

# **ROLL OUT OF TLD IN UGANDA**

AFROCAB-UGANDA

# OUTLINE

- Policy guidelines
- The roll out
- Practice in facilities
- Health workers concerns
- Community concerns
- The CAB's roll
- Way forward

# POLICY GUIDELINES

- Guidelines up dated to include TLD
- Men and women not in child bearing ages to be enrolled for TLD
- Women in child bearing ages to be on effective contraceptive before enrolling for TLD
- Children above 10 years will be enrolled on TLD as long as the pediatric formulation is available
- TLD is preferred regimen for 1<sup>st</sup> line and 3<sup>rd</sup> line

# First-line treatment

| PATIENT CATEGORY  | PREFERRED REGIMEN             | ALTERNATIVE REGIMEN  |
|---|-------------------------------|--|
| <b>1. Adults and adolescents aged ≥10 years and ≥30kg</b>   |                               |  |
| <b>1.1. Adult men and adolescent boys</b><br><b>1.2. Adult women and adolescent girls on effective contraception</b><br><b>1.3. Adult women and adolescent girls not of child bearing potential</b> | <b>TDF+3TC+DTG</b>            | <b>If DTG is contraindicated:<br/>TDF+3TC+EFV</b><br><br><b>If TDF is contraindicated:<br/>ABC+3TC+DTG</b> |
| <b>1.4. Adult women and adolescent girls of child bearing potential who are pregnant, intend to get pregnant or not on effective contraception</b>  | <b>TDF+3TC+EFV</b>            | <b>If EFV is contraindicated:<br/>TDF+3TC+ATVr</b><br><b>If TDF is contraindicated:<br/>ABC+3TC+EFV</b>    |
| <b>2. Children aged &lt;10 years and ≥25 to &lt;30kg</b>  |                               |  |
| <b>2.1. Children aged &lt;10 years</b>  | <b>ABC+3TC+DTG</b>            | <b>ABC+3TC+LPV/r</b>   |
| <b>3. Children aged &lt;10 years and/or &lt;25kg</b>  |                               |  |
| <b>3.1. Children &lt;3 months</b>   | <b>ABC+3TC+LPV/r(syrup )</b>  | <b>ABC+3TC+RAL</b>   |
| <b>3.2. Children ≥3 months to &lt;3 years of age</b>  | <b>ABC+3TC+LPV/r(pellets)</b> | <b>ABC+3TC+RAL</b>   |
| <b>3.3. Children ≥3 years to &lt;10 years old (&lt;25kg)</b>  | <b>ABC+3TC+LPV/r(tablets)</b> | <b>ABC+3TC+DTG or<br/>ABC+3TC+RAL</b>  |

# The roll out

- There is gradual roll out of TLD in the country
- All private not for profit facilities have started rolled out DTG, these facilities have Reproductive health services within the facilities, can address the issue of effective contraceptive
- For government facilities, regional referral hospitals and health centers 4, only health centers 3 with the presence of Implementing partners have enrolled TLD
- Men and women not in child bearing ages automatically enroll for TLD with suppressed viral load and naïve patients

# The roll out.....

- Women in child bearing ages are asked to sign consent forms from Ministry of health(a requirement)
- In the first stages the country had single dose DTG,
- Currently we have a FDC of TLD

# Practices in facilities

- A number of Health workers are still hesitant to prescribe TLD for the fear of NTD among women in child bearing ages
- Women in child bearing ages must sign the consent form before enrolling for DTG
- People on TLD are asked to sign the TLD forms (for tracking the people on TFD ?)

# Health workers concern

- Health workers concern on TLD for women in productive ages is the issue of NTD
- They insist that even one child matters, they emphasize that the “risk is negligible when the one baby is not yours”.
- The Healthworkers will not therefore not take the risk and you must consent to the risk if you are ready to take it
- They draw this from the Ministry of health.



# Community perspective-child bearing ages

- Community still lack information. A few people have adequate information on TLD.
- Those knowledgeable about TLD will insist on going a head with it even with the consent forms
- The women who were initially enrolled on DTG during the pilot stages have a better story to tell on DTG
- Those women without adequate information will not sign the consent forms and therefore will not be enrolled on TLD

# CAB'S ROLE IN THE ROLL OUT

- The CAB members have been engaged in the development of the communication strategy of the new guidelines and focusing on TLD by the Ministry of Health
- The CAB developed a treatment literacy manual which was adopted by the Ministry of Health as the National Treatment literacy manual for PLHIV
- Under the guidance of MoH, there was a training for Peer Educators in the facilities in the Two central districts with high burden where TLD was being rolled out.



# way forward

- While the CAB had a National roll out trainers in the country and the peer educators, we seem to be going slow
- The CAB is planning to engage the civil societies advocating for access to HIV treatment and National Networks for PLHIV to be able to do a massive information dissemination
- The community has to hear a more positive message on TLD from advocates other than the greater negative aspect from the Health workers.