

Newsletter, September Volume 37

# **Building Political Goodwill for Immunization among Women Leaders**



Women Representatives, MPs, Senators, CSOs and Media representatives during the women leaders immunization and HPV sensitization forum at Windsor Hotel

#### In this Issue

- Building Political goodwill for Immunization among women leaders
- TB/ UHC Integration-CSOs Voices
- Kenya makes History with the Launch of the Malaria Vaccine
- Integrated Key Populations Surveillance (IKEPS) Report Writing
- KANCO Central Region
   Updates at a Glance

Cervical cancer kills 9 women every single day in Kenya, it is time to invest resources and voices into this cause

Benda Kiathaka- Women for Cancer

On September 12th 2019, KANCO through the support of GAVI, organized a women leader's forum bringing to-

gether members of parliament, senators and opinion leaders from across Kenya, to sensitize them on immunization and the upcoming HPV vaccine, toward rallying their support and political good will for the cause as well as champion it among their electorates and spheres of influence.

This comes at a time when data from WHO indicates that cervical cancer kills 9 women every single day despite it being vaccine preventable. Addressing the forum the Executive Director KANCO, Allan Ragi stated that this is unacceptable saying, 'If we work together, we can do great things, there is something each one of us can do.'

The World Health Organization (WHO) recommends that all girls aged 10 get two doses of the HPV vaccine six months apart. Age ten presents an optimal window for HPV prevention before they contract it, with those over 10 years



Hon. Esther Passaris, Women Representative Nairobi County drumming support for Vaccines during the forum



Kanco Executive Director, Hon. Sabina Chege, Ludfine Bwinde, UNAIDS, Rahab Mwaniki-Campaigns Manager KANCO and a delegate holding discussions ahead of the engagement

being advised to get it before the age of 26.

With the vaccine set to be launched and rolled out nationally later this month by the Ministry of Health, it has been meted by resistance from different quarters and thus political goodwill and the strengthening of the women in leadership voices is critical for the successful launch and uptake of the vaccine.

Speaking during the forum the co-founder, Women for Cancer Kenya, Benda Kithaka, called on the women leaders to leverage on their power and influence by using their "Voices

to influence the resources and prioritization of the HPV vaccine" in lieu of prevention being better than cure.

Addressing the forum Dr. Rose Jalang'o, National Vaccine and Immunization programme (NVIP), reiterated that every person in the community starting with the leaders can do something to promote the uptake of vaccines saying; "In the older days different people used to do different things to prevent diseases before the advent of vaccines, today our work has been made easier. So let's all be champions for immunization and preventive measures for HPV and cervical cancer by supporting this cause.'



Dr. Rose Jalang'o NVIP making a presentation during the forum

Addressing the forum, Hon. Sabina Chege, Women Representative



Women representatives following proceedings during the forum

Murang'a County and Chair of the Parliamentary Health Committee, thanked KANCO for the opportunity to learn saying 'Information is power and the more information we have the more we are able to engage meaningfully'

The forum was attended by 17 women legislators, UNAIDS, CSOs and the media.

## **TB/ UHC Integration- CSOs Voices**



CSOs representatives, KANCO and RESULTS UK during the TB/UHC discussions hosted at the KANCO offices

The jubilee government efforts to pilot Universal Health Coverage (UHC) and roll it out have been met with both applause and confusion with many stakeholders still struggling to unpack what UHC means in terms of what has changed from what was, What the benefits are, what is encompassed in the UHC package, who is eligible, How it is funded and whether it is sustainable etc. While a lot of information needs to be shared to enhance full support for the cause, there is also need for strong CSOs participation in the role out process as key stakeholders in enhancing social accountability. This comes at a time when a 2014 World Bank report on healthcare in Kenya showed that only 20 per cent of Kenyans have access to medical insurance.

On the 10<sup>th</sup> of September 2019, KANCO in partnership with RESULTS UK, KANCOs global advocacy partner under the ACTION partnership, held a Kenya civil society and community organizations meeting working on TB, HIV and UHC to share and discuss on the status of UHC in the country. Specifically, the discussions focused on the implementation of a universal-based approach to TB services.

The discussions focused on different issues including: the policy framework/provisions, implementation, gaps, challenges and opportunities, sustainability of funding and key social interventions, access to treatment and associated costs including out of pocket costs for TB treatment, the status of the UNHLM targets, the impact of UHC on the TB Response, the expectations and challenges around UHC.

The policy analysis by CSOs working in HIV, TB and Malaria was towards defining an essential set of services that would help make the TB response in each country universal and reach those currently being missed in the TB response, presently at 40% in Kenya. The discussion was premised on the fact that Kenya is a signatory to the UN High-Level Meeting on Tuberculosis (HLM TB) Political Declaration that outlines ambitious, specific and time-bound commitments for tackling the disease.

In regard to the policies and frameworks, Kenya recently revised its National Strategic Plan for TB, completed a National Patient Cost Survey and conducted a Legal Environment Assessment. Though these efforts Kenya seem to be well on the way to achieving the HLM TB recommendations, the CSOs felt there is still a disconnect between policy and prac-

tice in regard to the trickle down of their impact especially at the community level.

"As a community person policy documents are technocrats documents, it is the language of the 'what' and 'why', but we need to start thinking around the kind of documentation that we need to make the common person understand UHC, how TB fits in as

well as HIV. For example currently the National Hospital and Insurance Fund (NHIF) does not cover HIV under NHIF while the social protection elements for TB are not catered for under NHIF, therefore as CSOs we need to start asking important questions' expressed inviolata Mbuavi, ICW

In regard to funding the CSOs observed that resources for health among partners were largely uncoordinated. There were still some challenges along co-financing obligations and more effort and advocacy was still needed around Domestic Resource Mobilization for Health. Further the flow of resources from the national level to the community level was very slow and minimal as well as resources for social accountability often lacking. The team was also informed that the Global Fund feedback on TB funds absorption, indicated low

There is need for more political goodwill and leadership

CSOs, forum Nairobi

absorption levels with most funds being returned unutilized especially the money held at the TB program, raising questions of why despite the high TB burden faced by the country.

In regard to political leadership for TB, the CSOs opined that there was still need for more strong political leadership and good-will, that would help translate the policies to practice. The team made reconditions in closing, calling for the urgent need to define and unpack UHC to facilitate understanding and support for the cause as well as the need for translation of the policy frameworks to the counties to facilitate funding for TB programs.

## Kenya makes History with the Launch of the Malaria Vaccine



Cabinet Secretary Health Sicily Kariuki administering the Malaria Vaccine during the Launch

KANCO joined delegates from across Kenya and the globe to witness Kenya make history as the third country after Ghana and Malawi to include the Malaria Vaccine into its routine immunization programme, in effort to eradicate Malaria.

The vaccine, which is the first of its type, was launched in Homa Bay County, marking a great leap towards the eradication of a killer disease that claims millions of lives every year.

The vaccine called RTS, or Mosquirix will be injected to boost immunity and will be administered to children at the ages of 6, 7, 9 and 24 months.

Officiating the launch, the Health Cabinet Secretary Sicily Kariuki, stated, 'The vaccine will be



Rudi Eggers - WHO Representative Kenya, administering a vaccine during the Malaria Vaccine Launch

given to children in health facilities and other immunization centers designated by county governments."

Allaying any fears around the vaccine, she explained that the vaccines safety and efficacy had been scientifically proven through clinical trials thus not harmful at all.

The vaccine will be added to the routine vaccination schedule, and more than 300,000 children are expected be vaccinated over the next three years. This will be carried out alongside other traditional malaria prevention measures such as the use of mosquito nets, residual spraying etc.

The launch was done to mark the first phase of immunization that covers eight counties along Lake Victoria region including: Migori, Kisumu, Siaya, Busia, Homa Bay, Kakamega, Vihiga and Bungoma.

The CS also assured that the vaccines will be rolled out in other counties as soon as logistical arrangements are made.

Speaking at the event, WHO Representative to Kenya Dr. Rudi Eggers reiterated, "Vaccines are powerful tools that effectively reach and better protect the health of children who may not have immediate access to the doctors, nurses and health facilities they need to save them when severe illnesses comes. This is a day to celebrate as we begin to learn more about what this vaccine can do to change the trajectory of malaria though childhood vaccination."

Other speakers urged the county government to invest in more community health workers to enhance uptake of the vaccine. The first phase of the vaccine funding is jointly supported by the Government of Kenya, PATH and the World Health Organization.

KANCO welcomes the move as an advocacy institution for vaccines and child health and as one of the partners organizations that have been implementing Malaria Prevention interventions in the Malaria High burden counties, through the Global Fund Malaria Porgramme under AMREF Health Africa.

## Integrated Key Populations Surveillance (IKEPS) Report Writing

National AIDS STI Control Program (NASCOP), in collaboration with the Centers for Disease Control and Prevention (CDC) and University of California San Francisco (UCSF) conducted a study dubbed, *Integrated Key Population Surveillance* (*IKePS*) in twelve (12) Counties in Kenya, that involved implementing partners for key populations who include Sex workers (FSWs), Men who have sex with men/Men Sex workers (MSM/MSWs) and People who inject drugs (PWIDs)

KANCO as one of the key populations programming implementing partners was invited to provide technical support for the PWIDs section during the IKEPs report writing workshop that took place at Gelian Hotel in Machakos County, from 9th-13th September 2019. From the workshop, a draft report was compiled, reviewed and input from stakeholders factored in, and recommendations made for the programme.

The Key Findings from the study on PWIDs include: HIV prevalence among PWIDs attending Drop in Centre (DIC) was at 5.2% and the incidence was 3.2%. Majority were aged 25 – 54 years and had been enrolled in the DIC for one year or more.



Inset: PWIDs team working on the Report

The PWIDs were single or married, however, higher proportion of the HIV positive PWID registered for ART in the DIC were divorced or separated. Among those who are on ART at the DIC, majority were men the research further indicating that very high proportions of PWIDs tested for HIV in the DIC. While two in five PWIDs tested for HIV, more than 5 times, one in four PWIDs never tested. Overall clinic visits including frequency of visits (5+) by PWIDs have increased between 2015 – 2018. A low proportion of PWIDs were using PrEP and PEP as a HIV prevention method. Among the users, a high propor-

tion used it only once. GBV screening among PWID is low and support provided was even lower.

The findings show that clinics are enrolling PWIDs who are below 18 years. This proportion is lower than the young PWIDs estimated during the recent mapping and estimation. The findings also showed that HIV positive PWIDs who were young preferred to pick their ART elsewhere.

A key recommendation on the report was; Prevention programs should be prioritized for the PWIDs who are single and HIV negative. A high proportion of married PWIDs offer an opportunity for couple counselling and index testing. The DIC can support the married couples for disclosure of HIV status, partner notification and testing and other couple related psychosocial support services.

The existing DIC needs to refine their programs to address the needs of young population such that it attracts more young PWIDs. The recently launched Young Key Population national guidelines provide opportunities to programs for young PWIDs.

A national validation meeting is scheduled for September, 30<sup>th</sup>, 2019. This will be followed by printing of report and nationwide dissemination of findings to inform decision making in Key populations programs.

## KANCO Central Region Updates at a Glance

KANCO central has been carrying out several activities towards the realization of a healthy people, empowered communities. The activities are carried out in an integrated manner bringing together the community and policy makers towards the achievement of shared objectives and people centered development. Some of the key highlights from the region include:

#### **Developing Accountability Score Cards:**



In line with the constitutional provision for public participation, KANCO was involved in the Development of an input tracking system led by Health Rights Advocacy Forum (HERAF), in partnership with Nyeri County government, to enhance information access, transparency and accountability by tracking change and impact, generate demand and provide suggestions for effective development. The exercise sought to enhance community involvement in monitoring and evaluation of Universal Health Care (UHC) project within Mukurwe-ini sub-county.



#### **Engagement with the National AIDS Control Council (NACC)**

KANCO Central region has been working closely with the National AIDS Control Council (NACC) Regional office and with change of officers ,KANCO visited the offices and held discussions on how to secure a conducive HIV programming environment for all especially the Key and Vulnerable populations. With a average of 4 new HIV infections daily, 2 of them among young people aged 15-24 years, and an average daily mortality rate of 2 persons, the HIV epidemic trend in the county is worrying. As a result, Nyeri County effectively established a Key Populations— Technical Working Group (KP-TWG) to strengthen coordination, which KANCO is a part of.



#### **Economic Empowerment**

KANCO was invited to give a talk on economic empowerment to security guards working for the Catholic Archdiocese of Nyeri. KANCO regional coordinator Michael Nderitu, gave a talk on HIV, TB and poor health seeking behavior among men. He then talked to them about entrepreneurship advising them to form groups that would ease their access to funds by the government like Uwezo fund as well as start small SMEs that can go in line with their occupation.



#### **Youth and Women Empowerment**

Nyeri youth and women empowerment initiative group, a group involved in waste disposal management, Health and empowerment of slum dwellers from Kiawara and witemere slums of Nyeri Town paid a courte-sy visit to KANCO, with the intention to find out ways in which they can partner with KANCO to achieve their goals. They registered with KANCO and requested for capacity building guidance and any other form of support in reaching out to as many young people as possible, especially the street families.



### Fighting TB: Working with informal health Service Providers

Through the TB Accelerated Response and Care (TB-ARC) project KANCO has been working with Informal Health Service Providers (ISPs) and so far has mapped and sensitized 25 ISPs on TB screening and referral who have continued to refer clients to formal health facilities for further investigation



#### Mental health stakeholders' forum

Caritas Nyeri an FBO and a KANCO Member in collaboration with the KANCO central office have been running a program on Mental illness through engagement of different stakeholders in the county. They have been working to increase public awareness on mental health and mental illness to stimulate local action, fight stigma and discrimination against people with mental illness, promote and protect the rights of People With Mental Illnesses (PWMIs), Provide psychosocial support and psychotherapy in partnership with department of health and addressing cases of human rights violation among PWMIs. Going forward the county public health officer committed to collect, collate and analyze mental health data and share for informed advocacy.

#### **Upcoming Events**

- ♦ KANCO Networking Meeting—27th September 2019
- ♦ GF Malaria Quarterly Review Meeting-23rd-29th, Sep 2019
- Kenya Mode of Transition study meeting 23rd-29th Sep 2019

## **CONTACTS**

Regent Management Limited Courts/ Opposite Nairobi Women's Hospital/
Argwings Kodhek Road/ Block C

P.O. Box 69866 - 00400 Nairobi - Kenya

Email: kanco@kanco.org

Compiled by: Wachira Charity – Communications Officer.

Contributing Writers: Sylvia Ayon- Key Populations Programs Manager

**Edited by:** 





**KANCO KANCO** 



@Kenya.AIDS.NGOs.Consortium.KANCO