



REPORT ON THE REGIONAL CAMPAIGN ON THE GLOBAL DAY OF ACTION FOR REPLENISHMENT OF THE GLOBAL FUND

Submitted by Kenya Legal & Ethical Issues Network
on HIV & AIDS

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ABBREVIATIONS

AACC	All Africa Conference of Churches
AAIK	Action Aid International Kenya
AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS Rights Alliance for Southern Africa
CSOs	Civil Society Organizations
HERAF	Health Rights Advocacy Forum
HIV	Human Immuno-deficiency Virus
KBC	Kenya Broadcasting Cooperation
KELIN	Kenya Ethical Legal Issues Network on HIV and AIDS
KENAAM	Kenya NGOs Alliance Against Malaria
KTN	Kenya Television Network
K24.	Kenya 24 hours
MCDI.	Medical Care Development International, Kenya
MOU	Memorandum of Understanding
NEMA	National Environment Management Authority
NGOs.	Non-governmental Organisations
NEPHAK	National Empowerment Network of People Living with HIV/AIDS in Kenya
NNEPOTEC	Nairobi Network of Post-Test Clubs
OSIEA	Open Society Initiative for East Africa
UNAIDS.	United Nations Joint Programme on HIV
TAPWAK	The Association of People with AIDS in Kenya
VSO Jitolee	Voluntary Services Overseas
WHO	World Health Organization
BBC	British Broadcasting Corporation

DETAILS OF ORGANISATION

Name of Organization	Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)
Charitable Registration Details	Registered as a Non Governmental Organization under the Non Governmental Organizations Act of 1990 Laws of Kenya
Amount Requested (In US\$)	\$ 14,967.92/=.
Funding Time Period	15 days
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1.0 BACKGROUND

This report explains the various activities undertaken by KELIN after funding from the AIDS Rights Alliance for Southern Africa (ARASA). This was done under a Memorandum of Understanding (MOU) dated 22nd September 2010 between KELIN and ARASA. The contract was signed on 22nd September 2010 and the wire of money was received on 1st October 2010. It is expected under the MoU that KELIN is to submit a financial and narrative report of the event. The report gives a summary of the achievements made on the various activities within the last 3 weeks and where relevant, detailed reports and pictures are attached for ease of reference and for provision of additional information.

2.0 PLANNING THE CAMPAIGN

The initial teleconference between ARASA and KELIN to plan for the campaign took place on 6th September 2010, with ARASA offering to provide technical and logistical support in the promotion of the event. Consequently, several teleconferences were held between the partnering organizations to share ideas and updates on the planning progress. KELIN coordinated the organization of the event by inviting its local partners and health activists working on Malaria, Tuberculosis (TB) and HIV to join in planning the campaign in various capacities. These organizations included National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), Action Aid International Kenya (AAIK), Health GAP (Global Access Project) International, Health Rights Advocacy Forum (HERAF), Voluntary Services Overseas (VSO Jitolee), Medical Care Development International (MCDI), Nairobi Network of Post-Test Clubs (NNEPOTEC), Open Society Initiative for East Africa (OSIEA) The Association of People with AIDS in Kenya (TAPWAK), AIDS Law Project (ALP) and Kenya NGOs Alliance Against Malaria (KENAAM).

KELIN facilitated 5 planning meetings with a smaller technical team. The strategy for the campaign was three fold:-

1. Media strategy
2. Mobilization strategy
3. General research, materials and messaging

Tasks were distributed among each of the organizations in attendance at the planning meeting.

The media strategy was spear-headed by AAIK. Activities adopted under the media strategy included meeting with the media, developing Op-eds and articles for print media, preparation of press release, and participating in Radio and TV talk shows.

The messaging and research was handled jointly by KELIN and ARASA. KELIN was responsible for the general preparation of materials including media release, the memorandum for the campaign, the flyers, t-shirts and banners for the rally. KELIN had also to secure all the requisite legal permits and oversee design and printing of T-shirts, banners and flyers, hire truck and PA system and initiate communications with the Ministers of the key government Ministries involved in health and it's funding.

NEPHAK was tasked with mobilization at the grassroots. The mobilization strategy for the march was aimed at 500 grass-root members with a march target of over 1000 people expected to participate.

The financial support availed for the event totaled to \$ 14,967.92/=.

3.0 MEDIA MEETING

This activity took place on the 25th September, 2010 at All Africa Conference of Churches (AACC) guest house. It was convened by Action AID International Kenya. 13 representatives from various media houses attended the meeting. A copy of the list of participants is attached as appendix 1. The aim of this meeting was to enlighten the journalists on the march and share with them information relating to the march to ensure accurate reporting. Equally three key messages in our talking points were to be highlighted. They were:

- a. Global fund faces a \$20 billion finance gap, donors need to keep promises and fund the fund
- b. AIDS is not overfunded health is underfunded keep the promise to fund AIDS and health
- c. Kenya must continue progress towards increasing domestic health spending by 40%

Presentations were made by Ms. Pascaline Kangethe, Ms. Lynette Mabote and Mr. Allan Maleche at this meeting. The journalists were given a media kit comprising the following

- Global Press Release
- Make it Count Song
- Lord of the Blings Video
- Talking points for Kenya.

Talking points were distributed to the journalists representing various media organizations to guide them on the message to be conveyed during the TV and Radio interviews. The week-long campaign saw members of the planning team being interviewed on the following shows:-

NAME OF STATION	NAME OF SHOW	PANELIST
BBC Radio	Network Africa	Allan Maleche (KELIN)
Capital FM (Radio)	Opinion Leaders Blog	Pascaline Kangethe (AAIK)
Nation TV	Prime Time News	Catherine Mumma (KELIN)
BBC Radio	Amuka na BBC	Lucy Ghati (NEPHAK)

4.0 MOBILISATION OF COMMUNITY BASED ORGANISATIONS

NEPHAK being an umbrella body of PLWHIV was tasked in the mobilization of 500 members from community based organizations. 500 people were mobilized (NEPHAK 300, KANCO 50, MCDI (50) and KELIN 100).

5.0 GENERAL MESSAGING

KELIN and ARASA were jointly tasked to prepare the general messages for the campaign. The two organizations jointly prepared the talking points that guided the message, mock dollar bills that represented the misprioritized money being used by the Kenyan government and fliers that passed on the message about the campaign. A copy of the talking points, mock dollar bills and fliers are attached as appendix III, for ease of reference.

6.0 THE MARCH

700 people participated in the march. They included representatives of Civil Society Organizations (CSOs) working on human rights issues, TB Patients, Persons Living with HIV, communities working on health particularly on Malaria, TB and HIV, and their supporters. Each of them was given a T-shirt and fliers for distribution to the public during the march. Two Banners and a PA system were also available for the truck and entertainers who were well versed on the message to be conveyed. The mock dollar bills were ferried on wheelbarrows, carried by the protestors and delivered at the two Ministries of Health and Ministries of Finance and Planning, signifying the billions of shillings being wasted while the common citizen continues to struggle and suffer for needs as basic as health. The procession also distributed fliers to pedestrians and motorists along the streets.



A part of the human rights activists distribute the dollar bills and fliers.

The march began at 10am; from Uhuru Park to Afya House where the Ministry of Public Health and Sanitation and Ministry of Medical Services are located. The Minister for Public Health and Sanitation was unavailable to receive the memorandum but the Minister for Medical Services, Hon. Anyang' Nyong'o, came down to receive the memorandum, and signed the delivery book and addressed the crowd. He also received a t-shirt bearing the message "*we are watching – fund health now*" from one of the protestors.



Hon. Nyong'o addresses the crowd after receiving the memo.

The procession then snaked its way to the Ministry of Planning and Ministry of Finance which are located in the heart of Nairobi's city-centre at Treasury Building. The Finance secretary, Mr. Mutua Kilakain and the Assistant Minister of the Ministry of Planning and National Development; Hon. Peter Kenneth, not only received the memorandum, and signed the delivery book but also addressed the crowd.



Presentation of the memo to-the Ministry of Finance and Planning.

The procession, carried the message through the city-centre streets passing outside the venue of the WHO function and finally back to Uhuru Park for the final public address.



Procession of human rights Activists.

The entertainers performed a skit at the Uhuru Park passing a message about importance of health financing. The closing remarks were from Dr. Kichari of MCDI and Pascaline Kangethe of AAIK. The rally ended at 1.30pm.

During the whole campaign Memorandums were sent to the following:

A. Key Ministries and Government Organs:

- Ministry of Finance
- Ministry of Planning and National Development and Vision 2030
- Ministry for Public Health and Sanitation
- Ministry for Medical Services
- Ministry of State for Special Programmes
- National AIDS Control Council
- National AIDS & STIs Control Programme
- Parliamentary Select Committee on Health
- Parliamentary Select Committee on Finance and Planning

B. Development Partners:

- UNAIDS
- PEPFAR
- WHO

7.0 EFFECT OF THE MARCH

Having received such wide media coverage, the march made top story on Nation TV with Mrs. Catherine Mumma; a human rights lawyer and a board member at KELIN being interviewed. The story also made news on KTN, K24, Citizen and KBC TV stations. The march was also covered on KISS, Classic, Capital and BBC Radio stations. Below are links to media houses that reported on the march.

- s. Show us the money for health campaign <http://www.capitalfm.co.ke/news/Eblog/view/Show-us-the-money-for-health.html>
- b. Push higher for Government Health Budgets'; <http://www.capitalfm.co.ke/news/Kenyanews/Push-for-higher-government-health-budgets.html>
- c. Aids treatment up in 2009 but 2010 targets in doubt <http://www.mg.co.za/article/2010-09-29-aids-treatment-up-in-2009-but-2010-targets-doubt>
- d. Nation: New KEMSA deal to reduce cost of Aids treatment <http://www.nation.co.ke/News/New%20Kemsa%20deal%20to%20reduce%20cost%20of%20Aids%20treatment%20%20/-/1056/1020030/-/vkoual/-/index.html>
- e. Plus news: "HIV/AIDS: Value for money central to achieving universal access" <http://www.plusnews.org/Report.aspx?ReportId=90612>
- f. Reuters "AIDS treatment up in 2009; 2010 targets in doubt:<http://af.reuters.com/article/southAfricaNews/idAFLDE68Q0FQ20100928?sp=true>

We have received congratulatory messages from numerous organizations both locally and internationally on the success and impact of the march.

8.0 FINANCIAL REPORT

A detailed financial report regarding the budget line activities undertaken for the last two weeks shall be submitted alongside this report together with the supporting documents.

9.0 CHALLENGES

The finances availed were not able to carry out all planned activities. We therefore had to forfeit some follow-up activities. Time was however the biggest huddle. The funds were cleared too late hence the finalizing of the plans was done in a rush. Due to the planning time being very short we were unable to apply for City Council waivers which if granted on some items, saving on the budget line would have been made. Another set-back was that helium gas in Kenya is not easily available and its suppliers are too expensive. This meant that with the funds available we were unable to use the large eye ball. Despite having satisfied all the protocols and secured a valid permit, we received constant harassment by the National Environmental Management Authority (NEMA) officials alleging that the protest was causing too much noise along major streets that housed important government offices. The delay of the WHO function also affected our final address at Uhuru Park as the representatives of development partners could not come to Uhuru Park to receive their Memorandums as planned. These were however delivered to them.

10.0 CONCLUSION

KELIN successfully completed activities under the MOU. No activity is pending. KELIN is partnering with ARASA to see the possibility of a follow-up meeting of stakeholders to continue with the advocacy. We welcome support from other donor agencies, to push forward advocacy on funding for the right to health.

APPENDICES

APPENDIX I: LIST OF PARTICIPANTS

Name	Organization	Contact
Caroline Gakii	KBC	0725-807933
Achiengá Catherine	KBC TV	0722-421011
Diana Mwangi	K24	0724-906872
Carol Nderi	KTN	0722-217956
Ken Odoro	KISS 100	0722-2227547
Geoffrey Mungáú	Radio Maisha	0720-592204
Zipporah Karani	KTN	0718-635000
Augustine Oduor	The Standard	0725-628502
Victor Raballa	People Daily	0722-905330
Zachary Gathuku	K24	0720-460432
Jackline Ndungú	People Daily	0723-642328
Anthony Kagiri	Capital FM	0721-847844
Dubare Kamau	Kameme FM	0722-441993

APPENDIX II: MOCK DOLLAR BILLS



Note 1



Note 2



APPENDIX III: BANNERS ON THE TRUCK



A banner for TB patients featuring a green banknote design. The banknote is for US\$348,000,000 and includes the text 'SHOW US THE MONEY FOR HEALTH' and 'COST OF KENYAN GOVERNMENT MILITARY EXPENDITURE'. The AKELIN logo and website 'info@kelinkkenya.org' are also present.

Leaders, keep your promise
FUND THE RIGHT TO HEALTH
FUND THE GLOBAL FUND

\$348,000,000 can pay for full treatment for 6 months for 346,000 Kenyan TB patients



A banner for HIV positive Kenyans featuring a green banknote design. The banknote is for US\$10,000,000 and includes the text 'SHOW US THE MONEY FOR HEALTH' and 'ANNUAL BUDGET FOR MAINTAINING 70 OFFICIAL KENYAN PRESIDENTIAL RESIDENCES'. The AKELIN logo and website 'info@kelinkkenya.org' are also present.

Leaders, keep your promise
FUND THE RIGHT TO HEALTH
FUND THE GLOBAL FUND

\$10,000,000 can maintain 67,000 HIV positive Kenyans on ARVs for 1 year

APPENDIX IV: FLIER

ARASA
AIDS Rights Alliance
for Southern Africa

KELIN
KENYA LEGAL AND ETHICAL ISSUES
NETWORK ON HIV & AIDS

actionaid

HEALTH GAP
GLOBAL ACCESS PROJECT
www.healthgap.org

KEEP THE PROMISE:

- FUND THE RIGHT TO HEALTH •
- FUND THE GLOBAL FUND

My Constitutional Right! • My Human Right!

OUR NEW CONSTITUTION guarantees the right to health. Kenya has also committed to increasing its domestic spending on health 10% annually between 2010-2013. We have met this target for this year, but there are three more years to go. In addition, Kenya signed the Africa Union's Abuja Declaration in 2001, committing to allocate 15% of its national budget to health. Up to date, our country is only about half-way there.

WE DEMAND that all African countries fulfill their commitments and reach 15% for health, and that Kenya fully implements our constitutional right to health.

The Global Fund which was created to fight AIDS, Tuberculosis and Malaria has provided life-saving treatment for 2.5 million people with HIV, provided TB treatment for more than 6 million people, treated more than 108 million people for malaria and distributed 104 million bednets globally.

Kenya has recently submitted applications to the Global Fund for almost \$500 million for AIDS and malaria. But donors have not fulfilled their pledges to the Global Fund yet.

October 4-5 world leaders will meet at a Global Fund Replenishment Conference. WE DEMAND donors keep their promises to fund the Fund and Universal Access.

If the Universal Access and the Millennium Development Goals are to be achieved, not only must the level of financial investment by development partners be increased, but the Kenyan leaders must also commit to allocating more Government resources for health, deliver results, and account for the funds they receive.

LEADERS KEEP YOUR PROMISES

How to support:

- Join our march today!
- Sign the Petition for replenishment of global fund
www.globalfundreplenishment.org/sign-on-letter/
- Demand immediate implementation of Economic and Social Rights under Section 43 of the Kenyan Constitution

HERAF
Health Rights Advocacy Forum

vso jitolee
EAST AFRICAN VOLUNTEERING

AIDS LAW PROJECT
HUMAN RIGHTS
LIFE ENHANCED

KANCO
KENYA AIDS RIGHTS COORDINATING ORGANIZATION

NEPHAK *Keep you in life*

STOP STOCK-OUTS!



APPENDIX V: MEMORANDUM

Memorandum: Fund The Right to Health • Fund the Global Fund September 28 2010, Nairobi Kenya

FROM: Kenyan civil society organizations, including: Kenya Legal & Ethical Issues Network on HIV/AIDS (KELIN), National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), Action Aid International, Health GAP Int'l, Health Rights Advocacy Forum (HERAF), Voluntary Services Overseas (VSO) Kenya, Medical Care Development International- Kenya, Nairobi Network of Post-Test Clubs (NNEPOTEC), Kenya AIDS NGOs Consortium (KANCO), Kenya Consortium to fight AIDS TB and Malaria (Kecofatuma), AIDS Law Project Kenya, Kibera Post Test Club (KIPOTECT), Kenya The Association of People with AIDS in Kenya (TAPWAK), Women Fighting AIDS in Kenya (WOWAK), Kenya Network of Women with AIDS (KENWA), AIDS & Rights Alliance for Southern Africa (ARASA), Kenya NGOs Alliance Against Malaria (KeNAAM), and Kenya Network of Women Living With HIV & AIDS (KENWA).

TO: Donor and Implementing country governments, including: *Government of Kenya:* Minister of Finance Hon. Uhuru Kenyatta; Minister of Public Health Hon. Beth Mugo; Minister of Medical Services Prof. Anyang' Nyong'o; Minister of State for Planning and National Development and Vision 2030 Hon. Wycliffe Ambesta; Minister of State for Special Programmes Hon. Esther Murugi Mathenge; National AIDS Coordinating Council Director Prof. Alloys Orago; National STI Control Programme heads Dr Mohammed Ibrahim and Dr. Nicholas Muraguri **AND Donor Nations from Around the World:** including Acting PEPFAR Country Coordinator and CDC Global AIDS Programme Coordinator Nancy Knight; DfID Country Director Alastair Fernie; JICA Lead Health Sector Advisor Makiko Kinoshita (Japan)

We, members of Civil Society Organizations, Persons Living with HIV, Tuberculosis patients and communities working on health and human rights issues from across the country are uniting in a week of action, including events in more than 20 countries in Africa and around the world, calling on donors to fully fund the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund). The Third Replenishment of the Global Fund will be held in New York from 4-5th October 2010, bringing donors together to pledge their three-year investments to the Global Fund. The replenishment must raise at least \$20 billion if the extraordinary gains made by the Global Fund over the past decade are to be sustained and accelerated to achieve Universal Access to HIV prevention and treatment. In particular, we call on **President Obama**, a son and friend of Kenya, to keep his promise to invest \$50 billion in the fight against AIDS by 2013. *The U.S. must pledge at least \$6 billion to the Global Fund at the Replenishment Conference. The UK should make an additional contribution of at least £840 over the replenishment period. France's additional EUR€60 million annually is unacceptably low—given the €100 million annual increase promised by President Sarkozy's Administration in June. This must be rectified immediately. We call on PM Merkel to reject the German Development Minister's alarming plans to cut Germany's contribution to the Fund by 60% and potentially to stop all funding after FY2011. Japanese PM Kan's USD\$800 million contribution is a full \$1 billion short of Japan's fair share. Canada's 20% increase is woefully inadequate. Spain has not yet contributed, and Italy hasn't even paid its overdue 2009 contribution. To reach the \$20 billion needed, all donors must at least DOUBLE contributions over past levels, instead of the paltry 20% increases seen now.*

African civil society demands at all these rich countries keep the promises they've made at Gleneagles and beyond, and fully fund the Global Fund to achieve Universal Access. We are also demanding increased transparency, accountability and efficiency in the use of Global Fund funding on the part of the government of Kenya and all African governments.

- All Kenyans are rightly proud of the progressive Bill of Rights in our strong new constitution, and we today call for our new right to health under Section 43 to be fully implemented. We call on Kenya and all African governments to accelerate progress towards meeting their long overdue commitments under the African Union's Abuja Declaration of 2001.

- We applaud the Government of Kenya's commitment to increase overall domestic funding for AIDS and overall health by 40% by 2013, signed by Finance Minister Uhuru Kenyatta December 16, 2009 in Kenya's PEPFAR Partnership Framework. We also appreciate PEPFAR-Kenya's commitment in the same contract to endeavor to increase overall U.S. funding against AIDS in Kenya. In particular, civil society praises the Government of Kenya for meeting or exceeding the various budget increases contained in the PEPFAR Partnership Framework for the first year, and strongly urges the Kenyan officials to sustain this progress for the remaining three years of the agreement. These increases count towards Kenya's commitment to dedicate at least 15% of the national budget to health, promised when they committed to the African Union's Abuja Declaration in 2001.

Less than 10 years after the establishment of the Global Fund, it has saved more than 6 million lives; and every day, a further 3600 deaths are prevented through investment in programmes that have provided 2.5 million people with treatment for HIV and AIDS, treated 6 million people with live-saving drugs for TB, and distributed 104 million bed nets for malaria. We note with grave concern that some donors are avoiding commitments they have made to achieve Universal Access by scaling back contributions to the Global Fund. This will have a severe impact on communities devastated by HIV. A report by the World Bank states that reducing spending on HIV treatment and prevention will reverse recent gains and require costly offsetting measures over the longer term.

In Kenya, Global Fund and PEPFAR funding have been a key part of supporting more than 343,000 people HIV treatment. Global Fund monies have detected 98,070 new TB cases and treated and 4,642,220 nets distributed. Progress made in the fight against the three diseases in Kenya and throughout sub Saharan Africa is encouraging but fragile. If adequately funded, the Global Fund and countries can eliminate malaria in endemic areas, virtually eliminating new HIV infections and transmission of HIV to newborns, and achieve significant declines in TB prevalence and mortality by 2015. These interventions have far-reaching benefits across the health system, including massive contributions to decreasing child and maternal mortality, especially in sub-Saharan Africa. We demand that governments commit to the health of communities across the world by increasing their financial contribution to the Global Fund and raising the USD\$20 billion at the Third Voluntary Global Fund Replenishment.



APPENDIX VI: KEY TALKING POINTS FOR GLOBAL DAY OF ACTION – TUESDAY 28 SEPTEMBER



Activists from around the continent are uniting in a day of action on 28th September, which will see actions in more than 10 different African countries, to call on donors including the United States to fully fund the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) so as to achieve Universal Access to HIV prevention, treatment and care; to call for increased transparency, accountability and efficiency in the use of funding; and to call on African governments to increase their own domestic contributions to dedicate at least 15% of national budgets to health in line with the African Union Abuja Declaration.

1. GLOBAL FUND FACES A \$20 BILLION FINANCE GAP. DONORS KEEP YOUR PROMISES AND FUND THE FUND.

“Some donors are avoiding the commitments they have made to achieve Universal Access to AIDS treatment, care and prevention by scaling back contributions to the Global Fund – claiming that over investment in HIV is resulting in under investment in other critical health areas such as maternal and child health. But AIDS is not overfunded— health is underfunded! The G8 and other donors must keep their funding promises and contribute at least \$20 billion to the Global Fund before the Replenishment Conference in October.”

2. AIDS IS NOT OVERFUNDED, HEALTH IS UNDERFUNDED! KEEP THE PROMISES TO FUND AIDS *and* HEALTH

“Some donors are saying that AIDS gets too much money. Health is underfunded. But it’s wrong to back track from AIDS funding pledges momentum on HIV has demonstrated major spill over benefits for maternal and child health, national mortality rates, and even reduced TB and malaria.”

“National Governments must keep their Abuja Declaration pledges to dedicate at least 15% of national budgets to health. And donor countries must keep their pledges to achieve Universal Access and increase foreign assistance for health AND HIV and AIDS.

3. KENYA MUST CONTINUE PROGRESS TOWARDS INCREASING DOMESTIC HEALTH SPENDING BY 40%

“The Government of Kenya did a good thing last year when Finance Minister Uhuru Kenyatta and the U.S. Ambassador signed a contract to increase funding from PEPFAR, and, most importantly, to increase domestic funding for health by 40% over four years. Kenya met its first year target with a 10% increase this year, which should be an example to other countries. But we call on the Government to continue this progress for each of the next three years, and to fully keep its promise to dedicate at least 15% of the national budget to health.” The inclusion of the right to health in the Constitution of Kenya is also a plus for the government.

BACKGROUND

Global Fund to fight AIDS, TB and Malaria

GF was established in 2002 as a result of advocacy and was unprecedented in terms of establishing a global health response that saw donors pool contributions to increase coordination and efficiency. Proposals submitted by countries are evaluated by an independent committee of technical experts; who award funding based purely on technical strength and impact.

GF was also unprecedented in terms of the degree of inclusiveness, as the mechanism required that a country coordinating mechanism be set up that involved stakeholders from all sectors including civil society and people living with the three diseases.

To date, the GF has provided life saving treatment for 2.5 million people on ARVs, and more than 6million people on DOTS for TB treatment. It has also treated more than 108 million people for malaria and distributed 104 million bednets to prevent malaria.

Kenya has recently submitted nearly \$500 million, five year application to the Global Fund for AIDS and malaria. Without increased contributions from donors, this application cannot be funded, and the promise of Universal Access in Kenya will be extremely difficult to meet. Professor Alloys Orago, Head of Kenya's National AIDS Coordinating Council has repeatedly declared the Global Fund Round 10 application a "must win".

The Global Fund faces a huge finance gap, and is headed in to a "Replenishment Conference" October 4-5 in New York. To achieve even the mid level needs assessment performed by the Global Fund Secretariat, donors must contribute a minimum of US\$20 billion in new pledges by donors for the next three year period; which could save 30 million lives by achieving the following:

DOMESTIC GOVERNMENTS IN AFRICA

In 2001, African heads of state pledged to spend a minimum of 15% of their national budgets on health. To date, only 6 have met this target; the regional average is about 7%. Nine years after the pledge, Kenya has not achieved the Abuja target. However, the Government of Kenya should be applauded for it's fresh commitment to increase spending on HIV/AIDS and overall health budgets by 40% over four years, as cemented by Treasury Minister Uhuru Kenyatta and U.S. Ambassador Michael Ranneberger in the Kenya PEPFAR Partnership Framework, ratified 16 December 2009.

- o Kenya's first year targets for an overall 10% increase in health were met, and in some cases exceeded in the case of funds for ARVs. This should be an example to other countries in the region to scale up domestic funding for HIV and health.
- o However, three years remain in the PEPFAR Partnership Framework. Activists call on the Government of Kenya to continue to increase the domestic health budget by 10% annually as per the Partnership Framework.
- o A total of 7.5 million people on ARV therapy, up from 2.5 million at the end of 2009
- o 6.8 million DOTS treatments provided annually, up from 1.4 million in 2009
- o 190 million long lasting insecticidal nets distributed annually, up from 34 million in 2009
- o 4.4 million orphans and other vulnerable children provided with support annually, up from 1.4 million in 2009
- o 1.1 million HIV positive women receiving PMTCT annually, compared to 345,000 in 2009.

An African Union paper observed in April 2009 that:

“Africa South of the Saharan still faces a grim scenario with respect to the health of its people...22 percent of the total global disease burden and more than 68 percent of the people living with HIV/AIDS. The region’s poor health status is mirrored by crises in health financing and human resources for health. With only 2 percent of the global health workforce and only 1 percent of the world’s health expenditures Sub Saharan African countries are ill equipped to adequately address their health problems.”

However, African countries have increased their spending on other areas including military expenditure; politicians luxuries; and sheer lavishness of leaders such as expensive cars, houses and trips. The challenge facing governments is not one of lack of funding for health, but rather, one of lack of prioritization of health.

- o In Kenya, MPs—already the highest paid in the world—tried to push through a massive new salary increase in recent months the same was however sagely rejected by the head of state
- o ARASA’s Lords of the Bling series have highlighted this using satirical music videos: www.mg.co.za/multimedia/2009/12/01/ARASA. On the day of action, activists will present mock dollar bills that highlight the quantities of healthcare that could have been purchased using money that their governments spent on unnecessary luxuries.

Most countries do not recognize health as a right, which makes it difficult for the public to hold governments accountable with regards to the amount of resources they allocate to health even when they have access to this data (which is not always the case). Underlying this movement for universal access and global fund replenishment is the strong belief that health is a human right; and should be approached as such by governments around the world and prioritized accordingly when it comes to resource allocation. Activists are supportive of Kenya’s new constitutional guarantee of the Right to Health, and will be monitoring implementation of the strengthened right closely.

HEALTH AND HIV

Over the past few years, policy makers have wrongly driven a divide between HIV and other areas of health such as maternal and child health; linking under investment in these areas to over investment in HIV.

However, as stated by close to 100 organisations from around the world in a statement issued in November 2009: HIV is not over funded: health overall has been chronically underfunded. We should build on the successes of HIV programming to meet other health needs, instead of undermining them to meet other health needs.

When one examines the rhetoric that has led to this point over the past few years, it is clear that the backlash against HIV funding is not related to public health reasoning, but rather, to political and financial motivations.

However, it is important to remember that different MDGs/diseases co exist within the same people. Many maternal and child deaths are due to HIV: if we decrease investment in HIV; we decrease our progress across the spectrum of millennium development goals.

Failure to continue investing in HIV treatment will set the dangerous political precedent of turning back on commitments to health depending on the financial implications; which will have long lasting repercussions for many other costly diseases such as DR TB and cancer.

GLOBAL FUND AND KENYA

Although Kenya's Round 9 application to the Global Fund was rejected due to concerns about interministerial coordination, supply chain and weak costing estimates, the country is continuing to implement a comprehensive set of reforms to improve Global Fund performance. While there is room for improvement, Kenya is working hard to resolve past problems. Round 10 is critical to the country's hopes to achieve Universal Access.

KEMSA, the country's main drug distributor, has implemented a long series of measures to strengthen warehousing, procurement, forecasting and IT systems, and was recently classified as ISO compliant. The World Bank as well as the Ministries of Health have agreed to channel procurement and distribution through KEMSA systems an important vote of confidence. The Ministries of Health and other related government agencies have strengthened and clarified their working relationships and specific roles and duties. Responsible parties were identified for every activity in the Round 10 Global Fund application. A comprehensive new costing exercise to review Kenya's national strategic plan for HIV/AIDS as well as the components specific to the Global Fund application was completed by the Clinton Foundation earlier this year. Kenya's Country Coordinating Mechanism, which is the national body providing the interface between the Global Fund and funding recipients, has been reorganized and streamlined for efficiency and clear communication. Civil society organizations are key partners and the front line of Kenya's HIV/AIDS response. However, past performance of some community based organizations receiving GF monies has been lacking. Significant new investments have been made in capacity building for CBO implementers for Global Fund Round 7, and capacity building features heavily as a component of the Round 10 Application. A law suit relating to unintentional errors in drug procurement contracts that held up disbursement of the Government's tranche of Global Fund monies last year has been cleared, and funds are now being used quickly.

Kenya's Round 10 application cannot be successful if donor's fail to keep their promises to fund the Fund!

ACTION IN KENYA

Nairobi has been selected by civil society health activist networks to be the focal point of the African mobilization to demand funding for the Fund and for the fight against AIDS, TB and malaria because of our position as a media and political hub for the continent. Health activists including people with HIV and their supporters will:

- Present mock dollar bills that highlight the quantities of healthcare that could have been purchased using money that our government spent on unnecessary luxuries
- March & Deliver memorandums to the Ministry of Public Health and Sanitation, Ministry of Medical Services, Ministry of Finance and Ministry for Planning , National Development and Vision 2030 appealing for complementary actions from national governments and development partners on strengthening financing for health with a focus on Malaria, TB, HIV and AIDS.
- Have similar memorandums delivered to key development partners seeking the same. These messages will be echoed through a presentation to the US Congress the following day in Washington DC (Wednesday 29 September).