







SUCCESS STORY Closing the HIV Viral Load Gap Along the HIV Care Continuum: The Buyinja HCIV Experience

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

Wilbur, is a 38 year old man living with HIV. He lives in Makada Village, Bugemba Subcounty in Namayingo district with his wife and six children. On 10th October 2019, Wilbur received test results from Buyinja Health Center (HC) IV showing that he had a high viral load (VL) of 1, 319 copies/ milliliter of blood, putting him at risk of opportunistic infection and HIV transmission.

Wilbur was supported by trained health workers to disclose his status to his wife. His wife and children were tested and found HIV negative. Wilbur soon started attending monthly intensive adherence counseling (IAC) sessions with a psychosocial counselor to identify barriers to treatment failure and ensure that he receives relevant support to achieve viral load suppression.

"My wife was very supportive during this period and I completed the sessions successfully, by following every medical instruction. She reminded me to take my medication timely and to attend my clinic appointments," Wilbur reveals.

Following the Uganda Ministry of Health Guidelines for management of non-suppressed persons living with HIV (PLHIV), Wilbur received another viral load test after completing his three consecutive monthly IAC sessions.



A viral load sample being taken from a patient at Kamuli General Hospital ART Clinic.

On 13th March 2020, Wilbur received good news. He had a suppressed viral load!

This could not have been possible without support from USAID Regional Health Integration to Enhance Services in East Central Uganda (USAID RHITES-EC) project that supported 134 sites, including Buyinja HC IV intensify activities to improve viral load coverage for all PLHIVs in care. The health facilities line-listed all patients due for viral load bleeding and those with missing viral load tests and placed yellow stickers on their files, to show that they are due for VL testing. These clients were contacted by phone to remind them to come for viral load tests. Those who were unable to come due to transport costs were reached in their

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Blood samples for HIV viral load testing being taken off from patients at Kamuli General Hospital.

communities and homes and samples were obtained by qualified laboratory personnel.

Thanks to the phone calls, Wilbur was among patients due for viral load testing that were contacted. Wilbur had just returned from Hoima (located 328 km from his home) because he was not feeling well.

"I was surprised to receive a call reminding me to report to the healthcare facility the following day for a viral load test. I am very happy that I came because I have reduced my wife's risk of getting HIV," intimated Wilbur.

Wilbur's blood sample was taken off at the ART clinic instead of at the laboratory, an intervention that has enabled the healthcare facility to closely monitor viral load testing to avoid losing patients' along the viral load testing cascade and reduce lab waiting times.

To identify all patients due for the viral load test, the healthcare workers at the HIV treatment clinics carryout file audits to identify the due patients and appropriately label each file. These files have appropriate stickers to show

Key Interventions to Improve VL Coverage at Healthcare Facilities

- Conducted file audits to identify patients due for HIV Viral Load (VL) testing;
- Pre-visit phone calls to patients who are due to remind them about their, VL appointment
- Streamlined VL clinic processes at ART points of care, including adult, adolescent, pediatric and mother-baby care points to ease identification, following up, onsite testing and awareness of new VL testing dates.
- Integration of VL sample removal into community follow-ups of patients who missed their clinic appointments & home delivery of ART for due clients.
- Conducted viral load mop up campaigns called weekly VL camps at facility and at household levels for patients due for VL test are mobilized for sample removal at facility or in the community.
- VL camps for children & Adolescents integrated in care givers' meetings



Figure 1: The HIV Viral Load Coverage Trends for the 12 districts of East Central Uganda improved from 80% in April–June 2019 (FY19 Q3) to 92% in the performance period July–September 2020 (FY20 Q4)

clients' viral load test status. Red indicates non-suppressed; green represents suppressed; and yellow shows that a client is due for a viral load test. To further support viral load coverage, health education and counseling about viral load testing and suppression is given clients so that they participate in their care and obtain appropriate care even if they are far away from their parent healthcare facility. Wilbur also received this health education and is now aware of his next VL test.

"My next viral load is due in February 2021, and I plan to have it done on that day. In addition, I now take my medication every day and on time," says a confident Wilbur. By ensuring that HIV clients receive viral load tests by conducting onsite mentorships of health workers and viral load camps at healthcare facilities and communities, viral load coverage at Buyinja HC IV improved from 77% in April 2019 to 95% to September 2020. The same interventions were implemented at 134 healthcare facilities in East Central Uganda leading to an improvement in VL coverage from 80% in April–June 2019 (FY19 Q3) to 92% in the performance period July–September 2020 (FY20 Q4).