

# Getting to Zero: The Voice of PLHIV Community in Kenya.

**“Presentation made at the 2<sup>nd</sup> Biennial HIV and AIDS  
Scientific and Research Conference”**

**Kenya School of Monetary Studies, Nairobi.**

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# Outline

- ✓ Overview
- ✓ Introduction
- ✓ Background Definition
- ✓ Understanding Combination Prevention
- ✓ Join in NEPHAK 2013 Advocacy agenda

**“...Test. Guarantee Human Rights. Invest in enabling environment. Treat the People. Stop confusion over eMTCT. Strengthen Lab & Diagnostics. Modernize HIV treatment. Invest in PLHIV. Think about TB and NCDs. Have time for Activism...”**



# Overview

- ✓ This presentation is based on NEPHAK 2013 advocacy priorities.
  - First presented at NEPHAK – Partners Breakfast meeting in Nairobi
- ✓ The advocacy priorities is aimed at shaping the NEPHAK focus towards achieving zero new HIV infections, zero discrimination and zero AIDS and **TB** related deaths.
- ✓ The advocacy priorities are premised upon the Positive Health, Dignity and Prevention (PHDP) Framework.

# Introduction

- ✓ In “*How to get to zero: Faster. Smarter. Better*”, UNAIDS Head, Michel Sidibe points out that the talk about ‘end of AIDS’ has only become possible through the delivery of clear and tangible results that can be attributed to:
  1. science,
  2. political support and
  3. **community responses**
- ✓ **PLHIV** voice and **perspective** is a strong aspect of community response

# Background Definition

- ✓ For PLHIV Community, “ending AIDS means” drastically reducing the number of new HIV infections and preserving the health of PLHIV, so that they do not progress to AIDS.
  - We can end AIDS epidemic in our ‘lifetime’
- ✓ The hope fueling this movement stems from scientific breakthroughs that have validated new HIV prevention strategies
  - We believe in the power of ‘combination prevention’



# Understanding Combination Prevention

- ✓ We now have the tools that, if used strategically and synergistically, can control the epidemic and eventually bring it to an end
  - This is the power of ‘Combination Prevention’
- ✓ The strategic use of ARVs among PLHIV is a central aspect of ‘Combination Prevention’
  - To PLHIV Community, there is no doubt that this is the time to invest in the strategic use of ARVs.



# Step 1: Test and ...!

- ✓ HIV testing is the first and most important step toward ending AIDS. This need to be followed with counseling messages that apply to everyone, regardless of their status: (*about condoms, being faithful and minimize concurrent partnerships, delay sexual debut and employ harm reduction techniques...*)
- Rates of testing in many communities are still low
- ✓ Unless the testing bottleneck is overcome, the potential of so many promising strategies will not be realized



## Step 2: Guarantee Human Rights

- ✓ Laws and policies that criminalize HIV transmission, sex work, same sex-love and injecting drug use are themselves drivers of the epidemic and should not be tolerated!
  - For the Kenya PLHIV Community, HAPCA (section 24) and SOA (section 26) come into mind!
- ✓ Nobody will want to know their HIV status if ‘**knowledge of ones status**’ can be used negatively...





# Step 4a: “Treat the People”

- ✓ Antiretroviral treatment for HIV – positive people is prevention.
  - The combination benefit of improved health, reduced TB and reduced infectiousness is a triple benefit that is truly remarkable
- ✓ Note: PLHIV in care have other health needs...
- ✓ To accelerate treatment, provide support to PLHIV networks and groups to intensify **treatment literacy** and community mobilization



# Step 4b: Stop the Confusion around PMTCT

- ✓ There is commitment to eMTCT of HIV and KMA, which option?
  - “Option A” – short-course single drug therapy for mother and infant
  - “Option B” – involves limited-duration combination for mother and infant
  - Option B-plus provides the mother with combination therapy for life.
- ✓ Option B+ is critical step to realizing the dual goals of eliminating pediatric HIV infections and ending the AIDS epidemic by keeping HIV-positive mothers alive, healthy and disease-free



# Step 4c: Invest in laboratories and diagnostics

- ✓ VL testing, **TB** diagnosis and other laboratory services should be availed free to PLHIV
  1. Monitor treatment failure
  2. Discuss 2<sup>nd</sup> and 3<sup>rd</sup> line treatment options and switch treatment as appropriate
  3. Sensitize PLHIV on non-communicable diseases (NCDs)



# Step 4d: 'Modernize' HIV treatment

- ✓ PLHIV Community in Kenya now call for accelerated phase out of *stavudine* based regimen
- ✓ Invest in better, safer medicines.....



# Step 5: Invest in PLHIV

- ✓ PLHIV have groups and networks. Invest in these groups so as not to lose the benefit of testing and treatment. This is part of community systems strengthening (CSS)
  - **Loss to follow up** Vs **retention in care**, including ART programs.
  - Treatment literacy to enable early uptake of ART
  - Lead **Prevention Revolution**
- ✓ Strengthen linkage with health facilities
- ✓ Address non-clinical needs such as income etc



## Step 6: Think about TB and NCDs

- ✓ TB is the leading cause of sickness and death among PLHIV in Kenya. NCDs are real threat
- ...To achieve zero AIDS related deaths, health care workers need to think beyond HIV



# Step 6: Fund AIDS

- ✓ No country will reach zero without domestic funding.
- ✓ PLHIV need predictable and sustainable supply of commodities needed to prevent, treat and manage HIV



# Have time and room for Activism

- ✓ In a world and nation of competing priorities, scientific presentations, board room negotiations, diplomacy and ‘evidence-based advocacy’ are all necessary ... We have to continue
- ✓ However, proceeding to zero still require activism so as to enable breaking of norms, traditions and ‘rules’





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...2010 ...now ...2015...!

