

Peer support of migrant people living with HIV in the Netherlands increases treatment adherence

S. Been¹, H. Aljabouri¹, K. Pogàny², H. Joziase³, H. van Dorp³, J. Smit², N. Bassant¹, A. Verbon⁴.

1. Department of Internal Medicine and Infectious Diseases, Erasmus University Medical Center, Rotterdam, The Netherlands. s.been@erasmusmc.nl. 2. Department of Infectious Diseases, Maasstad Hospital, Rotterdam, The Netherlands. 3. Stichting Mara, Rotterdam, The Netherlands. 4. Department of Medical Microbiology and Infectious Diseases, Erasmus University Medical Center, Rotterdam, The Netherlands.

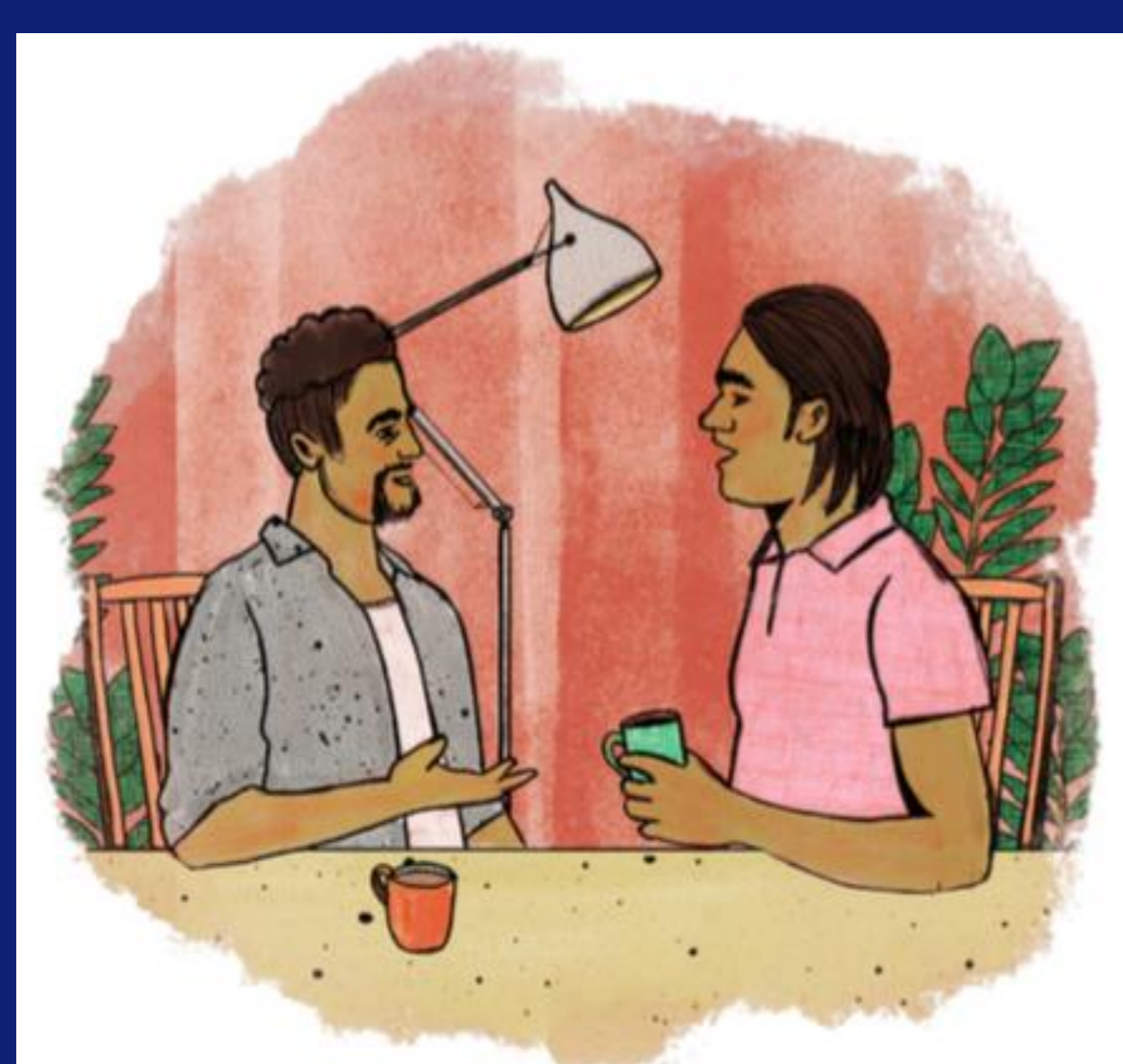
Background

Despite equal access to combination Antiretroviral Therapy (cART) and the possibility to receive medical care, non-adherence is more common among migrant people living with HIV (MPLWH) than Dutch PLWH. Several studies have shown beneficial effects of peer support on adherence to cART, but the effect of support through MPLWH as peers has not yet been described in the Netherlands. The objective of this study was to evaluate the efficacy of a peer support pilot program among MPLWH on empowerment, treatment adherence and HIV-RNA.



Methods

Twenty MPLWH were trained to provide peer support as experts by experience. Patients who were (at risk for becoming) non-adherent to their HIV- treatment were offered to be matched with a peer. In a mixed-methods study, quantitative data, such as viral load, clinic visits, and a questionnaire, were collected from 28 patients to measure treatment adherence up to 2 years after start of the intervention. Qualitative data collection involving in depth semi-structured interviews, for both patients and peers, was performed to measure treatment adherence and empowerment until saturation occurred.



Results

Of the 21 patients from Sub Saharan Africa, the Caribbean, and Latin America using >6 months of cART, 10 (49%) had an undetectable HIV-RNA before being matched to a peer. One and 2 years after the intervention the HIV-RNA was undetectable in 57% and 59% respectively (Table 1). The percentage of patients with an HIV-RNA >400 copies/ml decreased from 31% before the match to 18% and 13%, 1 and 2 years later. The percentage of kept outpatient clinic appointments increased by 10% and 'no shows' became rare (Table 2).

Table 1. Effect on viral load

	Baseline -1 y (%)	Baseline +1 y (%)	Baseline +2 y (%)
VL <50 copies/ml	49	57	59
VL <400 copies/ml	20	25	28
VL >400 copies/ml	31	18	13
N	21	21	15

VL, Viral Load; Y, year(s).

Table 2. Effect on outpatient clinic appointments

	Baseline -1 y (%)	Baseline +1 y (%)	Baseline +2 y (%)
Attended	65	77	75
No show	24	17	9
Cancelled	11	6	16
N	28	27	21

Y, year(s).

Saturation was reached after 9 patients and 7 peers were interviewed. It was shown that peer support led to more empowerment of the patients and reduced stigma, social isolation, depressive symptoms and fear of disclosure. Peers were able to increase acceptance of HIV and knowledge of the disease. Peer support seemed most beneficial for recently diagnosed patients and patients who were in the process of integrating in the Dutch society. Peers themselves reported to experience positive benefits from participating in this program as well. Matches between male-male and male-female were found to be less successful.

Quotes

Patient: "I feel so encouraged by her. [...] She was so positive about it and I'm thinking wauw! Look at this lady! And me I'm most crying crying crying! A bucket full of tears and there is somebody who is talking positive and smiling and everything, she so full of life!"

Patient: "So far she is really I think the closest person I have right now because I didn't have, I don't have family, I don't have friends, so she is the one I think who can really understand me really well [...] She is my heavenly sister."

Peer: "I think that with being matched, it gives a sense of a good feeling, but also that you're busy, that you then have some kind of meaning in your life."

Conclusion

Support from MPLWH as peers in the Netherlands increased feelings of empowerment and improved treatment adherence, and resulted in less patients with a detectable HIV-RNA. This study supports the positive effects of MPLWH as peers on adherence and empowerment among MPLWH.