

KANCO

Newsletter

Issue 9/19

KANCO hosts Global Fund Replenishment workshop

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Esther Kagure, KANCO TB Project, posing for a photo during the Global Fund Replenishment and Domestic Resource Mobilization for Health Workshop hosted by KANCO

KANCO held organized a one day workshop for the youth around Nairobi to sensitize them on domestic resources mobilization in relation to both the Global Fund as well as to global health more broadly, and develop joint advocacy plans for Domestic Resource Mobilization (DRM) and define mechanism and tools for high level outreach; champion building; media engagement towards increased DRM ahead of the 6th replenishment; the civil society and community mobilizations.

Attending the workshop were the members of Youth Advisory Council (YAC), Dr. Carol Ngunu Deputy Director Medical Services, Nairobi County, and CSO representatives. The workshop was in line with the ongoing global fund replenishment in which KANCO is actively working with its partners, the civil society, donors and the government in advocating for the GF replenishment. Further, KANCO is working with these stakeholders to advocate for 5% GDP allocation for health so as to achieve sustainable domestic financing for health. These collaborations and partnerships are in the view that resource mobilization calls for strategy, team work and concerted efforts to increase domestic resources for a sustainable and predictable health sector financing in Africa, hence a solid partnership between governments, civil society and donors is crucial for a successful replenishment.

These engagements are premised on the fact that Health is a fundamental human right, sentiments underscored by various national and international documents in efforts to safeguard it: The African health strategy 2016-2030 states that a sustainable and predictable health sector financing is one of the most crucial pillars of building viable health systems and is a measure for improving equitable access to health services and reducing poverty. Africa's Agenda 2063 and development partners require member states to place increased emphasis on domestic resources towards sustainable health financing and health funding ownership .



Campaigns Manager KANCO taking about the global fund replenishment Campaign during the workshop

Addressing the participants the Campaigns Manager KANCO Rahab Mwaniki, impressed on the role of CSOs in ensuring accountability as well as advocating for not just the global fund replenishment but also increased domestic resource funding for health, by urging their government to meet the 5% GDP allocation to health recommended by WHO to effectively achieve Universal Health Coverage.

Deputy Director Medical Services, Dr. Carol Ngunu reiterated on the importance of public involvement since county budget allocation is done according to issues raised by the public. 'If no one stands out for health among the public, then it might be assumed that health has no gaps to be filled'

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), has been supporting health in a great way supporting combating and eradication of diseases. The 6th Global Fund replenishment is scheduled for October 2019 and the global fund has estimated that it requires a domestic investment of US\$46 billion towards ending the three diseases (HIV/AIDS, TB and Malaria) and strengthening assistance on health financing.

In Kenya there are 1.5 million people living with HIV, placing Kenya as the 4th largest HIV epidemic country in the world .There are 78,000 new infections per year and among this, 18,000 are adolescents and young women. Kenya is also one of the 30 highly burdened countries with TB in the world. Kenya together with other countries accounts for more than 80% of the world's TB cases. Malaria as well remains a big challenge being a major cause of morbidity and mortality. More than 70% of the population remains at risk of infection.

Solid partnerships between governments, civil society and donors is crucial for a successful replenishment.

Rahab Mwaniki

Workshop Pictorial



Youth attending the Global Fund Workshop airing their views

Marking the Zero Discrimination Day



KANCO staff following discussions during the zero discrimination day 2019

KANCO joined NACC, KELIN, KETAM, UNDP, UNAIDS, AHF KENYA, Key Population Consortium of Kenya, WOFAK and other health stakeholders to mark the Zero Discrimination Day themed 'Act to change laws that discriminate' at the Nairobi Safari Club on 1st, March 2019.

The meeting aimed to sensitize the health stakeholders on the provision of the current legal framework and the extent to which it protects rights or acts as a barrier to access HIV-related social, legal and health services. Addressing the meeting, Nelson Otwoma, Executive director NEPHAK underscored the importance of understanding the law and how to apply it.

Gloria Bille-UN Joint team on AIDS, expressed that 'Zero discrimination will not be achieved if rights are not practiced and this calls for all to act and change laws that discriminate against some populations'. The UNAIDS representative thanked Kenya for putting efforts

for creating an enabling environment to do away with stigma and discrimination.

Winne Lichuma –Consultant HIV, human Rights gave a brief highlight on Kenya's legal and policy framework in the context of HIV. In her presentation the consultant highlighted rights that require protection for HIV, highlighting the Right of women, right of children, right to marry and find a family, right to privacy, right to liberty of movement, right to education, freedom of expression, right to highest attainable standards of physical and mental health and right to work.

She further shared highlights from the Kenyan law that protects human rights, the constitution-Act 2(5)(6)22,24,2,and 43.Public health Act-S 27 and 28, Sexual offences act, section26, Narcotic Drugs and psychotropic substances Act –s 5(1)(b) ©, Penal code S 151,154,155 and 162, Country government Act s21 and 185-power to legislate HIV and AIDS Prevention and control act and the health act

Participants further brainstormed and made recommendations to improve Kenya's legal environment. Recommendation from the groups indicated the need for reviewing of the Legal Guidelines, institutions of Service provider's data base, and sensitization / empowerment of community member on the Kenyan Law.

Following panel discussions by Adolescents and Young People Living with HIV (A/YPLHIV) on Perspectives of Women living with HIV and perspectives of Key populations: they recommended: CSOs Empowerment in terms of Harm reduction and the need of partnership for all CSOs and Government bodies.

Teddy Wandera A lawyer at KELIN in his closing remarks said "This event is just a beginning of a fruitful future on issues of stigma and discrimination and working towards positive transformation. We will never purport to say we are ending stigma and discrimination if we don't deal with punitive laws"



Source: Internet

IT IS TIME
FOR A



TB-FREE
KENYA

TB Crisis – The Facts

Tuberculosis (TB) is the world's top infectious killer diseases today. According to World Health organization (WHO), TB is the ninth leading cause of death worldwide and the leading cause from a single infectious agent, ranking above HIV/AIDS. Over 25% of TB deaths occur in the African Region. Kenya is one of the 30 high burden countries that together account for more than 80% of the world's TB cases. Kenya also faces a triple burden of HIV and TB, while TB remains the fourth highest cause of death among infectious diseases.

Key Challenges Facing The Fight Against Today

Multidrug – Resistant TB:

Although Kenya has made great strides in TB control, emergence of multidrug-resistant TB (MDR-TB) remains a big challenge in the country and poses a major health security threat and could risk gains made in the fight against TB. The effects are huge. According to the TB patient cost survey, which is in line with the World Health Organization (WHO) end TB strategy and the Universal Health Coverage (UHC), 62.5% of drug resistant TB (DR-TB) patients lost jobs due to TB. Some of these DR-TB patients have to go through the 6 to 8 months medication regime first before they start the drug resistant regime that runs for 20 months which is very costly. Patients with the DR-TB incur six times higher costs Ksh. 145,109.53 compared to drug sensitive TB (DS-TB) patients Ksh. 25,874.00 (Ministry of health, 2018). The case of William demonstrates the impact TB is having on ordinary Kenyans and therefore validating the call : ***Its time to stop TB deaths***

William is a TB survivor who had a long journey to be TB-free. William lost his wife from TB after she went through the 6 to 8 month TB treatment regime unfortunately she succumbed. After his wife's death, he started having the same symptoms and he knew right away that he was suffering from TB. He too went through the 6 to 8 month TB treatment regime. William did not get any relief after the 8 months, his health kept deteriorating. He was referred to a county hospital where he was tested with a GeneXpert machine which showed he had DR-TB. This time around he was put on medication for 20 months. The side effects were excruciating. After the 20 months, William fortunately tested negative for TB (Centre of health solutions- Kenya, 2018).

Inadequate testing facilities:

Only few government facilities have the GeneXpert machine and sometimes face shortages of cartridges which forces the health facilities to revert to microscopy testing (Oketch, 2018). William's case demonstrates the need to have effective testing facilities in order to detect, initiate treatment and Stop TB Deaths!

Cost and management of TB:

Though TB drugs are free, patients still pay for examinations like X rays and scans. There is also still no clear policy on how to manage TB cases for treatment defaulters. The drugs may be free, but they have to be accompanied by a good diet-vitamin supplement (The standard, 2018). There are more William cases that do not have a happy ending as a huge proportion of people who suffer from TB are from below the poverty line and lack the means to do follow-up screenings and treatment.

Funding:

In spite of the fact that funding has increased through the years, there is still a huge funding gap. Kenya relies on external funding to finance HIV, TB and malaria. An estimated Ksh 77 billion is accounted for by donors which amounts to 92% of the total need estimated at Ksh 84 billion. At the end, the donors invest 1.3 times the total amount of the Ministry of Health budget. This constitutes 3.9% of the total national budget for the FY 2017/18. In 2014/15 financial year, the health allocation rose to 3.8 % from 3.17%, in 2014/15 and 2016/17 it rose to 4.1%. In 2017/18, the allocation fell to 3.9%. Overall, 8% of the budgetary need is not met in HIV and a 26% in TB (Muchangi, 2018).The government needs to add more funding for TB in order to be able to tackle this upcoming new challenges. TB can be fatal, fortunately it is a disease that has a cure.

Ongoing Initiatives

Kenya signed Tuberculosis grants from global fund amounting to Ksh. 6.3 billion for January 2018-June 2021.The funds will support: Procurement of TB medicines ,equipment ,diagnostic supplies and therapeutic feeds; complement government efforts by putting about 338,550 new TB cases on treatment by 2021;provision of medicine to 1,890 drug resistance TB cases until June 2021;short term regimen for treatment of drug resistant TB cases and capacity building of facility/community health workers (National Tuberculosis, Leprosy and lung Disease program, 2019).

It's Time To Act- Stop TB Deaths

In addition to the ongoing initiatives above, the following action points could go a long way in stopping TB deaths:

- ◆ Scaling up prevention by addressing the congestion problem at community level and use CHWs to champion the agenda, put in place mechanisms to respond to the risks of the congestion in prisons and expand TB health education in schools
- ◆ Intensify awareness and Directly Observed Treatments (DOTs) to patients and their families/caregivers on the importance of taking drugs as prescribed and ensure 100% compliance in treatment (drugs) whereby CHWs can support in following up patients to reduce defaulter cases
- ◆ Enhance the capacity of service providers/health facilities to ensure early and effective testing with the right equipment to detect TB and drugs to treat all TB cases
- ◆ Increase domestic funding for TB both at the county an national levels

Its Time for a TB-Free Kenya– ACT Now!