Effectiveness of Enhanced Adherence Counselling on Viral Load suppression among Patients Living with HIV/AIDS on Anti-retroviral treatment in Mumbai, India

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Background

- Enhanced adherence counseling (EAC) among PLHIV on antiretroviral treatment with unsuppressed Viral Load (VL) has been shown to lead to VL re-suppression and retention in care.

- However, low documented evidence exists on the feasibility of EAC under routine HIV programme conditions in the metropolitan settings in India.

- National AIDS Control Organization (NACO) has rolled out routine viral load testing for priority groups among PLHIVs on treatment across all ART centers in India, since Feb, 2018.

- PLHIV with immunological failure, key population, pregnant and breastfeeding women, PLHAs on 2nd/3rd Line treatment and PLHAs for more than 5 years on treatment are prioritized for viral load testing.

- This paper documents the experiences of EAC implementation across ART Centers in Mumbai.
Process

• The counsellors at all ART centers in Mumbai were trained on the skills of ‘Enhanced Adherence Counseling’, based on the ‘motivation-information-behavior skills model’.

• All the patients with high VL (>1000 c/ml) have undergone 2-3 EAC sessions at the interval of one month during their visits to ART Centers since July, 2018.

• These sessions are conducted to explore the reasons for non-adherence and to provide emotional support to the patients.

• EAC works on the motivation-information-behavior skill model, which means that when patients are armed with information about HIV, are motivated enough and thus, are empowered to develop behavior strategies for adherence, they will be able to change their behavior and stay adherent on their treatment.
Enhanced Adherence Counseling

EAC Model of care: From concern to confidence!

1-2-3 EAC sessions

- Knowledge about pills/treatment
- Concerns for poor adherence are understood
- Strategies devised to fill the gap

Emotional support and increasing motivation is key for the patient to change their behavior

Patients with high Viral load
Results

Key issues identified for poor adherence in ART attendees

- Children/Adolescents: Why me (Self-stigmatization), Interferes with exams/school hours, Fear that peers will know, Pill hinders height/weight gain.
- Children/Adolescents: Feeling of transient wellbeing, Response to adverse events, Long unplanned outstation travel, Lack of reminder for pills, Misconceptions: Rigid time to take pills, medicine will not work when taken with fever pills or the day one consumes alcohol.
Results

Total no. of patients on ART (38,577)

Tested for Viral load 21,599 (56%)

No. of virally suppressed patients 17,995 (83.3%)

No. of patients with Viral Load > 1000 c/ml 3604 (16.7%)

No. patients underwent Enhanced Adherence Counselling 2785 (77.3%)

Repeat Viral Load tests done 1578 (56.7%)

Achieved Viral Re-suppression 591 (37.5%)
Conclusion

• Enhanced Adherence Counseling has contributed to re suppression of viral load among significant number of PLHIVs and can prevent unnecessary switch to higher regimens.

• Early identification of PLHAs with virological failure and ensuring adherence counseling support can help in prevention of drug resistance.

• This strategy can be implemented in all ART centers in the country.
Thank you