

Did you say Community Pillar in KNASP 111 is Over-funded?

NEPHAK leadership and members have received with doubt the assertion that *Pillar 3: Community-based HIV Programmes of the Kenya National AIDS Strategic Plan (KNASP) III 2010/11-2012-13* is over-funded. The talk emerged during the preparation of the GFATM Round 10 proposal. Report has it that the Gap Analysis and Costing of KNASP 111 Pillars by the Clinton Foundation and UNAIDS technical staff confirmed that Pillar 3 is over-funded. Pillar 3 seeks to build AIDS Competence at the community level and strengthen community systems to address communal and structural causes of vulnerability. The Pillar seeks to strengthen community-based governance and financial management systems.

The claim that this Pillar is over-funded has led NEPHAK leaders to ask the question: **Where is the Money?** In deed, community HIV/AIDS and TB work is suffering. No money for TB Advocacy, Communication and Social Mobilization, no money for *Community-PwP* activities, no money to establish National GIPA Desk, no money to establish Young PLHIV Desk. This is also against the backdrop that HIV/AIDS Tribunal is yet to be operationalized and the main reason for the delay is lack of resources.

NEPHAK Gets first disbursement of TOWA 111 Grant.

After a long and unexplained delay, NEPHAK eventually received Ksh 1,550,000 as first disbursement of the TOWA 111 grants. With this grant, NEPHAK will work with other partners to build the capacity of PLHIV enable them respond to human rights abuses involving the vulnerable groups such as widows, orphans, PLHIV and TB patients.

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.

Think about Children Infected with HIV and TB.

NEPHAK agrees with a report by *Human Rights Watch (HRW)* that the Kenyan government needs to do more to provide palliative care for children with chronic illnesses.

The report, [*Needless Pain: Government Failure to Provide Palliative Care for Children in Kenya*](#), notes that while the government has made tremendous progress in rolling out services such as antiretroviral therapy (ART), much more had to be done to alleviate pain. The report cites the lack of a national policy on palliative care, a shortage of palliative care services geared towards children, poor availability of treatment for severe chronic pain and a lack of guidance for health workers on the use of opioids as some of the major hurdles to children's access to proper pain management.

This report urges the government to "not just improve pain treatment for children, but better integrate the full range of paediatric palliative care services into its health system".

Following the HRW report, NEPHAK has renewed the call for national authorities to ensure that children infected with HIV and TB are identified put on treatment at the earliest opportunity.

Kapsabet TB 2 Case moves to Court.



Probono Lawyers have filed a case seeking to quash the order that sent 2 TB Patients (*pictured above*) to prison.

FACTBOX: NEPHAK mission is to promote and advocate for greater and meaningful involvement of people living with HIV in the national response to TB and HIV/AIDS. The mission is derived from the GIPA Principle as espoused at the Paris AIDS Summit in 1994. NEPHAK members leverage the lived experience and channel it to the national response to HIV/TB.

NEPHAK Members in Nyanza call for access to Labs and TB diagnostics



When will it Reach Kenya?

A new, accurate, easy-to-use test can diagnose tuberculosis (TB) - including drug-resistant strains- in less than two hours. Current tests are often unreliable, take weeks to process, or are unavailable. In Kenya, the main problem with HIV-associated TB and MDR-TB is diagnosis. Laboratories are not working for PLHIV and children.

The *Xpert MTB/RIF* test detected TB in 98% of active cases, according to a study by the Foundation for Innovative New Diagnostics (FIND), an NGO based in Switzerland. The test also correctly identified 98% of cases that were resistant to rifampin, a commonly used first-line TB drug. Resistance to rifampin indicates that a patient more than likely has multidrug-resistant (MDR-TB), a growing global problem, particularly in countries with severe HIV epidemics.

Kenya was actually the first Sub-Saharan African country to have met the WHO global targets on case detection and treatment. However, this was based on the usual way of diagnosing TB - a smear test - which uses a microscope to check for the presence of TB bacterium in a sample of a patient's sputum. Although it is cheap and low-tech, the patients often have to wait several days for a result. Smear tests also cannot identify patients with drug-resistant strains of the disease, and often fail to detect TB in patients co-infected with HIV, of which there are an estimated 1.37 million worldwide.

Culture testing which is much more accurate and can tell if the TB bacterium is resistant to various antibiotics is not widely accessible in Kenya because it requires sophisticated laboratories and skilled technicians, and can take up to six weeks, by which time the patient may have infected others and, in many cases, died. Clearly, to manage TB-related TB and multi-drug resistant TB (MDR-TB), laboratories will need to be strengthened.



UNSR, Anand Gover, (pictured) has been in Nairobi for consultations with East Africa CSOs working on health and access to essential

Make Human Rights an Integral part of Health Care, UNSR says.

The United Nations Special Rapporteur (UNSR), Anand Gover has called for deliberate efforts at making human rights the pillar for health care delivery. Anand Gover, who has been having consultations with civil society organizations from East African countries in Nairobi also emphasized the importance of patient and community participation in national efforts aimed at improving health. He stated that governments and partners must realize the potential role of communities in health care.

HIV/AIDS has never been and is Not a National Disaster in Kenya.

If you work in health and/or HIV/AIDS sector, you may be mistaken just like some NEPHAK members and leaders who think that HIV/AIDS is a National Disaster. True, many people are mistaken and rightly so because in 1999, the former President Daniel Moi declared HIV/AIDS a National Disaster. Regrettably, this declaration was never documented. *Never-gazetted*. Subsequently, with no formal document to support the Declaration, HIV and AIDS remain just other problematic diseases.

What then constitutes a National Disaster? A disease that has killed so many and continues to kill (around 200 people die each day from AIDS - related complications) should qualify to be National Disaster. In deed, in declaring HIV and AIDS as National Disaster, the former Head of State was acknowledging the magnitude of the economic and development arising from HIV and AIDS.

With more than 1 million people infected with HIV, including around 250,000 children, HIV/AIDS still mean what it meant ten years ago. Worse, AIDS still highly stigmatized and still kills people at an alarming rate. The disease is even showing closer link with other diseases like TB and Hepatitis. It is the position of NEPHAK that the Declaration of HIV/AIDS as National Disaster made by former President Moi in 1999 is as valid today as it was then. *Gazettment* can be done, let's do it.