

## DART trial shows life-saving ART can be delivered in Africa without routine laboratory monitoring

A paper published in the Lancet this week shows that routine laboratory monitoring of people on ART is not necessary. This could lead to considerable cost savings, allowing more people to be treated with the available resources.

"If budgets are fixed, there is a real danger that treatment of newly diagnosed patients, who are unwell, will suffer. DART clearly shows that scarce laboratory resources would be better diverted from routine laboratory monitoring to treating more people; laboratory tests could then be used to diagnose illnesses in people who are unwell." (DART policy brief) .

These findings come from the 'Development of AntiRetroviral Therapy in Africa (DART) trial', which is the largest HIV treatment trial ever undertaken in Africa. The trial took place in Uganda and Zimbabwe between 2003 and 2009, and followed 3316 adults with HIV. Among the organisations working on it were Evidence for Action partners MRC/UVRI in Uganda, and the MRC Clinical Trials Unit in the UK. Details about the trial and its findings and implications can be found in the DART policy briefing document, Antiretroviral therapy can be delivered safely and successfully without routine laboratory monitoring in Africa (pdf, 1.4mb).