

NEPHAK Campaigns for the Establishment of HIV and AIDS Trust Fund Now Moves to Nyeri County, Central Kenya

NEPHAK on Friday 1st April launched the campaigns to support the establishment of HIV and AIDS Trust Fund to support the national response to the epidemic in Nyeri County, Central Province.

The campaigns were launched at Whispers Park with approximately 200 participants drawn from NEPHAK member organizations in Nyeri County. In addition, 10 NEPHAK TB Ambassadors of Hope from various districts joined the launch. During the launch, 220 signatures were collected from the participants.



Volunteer explaining to participants the Signature Form, Nyeri Town: 1.4.2011

By the time the campaign team was closing the launch and procession in Nyeri Town, a total 462 signatures had been collected. In addition, each leader carried signature forms for signing by their group members.



Ms Waiherero of NEPHAK Central address press after the launch of Campaigns in Nyeri

Kenyan Condom Crisis: Shame on the Joint UN Team.

Not many Kenyans knew this: That the acute shortage of condoms in Kenyan public health facilities had everything to do with the Joint UN Team.

Last week, the United Nations owned up to the condom shortage in the country, blaming its lengthy procurement procedures for failure to meet delivery deadlines. United Nations Population Fund (UNFPA) head Babatunde Osotimehin, who was in the country, said the organization had been facing procurement problems.

Before this revelation, around 200 members of NEPHAK in Nairobi had staged a protest at NASCOP demanding to know the reason behind the acute condom stock-outs. NASCOP in their characteristic style was in denial. While senior managers at NASCOP were absent during the visit, some officers who did not want to be named casually responded to the protesters questions by saying that there are enough condoms and if NEPHAK wanted to carry them, they were welcome. This is what NASCOP staff repeats all the time an inquiry is made

FACTBOX: In this Issue of NEPHAK Weekly Bulletin we want to remind you that the first case of HIV was confirmed in Kenya in 1984. Later in 1999, HIV/AIDS was declared a National Disaster by the then President Ho. Daniel Arap Moi. As at now, Kenya has 1.4 million adults aged 15-24 years who have HIV. At the same time, 400,000 are on HIV treatment through ARVs. In Kenya to start HIV treatment (ARVs), one CD4 should be 350 or thereabout. We confirm that all over the world, at the moment, **THERE IS NO ALTERNATIVE TO ARVS** in HIV management.



NEPHAK Members Stage Protest at NASCOP: 25.3.2011 (this should have been at the UN)

How UNAIDS can push countries to work to reduce new HIV infections while at the same time they are part of the team holding monies for the procurement and supply for condoms is an issue that should baffle PLHIV.

HIV Positive Women to Reclaim their Position in the National Response.

Women living with HIV in Kenya last week formed a Task Force to explore strategies to reposition themselves within the national response. Noting that HIV and AIDS in Kenya was highly feminized, the women resolved to work together to secure and drive the national leadership of the response to HIV and AIDS as well as in other sectors.

The 60 women drawn from PLHIV networks and rights organizations were meeting in Grand Laico, Nairobi under the leadership of NEPHAK and with support of UNAIDS office in Kenya.



Participants pay attention during the Women's Meeting at Grand Laico, Nairobi

KEMRI Research alarms PLHIV

In a study that has alarmed PLHIV especially those with children infected with HIV, the Kenya Medical Research Institute (KEMRI) last week reported that babies as young as 6 months have developed resistance to HIV drugs after breastfeeding. The study carried out by KEMRI in Kisumu assessed the effectiveness of various HIV drug regimens in preventing mother-to-child transmission during pregnancy and thereafter.

However, the most intriguing part of this study is that as many as 24 children in the project or research still got infected with HIV even in this PMTCT study. This brings into question the effectiveness of PMCT programmes unless KEMRI was doing their own research with babies and mothers.

Equally alarming is the fact that children infected with HIV developed resistance to ARVs being used by their mothers. While this is easy to explain, it causes alarm because children infected with HIV during pregnancy or during breastfeeding will have limited treatment options because of resistance.

What is your Agenda for the Special JAPR?

The National AIDS Control Council is organizing the 2011 Joint Annual Programme Review meeting and each constituency need to push its agenda. What is your agenda?

For NEPHAK and NEPHAK member organizations, it is an opportunity to remind NACC, NASCOP and other stakeholders of the importance of Positive Health, Dignity and Prevention in improving the quality of life for those already infected with HIV. As a strategy, PHDP comprises aspects that empower PLHIV to contribute to HIV prevention and treatment. During this JAPR, NEPHAK and allies will be rooting for support to PHDP initiatives at the community level. This is also in line with strategies being promoted by NASCOP under PwP.