

Fast Track rollout of Viral Load Monitoring for effective HIV/AIDS Treatment



As the world commemorates World AIDS Day Civil Society Organisations Under the Umbrella of the Uganda Coalition for Access to Essential Medicines (UCAEM) calls upon the Government to Fast Track the rollout of Viral Load monitoring for effective HIV/AIDS treatment

Today (1st December 2015) Uganda joins the rest of the world to commemorate the World AIDS Day under the theme “Getting to zero; My Responsibility”. It is a time to take stock of achievements; remember those who have passed away; and to reaffirm our vows to fight against the HIV/AIDS epidemic.

The World Health Organization recommends routine HIV viral load monitoring of patients on antiretroviral therapy (ART). Viral Load Monitoring tracks the amount or percentage of the virus in a patient’s blood at a given time. HIV viral load testing has been the gold standard for monitoring the response to antiretroviral therapy in high-income settings for many years and is increasingly recognized as an important tool for the management of ART in resource-limited settings.

The benefits of Viral Load monitoring include the ability to diagnose poor adherence and treatment failure early, prevent unnecessary switches to second line ART and to allow optimization of treatment response in order to avoid development of resistance and prevent transmission.

Guidelines for ART management issued by the World Health Organization (WHO) have recognized the importance of Viral Load monitoring since 2013 and routine Viral Load monitoring is now strongly recommended as the monitoring strategy of choice.

The government of Uganda adopted the WHO recommendation and is in a phased approach rolling out VL monitoring services to people living with HIV enrolled on antiretroviral therapy for at least 6 months.

Whereas the Ministry of Health in support with

development partners are on track in terms of testing Viral Load of people living with HIV there is need to invest in fast tracking policy implementation of the routine viral load testing guidelines at health care facility and community level.

Viral Load testing of people living with HIV should be followed up with effective HIV treatment and intensive adherence support to people struggling with adherence. This requires constant supply of drugs and strong community structures that are able to follow up people with high viral load which is as a result of poor adherence and support them to adhere.

There should be an effective system which is able to identify clients with drug resistance and support them in accessing effective ART treatment.

If the country is to achieve the UNAIDS 90% viral load suppression the country must adopt the following recommendations.

Recommendations

- Stop stock outs and ensure constant supply of ARVs and diagnostics and increased government funding for ART treatment.
- Investment in strong community structures i.e. adherence counselors and peers to follow up clients with a high viral load.
- Development of a 3rd line policy since the numbers of people who require 3rd line treatment is growing.
- Invest in communication of Viral Load monitoring to communities so as to increase uptake.
- Invest in Point of Care Viral load testing services at least all Regional Referrals should offer Viral load testing services and serve their peripheral districts so as to complement centralized testing by placing

them in laboratory hubs and/or facilities with access challenges and anticipated patient volumes in order to maximize their effectiveness.

ARV Stock outs Threatens Peoples Undetectable Viral Load

Uganda adopted and rolled out the World Health Organization consolidated treatment guidelines which recommends viral load monitoring as the gold standard for monitoring treatment out comes. Since the rollout of Viral load testing by the Ministry of Health there has been a lot of excitement by people who have done a viral load test and have undetectable viral load and also inspired people with a high viral to work towards suppressing it to undetectable levels.

Viral load suppression can only be achieved only with effective ART treatment, in 2014 it was estimated that the total number of People Living with HIV in Uganda is 1,486,642 and about 800,000 of these are now enrolled on antiretroviral therapy and preliminary results from those who have tested for viral load indicate high percentage are below 1000 copies which according to the current standards means undetectable viral load. According to the Ministry of Health (Viral Load Monitoring program) there is a 90% suppression rate which means Uganda is on track to achieve the UNAIDS 90% suppression targets. However this success rate is being threatened by ARV stock outs which are mandatory for viral suppression to occur.

According to a Ministry of Health stock status report of October 2015 released by the Pharmacy Division, most of the essential supplies such as TB drugs, Antiretroviral medicines, anti-malarial medicines, and other medicines that treat common diseases

like HIV and AIDS related opportunistic infections, were not readily available. This served as a warning indicator for potential danger for stock outs. The report also indicated that there would be drug stock out if no intervention by government is made.

Unfortunately, over the last two months a number of districts have reported sporadic HIV, TB, drug stock outs which has forced some clients to be switched to other types of drugs and some are missing some drugs in their combination which others are experiencing a total stock out. Some of the districts that have reported stock outs include Agago, Amuru, Apac, Arua, Budaka, Bulambuli, Tororo, Kyegegwa, Bukedea, Buyende, Kiruhura, Butaleja, Bukomasimbi, Otuke, Mbale and Kampala among others.

This has a big implication towards the UNAIDS viral load suppression campaign, we are at risk of facing increased cases of drug resistance and HIV related deaths. People with undetectable viral load are at risk of having the virus multiply because of low drug levels in their bodies as a result of forced drug holiday caused by ARV stock outs. This is also a big blow to the treatment for prevention campaign since undetectable viral load means reduced new infections because people are less infectious. There is need for the entire HIV/AIDS program to work in conformity.

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