

HIV

MONTHLY

OCTOBER 2017

TOP STORY

PEOPLE LIVING WITH HIV & ON ART CANNOT TRANSMIT HIV AFFIRMS CDC

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HIV & HEROIN
ADDICTION

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COMMITMENT
TO THE GLOBAL
FIGHT AGAINST HIV
AND AIDS



**Knowing your HIV status is the initial step
in combating the spread of HIV and AIDS.**

#JijueJipange



MESSAGE FROM THE CEO



Dear Readers,

This is our inaugural edition of the HIV Monthly. While we have previously published the Maisha Bulletin to keep you updated on the news stories and events taking place in the HIV response in Kenya, you have times and again requested that the Bulletin be more outward-looking and therefore incorporate events and developments from around the country as well from the international arena. This publication is therefore a response to that request.

In this particular edition, the confirmation by Centre for Disease Control (CDC) that people living with HIV and on ART, who have achieved viral suppression cannot transmit the virus to their sexual partners, serves as our lead story. The Head Technical at the NACC has helped breakdown what this particular confirmation by CDC means in Kenya's HIV response. We have also highlighted the national HIV stock-taking meeting that occurred in the month of October and the innovative ways in which the County of Mombasa is fighting HIV and heroin addiction among people who inject drugs and are living with HIV. In the international arena, we've shared some of the key proposals on how to get to zero as highlighted during the 72nd UN General Assembly. The commitment by the USA to the global fight against HIV and AIDS concludes the list of stories in this particular edition.

The HIV Monthly is produced for the national response and such, I highly encourage all of you to submit your stories and articles to communication@nacc.or.ke for consideration, I am sure that by so doing, we shall together publish a robust bulletin that helps push both the HIV agenda and informs HIV conversations.

Happy reading.

Dr. Nduku Kilonzo

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EDITORIAL TEAM

EDITOR
John Ohaga

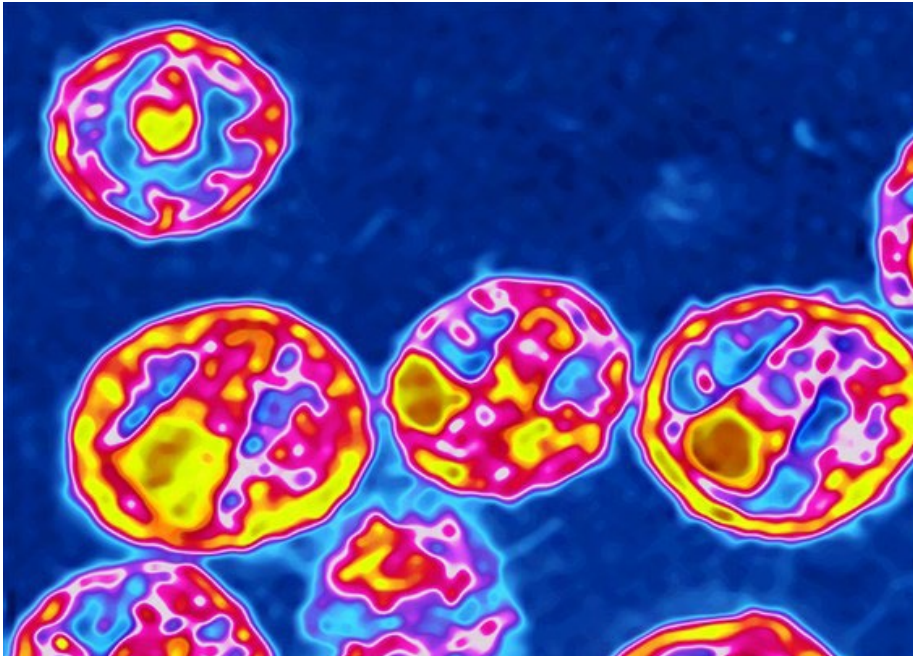
CONTENT/STORYLINES

Lead Contributor
Cyphrene Wasike

Contributors
Steve Oyugi
Ezekiel Mwabili

Design and Layout
Ezekiel Mwabili

PEOPLE LIVING WITH HIV & ON ART CANNOT TRANSMIT HIV AFFIRMS CDC



After protracted debate around whether people on treatment can transmit HIV virus or not, Centre for Disease Control-CDC has joined scores of public health agencies and more than 400 organizations from nearly 60 countries in affirming that people who are living with HIV and religiously take their medication are not dangerous to sexual partners. The CDC has declared that HIV patients cannot transmit the virus to sexual partners if they have suppressed their viral load with medication.

Locally, stakeholders have welcomed the move by CDC as the country strives to End HIV and AIDS as a public Health Threat by 2030 amid high stigma cases. National AIDS Controls Council's Head of Technical Support Dr. Celestine Mugambi describes CDC's affirmation as a timely move which will provide impetus to the realization of the 90:90:90 global targets. She however called on stakeholders to ensure eradication of barriers that hinder People Living with HIV in accessing Treatment to maximize on such findings.

'We need to create an environment where HIV testing is easily and

readily available to all as this acts as an entry point to early initiation to treatment. New innovations like the recently launched HIV self testing are in essence then very timely. However, it is important to recognize that many People Living with HIV may not be in a position to reach an undetectable status due to limited treatment access caused by poverty, denial, stigma and discrimination and criminalization. PLHIVs must therefore be supported to access and adhere to medication so as to achieve viral suppression. Strengthening community structures and interventions to support PLHIV coupled with advocating for reduction of HIV related stigma and discrimination is key", said Dr. Mugambi.

She further noted that despite the affirmation, correct and consistent condom use is still key to HIV prevention and must be advocated for and encouraged at all times. 'Benefits of condom use are not limited to prevention of HIV transmission alone. Condoms are also highly effective against preventing unintended pregnancies as well as against other STIs. Therefore condom use has far more reaching public health benefits. In spite of this affirmation by CDC, we must still

THE DIVIDEND OF REVOLUTIONARY FINDINGS IN THE HIV RESPONSE CAN ONLY BE HARNESSSED WHEN COMMUNITIES WHO BEAR THE GREATEST DISEASE BURDEN ARE EMPOWERED.

NEPHAK C.E.O Nelson Otwoma

advocate for safe and responsible sexual activity and ensure that condoms are made available and accessible to all who need them especially the youth.' Noted Dr. Mugambi.

Echoing Dr Mugambi's sentiments, NEPHAK C.E.O Nelson Otwoma noted that the dividend of revolutionary findings in the HIV response can only be harnessed when communities who bear the greatest disease burden are empowered. Otwoma who has been on the fore front fighting for the rights of People Living with HIV in the country expressed fears that many people may misinterpret CDC affirmation and lose focus on the Combination Prevention which is the surest way of Preventing HIV and AIDS and Sexually Transmitted Diseases.

'CDC is only affirming facts that have been in the public domain. However, people need to be told that this is not a magic bullet against HIV and AIDS. We still have to emphasize on Combination Prevention.' Said Otwoma.

He also asked stakeholders to spearhead an Undetectable=Untransmittable Campaign meant to help reduce HIV-related stigma and encourage people living with HIV to initiate and adhere to a successful treatment regimen. This he noted will help reduce stigma which continues to hamper efforts against HIV and AIDS in the country.

CDC affirmation certainly provides an avenue for advocacy against myths and taboos around HIV infection and Treatment and becomes a powerful tool in the fight against HIV stigma.

KENYA HOLDS HIV PREVENTION STOCK-TAKING MEETING



Kenya held the National HIV Prevention stock taking meeting on October 2-3, 2017 to take stock of the HIV Prevention progress and provide an opportunity for in depth analysis of the prevention interventions.

The number of new HIV infections in Kenya and Sub-Saharan Africa is unsustainably high, translating to unaffordable future cost liabilities for HIV anti-retroviral treatment for Governments. The Programme Coordination Board (PCB) of the UNAIDS Geneva, in its 39th session resolved that a Global HIV Prevention Coalition Meeting be held on October 10-11, 2017 aimed at creating Global political and programme shifts to reverse the numbers of new infections. It is worth noting that Kenya is the Principle host of the Global HIV Prevention Coalition Meeting which was initially scheduled to take place in Nairobi, Kenya but had to be relocated to Geneva due the prolonged electioneering period. During this meeting the Coalition Member States, Kenya being a member are expected to

present position papers stating clearly their acceleration plan for HIV prevention as per the Global guidance. As a procedure the Coalition Member States are expected to hold in-country processes dubbed HIV Prevention Stock-taking meetings that bring together the various players in the HIV-Subsector to assess the progress and come up with clear strategies on how to accelerate the HIV Prevention and meet the Global targets. It is on this basis that Kenya held the National HIV Prevention stock taking meeting on October 2-3, 2017 to take stock of the HIV Prevention progress and provide an opportunity for in depth analysis of the prevention interventions for accelerating the plan.

The meeting whose outputs were amongst others to: generate country and county report card of HIV prevention as at

December 2016, set country and county specific strategies for achieving 2020 targets, drawing of a technical assistance plan for the provision of coordinated technical support to counties, documentation of lessons learnt and progress report for the GPC meeting and validation of the Kenya HIV prevention accelerated plan, successfully achieved its objectives. Hosted by the National AIDS Control Council (NACC), the meeting drew its participants from the County Governments, Private Sector, Civil Society Organizations, Faith Sector and Development Partners.

In her remarks the NACC CEO Dr. Nduku Kilonzo acknowledged the positive responsiveness to this national process by the targeted sectors and entities and pointed out that the country would make commitments to the Global AIDS Monitoring Programme in six months' time on the targets and indicators agreed on during the meeting after they are polished and refined. This will then form the body of Technical Guidance for Kenya and a subset of the Global Guidelines for HIV Prevention. She also urged the meeting to develop HIV Technical Assistance Needs Guide for the Counties with the support from Partners such as UNAIDS while at the same time strengthening Case study compilation in a form that could be disseminated.

During the high level GPC meeting in Geneva, the Global HIV Prevention Roadmap 2020 was also launched.

MOMBASA FIGHTS HIV & HEROIN ADDICTION



Dr. Mahad Hassan is a medical expert in charge of Medically Assisted Therapy (MAT) clinic in Kisauni, who is using innovative ways to provide HIV treatment to those who are living with HIV,

It is estimated that new HIV infections among key population groups (men having sex with men, sex workers, persons who inject drugs) in Mombasa County, account for up to 44 percent of all new infections in the County, annually. According to the Mombasa County HIV & AIDS Strategic Plan 2016/2020, Mombasa continues to struggle with the management of the epidemic among key populations, especially persons who inject drugs, which the Plan has prioritized.

When the Maisha Bulletin team, in the company of the media, visited Mombasa County to document some of the best practices adopted by the County to manage the spread of HIV among key populations, they met Dr. Mahad Hassan, a medical expert in charge of Medically Assisted Therapy (MAT) clinic in Kisauni, who is using innovative ways to provide HIV treatment to those who are living with HIV, are addicted to heroin and have been put on a heroin rehabilitation



Ms Naema, aged 29 years old is one of the patients in Kisauni's Medically Assisted Therapy (MAT) clinic who is on methadone and living with HIV.

treatment. According to Dr. Mahad Hassan, “among 10 injecting drug users in Mombasa, 4 to 5 people have HIV”. Dr. Mahad Hassan combines the treatment of HIV and TB together with Methadone, because he realized that “most clients who are recovering from heroin addiction and are also on ARVs, were more adherent to their methadone treatment but not to the HIV medication”. To deal with the challenge, he encourages his clients who are HIV positive and on methadone treatment, to adhere to their HIV medication for them to qualify for their daily methadone doses. Methadone is a drug prescribed by doctors as a substitute for heroin to reduce or quit the use of heroin and other opiates.

The innovative combination of HIV treatment and methadone came into effect when 3 patients died of HIV and TB drug resistance while still taking methadone in Mombasa County. Currently, Dr Mahan’s clinic has 12 patients who are on combined treatment in the clinic. Dr. Mahan further revealed that there is a huge correlation between addiction to injecting drugs, and the explosion of new HIV infections among the general population in the County. This view was supported by one of the facility’s combined treatment patients Ms. Naema who stated that unlike male addicts who may steal to raise money for heroin, women who inject drugs will engage in sex work, mostly with multiple partners, thereby exacerbating the spread of the virus.

LESSONS FROM THE 72ND UNITED NATIONS GENERAL ASSEMBLY

IAS Executive Director Owen Ryan 5 point plan for UN Secretary General on HIV and AIDS.

World leaders converged in New York for the 72nd regular session of the United Nations General Assembly.

The meeting coming a year after the adoption of Sustainable Development Goals (SDGs), which among other things, outlines a framework for countries, World leaders, Civil Society and partners to fast track the process to ending HIV and AIDS as a public Health threat by 2030 as outlined in SDG 3.

International AIDS Society Director Owen Ryan outlined five points for the United Nations General Secretary to consider in leading the global body in combating HIV and AIDS.

Lead the fight against social and economic disparities: HIV risk has long been correlated with high levels of social and economic inequality. New HIV infections are increasing the fastest in middle income countries. A myriad of factors ranging from withdrawal of international health support combined with massive poor populations, means that many poor people in middle-income countries actually become more deprived of essential health and social services as their own countries develop economically.

Promote human rights and social justice as essential pillars of global progress: There's need to address the declining space of civil society and increased human rights abuses and social

injustice. Widespread discrimination and unjust conditions create a climate that increases vulnerability to HIV and deters the most vulnerable from seeking essential services. The global community must advance a positive, people-centred agenda that recognizes respect for human rights and a commitment to social justice as non-negotiable, regardless of setting.

Actively take on the uncomfortable: The UN needs to fearlessly and visibly oppose the criminalization of sex work, same-gender relations, and HIV transmission, exposure or non-disclosure. The UN must enthusiastically promote sexuality education, sexual and reproductive health and rights, and legal recognition and protections of gender identity. The UN must champion the causes of the most vulnerable, including poor households, adolescent girls and young women, migrants and prisoners.

Promote universal access to affordable medicines: Although historic gains have been made in lowering the prices of antiretroviral medicines, costs remain too high. Urgent steps are needed to preserve the viability of the generic pharmaceutical industry and to strengthen the ability of countries to maximize legal flexibilities to increase access to essential medicines. These reforms will require a rethinking of intellectual property regimes, a re-commitment to global solidarity and an embrace of more socially responsible roles for private enterprises.

US AFFIRMS ITS COMMITMENT TO THE GLOBAL FIGHT AGAINST HIV AND AIDS

The United States has reiterated its commitment to the fight against HIV and AIDS. The commitment was re-affirmed by Secretary of State Rex Tillerson while launching the PEPFAR Strategy for Accelerating HIV and AIDS Epidemic Control (2017-2020) on 19th September 2017 in New York. Through The President's Emergency Plan for AIDS Relief (PEPFAR) The U.S is the largest bilateral donor to the global HIV and AIDS response. The Strategy sets a bold course for achieving control of the HIV and AIDS epidemic in 13 high-burdened countries by the end of 2020. Kenya has the fourth highest HIV burden globally and is therefore one of the countries under focus. The commitment to achieve HIV control in these high burden countries will be accomplished in partnership with and through attainment of the UNAIDS 90-90-90 framework. The strategy, anchored on three pillars lays a framework for investing in more than 50 countries with three concrete goals. First, to maintain life-saving treatment for those already enrolled, while making essential services like testing linked to treatment more accessible. Second, to provide even more services for orphans and vulnerable children – those who are immediately and permanently affected when a parent or caretaker is lost to this disease. Finally, to accelerate progress toward controlling the pandemic in a subset of 13 countries, which represent the most vulnerable communities to HIV and AIDS and have the potential to achieve control by 2020.

Since inception in 2004, PEPFAR has been instrumental in changing the tide against HIV and AIDS in Kenya. It has particularly played a key role in scaling up of revolutionary programs including Prevention of Mother to Child Transmission, HIV Testing and Treatment as well as Voluntary Medical Male Circumcision which have had a huge impact to the HIV response in the country.

For more follow the below link.... [Http://bit.ly/2hg3sW3](http://bit.ly/2hg3sW3)



ISO CERTIFICATION PUTS NACC ON COURSE TO EXCELLENCE



In order to effectively deliver on her core mandates of providing a policy and a strategic framework to guide the national HIV response, mobilization and coordination of resources, prevention of HIV transmission and care and support for those infected and affected by HIV and AIDS, the NACC continually undertakes self-assessment to review her performance and to ensure that the people-centered approach to public service, defines her operations. The institution therefore invests in ensuring that her quality procedures adhere to the global excellence standards.

This commitment has enabled the NACC attain the ISO 9001:2015 certification. With this, the NACC's coordination role is expected to be enhanced to ensure critical HIV Services reach those who need them most. A streamlined and well-coordinated national HIV response is a panacea to the known challenges facing public health sectors across Sub-Saharan Africa. The NACC, headquartered in Nairobi, has 18 regional offices manned by Regional HIV Coordinators (RHC) to facilitate her grassroots reach and to ensure services are delivered to the grassroots where they are most required.

To ensure its effectiveness, efficiency and continual development, the Council has since established, implemented and is maintaining a Quality Management System, which provides a framework for measuring and improving its performance in compliance with ISO 9001:2015 requirements. As outlined in its Quality Policy, NACC strives to provide its customers with products and services of the highest possible standards, while consistently meeting and exceeding customers' expectations of quality, reliability and excellence.

NACC's ISO 9001:2015 journey is one that has enabled the Council to strengthen its operational systems while seeking newer and more innovative service delivery strategies. Backed by the current Strategic Plan 2015-19, the certification gives the NACC the wherewithal to ensure that its processes and functions are truly reflective of the Social pillar of Kenya's Vision 2030 blueprint, which is anchored on creation of a just, cohesive and equitable social development in a clean and secure environment.

With the attainment of the ISO 9001:2015 the NACC joins the elite club of public sector certified institutions namely NITA, NSSF, KEMSA and KNEC.

HIV & AIDS TERMINOLOGIES

- Antiretroviral drugs (ARVs)**
 These are drugs used to treat HIV and prevent it from copying itself and spreading throughout the body. They keep the virus at low levels, improve the immune system, and reduce the likelihood of passing HIV on to someone else.
- Antiretroviral treatment (ART)**
 This is the treatment for HIV – made up of antiretroviral drugs. ART uses a combination of three or more antiretroviral drugs (ARVs) to stop HIV from spreading throughout the body.
- CD4 count**
 CD4 count is a measure of the number of CD4 cells (or T-helper cells) in someone's blood. A simple blood test can count the number of cells. CD4 cells are a type of immune system cell in the body that HIV attacks and kills over time.
- Post-exposure Prophylaxis (PEP)**
 PEP is short-term treatment that must be taken within 72 hours of possible exposure to HIV, for example after unprotected sex. It stops HIV spreading throughout the body and causing an infection.
- Pre-exposure Prophylaxis (PrEP)**
 PrEP is a daily course of antiretroviral drugs that can prevent HIV infection. It is aimed at HIV-negative people who may have an HIV-positive partner, be unable to negotiate condom use, or be having repeated sex without a condom. When PrEP is adhered to exactly as prescribed, it reduces the chances of HIV infection to near-zero. But if pills are missed then the risk of infection will increase substantially. Read more about PrEP.
- Opportunistic infection**
 This is a type of infection that occurs in people with a weakened immune system (for example people living with HIV).
- Undetectable / virally suppressed**
 A person living with HIV is considered to have an 'undetectable' viral load – or to be virally suppressed – when antiretroviral treatment has brought the level of virus in their body to such low levels that blood tests cannot detect it. As long as treatment is adhered to and viral load remains undetectable (as monitored by a health professional), they cannot transmit HIV to others and their health is not affected by HIV.

Adapted from <https://www.avert.org/about-hiv-aids/glossary>