

Title: Early results and lessons from the scale up of viral load testing in 13 districts of south western Uganda

Track and category: E6

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Background: The 2013 WHO consolidated guidelines on antiretroviral treatment (ART) recommend viral load (VL) testing as the preferred monitoring tool for diagnosing and confirming treatment failure. The Uganda Ministry of Health (MOH) set up a viral load testing laboratory at the Central Public Health Laboratory (CPHL), processing VL samples from all health facilities in 2014.

The scale up of VL testing in low-resourced, rural settings raises challenges for planning, specimen transmission and incorporating quality viral load testing into existing service delivery.

Description: EGPAF supported the MOH to roll-out VL testing to 85 high-volume ART sites in South-Western Uganda in 2015. In collaboration with CPHL, multidisciplinary teams of health workers were trained in VL testing and site-specific action plans developed. Sites received start-up supplies for dried blood spot sample collection and standard operating procedures for integrating with the existing sample transportation network.

Results: After training 374 health care workers (clinicians, laboratory technicians, nurses/midwives), VL testing rapidly scaled up. Between July and October 2015, 13,500 clients on ART longer than 6 months received VL testing. Adults >19 years achieved 94% suppression. Those <19 years had much lower rates of suppression: 81% for those 15-19 years and 5-10 years.

Discussion: VL testing in low resource rural settings is feasible with strong collaboration and planning.

Overall, children <19 years enrolled on ART have lower viral suppression rates compared to adults, with the lowest rates among children between 5-10 years and adolescents from 15-19 years.

Urgent interventions are needed to determine whether low VL suppression among those <19 years is due to poor adherence or to treatment failure.

EGPAF will sustain these gains through continuous analysis and use of data, integrating QI approaches and building MOH capacity to address identified gaps.

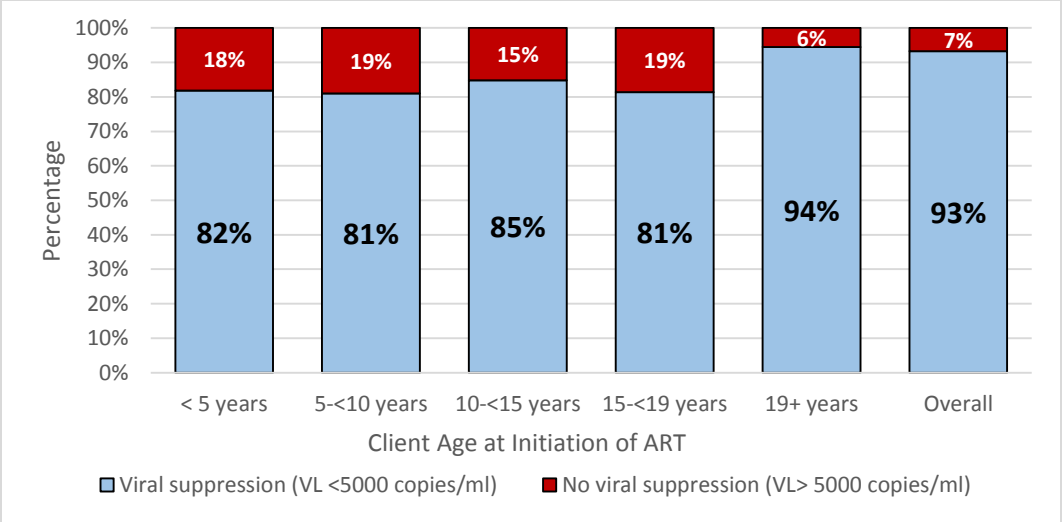


Figure 1: Viral load suppression by age group