WINNING THE BATTLE TOGETHER

Why doctors' strike has hit people with HIV hardest

By John Agaba

Agatha Namubiru seems to hang onto life by a thread. The 45-year-old mother of three is HIV-positive but her situation would be different if the current doctors' strike and drug stock-outs in public health facilities in this country had been avoided.

Namubiru, who has been on the second-line of drugs, was receiving treatment at the Uganda Cares facility in Masaka district.

Whenever she showed up at the health facility, doctors would assess her health and give her drugs, which would usually last three months.

She adhered to this arrangement diligently by taking the drugs, lest she developed resistance and required the expensive third-line.

Towards the end of August, something changed – drug stock-outs hit. Namubiru was not only switched from the drug combination she had become accustomed to and put onto another regimen, but also given drugs that could last only seven days.



ARV stock-outs and the strike are worsening the situation

After every seven days, she would have to trek back to the facility for more drugs.

Things turn ugly

Then the doctors hang their gloves on Monday last week.

Namubiru's last regimen was depleted on the eve of the medics' strike (November 5). For a full week now, she has been helpless and does not know what to do.

"Because I am on second line, I have to always be assessed before I can be given more drugs. The doctors have to be sure that the medication I am on is working," she said. Now, Namubiru is stranded.

It is the same dilemma Theo Nakuya, also from Masaka municipality, faces.

When she first came to the facility at Masaka, her CD4 count was well below 90 and the viral load soaring. After initial treatment with first-line, there seemed to be no progress. But her CD4 improved to above 800 and the viral load dropped within four months after she was switched to the second-line. Now she risks sliding back to the sickly weakling, with herpes zoster she was before starting medication.

"If second-line fails, the only hope (for Namubiru and Nakuya) is third-line," Dr Victor Musiime, an HIV/AIDS expert at the Joint Clinical Research Centre, said.

But the regimen is expensive and comes with more adverse side effects. In private clinics it goes for about sh800,000 a month. It is also the 'last resort' in treatment of HIV in Uganda. Should you fail on third-line, there is no other option for you.

Dorothy Nassolo, a communications officer at the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU), said with the advent of the doctors' strike a lot of gains were at stake.

People in Masaka, Kiboga, and Hoima districts, who were already grappling with ARV stock-outs, are the most affected.

Teopista Kabahuma, from Nyamuhanazi village in Kyegwegwa district, said she had been struggling to break adult ARV tablets into two for her young grandson (born with the virus) because ARVs for children were out of stock. Now, she does not know what to do. She just looks on as the baby gets more 'sickly'.

"It is frustrating that it has come to this. One day we are on a positive path to finally stop HIV, the next day we have such a crisis. What is wrong with Uganda?" Moses Nsubuga aka Supercharger said.

More than 1.2 million Ugandans of the estimated 1.4 who are living with HIV are on ARVs. Consistent treatment reduces their chance of infecting their sexual partners.

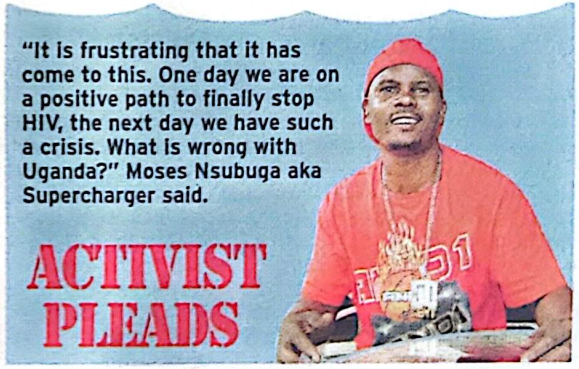
Nsubuga urged the doctors to 'be considerate'.

"We win this war together. We lose it together," he said.

Dr Francis Ssali, the director of clinical services at the JCRC, said "triple class failures" were already increasingly becoming common "necessitating third-line" before the doctors' strike. Now, it may worsen the situation.

"In the fight against HIV, everyone has to play their part. Doctors or clinicians have to make the right call, do right prescriptions and follow-up patients. They have to take medication as prescribed. There shouldn't be any playing," he said.

But as the doctors' strike continues, who knows what gains would have been undone by the time it ends.





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