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Why we may never eradicate HIV/AIDS as a public health threat in Uganda by 2030

In the past, Uganda was known world over as a pioneer and leader in the fight against HIV and AIDS. President Yoweri Kaguta Museveni, who personally spearheaded the campaign against the epidemic in the 1980s and 1990s, has once again launched the campaign to fast track the end of the epidemic as a threat to public health by 2030 following years of complacency, which led to stagnation and eventual rise in the prevalence of the disease again in the country.

However, 2030 may come and go without us achieving the desired goal if we do not address the bottlenecks that are making it difficult to find the remaining two or three hundred thousand Ugandans who have HIV and do not know it or know it but are in hiding and therefore not known by health care providers.

The other bottleneck is that if ensuring that all the over one million Ugandans who are currently on ARVs continue receiving their drugs and take them with good adherence to ensure that their viral load is maximally and sustainably suppressed.

This is necessary if we are to put an end to AIDS-related deaths plus stopping new HIV infections as science has shown that people living with HIV (PLHIV) who are on ARVs and have undetectable viral loads do not easily transmit the disease.

In Uganda we have three main suppliers of ARVs, namely: National Medical Stores (NMS), Joint Medical Stores (JMS) and Medical Access (MA). I can say that of the three, if you visit antiretroviral therapy (ART) facilities that get their ARVs either from JMS or MA, including the ISS clinic in Mulago, which is the busiest ART clinic in Uganda, you hardly hear of shortages or stock outs.

On the other hand it is common knowledge that many ART centres both



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up country and around Kampala that are supplied by NMS experience shortages and stock out of ARVs such that many PLHIV have resorted to sharing drugs while others have had their regimens changed arbitrarily or go for days and even weeks without taking ARVs.

Given the nature of the disease and the stigma associated with it many of the people affected will not make a scene of their predicament but that is where the problem begins because it takes a lot of motivation for a person who is not sick to take medication daily especially when it is a hassle to access the drugs.

The way I know HIV and AIDS, having

lived with the disease for over 30 years, it is going to come back with vengeance unless something is done soon to make sure all PLHIV who are on ARVs have a regular and sustainable supply of drugs. Unfortunately I have a déjà vu feeling that the worst is going to happen having gone through a similar period between 2000 and 2003 when I was started on ART and the supply was erratic, which made my adherence very poor.

I failed on the drugs, fell sick again and the drugs had to be changed. But what I went through doesn't have to happen to anyone during this period when the cost of the drugs has come down drastically and we even have products that are more user friendly, having fewer side effects, are easier to swallow and more durable than the regimen I was on.

The success stories of JMS and MA in making sure facilities have the drugs needed by all people accessing care and treatment need to be replicated for all Ugandans on ART even if it means breaking NMS' monopoly of supplying ARVs to most ART facilities.

So, as the President takes the lead once again in what could be the final push against this formidable enemy that HIV and AIDS have come to be; let us ensure that all people especially men who are the majority of people not yet tested and put on ARVs are found.

Stigma that makes people fear to test or disclose their HIV status must be fought on all fronts. Lastly, ARVs that are the game changer in this fight must be universally available so that those who need them can have them and take them with good adherence.

This will ensure that the "community viral load" will keep reducing as we work towards the three zeros of eliminating HIV and AIDS; namely: zero new HIV infections, zero AIDS-related deaths and zero discrimination against PLHIV.