In order to reach the final 90 of the 90-90-90 UNAIDS goal, access to viral load (VL) monitoring must be expanded to all the people living with HIV (PLHIV) on antiretroviral therapy (ART).

In Burundi, the OPP-ERA project implemented a molecular biology laboratory for HIV VL monitoring at the ANSS (Association Nationale de Soutien aux Séropositifs) an associative medical center in the capital city of Bujumbura.

A total of 47,505 VL were measured in the OPP-ERA project in ANSS accounting for 30,791 patients on ART, the number of patients benefited from VL monitoring steadily increasing with years.

Patients were essentially women (67.8%) and adults. (Table 1)

The proportion of patients who were evaluated on 1st line ART, this proportion even increased with time.

The proportion of patients on ART for shorter time increased with time and was close to 90%.

In all 4 countries (Burundi, Cameroon, Côte d’Ivoire and Guinea) by a consortium of actors of the fight against HIV and AIDS: Solthis, Expertise France, Sidaction and ANRS.

All samples collected from August 2014 to April 2019 were considered for analysis. To detect if the population benefiting from VL monitoring within the OPP-ERA project changed over time, patient’s characteristics were compared between civil years using chi-2 tests or ANOVA for categorical and continuous variables, respectively. VL was measured on plasma using the Generic HIV VL assay (Biacentric, Bandal France).

Virological success was defined as a VL <1000 copies/mL, and failure was considered in case of VL ≥1000 copies/mL. Factors associated with virological failure and with availability of a confirmatory VL after failure were identified using logistic regressions. In case of VL ≥1000 copies/mL, national guidelines recommend a confirmatory VL after 3 to 6 months of adherence strengthening.

Factors associated with lower risk of failure were: Female gender and older age

Factors associated with higher risk of failure were: younger age, being on 2nd or 3rd line of ART, and being on ART for 12 months or more than 36 months

In order to approach the 90% of the 90-90-90 UNAIDS goal, access to viral load monitoring must be expanded to all the people living with HIV (PLHIV) on antiretroviral therapy (ART).

In Burundi, the OPP-ERA project aimed at increasing access to low-cost VL monitoring through access to Open Polyvalent Platforms (OPPs). The OPP-ERA project, started in 2013, was implemented in 4 countries (Burundi, Cameroon, Côte d’Ivoire and Guinea) by a consortium of actors in the fight against HIV and AIDS: Solthis, Expertise France, Sidaction and ANRS.

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Viral load implementation in ANSS, in Burundi: a high virological success rate (OPP-ERA project)

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Table 1. Factors associated with virological failure and with availability of a confirmatory VL after failure were identified using logistic regressions. In case of VL ≥1000 copies/mL, national guidelines recommend a confirmatory VL after 3 to 6 months of adherence strengthening.

Figure 1. Proportion of patients with VL <1000 copies/mL

Figure 2. Proportion of patients with a confirmatory VL available among those who presented a VL ≥1000 copies/mL

Table 2. Factors associated with VL ≥1000 copies/mL"