

Make Laboratory Services Free for PLHIV and TB Patients - UK MP.

Hon. David Cairns, the UK MP concluded his placement at NEPHAK with a call on the Government of Kenya to make Laboratory services (CD4 Count, TB Diagnosis, tests for opportunistic infections) free to people living with HIV and TB. Hon. Cairns gave this message to the Minister for Medical Services, Prof. Anyang' Nyong'o when he visited the minister. During his placement at NEPHAK, Hon. Cairns paid visit to PLHIV in Nairobi, Nakuru, Njoro and Kajiado and realized many PLHIV were delaying the initiation and/or opting out of ARVs because they cannot afford Lab. costs.

Hon. Cairns also made the same plea with Dr. Nancy Knight who is CDC Country Director and head of PEPFAR in Kenya.



Hon. David Cairns & Hon. Anyang Nyong'o at the Ministry of Medical Services office in Nairobi

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.

Two TB Patients still at Kapsabet Prison

Daniel Ng'etich and Patrick Kipng'etich who were jailed for defaulting treatment will still stay in prison despite an appeal by NEPHAK members and PLHIV in Nandi County. The continued stay has upset TB patients and TB survivors in Kenya. On 22nd, the judge ruled that the case be heard at Eldoret Court on the 29th September. The case calling for release of the 2 had been filed in Kisumu because the Eldoret Court was on vacation. *Probono* Lawyers from KELIN and AIDS Law project are still following up the case.



Regina Odhiambo (pictured) Deputy Prisons Officer in Kapsabet will still have to look after the Patient - Prisoners. NEPHAK team also visits the 2 for counseling.

NEPHAK Board Chair Elected to the Advisory Committee of the ICC

NEPHAK National Chairman, Davies Njuguna was on Friday elected to represent People living with HIV (PLHIV) and Communities burdened by HIV, AIDS and TB at the Advisory Committee of the ICC of the National AIDS Control Council (NACC). Maureen Murenga of Lean on Me (*support group for adolescents and youth infected with HIV*) was also elected as principal representative of women living with HIV at the Committee. Francis Apina of NETMA+ and Dorcus Sangili of TAPWAK will serve as Alternates to Davies and Maureen respectively. Dr. Nduku Kilonzo of L-VCT and Pascaline Kangethe of Action Aid were elected to represent CSOs and CBOs at the same Advisory Committee.

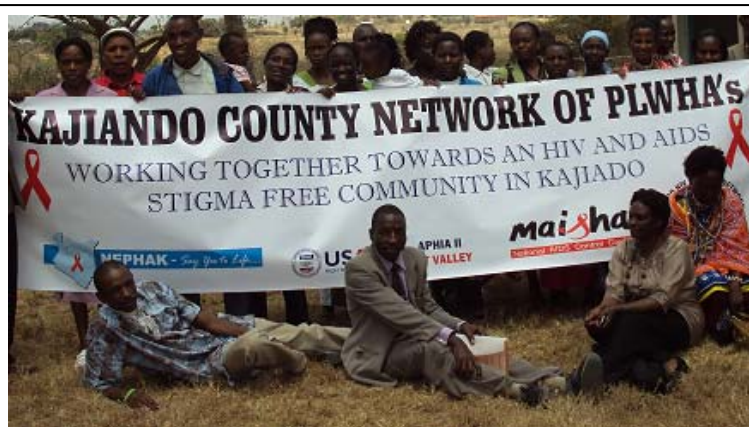
FACTBOX: People diagnosed with HIV may not immediately need ARVs. They need to undergo CD4 Count before they can know if they are eligible for ARVs. PLHIV become eligible for ARVs when their CD4 Count is 350 or thereabout. Children younger than 2 years who are diagnosed with HIV should be put on ARV treatment immediately regardless of CD4 count. Adults who have HIV and are co-infected with TB Disease are also supposed to start ARV treatment immediately!

Kajiado PLHIV Need a working CD4 Count Machine

People living with HIV in Kajiado last week called on the Ministry of Health officials to ensure the District hospital has a functioning CD4 Count Machine. Kajiado District Hospital CD4 Machine has not been working for several months making the initiation of treatment to new PLHIV difficult.

Some PLHIV who should be on treatment have been traveling for laboratory services in Nairobi.

Many PLHIV cannot afford that transport and have been unable to either initiate treatment or monitor their response to treatment.



Targeting older people in HIV prevention

Older Kenyans, often neglected by HIV programmes that assume they are no longer sexually active and therefore not at risk, are slowly becoming more visible in the fight against the pandemic.

The NGO, HelpAge Kenya, is training older people to talk to their peers about how HIV is spread, teach them to use condoms, seek HIV testing and treatment and live a healthy life even while HIV-positive.

According to the 2007 Kenya AIDS Indicator Survey, Kenyans aged between 50 and 64 years have an HIV prevalence of 5 percent; an estimated 3.4 percent are infected with syphilis, higher than any other age group.

Tuberculosis associated with TB is increasingly becoming a big threat to the quality of life of elderly people living with HIV in Kenya.



According to Nyanza Provincial AIDS and sexually transmitted infections coordinator Dr. Charles Okal, older people's low HIV risk perception meant they missed out not only on HIV prevention messages, but also on treatment. "HIV programmes should be friendly to them so that they don't miss out; when they believe they are not at risk, it means many of them miss out on treatment and care as a result of late diagnosis," he said.

At the same time, NEPHAK leadership called upon NASCOP and the National TB Programme to intensify approaches that aim at diagnosing TB among elderly PLHIV. NEPHAK leaders are involved in advocacy for increased access to quality laboratory services to PLHIV and TB Patients.

Did we Hear Makwere Right? Are there efforts to LEGALIZE Tobacco in Kenya.

Media reports attributed to Matuga MP. Hon Ali Makwere indicate that he is thinking of getting members of parliament to support a bill to liberalize tobacco use in Kenya. We are not sure of what that means but it seems there are well coordinated efforts in East African countries to stop the restriction of Tobacco use in the region.

PLHIV fear that unrestricted use of tobacco and tobacco-related products is going to be a big problem to lung health in Kenya and the East African region. This initiative has also been seen in other COMESA countries and is intricately linked with trade and profits that emerge from tobacco. There are also clear signs that the Nairobi City Council has relaxed the rules restricting the use of tobacco.