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Guys, there is an injection you can take once every six months and achieve protection from the HIV risk by up to over 99%! Don't joke with lenacapavir! There is also Cabenuva, an ARV injection for treatment every two months, which arrived in Uganda last year. These are the great achievements of this year's World AIDS Day. I imagine lenacapavir to be like a full body condom, which you don as you swim with sharks, whales and crocodiles. They all try to eat you, but bounce off the condom every time! You swim on in peace, laughter, ecstasy or in whatever the case may be. Tell me why we will not achieve the end of AIDS by 2030.

Uganda was again one of the countries that brought the world this lenacapavir game-changer. The clinical trials were conducted here and in South Africa, Argentina, Brazil, Mexico, Peru, Thailand and the US. That is why the Global Fund gave us money as one of the first countries to access lenacapavir. However, you know our National Drug Authority (NDA) guys and their zero-tolerance policies; they demanded that they put the injectable through their own labs first. This meant that Gilead Sciences, the manufacturer, had to submit the necessary paperwork to the NDA for approval. I'm told they are doing so right now. So, contrary to earlier reports, the wonder pre-exposure prophylaxis is not yet on our plates. But, at least its smell is. Prepare your buttocks early next year!

Lenacapavir was innovated for couples in discordant relationships, sex workers, the polygamous and those who always want to nestle in other people's sexual network. But if they had asked me, I would have recommended it for every married person. Marriage makes it hard to abstain from sex or to use condoms. While before, you could be sure about your HIV status, after marriage, it starts depending also on your spouse. Your lover can smuggle HIV into your bedroom!

HIV IN MARRIAGES

The year 2008 inspired me to write my second book, *Spearing The Butterfly*. I was a health journalist in the trenches of HIV advocacy, and it is in that capacity that I was invited to the release of the national serosurvey on HIV prevalence. I remember how some people were astounded to learn the overall HIV prevalence among married individuals was 11.4%, when the national prevalence was 7.3%! The presenter noted that HIV prevalence was higher in monogamous marriages (66.7%) than in polygamous ones (33.3%)!

People were shocked to learn that marriage itself was not a complete protection against HIV. If you check the 2008 report by the Joint United Nations Programme on HIV/AIDS, there is a conclusion that individuals in long-term monogamous relationships and over 30 years of age were at a higher risk of contracting HIV than single people in their 20s. This confirmed our earlier doubt that this world is not our home!

I had started counselling and outgrown the mirage of marriage being a shelter from HIV. That evening, I started on my book about how to get rid of infidelity in our own bedrooms. We still have couples who think a wedding ring is enough of a padlock to stop the vultures. I tried to compare marriage with Museveni's political journey. We still had the

INJECTABLES: NEW WEAPON IN OUR HIV FIGHT'S ARSENAL

Lord's Resistance Army, led by Joseph Kony, and I used it as a simile to ease their shock.

When Museveni was fighting in the bush, some of his men hoped the struggle would end with the capture of power. But once in power, they faced a new challenge; the power had to be protected from others like Kony! So is marriage. However, many lovers take the wind out of their sails after the wedding. Their partners start feeling unloved, uncared for and unappreciated. When you create a vacuum, you attract winds from the neighbourhood! Some partners experience a déjà vu feeling, just as politicians who ask us for votes now will behave after winning.

In courting, they show extreme care, but after getting your ring, vote or sex, they become arrogant. This erodes the partner's motivation to stay faithful and, thus, provides fodder for HIV.

LOCKING HIV OUT

Every married person has a duty, therefore, to lock HIV out of the bedroom. What was very easy before marriage becomes difficult because your safety now depends on another person. Ironically, the bed that is supposed to be the altar of fulfilling love becomes the deathbed upon which your most loved companion serves you with HIV. Just like in football, having two keepers in one goal makes the work as easy as it makes it hard. If a ball is shot into the middle of the goal, the two goalkeepers may collide or leave the ball for the other person. In the end, there will be no end; goals galore!

In *Spearing The Butterfly*, I suggested two ways in which the butterfly of HIV can be blocked from the bedroom. And because it was thriving there, I opined that we were using a spear (wrong methods) to kill a

butterfly. One such method is the physical one that the Police are using to get Bobi Wine off the roads; I called it the barbed wire strategy. You can enforce faithfulness by threats of violence, tear gas, arresting admirers, unleashing dogs and sniffing into Beloved's body parts every time they return home from work. If this is scary enough, your partner may fear straying and suffer the consequences.

Unfortunately, it may only work in your presence. And taking the example of the Police during these campaigns, it may still fail, however thunderous you may become.

The second approach is the inoculation strategy. You immunise your partner peacefully to enable them to resist temptation, whether you are present or not. Just like in immunisation,

the body is empowered to protect itself from infections and temptations. It includes loving and caring so much that Beloved feels guilty of straying offshore. You can spiritualise the marriage and let God do the protection. You can make your partner too busy with projects and assignments to give temptation an ear. The rest of the etc can be found in the book or from me in counselling or on a sponsored bottle of beer.

CONGRATULATIONS FOLKS

For now, this World AIDS Day on Monday was a worthy celebration because it came with lenacapavir. Two injections and you have a year's protection! I am on record insisting that our success in wrestling down this HIV Goliath isn't due to abstinence campaigns, behavioural change, condoms, or prayer! It is singularly and squarely the antiretroviral (ARV) treatment. I cannot help but laugh at those who expressed fear that ARVs would encourage reckless living. Come hither and see the good news!

ARVs stormed the scene, thanks to Prof. Peter Mugenyi's protracted struggle, and scattered HIV in the UPDF-Kony style. Today, we celebrate

a 64% reduction in annual AIDS deaths from 56,000 in 2010 to 20,000 in 2024. New HIV infections fell by 62% from 96,000 to 37,000 over the same period. I have always wanted to give cows to the scientists who discovered ARVs, but I was told that no single person did it. However, I now know of the Emory University researchers Raymond Schinazi and Dennis Liotta, who developed the first ARV drugs that could treat HIV, as well as Luc Montagnier and Françoise Barré-Sinoussi, who discovered HIV itself in 1983. It was after their discovery that research began to develop a treatment, leading to the creation of the first ARV, zidovudine, which was approved in 1987.



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I shudder to imagine what would have happened had ARVs not intervened.

Today, most other interventions, like treatment, pre-exposure and post-exposure prophylaxis, as well as vaccine research, use ARVs. And their science has progressed to a level that the newest ARVs are more effective, less toxic and long-acting.

THE NEW GUNSHIP

Access to ARVs in Uganda can be dated as early as 1992, but for a handful of people through private clinics and research centres. The medicines were expensive until 1997, when negotiations with manufacturers led to subsidised prices in 1998. By 2000, nationwide enrolment in ARV programmes had risen to 900 people. Another great piece of news came in 2002, when the ARV expansion phase began with significant price reductions. The government programme to provide free ARVs in public health facilities officially began on June 14, 2004, with support from the US President's Emergency Plan for AIDS Relief and the Global Fund.

My other celebration was in 2016 when the "Test and Treat" HIV policy was launched. Previously, because the medicines were not enough, they would wait until the person living with HIV deteriorated to a 200 CD4 count before rescuing them with ARVs. After its countrywide rollout in 2017, everybody who tested HIV positive was started on ARVs, regardless of CD4 count.

On Monday, I again reached my celebration peak because of the new long-acting injectable aforementioned. With a new weapon in our arsenal, we can bury AIDS by 2030!

