

HIV: Why you should test

BY ELVIS BASUDDE

James Mugerwa, a truck driver at the Busia border, had never tested for HIV because he was afraid of how much his life would change if it turned out that he was positive.

Mugerwa believed that an HIV-positive diagnosis was synonymous with a suspended death sentence. He confesses that he had been a bit reckless with his life, having sexual relations with multiple women, including prostitutes.

When he finally picked the courage to test for HIV, he was surprised to learn that he was negative. From then on, he vowed to stick to one partner in order to maintain his status.

Every time people are asked to test for HIV, the dreaded questions follow: What if I test positive? How will I live? How will my spouse, parents, children and relatives react to the news? In Uganda, a country that has become a case study of HIV/AIDS in the world, there are still many people who would rather live in the dark than find out their sero-status.

What if you test positive?

It has been proven that being aware of one's status helps one change their behaviour and, subsequently, they plan how to live longer with the virus.

"Know your status" is the theme of this year's World AIDS Day.

Dr Abdallah Nkoyooyo, the programme manager at the Infectious Diseases Institute (IDI), says HIV testing establishes whether or not one has the virus. The exercise has been combined with counselling, thus the term HIV counselling and testing (HCT). Counselling is done before and after taking a test.

Nkoyooyo says HCT is a pivotal service in the management of HIV/AIDS and a vital entry point for HIV-positive clients into HIV care, treatment and support services.

Those who test positive are given a package of care and support services, as well as a list of service point options to choose from.

If one is negative, they are given a package with information on further prevention activities or behaviour to adopt to ensure they remain negative.

"It is better to know your sero-status, so you can start treatment early. It would be absurd to be ignorant when something can be done. Although there is no cure, there is treatment, so there is reason to live once one is HIV-positive," Nkoyooyo says.



Ugandans are advised to test for HIV so they can immediately start treatment if positive



It is important to get counselling from a qualified medical worker before and after testing for HIV

15 million people to be tested

Available information reveals that only about 25% of Uganda's population has tested for HIV. There is a drive by the health ministry to encourage all people in the sexually productive age group to test for the virus so that those found to be positive can access treatment and early.

Health minister Dr Jane Aceng, says they have revised the HIV testing services policy and technical guidelines.

The policy and guidelines aim at improving HIV testing in order to improve knowledge of one's HIV status among HIV-infected people, as a contribution to the attainment

of the 90-90-90 targets by 2020 in the first track strategy for ending AIDS by 2030.

"The policy and guidelines also highlight the importance of linking HIV-negative individuals to critical prevention services. There is particular focus on addressing barriers to testing services by some critical population groups, such as men, adolescent girls and young women," says Aceng.

She says 8.5 million HIV tests were conducted in 2017 and the overall positivity rate in the country was 3.0%.

In the revised policy and guidelines, they have introduced evidence-based testing innovations like partner

HIV testing services and HIV self-testing that will target specific population groups like men and populations at high risk of HIV infection in order to increase the reach of testing services.

The test-and-treat strategy, which was introduced in 2016, requires everybody diagnosed with HIV to be given ARVs immediately, irrespective of their CD4 count (which is the amount of the virus in a body) or age. As soon as one is found HIV-positive, treatment must begin immediately. Initially, people would fall ill and their CD4 count would decline before they start treatment.

"The good thing with this

strategy is that it reduces the viral load early enough, meaning chances of infecting another person are remote since one's viral load is suppressed. The drug user requires proper counselling to ensure they adhere to the treatment," Nkoyooyo says.

He adds: "Half of Uganda's population is within the sexually active age group, mainly composed of young people. If we can test 20 million people out of a population of slightly over 40 million, we will be sure that the active age group, who are likely to be sexually active and vulnerable to HIV infection, will have been tested."

Achievements of HCT

A study conducted by the health ministry reveals that the response has been overwhelming. Before 2003, the AIDS Information Centre alone had tested just about a quarter of a million people (250,000).

Currently, 43% of the adult population in Uganda (about 8 million people) have accessed HCT.

In 2007, only 12% of Ugandans knew their status. A 2005 assessment showed that 70% of Ugandans voluntarily wanted to know their HIV status, but could not access testing centres.

By the end of 2015, there

were over 1,000 VCT sites, most of which were hosted at the health ministry facilities. The AIDS control programme, under the ministry, started implementing HCT in 2001 through the Family Planning Association of Uganda.

Currently, all the hospital facilities and the 176 functional health centre IVs offer HCT. Records from the ministry reveal that Kumi district, for example, is the best performer in testing in the world, with a record of 75% of its population knowing their HIV status. It is next only to Cuba, followed by Bushenyi.

Nkoyooyo says the Government's policy on HCT remains voluntary, although it has moved a step to provider-initiated testing. This is where the service provider takes steps to convince the patient, who has gone to see them for a different service, say family planning or malaria treatment, to also test for HIV.

It is good practice for a health worker to initiate HCT, depending on the circumstances around the client. There is generally a growing awareness in the general population about the importance of testing, and also improved and increasing innovations in accessing the population for HIV testing.

"We, however, have a shortage of HIV testing kits."

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