

Comprehensive HIV care and Anti-Retroviral Therapy in a conflict setting-- outcomes, experiences, and lessons learned from Bukavu, Democratic Republic of Congo

David Tu¹, H. Culbert¹, T. Amisi², L. Shanks², D. O'Brien¹, T. Ellman¹, C. Mills¹, N. Ford¹, K. Chan³
¹MSF Holland, Amsterdam, Netherlands; ²MSF DRC, Bukavu, DRC; ³BCCFE, Vancouver, Canada

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Background

- 1996 – 2006 : Chronic War
- 3.2 million internally displaced
- 3.8 million war related deaths
- Estimated DRC HIV prevalence 4%



Conflict & HIV/AIDS Care

- Breakdown of health care institutions
 - ↑ poverty
 - ↓ access to care and prevention (e.g. STI Rx, Condoms, etc.)
- Persistence into post-conflict
- Limited human resources
- Program and Population Instability
 - ⇒ ? Adherence, ? Resistance



Advantages to ART in Conflict Settings

- Reduces HIV related sickness and death
- Improved morale of health care providers and PLWHA
- Re-establish Health Infrastructures
- Allows for more rapid scale up during post-conflict period

MSF intervention in Bukavu

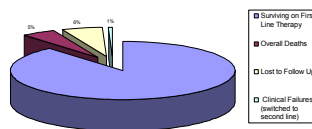
- HIV project started in 2000.
- ART started in October 2003:
 - Free Medications and care
 - generic Fixed Dose Combination ARVs
 - Use of a comprehensive care model



Outcomes

Patients started on ART	494 / 1868 (26%)	
Women	328 (66%)	
Median Age	37 Years	
Median Weight	51 Kg	
% CD4 < 200	70%	

ARV Treatment Outcomes (N=494)



Median Time on ARV	4.5 Months [IQR 3 – 6.7]	
ART adherence rate	99%	
	Six month	Twelve month
Median weight gain (kg) [IQR]	2.5 [0-5.5] N=363	4.3 [1.0-8.0] N=82
Median CD4 gain (cells/ml) [IQR]	163 [82 – 232] N=118	132 [37 – 213] N=26
Mortality Rate (95%CI)	4.9% (2.6%-7.0%)	7.9 % (3.6% -12.1%)

Comparison of ART outcomes with ART-LINC & ART-CC Collaboration*

	Bukavu	ART-LINC	ART-CC
Baseline Median CD4 count (cells/ml)	123 [IQR 57 – 195]	108 [IQR 37 – 210]	234 [IQR 98 – 380]
6 month Median CD4 gain (cells/ml)	163 [IQR 82 – 232]	106 [IQR 43 – 180]	103 [IQR 32 – 192]
12 month Mortality (95% CI)	7.9% (3.6–12.1)	6.4% (95% CI 5.1 – 7.7)	1.8% (95% CI 1.5 – 2.2)
12 month Loss to follow-up (95% CI)	5.4% (3.2-7.5)	15% (active) 19% (passive)	

*Lancet 2006; 367: 817-24

Experiences

May 2004: Episode of acute conflict in the city of Bukavu

- Pre-acute conflict there were 66 patients on ART
- Only 5 patients had interruptions of their ART > 4 days
- No patients were lost to follow up; all eventually returned to treatment



Factors Supporting ART Adherence in Episodes of Acute Conflict

1. Plan for acute instability
2. Patient Education
3. Defined roles/responsibilities for staff
4. Communication Networks
4. Emergency Drug Stocks/Washout Medications
5. Secure Drug Storage
6. Decentralization of Care
7. Cooperation with Neighbouring HIV treatment facilities
8. Treatment Information Cards

Lessons Learned

- Conflict creates many obstacles to providing comprehensive HIV care and ART
- Bukavu ART outcomes are very satisfactory and comparable to those found in non-conflict settings.
- With adaptation, HIV comprehensive care can be effectively administered in a setting of chronic conflict.
- The key to successful provision of ART in conflict settings is preparation for disruption.