Alarm raised as eastern region health centres run out of ARVs

By Elvis Basudde

Working on a tip-off, we traced the 45-year-old Source Basoma, whom we found tilling his land at Kayogo village, Buluguyi sub-county in Bugiri district. The visibly weak and tired man has not accessed HIV/AIDS drugs for the last two months.

"Why haven't you accessed your ARVs for two months?" I asked Basoma, who is in a discordant relationship (his wife is HIV-negative). He said for the last eight years, he has been getting his medication from Buluguyi Health Centre III, 10km from his home.

But for the last two months, he has not been getting his combination of ARVs (TDF/3tc/ EFV) because whenever the National Medical Stores (NMS) delivers drugs at his health facility, his type of combination is missing on the list. Basoma says sometimes in the absence of his combination, they give him Nevirapine, another type of ARVs, which he says makes him 'uncomfortable'. But most times they give him Septrin which is not an ARV drug.

What pains him the most is to commute 10km, sometimes on foot if his bicycle is not in good mechanical condition, to go to the health facility only to be told his medicine is not there.

Antiretroviral therapy officer, William Odeke (in red shirt) counts ARV drugs as some clients witness at Luguye Health Centre III. A number of health centres are currently without ARVs. Photo by Elvis Basudde

Basoma makes plea

"I am a peasant farmer. Our diet is not good as we are told that we require a balanced diet. We do not drink or eat well because of famine caused by the dry season. Poverty worsens our situation as we wait to sell maize to get some money but the pests eat the maize and most of it doesn't grow."

There are a number of clients like Basoma at this health facility who have not refilled their medication because every time they go, they are told the drugs are stocked out. Emmanuel Ogunda, says he has also taken two months without getting enough drugs.

Another 36-year-old mother of two, Jane Achieng, a resident of Nukamunyi, says her combination is also out of stock at the health facility most of the time.

She takes Efavirenz 600mg, Nevirapine 200mg and TDF 3TC. Here is only part of her regiment which is Efavirenz.

The persistent shortage of ARVs in health facilities in various districts was discovered during a media seven-day fact-finding survey organised by the National Forum of People Living with HIV&AIDS in Uganda supported by Advocacy for Better Health last week.

The survey covered Bugiri, Namutumba, Kaliro and Kamuli districts.

Teopista Muwama, an expert client at Luguye Health Centre III, regrets that she seems to be contradicting her statement since she is the same person who warns her fellow patients that if they do not adhere to their medication, they are likely to have drug resistance which could easily lead them to the second line, which is very expensive.

At least 782 people living with HIV get their ARVs from this facility, according to Martha Muduwa, an enrolled nurse who was standing in for the in-charge.

But their main challenge is that these days NMS delivers a few drugs which do not even complete a quarter. She says for the last three weeks, they have been giving to patients Septrin because they do not have the drugs.

"The order form that I witnessed shows most of the drugs that this facility ordered for on August 1, were not delivered. They are 195 packs of TDF/3TC/EFEV, 72 packs of TDF/3TC, 80 packs of ABC/3TC, 10 packs of ARTANAVIR, 12 packs of LOP/RITONAVIR, Cotrim 12omg, Abacavir and Fluconazule," Muduwa says.

At Namutumba Health Centre III, the situation is not any different. According to Peter Kibende, an expert client at this facility, they have been having stock outs of the first line drugs since last month, and they have been borrowing from other health facilities like Busenge Health Centre III.

> *"You can take the ARVs and live on. They are the best hope for an HIV-positive person."* Atim

"For four months, we have not been having ARTANAVIR, meaning patients on this particular regiment are still going without this combination. It is regrettable. We have 1,000 patients receiving ARVs here. The other drug which has been out of stock now for four weeks is AZT/ 3TC/ NEVERAPIN," he said.

"I really feel great pain when I see clients come and go back without medicines. What I do is to ride my motorcycle and move around the health facilities to get drugs, and if I am lucky to get some, I bring and distribute among the clients who are lucky."

Dr Brian Serunjogi, the medical officer in charge of Nsinze Health Centre IV in Namutumba district, says Namutumba Health Centre III is the worst hit with stock outs of ARVs.

Currently, they have only one regiment, 3TC/ DTF. He says NMS is aware that Namutumba is completely stocked out but they have never responded.

Kaliro Town Council Health Centre II, which gives ARVs to 277 clients, has not had TDF/3TC/EVER combination since August. According to Suzan Mugabane, the linkage facilitator and district co-ordinator of people living with HIV, in August when they supplied them with ARVs, they received only 10 dozes of Efevirenz, which was not even half of the number of clients on that regiment. In Namugongo Health Centre III, the facility caters for 809 clients but they have not had some combinations of first line ARVs for over a month now, including TDF/3TC/ EFEV and AZT/3TC/NEVERAPIN and Option B for mothers. Dr Sarah Kasewa, the Kaliro district health officer, says for the last one-and-a-half months they have not been receiving adequate supplies of ARVs and testing kits.

"We are requesting NMS, the health ministry and partners to avail us with adequate ARVs and testing kits, especially now that we have started test-and-treat (giving ARVs to whoever tests positive) so that everybody can be accommodated," she appeals.

In Kamuli Hospital, they have also been experiencing shortages of ARVs for some two months now, according to Josephine Nasari, the principal nursing officer. Neverapine for children, for example, has been out of stock for about six months. They have been dividing adults' tablets into two to give to the children. The HIV clinic serves 5,434 patients. The district HIV prevalence is 6.3%

Salome Atim, the Advocacy for Better Health (ABH) project officer, urged government and various stakeholders to ensure that there is adequate flow of ARVs from stores to health facilities and to the patients.

"You can take the ARVs and live on. They are the best hope for an HIV-positive person. They can potentially boost your body's natural defence mechanism by reducing the multiplication of the virus, and helping the person living with HIV to live longer," Atim said.

- Medics attributed the shortage to the test-and-treat policy the Government launched this year, whereby ARVs are now given to whoever tests HIV-positive, irrespective of the level of sickness.
- Since the policy began in January, over 110,000 new patients have been absorbed, bringing the total number of people on ARVs treatment to 1.28 million currently, according to Dr Joshua Musinguzi, the AIDS control programme manager in the Ministry of Health. "Test-and-treat is a policy building on previous policies, not that we are just beginning to treat for the first time. We have been always enrolling new patients."
- Efforts to speak to NMS boss Moses Kamabare were futile but Musinguzi blamed the shortages on 'over prescribing' by medics in most health facilities.

GOVT RESPONDS

...of Kalerwe shooting

outlets. The assailants reportedly