



Your Ref: TBA

Our Ref: C/KELIN/2011

Date: 16<sup>th</sup> March 2011

1. Hon. Beth Wambui Mugo E.G.H., M.P,  
Minister for Public Health and Sanitation,  
Afya House,  
Cathedral Road,  
P.O Box 30016-00100  
Nairobi
2. Hon. Peter Anyang' Nyongó E.G.H., M.P,  
Minister for Medical Services,  
Afya House,  
Cathedral Road,  
P.O Box 30016-00100,  
Nairobi
3. Hon. Esther Murugi Mathenge E.G.H., M.P  
Minister of State for Special Programmes,  
Comcraft House,  
Haile Selassie Avenue,  
P.O Box 40213-00100,  
Nairobi

Dear Sirs,

RE: WHY HIV IS STILL AN EMERGENCY.

A condemnation of a press comment made by Dr. Martin Sirengo of NASCOP by members of Civil Society Organisations (CSOs), Persons Living with HIV (PLHIV), Tuberculosis (TB )patients and communities working on health and human rights issues.

We write in reference to the above captioned matter and in response to the newspaper article that was published on the 10<sup>th</sup> of March 2011 entitled "Aids to lose 'special status' in new plan." A copy of the article is attached for ease of reference.

We wish to indicate that HIV still remains a national disaster as declared in 1999, but regrettably not gazetted, for the following reasons, which we believe should be well known to Dr. Martin Sirengo who works for one of the arms of government that deals with treatment and preventing the spread of HIV:

- I. There are over 1,500,000 PLWHIV in Kenya<sup>1</sup>
- II. There are almost 800,000 people living with HIV who are eligible for ARV treatment but only 400,000 are receiving it.<sup>2</sup>
- III. Kenya has a prevalence rate of 6.8%, but we rank among the top five globally in terms of estimated new infections per year. According to UNAIDS 2010 Global estimates, Kenya had 110,000 new infections.
- IV. We had 92,000 deaths that are HIV related for the year 2010.
- V. 22,235 children were born with HIV in 2010 while developed countries have completely stopped the Mother to Child Transmission.

<sup>1</sup>> Sustainable HIV/AIDS Care Financing: paper presented by the Sustainable Finance Task Force at the meeting of parliamentarians on 28th January, 2011 in Mombasa

<sup>2</sup> *ibid*



- VI. According to the Kenya AIDS Indicator Surveyor of 2007, as many as four out of five HIV positive Kenyans do not know their HIV status <sup>3</sup>
- VII. The government’s contribution to the health budget falls below the Abuja commitment of 15%<sup>4</sup>. Whereas the government contribution to the health budget for 2010/11 was only 6.3% (Ksh 51 billion) of the total government budget and 1.7% of the Gross Domestic Product (GDP)<sup>2</sup> the rest was being funded by donor money. For AIDS programmes, the Government of Kenya presently funds only 13% of national expenditures, leaving over 87% for donors. <sup>2</sup>
- VIII. Due significantly to this underfunding, we face a yawning 23.6 billion gap in funding for life-saving antiretroviral treatment and other HIV services the country has committed to, by FY2014/2015.<sup>2</sup>
- IX. HIV remains the most stigmatised disease historically, and the stigma associated with HIV has been termed as the third epidemic.
- X. Persons living with HIV face a lot of discrimination as a result of the stigma associated with HIV, which has resulted in violation of some of their rights enshrined in the Constitution. In particular, the right to life, right to human dignity and right against discrimination.
- XI. The HIV Tribunal remains unfunded despite two years after the gazettelement of its members
- XII. Over half of all people living with HIV are women and girls who also shoulder a disproportionate burden of caring for PLHIVs because of gender roles.<sup>2</sup>

These numbers are unacceptable in an era when we know that early initiation on quality anti-retroviral therapy results in dramatic reductions in morbidity and mortality as well as reduction of sexual transmission by 92%<sup>2</sup> and virtual elimination of mother to child transmission to less than 2%<sup>2</sup>, -5%<sup>2</sup>. We are at a crucial time when new scientific findings from Kenya have shown light at the end of the tunnel; increased resources and programs directed at treating and preventing HIV will finally end the epidemic.

We would like to clearly state that we encourage and would support the Ministry of Public Health and Sanitation, The Ministry of Medical Services, Ministry of State and Special Programmes, The National AIDS and STD Control Programme (NAS COP) and the National AIDS Control Council (NACC), efforts to ensure that matters relating to HIV are dealt with from a human rights based approach and are integrated into the healthcare system. We fully support and have advocated for integration of services and reduction of expensive parallel systems—as long as quality of care is preserved. We also wish to note that the gains made so far in the fight against HIV have been a joint effort by government, civil society and development partners.

We would like to provide a word of caution about the remarks made by Dr. Martin Sirengo. As a doctor working for the government on issues of HIV prevention, and as an accountable public servant, such misinformed and poorly timed statements are unacceptable. It is important that matters of HIV, or any matter, is discussed based on sound evidence. Should your relevant Ministries or government departments require this information, we the undersigned organizations, have this information and are available to provide you with it.

In our view the remarks made by Dr. Sirengo, contribute negatively towards our effort to seek increased health funding allocations both from the government and development partners in order to achieve Universal Access and the Millennium

<sup>3</sup> KAIS 2007 reports that, “among laboratory-confirmed HIV-infected individuals in KAIS, 57 percent reported that they had never tested for HIV. Another 26 percent reported themselves as negative based on their last HIV test, but tested positive for HIV.”

<sup>4</sup> Pledge by all African Union Member States to spend at least 15% of national budgets on health. Accessed online 19 May 2010 at [http://www.un.org/ga/aids/pdf/abuja\\_declaration.pdf](http://www.un.org/ga/aids/pdf/abuja_declaration.pdf)



Development Goals particularly goals number 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>. We take offence with these remarks given they are made at a time when, the National AIDS Control Council in partnership with CSOs is seeking ways to reduce HIV & AIDS impact among communities; adopt new innovative ways to sustain funding for HIV and advocating for increase in the overall health budget. We have since received communication from our international partner organisations questioning the government’s commitment towards the fight against HIV and achieving the aforementioned millennium development goals. This matter was equally discussed at a high level, Eastern and Southern African Civil Society, meeting that was held on 10<sup>th</sup> and 11<sup>th</sup> of March in Johannesburg, South Africa, in preparation for the review of UNGASS 2011. We wish to make it clear that HIV is not overfunded; it is “Health” that is underfunded and this is a basic fact that should be well known to all persons working in the health sector. We need to increase the budgetary allocations to health. In fact, failure to increase overall spending on health risks violating the PEPFAR Partnership Framework contract where Hon. Minister Uhuru Kenyatta committed to increase the domestic health budget by 10% annually each year between 2010 and 2014<sup>th</sup>, which was again cited in our large successful application to the Global Fund for Round 10. Failure to comply releases these development partners from their obligations to the country and threatens the entire health sector.

In conclusion, we wish to make the following demands:

- I. We demand for an official response and clarification confirming that the views expressed by Dr. Martin Sirengo do not constitute the official government view on this matter
- II. A public communication, in the form of a press statement or any other appropriate form is issued immediately by the head of NASCOP to correct this position in the eyes of the public and our development partners who fund Kenya’s health budget component.
- III. A meeting with representatives of the undersigned Civil Society organisations to discuss and share more information about this subject matter and jointly supporting and improving HIV and Health response in Kenya

SIGNED & ENDORSED BY THE FOLLOWING ORGANISATIONS

- Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)
- National Empowerment Network of People Living With HIV and AIDS Kenya (NEPHAK)
- VSO Jitolee
- Advocacy to Control TB Internationally – Action Kenya
- Action Aid International Kenya (AAIK)
- Aids Law Project Kenya (ALP-K)
- Alliance for Care and Prevention of Tuberculosis in Kenya (ACT KENYA)
- Centre for Economic Governance and AIDS in Africa
- Kenya AIDS NGOs Consortium (KANCO)
- Kenya Network of HIV Positive Teachers (KENEPOTE)
- Kenya Network of Women Living with AIDS (KENWA)
- Health GAP (Global Access Project) Kenya



Health Rights Advocacy Forum (HERAF)  
 Lean On Me Young PLHIV Group  
 Maximizing Facts on AIDS (MAXFACTA)  
 Nandi County Networks of PLHAs  
 Network of Men Living With HIV & AIDS in Kenya (NETMA)  
 Positive Families Network (+fn)  
 TB Patients Support Self Help Group  
 Health GAP (Global Access Project) Kenya  
 Women Fighting AIDs in Kenya

CC;

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