FEATURE

What Aids drugs mean for the country

By Jennifer Bakyawa

At 35 years, Flavia Kyomukama takes anti-retrovirals (ARVs) to stay alive. he is a mother of three and as lost three other children. In 1994, Kyomukama discov- ed she was HIV positive dur- ng a routine antenatal check Mulago Hospital. When she ld her husband, he ques- oned her as to how she came know her HIV status. espite his reaction, yomukama's partner knew was HIV positive years ago. Her troubles escalated. Eventually, she left him, leav- g her three young children ehind. Now, she can only see em during the school term. oday, she is fighting for cus- dy of the children.

To receive the drugs, she is articipating in a study with e Joint Clinical Research entre (JCRC) in Mengo, ampala. She was recruited r the study in April 2003. lowever, she does not know er CD4 cell count (amount of hite blood cells).

"I am [involved] in clinical esearch but I don't access my D4 cell count," she says. They treat me per symptoms get."

The JCRC, Academic lliance for Treatment of IIV/Aids in Africa and Uganda Virus Research nstitute (UVRI) in Entebbe are concurrently carrying out the Drug Antiretroviral Treatment Programme. The VRI recruits The Aids pport Organisation (TASO) ntebbe clients. Zimbabwe is so carrying out a similar udy.

The study compares whether mptoms or laboratory tests ould be used as basis of pro- ding HIV positive people in frica with ARVs. It is also xperimenting whether ients can interrupt treat- ent for six weeks.

But not every HIV positive erson in Uganda is as lucky s Kyomukama. Many cannot ccess ARVs.

"These are life saving rugs," says Kyomukama. "Many people receiving treat- ent would be dead without hem."

Until recently, a diagnosis of HIV meant a death sentence to ordinary Ugandans who could not afford these drugs. Only the rich have been able to access ARV treatment while the poor have just waited for death, says Brig. Jim Muhwezi, Minister of Health.

According to an overview of the epidemic from the min- istry, about 500,000 people were estimated to have died of HIV/Aids and 1.9 million were infected over the years.

With few Aids drug supplies, Uganda has over the years, had to largely depend on infor- mation, education and com- munication messages target- ing behaviour change espe- cially among the youth.

By November last year, about 100,000 people in Africa were receiving ARVs. This represents only 2 percent of those who need them accord- ing to data from the World Health Organisation.

In Uganda, dispensing of ARVs started in 1992. At the time, very few people could access the Aids drugs from JCRC, Mulago and a few private clinics.

HIV/Aids positive women go through a tailoring course at Mbuya Parish HIV/Initiative. It is hoped that the free Aids launch would cater for those who cannot afford ARVS (File Photo)

Name of facility	Patients allocated per facility
ARVs allocated for civil servants	150
A. National Referral Hospital	
Mulago National Referral Hospital	300
B. Regional Referral Hospitals	
1) Arua Regional Referral Hospital	100
2) Gulu Regional Referral Hospital	150
3) Fort Portal Regional Referral Hospital	150
4) Jinja Regional Referral Hospital	150
5) Kabale Regional Referral Hospital	150
6) Masaka Regional Referral Hospital	100
7) Mbale Regional Referral Hospital	150
8) Mbarara Regional Referral Hospital	150
9) Soroti Regional Referral Hospital	150
10) Lira Regional Referral Hospital	150
11) Hoima Regional Referral Hospital	150
C. District/Government Hospitals	
1) Kabong District Hospital	50
2) Bombo Military Hospital	100
3) Mbuya Military Hospital	100
4) Rakai Hospital	50
5) Sembabule Health Center IV	50
6) Kalangala Health Center IV	50
7) Lyantonde Health Center IV	25
8) Murchison Bay Hospital (Prisons)	50
9) Police	50
10) Kalisiizo Hospital	25
D. Private-not-for profit / NGO Hospitals	
1) Lacor Hospital	50
2) Kalongo Hospital	50
3) Nyakibale Hospital	50
TOTAL	2,700

In 1997, the government negotiated with Aids drugs manufacturers and signed Memoranda to avail drugs to Uganda at subsidised prices through the Medical Access Programme. Uganda became one of the four pilot countries in the developing world to assess increased access to ARVs. The other countries were Thailand, Ivory Coast and Brazil. The pilot study showed that it was possible to provide ARVs in low resource settings.

When the generics drugs came on the market, prices of Aids drugs dropped from about $1,500 per month to the present $30 per month.

Today, more people are accessing Aids drugs, some at no cost.

Last month Muhwezi launched a programme for Universal Access to Free Antiretroviral Treatment in Uganda in Mulago Hospital. The programme will initially cover 26 accredited centres countrywide.

The initial phase will cover 2,430 adults and 270 children who have never taken drugs before. By the end of this year, another 3,300 drug naïve people will start receiving ARVs. Of these, 10 percent will be children. This will bring the number to 6,000. These drugs will cost $1.7 million bringing it to US$3 million from the World Bank's Multisectoral Aids Project.

"The drugs will initially be given to people who are not able to pay," says Dr. Elizabeth Namagala. "It will be first come first served."

Namagala is in charge of ARVs at the Ministry of Health.

She says: "Many people on treatment are waiting for the free ARVs to cross over. But it may not be easy because some people have been on the second line of treatment and these drugs are first line."

The free Aids launch in June was received with scepticism. Ms. Rosette Mutambi, Coordinator of the Uganda Coalition for Access to Essential Medicines says the few numbers may prompt health workers to put their relatives first. She says given the number of patients who need drugs, the recent announcement of the free drugs is not worth all the media attention it is receiving.

"This is a mockery to patients' rights and expectations. This is a drop in the ocean," she says.

Today, more people are accessing Aids drugs, some at no cost

By the end of last year, about 120,000 people were estimated to be in need of Aids drugs.

However, Namagala says the number of people who will be given the drugs will increase to about 13,000 when the ministry receives more funds from the Global Fund to Fight HIV/Aids, Malaria and Tuberculosis by November. These funds will cover the three groups for two years. Another $36 million from a part of the third round from the Global Fund will buy drugs for another five years for all the groups. Uganda received $123 million from the Global fund, out of which $63 million has been earmarked for HIV/Aids. From the $63 million, $36 million will be used to purchase drugs and the rest to cater for Aids orphans.

But Uganda is not only receiving free drugs from the World Bank and the Global Fund. Another 60,000 people are expected to receive free drugs for five years using money from USA's President, George W. Bush's Presidents' Emergency Plan for Aids Relief (PEPFAR).

An initial $37 million has been released to organisations such as Reach- Out Mbuya, TASO and Mildmay. Reach-Out Mbuya expects to treat about 500 people, Mildmay 1,300 and TASO 3,000 initially and later another 4,000.

TASO plans to disburse the drugs according to whoever registered with it first, says Namagala.

Other organisations to benefit from PEPFAR funds are the Catholic Relief Services, Workers Treatment Centre, Kamwokya Christian Centre and hospitals such as Lacor, Villa Maria, Kitovu, Virika, Nsambya and Bundibugyo. Other religious organisations will also be added on to the list.

"Today, the situation has changed. More money is available and the price of the drugs has gone down," she says.

Uganda will benefit from former US President, Bill Clinton negotiation pact with drug manufacturers such as Aspen Pharmacare Holdings Ltd, of Johannesburg South Africa; Cipla Ltd, of Mumbai, India; Ranbaxy Laboratories Ltd., of Delhi, India; and Matrix Laboratories Ltd, of Hyderabad, India.

The pact involves manufacturers cutting prices of Aids medicine to half as long as they can purchase in bulk.

Under the Clinton Foundation agreement, the price of one of the commonly used triple drug therapy combinations will drop from approximately $300 per person per year to less than $140 per person per year. This means that these drugs will be available for as little as 36-38 cents (Shs 600 - 650) per person per day.

At the launch of the free drugs programme, Muhwezi said the introduction of ARVs would bring with it new challenges because the treatment is different from opportunistic infections, palliative and home based care. ARVs are delicate, have a lot of side effects and have to be taken for life.

"Current efforts are insufficient, says Dr Nelson Musoba, a founder member of the Action Group for Health, Human Rights and HIV/Aids. "There may be temptations to take shortcuts. The patient may end up getting a raw deal."

Musoba says counselling is still lacking because few health providers have been trained in Aids treatment. He adds that more should be done on prevention, stigma and discrimination. Health workers handling vulnerable groups such as children should receive refresher courses so that they are conscious.

To counter some of these problems Uganda has imported 11 CD4 count machines which have been stationed at regional hospitals. Aids clients can check for their CD4 count at no cost. The ministry has also carried out comprehensive trainings of doctors and nurses, pharmacists, counsellors and dispensers in 54 centres which have been assessed and accredited. Forty-eight of them are already giving Aids treatment.

The training includes identifying people, who need the drugs and referral or switching to another set of Aids drugs. The ministry has also trained counsellors to follow up Aids clients so that they adhere to the treatment.

Community volunteers will follow in training of adherence. Networks or people living with HIV/Aids such as National Community of Women with HIV/Aids in Uganda (NACWOLA), TASO and Kitovu Mobile Clinic would be used to ensure adherence, says Namagala.

"If adherence fails, then the programme will have flopped," she says.

In Arua Hospital, adherence to Aids treatment has been reported at 90 percent unlike in Mbarara where it is 85 percent. In Arua, Aids clients are counselled about adherence for about four times. They only start on treatment only when they are committed to adherence.

However, in Mbarara, adherence is low because of staffing. They are about three to four doctors and few counsellors who have to cater for a large number of clients, says Namagala. Communities will also be sensitised to fight complacency with free drugs available. People should continue protecting themselves against re-infection, even when on treatment. They can also still have an HIV positive or negative baby.

"They have to know the benefits and limitations of the drugs," says Namagala. "Prevention still remains the key for control of the epidemic."