

Denis Bwayo¹,, Twaha Rwegyema¹, Eric Lugada¹ Juliet Akao⁶





Background

- recommend enhanced adherence counselling (EAC) to persistently nonsuppressing persons with elevated viral load (VL) before a decision to change antiretroviral regimen due to treatment failure is made.
- Outcomes of this approach requires and continuous assessment reprograming based on emerging results
- PEPFAR URC-☐ The funded of Defense HIV/AIDS (DHAPP) Prevention Program technical provides support to military facilities health comprehensive HIV/AIDS care.
- ☐ We undertook an assessment to determine the proportion of and factors associated with persistent non suppression despite EAC procedures.

URC

Acknowledgements **UPDF HIV Directorate UPDF** military community

Methods

☐ Uganda national treatment guidelines Retrospective review of patient files was conducted for all patients with high VL(≥1000 copies/ml) in 28 military run ART clinics between April 2018 and April 2019. Data on initial VL test results, EAC sessions, repeat VL test results, and documented barriers to adherence from a sampled group were abstracted for detailed analysis using logistic regression

Results

- ☐ 7.3% (1,433/20,001) patients had at least one VL > 1000 copies/ml over the period with average time on ART was 2.5 years. 168 with a high VL who completed the recommended 3 EAC sessions were sampled for detailed analysis.
- □41% (68/168) achieved viral re-suppression following EAC.
- □Factors associated with re-suppression were: good adherence at 1st EAC (OR 0.3, p 0.005) while being less than 19 yrs (OR 2.5, p0.001) was associated with persistent non-suppression.
- □Barriers to adherence were lack of adequate food (25%); alcohol abuse (20%); other social problems (10%); transport barriers (10%) and stigma/disclosure challenges was reported by 8%.

Policy Implications

- ☐ EAC among non-suppressing persons achieved sub-optimal results and may not be sufficient to guide treatment failure management.
- ☐ Exploration of additional interventions beyond EAC is also recommended especially in the management of childhood treatment failure.