ARV Intolerance – A Growing Problem for AIDS Treatment in Africa

By Ignatius Banda

CAPE TOWN – New research suggests that some AIDS patients are developing drug intolerance and severe side-effects. These patients will now have to switch to new, more expensive antiretroviral regimens.

Researchers in Zimbabwe, Uganda, Nigeria and Malawi say some patients on the first-line antiretroviral drugs nevirapine and efavirenz (EFZ) are showing signs of being intolerant to the two drugs.

Daniel Sibanda, a University of Zimbabwe researcher, said while not many studies had been carried out into drug intolerance and side effects of antiretroviral therapy (ART), new research had found that there are toxicity concerns for some patients.

“Our research has found that female patients with high CD4 counts had developed nevirapine toxicity,” Sibanda told the 17th International Conference on AIDS and STIs in Africa (ICASA) currently taking place in Cape Town, South Africa. “This means they must switch to other drug regimes but these could be expensive alternatives.”

These new concerns come just as Zimbabwe adopts new World Health Organisation (WHO) guidelines which revised the recommended threshold for enrolling patients on ART from a CD4 count of 350 to 500. The new guidelines have expanded the number of Zimbabweans needing ART from around 800,000 to more than 1.2 million, according to the Ministry of Health and Child Welfare.

The challenge of paying for this expanded treatment coverage is complicated by the possibility that some patients will need different medication.

“These [nevaprine] are first line drugs and when patients are then switched to other drugs because of toxicity this could present problems for a country such as Zimbabwe because these drugs are expensive and are not available as free ARVs,” Sibanda told ICASA-Terraviva.

In Malawi, one of the countries with the highest number of people living with HIV according to the UNAIDS, some patients are experiencing side-effects from EFZ.

Dr Colin Speight, of Kamuzu Central Hospital in Lilongwe, Malawi, said the observed side effects include dizziness, insomnia and vivid dreams, psychosis, confusion, rash and abnormal gait.

“EFZ was promoted as the new wonder drug in Malawi, and while most patients had no side effects, mild side-effects were common,” Speight explained.

While the number of patients experiencing problems remains small, according to Speight, there are not many feasible alternatives for treating them.

“What we are now aiming for in Malawi is to try to find a regimen that will work best for as many people as possible. You are never going to get one drug which everyone will tolerate,” he said.

Early this year, there was an outcry among AIDS patients and activists in Malawi who were pressing government to source new drugs after several complained of experiencing different side-effects.

One option to deal with the side-effects and reduce toxicity of ART could be reducing the dosage patients take, Dr. Jackson Mukonzo, a Ugandan researcher from Kampala’s Makerere University, told the conference.

But Professor Tandakha Dieye of Dakar University’s Department of Immunology warned that health workers and patients needed to weigh concerns over toxicity against the drug’s ability to prolong life.

“ Toxicity does not always occur as soon as a patient takes the drug; it may take long to develop or even appear 20 years later,” Dieye explained. “The benefits are higher than the risks problem… we must find a balance between toxicity and the benefit of the drugs.”

On a continent where many people living with HIV are already unable to access life-prolonging antiretroviral medication, the challenge of drug intolerance threatens effective measures to control the AIDS epidemic.

Further research to determine both the causes and extent of drug intolerance is called for. Researchers, health care practitioners and government officials can then devise plans to overcome the problem.
Children Radio Foundation: Taking The HIV/AIDS Message To Young People

By Mantoe Phakathi

CAPE TOWN – With a voice recorder in his right hand and earphones firmly affixed to his ears, 16-year-old Katongo Kampemba whizzes past delegates, randomly stopping some for brief interviews.

On a busy day with a number of meetings running concurrently at the 17th International Conference on AIDS and STIs in Africa (ICASA) in Cape Town, South Africa, he has to hop from one conference room to another.

The grade 10 pupil of Mukuba Secondary School in Zambia’s mining town of Kitwe, is covering the five-day conference, which has attracted over 10,000 delegates from different parts of the world.

“You have to be very creative on how you package the message so that the young people can be interested to listen,” says Kampemba, pausing a bit to take a firm grip on his radio equipment. “I am here with my colleagues to report on HIV and AIDS because it affects us very much as young people.”

From his interviews, Kampemba is compiling brief reports and posting them online so that his peers, not only back home in Zambia but across the world, are able to read the HIV and AIDS stories as reported by one of their peers.

Unlike the conventional journalists from diverse media organisations, who are eager to report on everything going on at the Conference, Kampemba is very specific in his approach: “I am only focusing on HIV/AIDS as it affects young people. I want to tell these [stories] to young people in a way they can identify with so [that] they are able to listen,” he says.

Kampemba is one of the reporters with the Children Radio Foundation, an initiative funded by the United Nations Children Fund (UNICEF) to groom young journalists in five African countries: Zambia, South Africa, Tanzania, Liberia and the Democratic Republic of Congo.

According to Shantha Bloemen, chief of communication for the UNICEF Africa Service Unit, the initiative was introduced to amplify the voice of young people on various issues affecting the continent, including HIV and AIDS.

“Issues need to be disseminated to, and accepted by, young people in Africa, and the best way is to use the young people themselves. The packages they are producing here will go back to reach out to their colleagues,” Bloemen says.

“Interestingly, this is building the skills of young journalists, which is critical to the future of Africa; Africa needs a cadre of new journalists who will help in the development of Africa.”

In their home countries, the young reporters also work closely with the local media organisations and youth-based non-governmental organisations to sharpen their reporting skills.

Kampemba says in Zambia, he works with a team of other students from Kitwe to produce a 30-minute programme, which is broadcast every Saturday on the local radio station, Flava FM. It tackles various issues affecting young people.

“This is an interactive programme that discusses issues of climate change and HIV/AIDS which affect young people across Africa. Premarital sex and drug use are other issues affecting young people that make them end up contracting HIV, we discuss them also,” adds the young broadcaster.

Asked what could be the most outstanding message from the ICASA for him, Kampemba says “it is the high infection rate among young people.”

On December 5, 2013, UNICEF released the “Children and AIDS: Sixth Stocktaking Report” which says there were 300,000 new infections among adolescents aged 15–19 years in 2012, a modest decline by 36 percent from 470,000 in 2001.

The report also shows that children are not benefitting as much as adults from the progress made in low- and middle-income countries in antiretroviral treatment coverage.

Kampemba says part of the reason why children have not benefitted much from the HIV and AIDS interventions is “because of the way information on HIV/AIDS is packaged. The youth is often criticised for not showing interest on HIV/AIDS issues, yet the messages are packaged in such a way that they are not appealing to young people; like in an interactive debate or interesting commentary.”

For more information on the Children Radio Foundation, visit www.childrenradiofoundation.org or www.voicesofyouth.org
Lesotho Takes Steps to Manage HIV in Older Children

By Jennifer McKellar

MASERU – In a small, semi-rural community in Lesotho’s south-west, the older children from Holy Cross Primary School stand in the bright sunshine in their smart school uniforms. They are engrossed in a lesson on HIV and AIDS being delivered by a counsellor at the local clinic.

Nearby, are bright blue and yellow tents set up specifically for the later part of the programme – an HIV test.

Lesotho has the third highest HIV prevalence in the world. Young people are particularly affected, with nearly one quarter of those aged between 15 and 49 infected. In 2009, life expectancy stood at around 41 years, down from 59 in 1996.

According to the 2013 edition of the United Nations Children’s Fund’s stocktaking report on children and AIDS, Lesotho also lags behind in reducing new HIV infections in children below the age of 14. This age bracket accounts for 12 percent of new infections in the country.

There is little research to explain how children of that age become infected, and this is something of concern to Blandinah Motaune, an expert on prevention of mother to child transmission.

“Children who were infected at birth and did not receive treatment would have died by that age,” Motaune explained. “These children are becoming infected through other means – either abuse, or possibly through caring for an infected parent or relative. We just don’t know.”

One third of Lesotho’s one million youth are orphans, and according to UNICEF Lesotho’s chief policy officer, Ousmane Niang, “they are some of the most vulnerable people in the country”.

Often the children of parents who died of AIDS, they are left under the care of grandparents or other relatives struggling to cope with the additional burden.

Of the Holy Cross Primary School’s 600 students, around 25 percent are orphans. Head Mistress Matseliso Mofoka confirmed that they were frequently the ones that fell through the cracks.

“Children participating in the programme hear an oral presentation from a qualified counsellor and receive an information pamphlet written in Sesotho, the local language.

Mafabia Maqauqa, a counsellor from EGPAF, says being armed with information gives the children confidence to fight the discrimination and stigma that are common for people living with HIV – and something teens are ill-equipped to deal with.

The process for testing is straightforward: each child completes a form with their personal details and a finger-prick blood sample is taken. The results are immediate and the child is informed on the spot if the result is negative. If it’s positive, their parents or guardians are contacted to be part of the discussion and counselling.

While it could be expected that children might share their results with classmates and deduce a positive result prior to being officially informed, the key reason for the delay is to ensure that the parent or guardian is included in the counselling process and fully engaged ahead of the treatment programme.

In many cases, though, Maqauqa said parents are already aware of their child’s HIV status, with some of them disclosing that their children had previously started treatment but discontinued.
Lesotho Takes Steps to Manage HIV in Older Children

Continued from page 3... We provide a meal each day but that isn’t enough, so we give any leftovers to these children to take home,” Mofoka said.

Faced with these challenges, the government is now allowing HIV testing for anyone 12 or older without the need for parental consent. During the week of 25-29 November, 2013, a countrywide “Adolescents and Family Health Week” was held to generate awareness among teenagers about the risks of HIV, provide them with key HIV-related medical services and offer care and support to those affected by the virus.

Key partners included UNICEF and the Elisabeth Glaser Paediatric AIDS Foundation (EGPAF), a global advocate for public policies benefitting women, children, and families living with, and affected by, HIV and AIDS.

The Family and Adolescent Health Week was successful in raising awareness and providing information on HIV testing, management and prevention, but the coverage rates of testing in Lesotho still remain low. No data currently exists on children under 15 years of age, but for the 15 to 19 age bracket, coverage is around 42 percent for girls and 19 percent for boys.

UNICEF Lesotho’s adolescent and youth co-ordinator, Makhetha Moshabesha sees an opportunity to increase the rate of testing for boys through programmes tied to traditional ceremonies. There has already been some success in training those involved in initiation ceremonies to encourage boys to undergo a medical circumcision instead of a traditional one, and to also have an HIV test.

Back at Holy Cross Primary, Headmistress Mofoka beamed at her students and patted the head of a young girl who came to ask her a question about what was going on.

“This is very good for my school,” she said proudly. “The parents see that we are taking care of the children by giving them this information and having the clinic and they tell their friends who then send their children to us as well. The numbers at the school were dropping off but this has helped.”

She hopes to have more clinics for her students in the future.

This story was made possible through the support of UNICEF. For more information on the Children and AIDS: Sixth Stocktaking Report (2013), visit (www.childrenandaids.org)
VOICES FROM THE CONFERENCE

Engage Us On AIDS – Sex Workers

By Nqabomzi Bikitsha

CAPE TOWN - Sex workers meeting on the sidelines of the 17th International Conference on AIDS and STIs in Africa (ICASA) in Cape Town, South Africa, have complained of being sidelined in HIV and AIDS intervention programmes.

“They [governments] say we are the cause of HIV and AIDS yet they refuse to engage us meaningfully, they would rather target other parts of the population,” Namakula Nakato Daisy of the African Sex Workers Alliance [ASWA] told ICASA-Terraviva. “We are very key to the success of HIV interventions because we are often the targets of rape.”

Daisy, originally from Uganda, said through ASWA, the sex workers are currently pressing African governments for the recognition of their rights – including access to free healthcare, condom distribution, economic empowerment and decriminalisation of sex work.

“Just because sex work is still illegal, it does not mean that you don’t have rights. We want governments to recognise our rights, we want access to health services and AIDS treatment, we want discrimination to stop and we want rapes to stop,” she said.

Beyonce Karungi, a transgender sex worker – who describes herself as a woman trapped in a man’s body – says the criminalising of sex work in most countries makes it difficult for sex workers to negotiate with governments for empowerment.

“When a client rapes you, you are scared to report it to the police because they will ask you what you were doing selling sex in the first place. Some clients refuse to use condoms and there’s very little we can do about it,” she says.

Karungi said sex workers are often forced to refuse help from social and health workers on the assumption that they could be undercover police. “In fact, transgender sex workers are marginalised more than other sex workers. We are sidelined and are told we don’t belong anywhere,” she complained.

“When we go to the clinic to ask for condoms or for healthcare we are told [that] we are promoting homosexuality. Sometimes we are beaten for being transgender. I would like to see people being educated on transgender issues instead of discriminating against them.”

What are some of the challenges people living with disabilities face when it comes to HIV and AIDS? By Nqabomzi Bikitsha

Accessibility to healthcare and lack of support is a huge issue.

The main challenge is access to information. People assume people with disabilities don’t have sex so they assume they don’t need to be educated on HIV and AIDS.

Access to treatment and information is a huge problem. That segment of society has been under served by governments.
ULAWAYO – Each month, scores of people living with HIV gather at Mpilo Opportunistic Infections Clinic in Bulawayo for free antiretroviral medication that has improved their lives.

Antiretroviral Therapy (ART) coverage is set to expand in line with new guidelines, but experts fear weakening adherence to drug regimes will limit the benefits.

Sindiso Buzwani* is one of those who should be at the clinic – but this month he is absent. Asked why he has stopped taking the medication despite his failing health, the frail-looking man in his 40s, reacts with anger. “Everyone is sick. Why are you asking me why I’m not on medication? Are you taking yours?”

Attitudes like Buzwani’s are part of a growing problem that may be contributing to HIV-related deaths at a time when the country is fighting to roll out antiretroviral therapy (ART).

The new guidelines have also changed the approach to the prevention of mother-to-child transmission of HIV. Where mothers were previously discouraged from breastfeeding in order to reduce the risk of HIV transmission to their newly-born babies, seropositive mothers are now encouraged to breastfeed exclusively for six months while adhering strictly to their ART throughout pregnancy, delivery, breastfeeding and thereafter.

But there are growing concerns that expanded enrolment in antiretroviral therapy will not do as much as it should to reduce HIV-related deaths if patients like Buzwani fail to adhere to their drug regimens.

By resisting or discontinuing treatment, Buzwani could end up developing drug resistance. AIDS patients who develop resistance to their antiretroviral drugs have to go onto the next line of treatment requiring more expensive and less accessible drugs.

Attitudes like Buzwani’s are part of a growing problem that may be contributing to HIV-related deaths at a time when the country is fighting to roll out antiretroviral therapy (ART).

Some cite the side-effects of the ARVs while others say the drugs are unpleasant to take, but Buzwani was unwilling to disclose his reasons for abandoning the treatment.

In November 2013, the Ministry of Health and Child Welfare reported that following the adoption of new World Health Organisation guidelines, the figure of people requiring antiretroviral therapy had jumped from more than 800,000 to around 1.2 million. The WH-O’s updated recommendation is to enrol patients on ART earlier: if their CD4 count falls to 500, rather than the previous threshold of below 350.

Health officials at Mpilo Hospital say patients cannot be forced to take their medication whatever their reasons.

Other people living with HIV fail to access ARVs because of the long waiting list coupled with lack of funding for these drugs, according to the Ministry of Health and the ZNNP+.

Zimbabwe’s ARV programme is supported by the Global Fund for AIDS, Tuberculosis and Malaria, which NAC says has disbursed 21.8 million dollars for the year 2014 rollout. More patients are expected to access ARVs once local manufacturing of drugs, in partnership with Iran, begins as announced by the health ministry in October this year.

Despite this, adherence will continue to be a problem as long as attitudes such as Buzwani’s or the health workers’ method of distributing ARVs at public health facilities – which is said to contribute to real or perceived stigma – are not addressed.

“Some nurses we spoke to did say that there were people who stopped taking ARVs because of side effects or because of stigma: they didn’t want to be seen taking a pill every day,” said Kerry Scott, a researcher at the Johns Hopkins School of Public Health, who has worked in Zimbabwe before.

Patients like Buzwani who are abandoning their medication may be an exception, but could still point to difficulties that lie ahead in the country’s fight to reduce AIDS-related deaths.

*Not his real name