



patient for HIV/AIDS during a health camp in Moyo District. Many patients have raised concerns about the "test and treat" approach that the Ministry of Health introduced to fight HIV/AIDS. Patients argue that the method increases stigma. PHOTOS BY TACHWEI MABALA

Patients reject new anti-HIV approach

Situation. Many patients say the "test and treat" approach increases stigma as a health worker calls for community awareness.

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MOYO. The "test and treat" policy, a new method introduced to combat the HIV/AIDS scourge, is facing resistance in Moyo District, a year after it was rolled out.

The approach that was rolled out by the Ministry of Health in 2016 was intended to curb new HIV infections in the area.

Under the policy, when a client tests for HIV and is found to be positive, they are immediately put on the antiretroviral (ARV) drugs.

However, some clients claim the approach increases stigmatisation since they are not always ready to start the medication.

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CLIENTS WERE INITIATED ON ARV DRUGS BUT MANY OF THEM HAVE FAILED TO RETURN FOR TREATMENT AT MOYO GENERAL HOSPITAL FOR THREE MONTHS.

A client who asked not to be named to speak freely, says after testing and being found to be HIV positive, he was immediately put on ARV.

He claims he has become weaker since he was introduced on the treatment because he was not ready to take the drugs on the first day.

"This policy is scaring people like us. When we go to the health facility to test and we are found to be HIV positive, we fear to start taking these drugs immediately. That is why some people throw away ARV drugs," he said.

Ms Vicky Mundrue, the coordinator of persons living with HIV/AIDS and a senior counsellor at Moyo General Hospital, says the "test and treat" policy is good and aims at controlling the HIV scourge.

In justifying the Ministry of Health policy, Ms Mundrue says when one is found to be HIV positive and they are immediately put on ARV, their viral load will become dormant.

However, she points out the challenges that the clients present to them regarding the policy.

She explains that implementing the policy in the health facilities is facing challenges as people are aware that there is still self and external stigma in the communities.

"A patient tests positive today and he or she is told to immediately go home with the drugs. This is really challenging for many clients. Sometimes, the clients are tested and referred to us for counselling before they can start taking ARV," Ms Mundrue explains.

"Some clients openly reject the drugs preferring to first go home and make up their mind. Others simply disappear," she said.

Ms Mundrue says the challenges can be overcome through community sensitisation to help people appreciate the importance of being put on ARV immediately after testing



HIV positive.

"Let the community become aware of what is going to take place in case someone is tested for HIV/AIDS and is found to be positive. The communities are not aware of this "test and treat" policy," she says.

Since the policy was introduced at Moyo General Hospital, she says, less than 20 people were initiated but that many of them have failed to return for their appointment for more than

Testing. Health workers attend to patients during a free HIV testing exercise at a health camp at Kalangala Island last year. After testing HIV positive, a client is immediately put on ARVs, under the new approach.

Voices

"This policy is scaring people like us. When we go to the health facility to test and we are found to be HIV positive, we fear to start taking these drugs immediately. That is why some clients throw away ARV drugs," PATIENT

"Some clients openly reject the drugs preferring to first go home and think about it. Others simply disappear," VICKY MUNDRUE, COUNSELLOR AT MOYO GENERAL HOSPITAL

"Routine HIV testing services programme data shows a stagnating average HIV prevalence of 3.5 per cent among the general population and above 10 per cent among key populations," MICHAEL ADRAWA, MOYO DISTRICT HEALTH OFFICIAL

three months.

"Sometimes we follow them up through phone calls but some say they are in Adjumani or Yumbe districts yet they are around but just fear because of stigma," she notes.

Community awareness

Ms Mundrue appeals to the Ministry of Health to conduct effective sensitisation about the policy because it has not been well perceived.

"This policy has been passed and cannot be reversed. Let the communities be sensitised and counselling should continue for the clients because there is high level of self and external stigma," she says.

Objective

The Moyo District health official, Mr Michael Adrawa, says the policy was adopted to test and treat all people living with HIV irrespective of their CD4 count.

"ARV drugs should be initiated on the first day of clients' testing HIV positive," Mr Adrawa says.

He adds that of critical concern is the dire need to appropriately target the remaining increasingly smaller group of HIV positive people with unknown HIV sero status.

"Routine HIV testing services programme data shows a stagnating average HIV prevalence of 3.5 per cent among the general population and above 10 per cent among key populations," he says.

The Ministry of Health national HIV testing services policy and implementation guidelines reports indicate that by end of 2014, access to HIV testing in Uganda had improved with 3,565 outlets spread across the country.