

WEEKLY BULLETIN

National Empowerment Network of PLHAs in Kenya (NEPHAK)

3rd-9th Oct 2010

Say Yes to Life Say Yes to Life Say Yes to Life Say Yes to Life Say Yes to Life Say Yes to Life

Edition 32

Fund Health; fund HIV/AIDS; fund our right to health and fund the GFATM.

NEPHAK members in Nairobi last week joined other civil society activists to call for the urgent need to increase resource allocation to health and HIV/AIDS.



In a march organized to coincide with the release of the 2010 progress report on Universal Access, activists prepared and delivered memorandum to the government through the Ministers for health and planning pictured below. The petition and memorandum called upon the government to fulfill their commitment to health starting with the 2001 Abuja Declaration (15% of the national budget to health).



Medical Services Minister **Hon. Prof. Peter A. Nyong'o** and Assistant for Planning and Vision 2030, **Hon. Peter Kenneth** who met the activists during the Sept 28th March

Sorry NASCOP, but your HIV and AIDS Figures are not adding up!

Kenyan HIV figures are not adding up, especially where treatment is concerned. The Kenya AIDS Indicator Survey (KAIS) reported that only 36% of Kenyan adults know their HIV status. The same KAIS reported that over 80% of PLHIV don't know they have HIV. This compares wrongly with the claim that 70% or more of eligible PLHIV are now on treatment. Worse, the number of PLHIV on ARVs constantly oscillates between 320,000 (GFATM application) to 360,000 (Dr. Muhamed) to 400,000 (Dr. Muraguri). If we take these figures for what they are, then it could be true that some PLHIV have been put on treatment even before they know their status. That is not true and we have to ask: What percent of adult Kenyans know their HIV status? How many PLHIV in Kenya are eligible for treatment? What is the *actual* number of PLHIV on ARV treatment?

More Evidence Emerge to support need for Early Initiation of ART

HIV-infected individuals who begin antiretroviral therapy (ART) soon after acquiring the virus may have stronger immune responses to other OIs than those who begin ART later, a study from the National Institutes of Health found.

This NIH finding adds to the body of evidence showing significant health benefits from early ART. In 2009, the World health organization published new HIV treatment guidelines which require that PLHIV in developing countries like Kenya should be put on treatment when their CD4 is 350 or thereabout. NASCOP has released guidelines for the shift and is working with other partners to ensure that PLHIV whose CD4 is nearing 350 are initiated on ARVs. Earlier, PLHIV were being initiated on treatment when their CD4 was 200 or thereabout.

FACTBOX: People who test HIV positive should be checked for CD4 to establish if they are eligible for ARV (HIV treatment drugs). If the CD4 Count is still higher than 350, they can still manage to live positively without taking ARVs. However, such people should enroll for Cotrimoxazole (*Seprin*) and multivitamins so as to prevent other opportunistic infections. Seprin is available free in public health facilities. Inform us if you don't get your seprine in time.



Free at Last! TB Patients Released

Two TB Patients imprisoned in Kapsabet GK Prison on the 13th of August for defaulting treatment have been released. The order to release Daniel and Patrick (*pictured above*) came from Justice Mwilu in an Eldoret court following an appeal from AIDS Law and KELIN lawyers. The 2, who were 'behind bars' for 50 days will now continue with treatment at home being monitored by their DOTs Supervisor, Selina Sang'. NEPHAK members in Kapsabet, including the Ambassadors of Hope who have undergone TB treatment will also be supporting the 2 to adhere and complete their TB treatment. Daniel and Patrick had been initiated on daily streptomycin injections because theirs was TB re-treatment. The daily injections will continue for the next 10 days.

NEPHAK Kapsabet District representative, Anne Ronoh welcomed the news of the release of the 2 and immediately asked for the results confirming if the 2 have multi-drug resistant strain of TB as was claimed at some point. In Kenya, confirming an MDR TB case can take up to 6 months.

Who We Are: NEPHAK is a national network that unites people living with HIV (PLHIV) and those affected by TB and HIV/AIDS through community based organizations (CBOs), support groups, post-test clubs, non-governmental organizations (NGOs) and networks in Kenya. NEPHAK works to harness the experience of living with HIV and related conditions and channeling it to the national response.



NEPHAK National Chair, Davies Njuguna has always called for the availability of cheaper, safer, first and second line ARVs for people living with HIV (PLHIV) in Kenya.

NEPHAK Leadership Applaud NIH Move on Medicines Patent Pool

NEPHAK Board and Staff this week applauded the move by the US National Institute of Health (NIH) to be the first patent holder to join patent pool initiative. The Patent Pool, which is an initiative of UNITAID seeks to work with patent-holders to reduce the prices of HIV and AIDS drugs. Applauding NIH, NEPHAK leadership invited other patent holders to follow suit and avail better and safer medicines to poor PLHIV living in poor countries like Kenya.

Herbal Concoctions Ineffective in Managing HIV and AIDS

PLHIV and their families have been told to stop relying on herbal medicine in the hope that it will cure AIDS. NACC Director, Prof. A. Orago said herbal concoctions with no proper dosages were ineffective in managing the virus that causes AIDS. He urged herbalists to work with scientists to ascertain the efficacy of herbs and appropriate dosages. Prof. Orago was speaking at the launch of 2010 progress report on Universal Access organized by the World Health Organization in Nairobi.

WHO hosts meeting to strengthen Community Engagement in TB Care.

The World Health Organization (WHO) last week hosted consultative meeting to explore strategies on how best to engage communities and civil society organizations in TB care. The meeting recommended the need to meaningfully engage communities and TB Patients/survivors in national TB Programmes if TB is to be eliminated from the planet.