

Why govt's test-and-treat policy is failing

Long short. The appropriate thing for any health worker to do, as the World Health Organisation and the Ministry of Health say, is to first test before a patient is treated. But, as Joseph Bahingwire finds out, medical laboratory services are in such a poor state in different health centres that this may not be possible.

KAMPALA. In 2016, the World Health Organisation released new HIV and Aids treatment guidelines.

One of the guidelines is that treatment of all HIV-infected individuals with antiretroviral drugs should start the moment the virus is detected irrespective of the stage of development or the patient's CD-4 cell count.

The Minister of Health (MoH), following this development, declared that all HIV-infected individuals would be eligible for antiretroviral treatment regardless of disease stage or CD-4 cell count. This was communicated by Ms Sarah Opendi, the State minister of Health in charge of General Duties.

She said the ministry had consulted with its stakeholders, including development partners and within government, before adopting the guidelines to ensure that all financing and logistics implications for broadening the use of antiretroviral drugs are taken into account.

"The new guideline stresses that, in order to effectively implement the recommendations, government with support from partners will ensure that testing and treatment for HIV infection is readily available and that those undergoing treatment are supported to adhere to recommended regimens and are retained in care," Ms Opendi stated in a press release.

She said the guidelines are aligned with the global targets, which aim to end the Aids epidemic by 2030.

These targets include, 90 per cent of people living with HIV being aware of their infection, 90 per cent of those receiving antiretroviral treatment, and 90 per cent of the people on ART having no detectable virus in their blood.

According to Ms Opendi, to ensure a smooth rollout of the new guidelines, the MoH released a circular to all health facilities, and also developed a comprehensive rollout plan, that would ensure that all facility staff across the country are trained on the new guidelines, and that facilities are supported to requisition for adequate stock of antiretroviral drugs to meet the slightly added demand for ARVs.

She said the ministry would aggressively monitor the attainment of these targets across all population groups in the country to make sure that no one is left behind.

Pitfalls

What is on the ground at the different health facilities, however, shows that this policy is bound to fail if interventions to support health facilities are not implemented.

Recently, the Uganda Debt Network took journalists around selected centres in the eastern region to ascertain the status of implementation of this



Attending to a patient: A laboratory technician at Kangulumira Health Centre IV in Kayunga District examines a patient recently. This is one of the health facilities that are supposed to implement the government's test and treat policy but it lacks a laboratory that meets the required standards. PHOTOS BY JOSEPH BAHINGWIRE

Kayunga District is among the health facilities that are supposed to implement the test-and-treat policy.

However, Ms Sofia Nabayaza, the facility's laboratory technician, says the facility lacks a standard laboratory and operates from a makeshift room that does not meet the minimum laboratory standards.

"We do HIV testing, CD4 count, Syphilis testing, viral load, stool analysis, among other tests. However, we lack an effective laboratory which makes us not perform certain tests," she says.

At this health facility, what is used as a laboratory was meant to serve as the facility's pantry but due to lack of space, was turned into a makeshift laboratory room.

According to Ms Nabayaza, the health centre lacks a machine for chemistry tests and microscope to do simple tests. They have also never been allocated a budget to cater for



In sorry state: A laboratory room at Namwendwa Health Center IV in Kamuli District.

such services.

The microscope they have, broke down and even if they try to fix it, the laboratory has poor lighting. They usually depend on natural light or an electric bulb, which is not recommended.

Despite lack of resources, Kangulumira Health Centre IV, according to her, receives 100 to 200 malaria patients and 10 to 20 tuberculosis patients per month, all requiring to be tested before they are treated.

"This number is too big to be attended to by only two physicians who are at this facility, especially in case one is away," she laments.

Mr Henry Ibiru, the laboratory supervisor in Kayunga District, who doubles as the laboratory supervisor at Nazigo Health Centre III, says the national laboratory sector is neglected, which makes the test-and-treat policy impossible to achieve.

He says out of 24 health centres in Kayunga District, only 12 have laboratories, which are also not properly equipped.

Nazigo Health Center III, has only one microscope that is operated in a makeshift room that lacks all the requirements of the laboratory. It lacks running water, lighting, and the tests are done on a simple wooden table

He says the doctors at this facility usually arrive late and at times there are no drugs, which necessitates them to buy from private facilities.

"We would want them to always be available when we need them so that we can be treated. It makes us disappointed to wait for hours only to be stock-out," he says.

The laboratory technician at the facility, Mr Peter Otuba, says the physicians try to use the little resources available to cater for the many patients who flock the hospital on a daily basis.

"I test at least 70 patients a day but I cannot say I operate from a day but an environment but I'm around to help save lives. Our patients only survive on God's mercy," Mr Otuba says.

He adds that his poor working conditions are a result of the government not minding about the laboratory sector, which has put the lab attendants at the risk of contracting diseases such as tuberculosis.

Ms Lydia Nakimuli the facility's acting in-charge, says despite the poor conditions of their laboratory, the medical team tries to test and treat as per the directive from the ministry of Health.

"We do HIV testing, CD4 count, Syphilis testing, viral load, stool analysis, among other tests. However, we lack an effective laboratory which makes us not perform certain tests,"

SOFIA NABAYAZA, KANGULUMIRA HEALTH CENTRE IV LABORATORY TECHNICIAN

She says not only does that facility lack a functioning laboratory, it also has inadequate staffing, infrastructure such as accommodation and budget allocation to cater for the high population in the area.

Ms Nakimuli attributes the late coming of the health workers to lack of accommodation at the facility, which necessitates them to travel for long distances.

It is not better in Kumi

Kanyum Health Centre III in Kumi District, is another facility suffering the same challenges as most health centres around the country.

Ms Phoebe Atila, the laboratory attendant, says the health centre uses a provisional room as a laboratory, where they do HIV testing, Syphilis testing as well as malaria testing.

She says the space is not enough to enable the facility operate effectively. They have a microscope that was provided by an NGO, but the facility receives over 150 patients per day.

"The equipment is not enough, which makes our patients wait for a long time before getting the results. We request the government to increase the funding to the laboratory so that the health workers work under favourable conditions," Ms Atila adds.

On a number of occasions, of course, circumstances do not permit the health facilities to first test before they treat, especially when the

Gap-filling efforts

Outside the laboratory, more than 10 patients were found lining up waiting to be attended to.

"The MoH has not catered for the laboratory sector and the few microscopes we have in our laboratories were provided by partners such as Makerere Walter Reed Project and Stop Malaria, a non-governmental organisation," Mr Ibiru narrates.

Mr Ibiru says the laboratory sector depends on donor support that cannot be relied on. This means they have inadequate facilities and infrastructure the reason that they operate from makeshift rooms.

"We are appealing to any funders and donors to help us in redeveloping our sector because poor laboratory services do not only affect the lives of patients but put the lives of the medical workers at risk," he adds.

He says achieving the objectives of test-and-treat will not be possible unless the government as promised comes up to support the laboratory sector in the entire country.

At Namwendwa Health Centre IV in Kamuli District, we arrive at 9am and more than 50 patients are waiting to be treated. But no physician has arrived yet.

Samuel Tidomu has been waiting

KEY ISSUES



- 1 Not functioning.** Namwendwa Health Centre IV lacks a functioning laboratory, enough staffing, and infrastructure such as accommodation and budget allocation to cater for the high population in the area.
- 2 One machine.** Nazigo Health Centre III has only one microscope that is operated in a makeshift room that lacks all the requirements of the laboratory.
- 3 Provisional room.** Kanyum Health