HIV viral load messages should go viral in India

Activism for the right to health is strong in India, and Indian civil society has traditionally been dynamic and occasionally successful in pushing for better HIV care. For instance, in 2011, HIV activists won the battle of accessing second-line antiretroviral treatment (ART) for all patients who need it, previously it had been available only to patients who received first-line ART in the public sector.1

However, the same health and HIV activists who are experienced in battle and accustomed to victory are surprisingly quiet when it comes to access to routine HIV viral load monitoring for patients receiving ART. India has the third largest number of HIV-infected patients in the world, with over 750 000 people on ART, yet viral load testing—the best approach to monitoring of treatment success—remains out of reach.

Measurement of viral load 6 months after ART initiation and once a year thereafter has been recommended by WHO as the best treatment monitoring protocol, facilitating the accurate detection of treatment failure and enabling early adherence interventions that might prevent it.2 A combination of viral load testing and enhanced adherence counselling could result in viral resuppression for as many as 70% of patients with virological rebound.3 This recommendation comes at a time when many are questioning the use of CD4 cell counts as the main approach to monitoring success of ART.4–6 Moreover, monitoring of HIV viral loads in individual patients can have important community implications and be useful in treatment-as-prevention programmes.7

According to the Indian National AIDS Control Organisation guidelines, viral load is offered to patients only when clinical and immunological failure is suspected or evidenced by the presence of opportunistic infections or a drop in CD4 cell counts and after a special committee, State AIDS Control Expert Panel, has reviewed the patients’ files.8 The long waiting lists that result from this approach mean that many patients are offered their first viral load test when it is already too late. In Mumbai and Delhi, we have seen patients on ART who died waiting to be tested.

Although the Department of AIDS Control recognises the need of routine viral load testing, there are serious barriers to scale-up: high costs, weak sample transport services, lack of trained staff and limited laboratory infrastructure. Over 800 000 tests are needed annually9 instead of the estimated 7000 being done.

There are several approaches that can reduce the cost of viral load testing. To start, National AIDS Control Organisation could negotiate volume-based pricing for device and test supplies. Modelling has suggested that reducing the frequency of CD4 testing can substantially reduce the costs of ART monitoring—resources that could be directed towards increased access to viral load testing.4 The cost of two CD4 tests per year per patient is comparable to that of one viral load test a year.5 Point-of-care technologies are expected to improve access to viral load testing, particularly in remote areas. India should consider scaling up of viral load testing by the use of dried blood spot sample collection and sample pooling, as both methods reduce laboratory costs and time.10

Last year we shared our concerns in a letter to the Department of AIDS Control, calling for five points of action. First, scale up viral load testing facilities covering all states in a phased manner, but starting now. Second, gradually replace CD4 cell counts for treatment monitoring and limit the use of CD4 monitoring to before treatment initiation and when clinically indicated.11 Third, validate dried-blood-spot technology to simplify sample transportation from remote areas to centralised laboratories. Fourth, set up pilot projects and studies to provide an evidence-base for the most feasible and most cost-effective technology, platform, and assay kits and to compare laboratory-based testing with point-of-care options. Finally, ensure participation of people living with HIV networks and treatment providers concerning treatment protocols and scale up plans involving viral load testing.

1 year later, with no response from the Department of AIDS Control, little progress has been made in scaling up viral load testing capacity. Indian civil society should do more than just track viral load kit stock-outs. And international activists should act in solidarity to encourage uptake of viral load testing on the basis of successful experiences in other settings. HIV activists awake! It is high time HIV viral load advocacy messages went viral in India.
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We declare no competing interests.