



**Coalition for Health Promotion and Social Development
(HEPS-Uganda) and AID Vaccines Advocacy Coalition
(AVAC)**

End of Fellowship Report

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Reporting Period:

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End of Fellowship Report for the project; Increasing universal access to Viral Load Testing for HIV Treatment Monitoring

Introduction:

The Coalition for Health Promotion and Social Development (**HEPS Uganda**) hosted the AIDS Vaccines Advocacy Coalition (AVAC) fellow for a 12 month fellowship project on viral load monitoring aimed at promoting universal access to the service in Uganda. The fellow was supported by two mentors from AVAC who gave oversight and technical assistance and a host supervisor who supported the fellow with the day to day implementation of the project. The project started on 1st March 2015 and ended on 31st March 2016. This report presents activities and achievements from implementation of the 12 months project.

Background:

The World Health Organization now recommends routine HIV viral load (VL) monitoring of patients on antiretroviral therapy (ART) as the gold standard for monitoring the response to antiretroviral therapy (ART). Previously it was only recommended in high-income settings but it is increasingly recognized as an important tool for the management of ART in resource-limited settings.

Benefits of VL 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.

The government of Uganda adopted the 2013 World Health Organization consolidated treatment guidelines which recommends viral load monitoring as the gold standard for monitoring treatment outcomes. The Ministry of Health revised the Uganda National ART Guidelines and adopted the WHO recommendation for providing routine viral load monitoring to all people living with HIV that have been enrolled on ART for at least 6 months.

Problem statement:

Whereas there was commitment to provide viral load monitoring services to people enrolled on ART there was little or no implementation of these commitments by the government of Uganda

Against this background The Coalition for Health Promotion and Social Development (**HEPS Uganda**) in partnership with AIDS Vaccines Advocacy Coalition (AVAC) embarked on a project to catalyze the ministry of health commitment and ensure that it is fulfilled and is in line with the UNAIDS 90/90/90 targets. The fellowship project aimed at promoting universal access to viral load monitoring services in Uganda. The project aimed at the following.

Project out comes:

Project overall goal: Promoting universal access to viral load monitoring services in Uganda

Aim: Promoting treatment for prevention through universal access to viral load monitoring services in Uganda.

Specific objectives:

1. To establish the status of HIV viral load testing services in Uganda through conducting a qualitative and quantitative survey by April 2015.
2. To increase demand of for viral load monitoring services by People Living with HIV through creating awareness and understanding of Viral Load monitoring among Civil Society Organizations and people living with HIV at district and national level
3. To influence Ministry of Health to set ambitious targets for roll out of viral load monitoring for people on ART
4. Create a monitoring system to ensure quality Viral Load program in Uganda

Project implementation

Over the 12 months period the project was implement numerous activities as per the project work plan. Below please find activities implemented and out comes as per objectives.

Objective 1: under this objective the following activities were implemented;

Activity 1.1: Survey on availability of viral load monitoring services: the project leveraged on HEPS annual routine surveys on availability of ARVs, TB medicines and diagnostics to conduct a quick assessment of availability of Viral Load monitoring services in public, private not for profit and private for profit facilities.

The survey was conducted in 120 ART accredited facilities in four regions of Uganda i.e. North, East, South Western and central region. The survey found that out of the 56 public facilities visited, only five, and a handful of private facilities, offered VL services. It also found low levels of awareness of the importance of VL, confusion about the difference between CD4 count and VL and sporadic ARV stock outs in most facilities.

The findings from the survey were used as a basis for increasing demand for the survey through media and policy dialogues. As a result there has been a rapid scale up of routine viral load in some public and private health facilities.

Activity 1.2: Development of advocacy materials; the project developed 1000 factsheets and 1000 policy briefs which have been used to empower communities and also share information with policy makers. This has helped in increasing awareness about viral load services hence increasing demand.

Objective 2: This objective focused on increasing demand for viral load services. These were activities and out comes from implementation.

Activity 2.1: Capacity building of civil society members from over 40 national organizations. The project held one major capacity building workshop on viral load monitoring for CSO advocates. The training was jointly facilitated by representatives from MoH, MSF Uganda, PEPFAR and the AVAC fellow. CSO advocate were empowered about what viral load is and also taken through the policy bottlenecks hindering its implementation.

Activity 2.2: Capacity building for media: the project built capacity of over 20 health journalists from their umbrella association of the Health Journalists Network, the journalist were from both print and electronic media. They were oriented about viral load monitoring and it's importance. The journalists throughout the project cycle supported the project to increase media coverage and publicity about viral load services.

Activity 2.3: Empowerment of People Living with HIV; the project worked with through the National Forum for People Living with HIV to empower and create awareness among people living with HIV. The project held 4 regional trainings on viral load services for PLHIV. The project empowered over 1000 people living with HIV through community trainings and leveraging on activities organized the PLHIV networks.

As a result one of the community groups petitioned their district local council to procure for them a point of care viral load machine. The petition was included in the district plans and budget.

Activity 2.4: Coalition meetings; the project held 2 coalition under the umbrella of the Uganda Coalition for Access to Essential Medicines. The meetings were used to plan jointly and update members on access to viral load and ARVs. The coalition spearheaded access to ARVs campaigns which forced Global Fund to front load ARVs to Uganda to avert stock outs.

Coalition members were also at the forefront in engaging PEPFAR on the COP which resulted into PEPFAR prioritizing some of the CSO recommendations as core activities in their COP i.e. strengthening community systems for delivering HIV services became a core activity. PEPFAR also prioritized the viral load monitoring program and committed to provide the service for all people enrolled on ART by 2018.

Objective 3: this objective engaged policy maker to influence the viral load implementation plan. Below are activities that were implemented under this objective.

Activity 3.1: Multi stakeholder dialogue; the project held one multi stakeholder meeting that involved representatives from Government, Development partners, Civil Society and media. the meeting discussed and proposed solutions to some of the implementation bottlenecks and also mapped out the different roles the different

stakeholders have to play. This has helped improve coordination the viral suppression campaign.

Activity 3.2: Media engagements; the project held two press conferences, published one press statement and one media tour of the national Central Public Health Laboratories. The 1st press conference was focused on the UNAIDS 90/90/90 targets with a special interest on the 3rd 90. The activity received a lot of media and public attention.

The second press briefing was focused on ARV stock outs and their impact on viral load suppression campaign, this activity was also widely covered by the media and as a result I was invited to a live TV talk show on NBS TV about ARV stock outs and their impact on viral suppression. I was also invited to a live radio talk show on viral load monitoring on CBS FM in Kampala. The media reports stimulated a lot of debate among policy makers and eventually resulted dialogue meetings between CSO and Ministry of Finance and Health who committed to increase the ARV budget.

The project also published one press statement on World AIDS Day in one of the leading daily news papers (Daily Monitor), the press statement was about viral load and ARV stock outs.

Objective 4: this objective focused on creating a community system for ensuring quality viral load monitoring. The following activities were carried out under this objective.

Activity 4.1: Developed a quality viral load checklist; the project drafted a quality checklist which is used as guide for monitoring quality viral load services and increasing demand for quality services.

Activity 4.2: Identifying and training community viral load champions; the project worked through the National Forum for People Living with HIV to identify expert ART clients who were trained on viral load and its benefits, the members were also oriented on how to use the tool. The project trained about 100 community champions.

The project will conduct follow up meetings with the viral load community champions to ensure that the champions report on viral load services using the quality checklist tool and also identify the pro active members for continued engagements. These activities are still pending.

Overall project achievements

- Established a national viral load monitoring advocacy group through the Uganda Coalition for Access to Essential Medicines which contributed to creating overwhelming demand for the services.
- Set up a community network (community viral load champions) for monitoring quality viral load services campaign
- Informing and shaping the country Viral load rollout plan supported by Development partners to set ambitious targets and commit more financial assistance.

Moving forward

The project outcomes have just started to be realised and the actual implementation policy advocacy issues are beginning to immerse and require continuity of advocacy initiatives to ensure that the program is successful.

My host organisation has integrated into HEPS programs and being a member and vice coordinator of the New HIV Prevention working group I will use the platform to continue to engage in prevention advocacy. The project will also leverage on activities of the Uganda Coalition for Access to Essential medicines to keep engagements with policy implementers and makers.

Challenges experienced during the fellowship period

Viral load monitoring being a new concept was in the beginning difficult to articulate for advocates, communities of people living with HIV and policy makers. However the project worked closely with the Ministry of Health, Development Partners and technical personnel to simplify the complexities in the subject matter.

There was overwhelming demand for the services that are not yet available for some communities. The project has frequently communicated and shared information on the rollout plan which has helped in managing people's expectations.

Short project period for implementation, actual issues for advocacy are just starting to immerse yet the fellowship project is ending. The project leveraged on available opportunities to implement some activities within the specified short period.

Personal benefits from the project

The fellowship introduced me to new biomedical HIV prevention technologies which helped me be nominated and appointed a member of the adhoc New HIV Prevention Committee at the Uganda AIDS Commission.

The fellowship has consolidated my advocacy skills also turned me into one of the leading HIV advocates in Uganda.

I have also established networks and contacts with many advocates, development partners and policy makers from different parts of the world.

Recommendations for people planning to do similar work

The focus for viral load advocacy should be on viral load suppression, viral load monitoring is not just about viral load testing but about viral load suppression, most people seem to concentrate more on the test side and ignore the ingredients for viral suppression which is the most important. For example constant supply of appropriate ARVs, existence of strong community structures, knowledge and awareness of viral load among beneficiaries, issues of turnaround time for receiving results, interpretation and use of results among others.

It's important to involve all major stakeholders at the beginning of the project as this smoothens project implementation.