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**Yes, we need cheaper antiretroviral drugs**

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The recent announcement that the cost of antiretroviral drugs is about to come down is good news.

This is just part of a long line of good news that people living with HIV have had in our country for some time now.

I remember telling you how, years ago, the price of ARVs was so exorbitant that some of those living with HIV would mortgage their property to have these life-prolonging drugs.

Most people took drugs only when they could afford them. This meant that they would begin a regimen, only to stop it once they ran out of money.

This would make the virus to develop resistance to that regimen. When they, if they were fortunate, got the money to continue treatment, they would be informed that they had to use another line of treatment because the virus had developed resistance to the first line.

This switching would go on until it got to a point where their bodies could not take it anymore and they would succumb to HIV-related complications.

In fact, a study done several years ago found that in Kenya, HIV had dropped life expectancy from 62 to 46 years.

I am sure that with the recent gains that HIV activists have made in the fight for universal access of ARVs to all, the numbers need to be reviewed.

Here, there are so many people on antiretroviral therapy, ( I can say without fear of contradiction that most of the clients are women) that a couple of years ago, some men were complaining that this was doing great injustice to them because they would not be able to tell who was HIV-positive and who was negative.

In our country, as in many other countries, medical care is one of the biggest challenges that the government has to deal with.

When we got our independence, one of the enemies that the founding fathers said needed urgent attention was disease.

We may be almost half-a-century old now, but disease continues to wreak havoc on our families.

Just last month, we were commemorating the cancer month and, from what I hear, the cases continue to rise.

What cheaper ARVs mean to PLWHs is that most of us will be able to breathe easier.

It puts the steering wheel back into the hands of those with the virus, especially those who live in informal settlements and have to make do with the bare minimum.

“What will I buy — food for my children or drugs for myself?” I remember Janice\*, one of our members, asking me back in the day when the government subsidised the cost of ARVs.

Then, the government had promised to purchase and deliver a one-year supply of drugs to 5,000 HIV positive people. Janice was one of the clients in the programme.

The only problem was that she was required to pay Sh1,000, money she could not afford to part with.

To her, this amount of money was the two-weeks profit she made from the income-generating activity that we had helped her to set up.

Now, understandably, she was torn between feeding her four children — her husband had left her when she tested HIV-positive — or buying drugs to prolong her life.

It was a catch-22 situation that we, together with her counsellor, helped her to resolve.

We made her understand that she cannot attach a price tag to her life or the wellbeing of her children.

We also gave her the grim statistics and some straight talk: that it was estimated that, by 2010, an estimated 106 million children under 15 years of age will have lost one or both parents, with 25 million of this group orphaned due to HIV/Aids.

“Ultimately, it’s up to you,” we told Janice, but we could see that sense was sinking in, and she was thinking about herself now, putting herself first, because that was the only way her children would not be statistics.

People living with HIV are faced with myriad life or death choices. Fortunately though, the choice on whether to go or not go on treatment because of financial constraints is becoming less of a concern to HIV service providers.

I called Janice a few days ago when I heard that the cost of ARVs was coming down and reminded her of the wise decision she made six years ago.

Two of her children are in high school, her business has picked up, and she is helping other women living with HIV to make the right choices.

*This is the diary of Asunta Wagura, a mother-of-three who tested HIV-positive 24 years ago. She is the executive director of the Kenya Network of Women with Aids (KENWA).*