Medical care and access to treatment and its effectiveness

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Abstract

Research questions:
• How affordable, available, accessible is HIV/AIDS treatment for those who need it most? What are the factors (social, cultural, economic, and political) that influence access to care and treatment?
• What are the challenges for having equal opportunity for effective and appropriate treatment?
• What are the trade policies that affect the affordability and accessibility of AIDS related medications
• What are the global dimensions on inter-sectoral collaboration in the medical care and access to HIV/AIDS treatment?

Background information:

According to the 2001 Population and Housing Census, Namibia has a total population of 1,8 with an annual growth rate of 2.6 percent. The population distribution in the country is 33 percent urban and 67 percent rural.

The first case of AIDS in Namibia was identified in 1986, since then the epidemic has escalated from 5% of the population being effected more than 10 years ago to an estimated at 19.7 percent. HIV/AIDS poses various challenges and its consequences cannot be measured in terms of numbers, but both the psychological, economic and social impact is huge, and has made children in particular vulnerable, as a result of the death of the productive group of the society.

The government through the Ministry of Health is making anti-retro viral (ARV) available to an increasing numbers of Namibians. It is well known that these drugs are in the country, however, its availability and affordability to the people who need it most is unknown. This paper examined the medical care and access to HIV/AIDS treatment in Namibia.

Methodology

Various methodologies were used in conducting this research among them: Literature review (printed and electronic materials); Interviews: In depth key interviews.

Literature review was done both using materials from the Ministry of Health and Social Services and Internet search. Interviews were largely conducted with Health professionals who are involved in the provision of ARV. After the meeting at the American cultural center the students where each given a question to
go and conduct the actual research in their communities. They had a choice to interview family members, health workers and people who are on ARV. This gives the students an opportunity to do hands on experience.

Due to the time limit and circumstances such as writing the exams many students were not able to conduct interviews. Only two of out of five were able to conduct the interviews. Some students misunderstood the research and went on the internet and downloaded an article and sent as it is, indicating that they have done the research.

**General procedures:**

The largest part of the research was mainly conducted when we met at the American cultural center, students were able to share their own experience as well as getting additional information from the internet. The facilitator also availed books relating to ARV’s to the students.

Generally it appears that none of the group members have much information on the medical care and access to treatment of HIV/AIDS, this is partly due to the fact that ARV have been recently introduced in Namibia, and its use is still not widely known.

**Limitations:**

- Timing was a key factor, lack of research on the treatment also plays a key role and as a result the team does not have enough data.
- The group addresses each question individually and thus the response will also be provided within the questions.

**A. How affordable, available, accessible is HIV/AIDS treatment for those who need it most?**

The government has done some effort to make ARV’s affordable and available to people who are infected with the virus. Currently the ARV’s are available at the key health centers in the country. However, affordability is a critical element for people to have access to drugs. There are also other factors that hinder the access, they include among others; legal, infrastructural and socio-cultural, economic and political factors.

**Social - stigma, discrimination and fear**

- Acceptance, ability and willingness of communities and family members to provide home based care, because of fear and stigma
- Cultural factors such as taboo that is associated with the illness, accompanied by the culture of silence
- The role of traditional healers: often when people realized that an illness cannot be treated in hospital they usually turn to traditional healer as a last resort. This is also complicated by the fact that some traditional healers claim that they can treat the illness, and also gives wrong advices e.g. encouraging man to sleep with a virgin, which apparently will cleanse them from HIV/AIDS
- Sometimes cultural beliefs delay the recovery, people may first search assistance from the traditional healer, or they will combine both traditional medication and western medication, which may affect the effectiveness of the treatment.
- The concept of Ubuntu, which means “we are all human and I am because of others”. This concept has in many cases assisted many HIV/AIDS sufferers were neighbors and families have come to the front to give care to the patients. This is also associated with a culture of sharing, and it is believed that some patients have shared their drugs with others, this is due to a lack of education
Economic

- HIV treatment is not affordable for the people who need it most because of poverty. However, the government of the Republic of Namibia and its partners in the fight against AIDS are trying their best to make treatment affordable and available for those who need it most. As a result, prevention of mother to child transmission is offered in 44 health facilities and Anti Retro Viral Therapy (ARV) is offered in 27 of 34 hospitals (>11,000 patients nationwide). The target of the government is to make ARV available in all public hospitals at the end of 2005.

- While the drugs are also available, there is a shortage of skilled medical personnel, a hindrance. Access to treatment is sometimes a challenge because of long lines and this discourages patients who are already ill. Moreover, the waiting period for service is prolonged by the shortage of medical personnel at hospitals e.g. the waiting period at Oshakati hospital is more than 3 weeks.

- Another element that affects medical care is poverty, making people not having access to a balanced diet and with the side effect of the medication, that may contribute to the effectiveness of the treatment.

- High rate of unemployment - a healthy balanced diet is not affordable and the question is: can a hungry person afford to travel to get drugs or use the money to buy something to eat instead of paying for transport to get medication?

- The cost of the drugs is very high; a triple combination therapy costs US$12,00 per year, making them difficult for the governments of third world countries. However, countries may focus getting their drugs from somewhere else e.g. India because of the availability of the generics.

Political factors:

- Currently Namibia has political stability, which makes the distribution of drugs easier. However, the hugeness of the country makes it difficult to access all corners of the country.

B. What are the global dimensions on inter-sectoral collaboration in the medical care and access to HIV/AIDS treatment?

Intersectoral collaboration is the partnership between government (Health, Ministry, trade and finance), Industry and international organizations such as the donor communities. If these people work together, we would be in a better position in addressing the HIV/AIDS pandemic. The fact that we are not self-sufficient in providing the ARV, makes our lives depended on the decisions of those who produce the medications. In addition, studies have suggested that Free Trade Agreements (as dictated by the powerful countries) weaken access to HIV/AIDS. For example, Thailand’s state-owned pharmaceutical company, is likely to be affected by the Free trade agreement e.g. US trade negotiators are enforcing a 25 year period for drug patents, this will hamper and discourage those countries that want to produce their own AIDS drugs. Thus, with the Free Trade Agreements, many countries who produce generics will be hampered to export them to other countries.

C. What are the trade policies that affect the affordability and accessibility of AIDS related medications?

Health is a human right issue, and as such governments are obligated to ensure that their nations are healthy. However, in the case of HIV/AIDS especially its treatment government in so-called “third world countries”, where they do not produce the medication, have to rely on other countries where the medication is produced, and this brings one to the trade related aspects of the intellectual property rights. The patent aspects of creating monopoly and eliminating competition. There is a situation where there is abuse of patent by monopoly and they fix exorbitant prices for the patented medicine. Hence, patent reduces accessibility and affordability.
According to Dr Kabira, trade and poverty in light of funding health care in Africa and patent on pharmaceutical drugs is a barrier to access of AIDS related medications, especially in Southern Africa. (Interview by Rodney Hoeseb, Nov, 2005)

D. What are the side effects of ARV?

According to a health worker, ARV’s come with a long list of side effects, some which can be very fatal. E.g. of side effects are liver damage, diabetes, Metabolic problems, pancreatitis, Hypersensitivity reactions, toxic epidermo-necrolysis(TEN),lactic acidosis etc.

If we take a look at the liver damage, liver disease is one of the most common complications due to hepatotoxicity on many HAART regimes as well as an increase in liver damage following immune reconstitution. What the ARV’s do to the liver, the liver normal function is to remove or break down toxic substances .If patients start treatment after a period of time , patients start developing liver problems. The liver cell is damage causing the concentration of toxic substances to be high in the blood. This type of patient can die from the high concentration of toxic substances in the blood at the end. the real question to ask will be, what if all this side effects combine?

Effects on the taking of ARV’s

ARV’s have to be taken at a certain time of the day and in certain sequence. Getting patients to follow this sequence can be very difficult. Sometimes Patients stop taking the drugs the HIV virus strains develop resistance against the drug. Making the drug useless when taken, The ARV’s drugs only work for a few years this is cause by a mutated from of the virus develops in the body that cannot be control by the medication. This is also complicated by poverty, and the culture of sharing and sometimes patients on medication share their drugs.

(Information collected by Dustin Hochobeb who interviewed a health worker)

Generally there seems to be a lack of understanding of medication with regard to medication and HIV/AIDS. The facilitator has encouraged the team to continue doing further research on this issue, and they will collect additional information during their December holiday.

RECOMMENDATIONS:

- It is high time that Africa or third world for that matter develop their own medication and not depending on other countries for a choice between live and death of their people.
- Ministry to conduct an aggressive campaign on the education of ARV’s
- Research to be conducted on ARV’s in the country.

References: