

O1196 90-90-90 ambitious targets: achieving the last 90 of the UNAIDS targets among HIV seropositives in western NigeriaSaheed Usman*¹, Ibiwumi Usman²¹ Nnamdi Azikiwe University, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria, ² Ladoko Akintola University of Technology, Ladoko Akintola University of Technology, Ogbomosho, Nigeria**90-90-90 Ambitious Targets: Achieving the Last 90 of the UNAIDS Targets among HIV seropositives in Western Nigeria**

Background: In resource-limited settings, where genotypic drug resistance testing is rarely performed and poor adherence is regarded as the most common reason for treatment failure, programmatic approaches to handling treatment failure are essential. This study is thus aimed at determining and monitoring HIV/AIDS disease progression using viral load to provide prognostic information and evaluate all patients for viral suppression using the World Health Organization (WHO) guideline strategies.

Materials/methods: This study was an observational longitudinal prospective study of subjects living with HIV already initiated on antiretroviral (ARV) therapy for at least six months, with a minimum of two CD4 cell count test done, enrolled at PEPFAR-supported health facilities Ekiti State, Western Nigeria. All data were statistically analysed, using statistical package for the social sciences (SPSS) and statistical test of significance was performed with Chi-Square test while multiple comparisons were done using Post Hoc Bonferonni test.

Results: A total of 910 subjects eligible for the study were recruited. Most of them were in the age range of 30 – 44 years, with a mean age \pm SD of 40.75 ± 10.33 years. There was a significant increase in the average cell count of the subjects while 787 (86.5%) & 490 (53.9%) of the subjects had viral suppression of <1000 RNA copies per ml and <50 RNA copies per ml respectively on all tests during the period of observation. 96% of the subjects with <50 RNA copies per ml, are currently on first line regimen. Chi square result showed that current ARV therapy regimen ($\chi^2 = 68.585$, df = 24, P = 0.001) and ARV therapy adherence ($\chi^2 = 15.141$, df = 6, P = 0.001) influence the viral load outcome.

Conclusions: HIV treatment intensive adherence counselling is key to the reduction of virologic treatment failure, thus, routine monitoring of viral load alongside CD4 cell count will ultimately reduce treatment failure tendencies thereby helping more patients stay on first line regimen and prolong their life expectancy, indicating that the UNAIDS 90-90-90 targets are achievable in resource-constrained settings.