2017 was a nightmare for people living with HIV, say activists

By Juliet Waiswa and Elvis Basudde

The year 2017 has been a nightmare for people living with HIV/AIDS, characterised by persistent drug stock-outs, especially the antiretroviral drugs (ARVs). These words were echoed by people living with HIV (PLHIV) under their umbrella organisation, the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU).

The executive director of NAFOPHANU, Stella Kentusi, regretted that even as the year came to a close, there are many people living with HIV/AIDS countrywide who were still going without ARVs. "There has been persistent stock-out of the first and second line treatment ARVs, Tuberculosis (TB) and Septrin tablets for both adults and children," she said.

"It has become more serious for those who have been put off septrin to take diapason. This is coupled with inadequate supply of test kits for pregnant mothers who want to be tested before they deliver."

Kentusi revealed that there were over 50 districts which have persistently gone without drugs since October 2017. The medicine includes the second line Nevirapine for paediatrics. "We visited Kawempe Hospital, a national referral, where women deliver and there were no Nevirapine for paediatrics and kits for pregnant mothers. If this is happening in Kampala, you can imagine what is happening in other rural districts," she said.

She added that Mbale, Mpigi and Kalangala districts lacked second line treatment for about six months. Other districts that have been lacking second line treatment for the last six months include Moyo, Lyantonde, Kiruhura, Kisoro, Amoro, Bududa, Ngora, Sironko, Butaleja and Kamuli.

She said to show how dire the situation has been, in order to adjust, adults have been dividing one tablet meant for adults into four pieces to give children and, most times, there will be an overdose or an underdose since they will not have appropriate measurements.

She said in Kamwenge, children who are resistant to the first line treatment were sent on the second line treatment, yet the medications are not available around November.

When people living with HIV are started on anti-retroviral therapy (ART), one of the guidelines they are given is taking their medication every day without fail for life. However, due to the increasing number of people testing HIV positive in various districts, due to the new HIV policy called "test and treat/start" which puts everybody found positive on medication immediately, a number of district health facilities have suffered stock-outs of some HIV medications, supplies and commodities as well as TB products.

The civil society organisations observe that while the test-and-treat policy is good, the country did not prepare well before rolling it out in January last year.

The 2016 national AIDS survey reported a reduction in HIV prevalence from 7.3% five years ago, to 6.1%.

A total of 1.3 million Ugandans are living with HIV. Of these, about one million are on treatment.

Districts have been blaming the National Medical Stores for causing the clients to be on and off the medicines through delayed supplies.

The Mityana district health officer, Fred Lwassampijja, said they were offering the test-and-treat in health centres II, III and IV, but he is sceptical on the performance of this, saying some facilities are experiencing stock-outs.

He says Mityana district has been facing stockouts of the second line treatment.

In Isingiro, the district health officer, Dr Edson Tumushere, says the situation in his district is not different. The test-and-treat policy has increased the number of clients who test, but the drugs are not there.

Fortunate Tusiime the officer in charge of Rwekubo Health Centre IV in Isingiro district, says they borrow from neigbouring districts medicines such as Nevirapine syrups for paediatrics, ARVS and second line treatment. In Wakiso and Kajjansi, there were no condoms in some areas.

Godfrey Ssenyonga from Kimmi Island, Koome sub-county, says the situation on the islands is unfortunate. The sensitisation of communities is difficult because moving from one island to another is expensive.

Moving from one place to another at Koome Island Health Centre IV is difficult. There are no health facilities and the patients do not have drugs.

LEADERS SPEAK OUT

CamScanner