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Even though James Mugerwa, 20, lost both his parents to AIDS, he still thinks HIV is a myth.

A resident of Kanya village in Rakai district, where the first AIDS case in Uganda was recorded in 1982, Mugerwa argues that his parents could have died of any other disease and wonders why people refer to AIDS as an epidemic.

"I have not seen people dying of AIDS-related infections. I was told that whoever got infected with HIV experienced symptoms such as fever, vomiting, diarrhoea, becomes sickly and slim, with multiple scars. But none of those signs manifested in my parents before they died 15 years ago. I was 10 years old at the time," he says.

At 20, Mugerwa could probably be forgiven for being skeptical about the existence of HIV/AIDS, but he is not alone. Many young people, born after the spread of HIV, do not think the disease is a problem.

Terrible past

Today, people living with HIV do not present with the symptoms that seemed obvious decades ago. The days when there was a funeral every other day in a village are a thing of the past.

It has been 36 years since the first reported case of "mysterious pneumonia-like symptoms" transformed into a deadly epidemic that quickly became part of our daily lives.

Before the medical treatment, AIDS was a diagnosis that meant death to most. But today, with all of the medications and treatment plans available, people are living longer.

Reason to worry

Does this now make HIV/AIDS a "manageable" disease, or have we, sadly, become a little too familiar with it and forgotten just how many people are still dying?

Experts and activists have warned that "dangerous complacency" may cause a resurgence of the epidemic that has claimed over 35 million lives worldwide.

Daniel Mugaga, a senior clinical officer in Rakai district, says there has been an increase in prevalence, which is partly attributed to the success of the treatment strategies. While the infection rate remains the same, people who get infected no longer die, meaning the population remains the same.

Mugaga also adds that complacency in the general public is another reason. People live positive, happy, healthy lives as long as they adhere to the treatment. There are also those on medication who have become complacent, thus stopped taking drugs, thinking they have improved.

Complacency derailing HIV/AIDS fight in Uganda



Quality Chemicals Company pharmacist Samuel Opio in 2012 demonstrating how HIV drugs are manufactured

THOSE WHO SAY HIV/AIDS IS NO LONGER A PROBLEM BECAUSE THERE IS TREATMENT, SHOULD KNOW THAT TREATMENT IS NOT CURATIVE, IT IS FOR LIFE

support organisations should not relax about informing the public that HIV/AIDS still exists. Findings in the Uganda Population HIV Impact Assessment, conducted between August 2016 and March 2017, indicate that approximately 1.2 million people, aged 15 to 64, are living with HIV in Uganda standing at 6.2%. Of these, 7.6% are female and 4.7% are male. It further highlights that the prevalence rate in Greater Masaka (central region) stands at 8%.

Kalangala

The same complacency is an issue in Kalangala, according to Dr. Hillary Batakalamire, the district health officer. He says the youth and fishermen in particular, have a tendency to lead reckless lives, forgetting that HIV still exists.

Much as information about HIV is considered commonplace, Bitakalamire explains that it is within this time that the campaign about the epidemic should be strengthened. "Youth tend to invent new behavioural practices, while ignoring strategies that were formulated to protect them against the virus. But we are trying to push the campaign on condom use, being faithful, and abstinence among the youth," he says.

Masaka

Olivia Nakanwagi, the AIDS focal person, says the younger generation believe availability of anti-retroviral drugs, condoms and other initiatives, including safe male circumcision, mean HIV is no more. "Well, the strategies are available but it does not give them room to live carelessly," she says.

Nakanwagi says they have continued sensitising people about protecting themselves.

Uganda AIDS Commission

The Uganda AIDS Commission has been part of different engagements in the effort to manage HIV/AIDS. According to Dr. Nelson Musoba, the director general, HIV remains a significant challenge for Uganda.

He maintains that its effects on the economy and society remain unacceptably high, with up to 83,000 having contracted HIV in 2016 (227 infections per day and nine infections per hour), while 28,000 died of HIV-related illness in the same year (77 deaths per day).

For young people, young women and girls are disproportionately affected, while 60% of the deaths are men due to their poor health-seeking behaviour, yet they transmit the infections to young girls.

He appeals to leaders to take a stand against HIV by providing clear and accurate information on how to prevent contracting and spreading HIV. He also urges leaders to mobilise communities, especially men, to adopt risk reduction strategies, such as abstinence, faithfulness and condom use.

Uganda may fail to realise the goal of ending the epidemic by 2030 due to a high level of complacency.

Different researchers and HIV care professionals believe the laxity and self-satisfaction are endangering HIV control efforts.

Benon Mayombwe, a medical laboratory scientist at Rakai Hospital, directly deals with people living with HIV/AIDS and counsels communities. He maintains that HIV/AIDS is still a topic to talk about because a lot is being unveiled through research.

"People think HIV is not news anymore. Unfortunately, they are indifferent to messages preached against HIV, which puts them at risk of catching or spreading the disease it to others," he says. Mayombwe adds that the messages about life skills, pre-test and post-testing



Uganda AIDS Commission boss Dr Nelson Musoba

counselling should be designed in a way that people can understand.

Kyotera

Dr. George William Waggumbulizi, the Kyotera district health officer, says people have relaxed and compare the epidemic to malaria or any other treatable disease. "This mindset is putting us off-track and we may fail to realise the 2030

goal to eliminate the epidemic. If we keep on preventing and then live recklessly it means we are doing nothing," he notes.

In order to overcome complacency, The Aids Support Organisation (TASO) Masaka has zeroed down on persistent awareness and prevention campaigns to curtail further infections.

Dr. Kakumba Kizito, the programmes manager TASO Masaka, says they have maintained testing and early treatment in the region. He says through their risk reduction strategy, they encourage those who are negative to remain so, while urging the infected to avoid transmitting it. "No matter how you got it, it ends with you," he says.

Kizito called for a partnership with the media, researchers, HIV counsellors and policy makers. He says