

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

**“Presentation made at the 2nd 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 2nd and 3rd 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...!

