impact on the legal status of a displaced person in the southern African region.



Initiation of ART- biological criteria and choice of regimen. A full history, clinical, psychosocial and available laboratory evaluation should be done for all patients according to the national protocol.

Adhere to national country guidelines. Where these are not available, follow WHO guidelines. The absence of laboratory facilities should NOT be used to exclude HIV positive people from treatment.

Try to match the regimen to the one the individual is likely to be on over the next year. If return or displacement may soon occur, try to match the regimen to that available where the person is going to.




Choice of regimen if currently on ART. Currently, most patients in sub-Saharan Africa are initiated on d4T or AZT, 3TC and an NNRTI, either nevirapine or efavirenz.


- *If on same regimen* as national programme: continue same regimen.
- *If on different regimen* from national programme: if the national guideline supports the different regimen, continue with this regimen and initiate monitoring according to the local algorithm. Occasionally, national protocols may offer better treatment options, or new treatment options may become available; these options should be assessed.

If the national guideline does not support the regimen, consider the following: history of side-effects and co-morbidities; history of possible virological, immunological or clinical failure; use of concomitant medication.


In this case, select the best available regimen from available drugs.




Choice of regimen if ART was interrupted. Establish the cause of the interruption. Displaced persons often have treatment interruption due to factors beyond their control, e.g., conflict. If there were no adherence, resistance or toxicity issues, reinstate ART as soon as possible.




Adherence support needs of displaced persons may be very different to those of the local community. In the absence of a 'treatment buddy', a friend, companion, family member, support group, local health worker, or local faith-based or non-governmental organisation may be able to fill this role.



Psychosocial and mental health. Displaced persons, particularly those coming from conflict areas, may have experienced trauma and violence, including sexual violence, and therefore may be in need of specific psychosocial support. Explore these issues sensitively and make efforts to refer to specialised services.



Contingency planning. Displaced persons can be affected by unforeseen events, causing them to move unexpectedly. Explore this at every visit. Discuss the provision of a personal ART stock if necessary (2 - 4 weeks will allow time to make alternative plans for ART access).



Referral letters. The health worker in the site being traveled to may not speak or read the referring site's language. In referral letters use generic names and terms such as stavudine, tuberculosis, cryptococcal meningitis and internationally agreed upon acronyms such as PMTCT or VCT. Referral letters get lost. Make sure the patient can relay the information verbally.

Displaced populations include:

- **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:** a person who has applied for asylum and is awaiting a decision on his/her case
- **Internally displaced person:** person 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
- **Economic migrant:** person who moves to another country seeking economic opportunities
- **Undocumented migrant** (often negatively referred to as 'illegal immigrants'): person who has entered another country and remains without the required legal documentation



For more information, see the UNHCR/ Southern African HIV Clinicians Society's Clinical Guidelines on Antiretroviral Therapy Management for Displaced Populations, 2007 (www.sahivsoc.org or www.unhcr.org/hiv-aids)

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