Global fund approves $335m for Kenya, considers ICWK priorities

By Inviolata Mbwavi and Patricia Asero

The Global Fund Technical Review Panel on August 18th, 2017 approved Kenya’s Funding request for $335,631,852, which was submitted in May this year after finding the application technically sound and strategically focused.

The panel recommended that Kenya proceeds with the grant making process. International Community of Women Kenya Chapter (ICWK) has been part of the writing team.

Inviolata Mbwavi the Coordinator of ICW K says, “So far most of the activities and budget proposed by ICWK and other networks of People Living with HIV are still intact.”

The grant will among others support five networks with institutional strengthening, community mobilization, demand creation and recruitment of key staff and community champions. This support falls within the PMTCT (Prevention of Mother to Child Transmission) and treatment and care modules where ICWK has strong interests.

Harnessing AGYW potential through health is critical

ICWEA Member Rwanda

The world today is home to 1.8 billion young people between the ages of 10 and 24. The youth population is growing fastest in developing countries. With young people making up about 60 per cent of Africa’s population, they form a critical mass that can transform the growth and destiny of the continent. But this will only happen if investments are made in youth. The returns on investment in young people, particularly young women and adolescent girls, can be enormous, with the potential to catapult developing economies forward and eliminate extreme poverty.

Recently, UNFPA organized a special event on harnessing the youth potential through health, where Miss Uwase Nadege who is an ICWEA member was a speaker representing AfriYAN Rwanda (African Youth and Adolescents Networks on Population and Development) with the aim of advocating for investments in the health of young people, especially adolescent girls and young women. This was at a Youth Connект summit in Rwanda.

It was agreed at the event that for inclusive economic growth and sustainable development on the continent, issues affecting young people must be addressed. Specifically, young women and adolescent girls.

Prioritizing human capital development, including empowering women and girls to be able to exercise their rights, and expanding quality health and education systems, is key to harnessing the demographic dividend.
Uganda releases new HIV survey results

- 6% prevalence among adults
- Higher prevalence among adult women at 7.5%
- 1.3 million Ugandans living with HIV
- 57.4% viral load suppression among adults

KAMPALA - The Minister of Health in Uganda Jane Ruth Acen recently released preliminary results of the Uganda Population HIV Impact Assessment survey conducted from August 2016 to March 2017 in all the districts of Uganda.

The survey was conducted to provide estimates of HIV incidence, HIV prevalence, viral load suppression, syphilis, hepatitis B infection, and other important HIV/AIDS programme indicators. A total of 166,970 women and 12,254 men aged 15-64 years were interviewed and tested for HIV, syphilis and hepatitis B.

Results indicate the current prevalence amongst adults aged 15–49 years is 6% and 0.5% in children under the age of 5 years. Prevalence amongst 5–14 year olds is 0.5%.

The results show a higher prevalence among adult women at 7.5% compared to 4.3% among men. It is also high among residents of urban areas (7.1%) compared to 5.5% in rural areas.

While the results show some progress on the response to HIV, there are key pertinent issues that need to be addressed in the fight against HIV in the country. Key among them are issues on human resources for health.

Uganda has a human resources for health gap of more than 25,000 health care workers yet the number of people living with HIV has increased because of the treatment programs.

During the JAR 2016, Uganda committed to institutionalize the positions of professional counselors in the health sector among other cadres.

The progress has not been forthcoming as expected. The situation is made worse by the fact that some of the donors (particularly PEPFAR) supported cadres that are critical in the HIV response such as counselors and biomedical engineering technicians among others.

Viral load testing is a critical measure of whether HIV treatment programs are effective. Preliminary findings revealed that the viral load suppression was only at 57.4% for people aged 15-49 yrs, and at 35% among young men and women living with HIV aged 15-24 yrs. This needs urgent attention.

There is need to address the root causes of poor adherence and retention in HIV care among the young men and women who are categorized as the population with persistently high rates of new HIV infections. This will require an array of interventions to address the specific needs of young men and women in HIV care and treatment setting.

Cases of drug stock-outs and essential medicines continue to be reported in rural and hard to reach areas. This too seriously affects the vulnerable communities (women living with HIV and their children – who are the majority of the service recipients). This undermines the impact of treatment expansion.

Although the government has previously made strong commitment to conduct targeted HTS for people living with HIV and the most vulnerable groups who are at high risk of HIV including Adolescent Girls and Young Women, the country still has a discriminatory policy and legal environment which continues to undermine access to HIV prevention tools and treatment. Paying attention to such critical areas will be key in bringing the prevalence down further.

ICWEA in partnership with Buganda Youth Council

The International Community of Women Living with HIV has established a partnership with Buganda Youth Council to address the rising HIV prevalence and gender-based violence cases.

The partnership was born out of earlier work supported by Global Fund TASO where ICWEA has been carrying out dialogues with youth, religious and cultural leaders in 18 kingdoms/cultural institutions in the country.

HIV prevalence is at 6% among young women aged 15-24 years, and 570 girls in this age group reported to be getting infected weekly.

Violence and the threat of violence can increase women and girls’ vulnerability to HIV by making it difficult or impossible to set the terms of an equal relationship. Violence can also be a barrier in accessing HIV prevention and treatment services.

Lillian Mworeko, the Executive Director of ICWEA says, “We were attracted to Buganda Kingdom because of the strong structures that ICWEA sees as important in addressing both GBV and HIV.”
Uganda pushes for DSDM, absorption of PEPFAR funded healthcare workers

ICWEA with support from Advocacy for Better Health and Peace is advocating for the roll out of the Differentiated service delivery models for implementing a project that advocating for the Differentiated Service Delivery Models (DSDM).

DSDM refers to a strategic mix of approaches aimed at modifications of client flow, schedules and location of HIV care & treatment service for improved access, coverage, and quality of care.

The model best serves stable HIV clients. Over 60% of patients in Uganda are considered stable on treatment. Differentiated HIV Care and Treatment approaches will improve the quality of services offered to these clients and will maximize efficiency and cost effectiveness of the country ART program.

Some of the benefits of DSDM include:
- Reduced clinic visits for stable clients leading to decreased systems and client challenges such as workloads for health care workers, reduced overcrowding and shorter waiting times.
- Reduced number clients coming to the health facility, reduced travel costs for the clients and reduced data load for the HCW due to reduce encounters.
- To support DSDM, ICWEA is advocating for the absorption of PEPFAR supported healthcare workers into the government system.

According to Dr Vincent Oketcho the Chief of Party for Strengthening Human Resources for Health at Intrahealth, the healthworkers in question are 3154 in number. A total of 642 have been absorbed, 547 have left and 1965 still need to be absorbed.

Dr Oketcho says that there was an understanding between government of Uganda and PEPFAR that critical cadres of healthcare workers be recruited at National, regional referral hospitals and district level be recruited on contract basis.

The contract was for one year anticipating that thereafter government would have put in place mechanisms for absorbing these health workers.

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