Task Order 1 of the USAID | Health Policy Initiative works to foster an enabling environment for equitable access to high-quality health services. A key to the project’s success is its commitment to strengthening local advocates and champions. The Kenya Treatment Access Movement (KETAM) is one local partner that has benefited from this support. Together, HPI and KETAM have successfully championed Kenyans’ right to access affordable HIV treatment, care, and support services—fending off legal and legislative challenges that threatened to restrict access to these services.

Since 2006, the Health Policy Initiative has provided technical and financial assistance to KETAM to help the group achieve its objectives. With the project’s support, KETAM has led successful efforts to block measures in Parliament that threatened to jeopardize access to generic medications, including antiretrovirals (ARVs). KETAM has been a leading player in efforts to advance implementation of the National HIV/AIDS Prevention and Control Bill. The project also partnered with KETAM to pilot a tool to measure stigma and discrimination levels among healthcare providers. The findings from the pilot study were used to sensitize healthcare providers, which led to the founding of Kenya’s first network of HIV-positive healthcare workers in April 2008. The Health Policy Initiative has also trained KETAM members on treatment literacy and provided financial assistance for the group to carry out grassroots treatment literacy trainings across the country.

KETAM was founded in 2002 with support from the Health Policy Initiative’s predecessor—the POLICY Project. As the Kenya chapter of the broader Pan African Treatment Access Movement, KETAM advocates for universal access to treatment, care, and support for all people living with HIV (PLHIV) in Kenya. The organization’s advocacy agenda includes access to pediatric antiretroviral treatment (ART), prevention of mother-to-child transmission (PMTCT), and treatment of opportunistic infections (OIs). Through activism and partnership building, KETAM advocates for political commitment to policies that promote equitable access for all and campaigns against stigma and discrimination. Recognizing the important role of evidence in its advocacy efforts, the group also pushes for the collection, documentation, and dissemination of accurate information on HIV treatment issues in Kenya. Through this effort, the group has itself become a vital source of such information. KETAM also works to enhance treatment adherence by designing, repackaging, and disseminating community-based treatment information and teaching tools.

Calling for Change
KETAM Advocates for Universal Access

KETAM has been a strong advocate for legal changes that support universal access to treatment, care, and support for PLHIV in Kenya. In June 2006, Kenya’s HIV/AIDS Prevention and Control Bill was in the final stages of approval. The Health Policy Initiative and KETAM led consultations with the Parliamentary Health Committee that resulted in the reinstatement of amendments proposed by civil society groups. The bill—including the amendments in question—was passed in December 2006.
“When an activist movement like KETAM can sit at the table with the government—that is something.”

—James Kamau
KETAM National Coordinator

In December 2007, the Health Policy Initiative provided technical and financial support to KETAM to host the Africa Regional Civil Society Organization Treatment Access meeting in Nairobi (December 10–11, 2007). The purpose of the meeting was to address the impact of PEPFAR activities in the region and provide recommendations for scale-up and sustainability in its next phase.

In the wake of the December 2007 post-election violence, the Health Policy Initiative also supported KETAM and the United Civil Society Coalition against AIDS, TB, and Malaria (UCCATM) in carrying out a rapid assessment of the effects of the violence on PLHIV. The assessment focused on issues of policy, coordination, and access to treatment. It found that the displaced people did not know where to access ARVs and OI medicines. The government used the information to make these medicines available for displaced individuals. The findings will also be used to help plan the country’s response to future emergencies.

KETAM’s advocacy efforts have also helped to block measures that threaten to undermine universal access. With support from the Health Policy Initiative, KETAM’s efforts were instrumental in cancelling proposed amendments to the Industrial Property Act (2001). The amendments would have given multinational corporations exclusive rights in the procurement and importation of ARVs, severely restricting access to generic medications, including ARVs. In 2008, KETAM helped fend off another threat to the availability of generic medicines. The Anti-Counterfeit Bill under consideration in Parliament would have made generic medicines illegal by labeling them as counterfeits. In November 2008, the Health Policy Initiative conducted advocacy training for 26 high-level officials from KETAM and UCCATM to increase their awareness and understanding of the threat to universal access posed by the Anti-Counterfeit Bill. The training also included information on the delayed implementation of the HIV/AIDS Prevention and Control Act. While Parliament passed the HIV/AIDS Prevention and Control Act in 2006, the government had failed to publicly announce a commencement date. This prevented the policy from being implemented and left the judiciary system without a legal frame of reference when addressing violations of the rights of PLHIV.

Following the training, KETAM representatives met with members of Parliament and other high-level government representatives to advocate for the amendment of the Anti-Counterfeit Bill to protect access to generic medicines and the announcement of a commencement date for the HIV/AIDS Prevention and Control Act.

KETAM representatives met with the Parliamentary Health Committee to discuss the Counterfeit Bill. James Kamau recalls the committee’s reaction. “After we finished, they said that bill would never see the light of day without amendment.” The committee proved true to its word. After the efforts of KETAM and other civil society and community-based organizations, the Anti-Counterfeit Bill was amended to protect access to generic medicines, including ARVs.

The Health Policy Initiative also provided support to KETAM to train 61 policymakers, including members of the Parliamentary Health Committee, on HIV policy development and advocacy. This training, together with advocacy activities conducted by KETAM and other project partners—such as

BOX 1
KETAM in Brief

KETAM is a national activist movement that aims to advocate and lobby for increased access to treatment, especially antiretrovirals (ARVs) for people living with HIV (PLHIV). KETAM brings together a multidisciplinary group of activists, including professionals and experienced HIV treatment advocates from a variety of organizations in Kenya.

Objectives
1. To advocate for the collection, documentation, and dissemination of accurate information on HIV and AIDS treatment issues in Kenya
2. To develop, repackage, and disseminate community-based treatment tools
3. To advocate for enhanced equitable access to treatment, care, and support for PLHIV in Kenya
Since KETAM’s success with the Anti-Counterfeit Bill, the group has been called on by concerned parties to provide advice on how to block similar measures in Uganda, Tanzania, and South Africa. KETAM also brought the issue before the May 2009 meeting of African Ministers of Health in Addis Ababa. KETAM presented on the negative impact of anti-counterfeit bills on efforts to achieve universal access to ART care, as well as on the need for African countries to live up to their commitment to devote 15 percent of their national budgets to health.

One way KETAM has fought for improved treatment access is by actively tracking government budgets on HIV/AIDS and other health-related matters. KETAM has used budget tracking to advocate for increased government expenditures on health. With a health budget that currently accounts for only 5.6 percent of gross domestic product, Kenya still has a long way to go to meet its 15 percent commitment.

Recently, KETAM has also partnered with Health Action International to campaign against stockouts of essential drugs. KETAM has become adept at presenting statistics in ways that help average citizens understand them and using the media to spread its message.

Promoting Treatment Literacy

Through training, KETAM fights myths and misinformation about ART

Treatment literacy helps individuals and communities understand what ARVs are, why they are needed, how to deal with side effects, and what ARVs can and cannot do. Treatment literacy materials translate medical information about treatment into language and concepts that people at the community level can easily understand. Because misinformation and myths about ARVs and ART can be devastating—undermining treatment adherence and fueling stigma and discrimination—the importance of treatment literacy cannot be overstated. In June 2008, the Health Policy Initiative facilitated a training of KETAM members on treatment literacy and provided financial support to KETAM to offer the training at the grassroots level. KETAM went on to provide trainings across all eight provinces, focusing on underserved districts and areas of concentrated need. It found enormous demand—often more people showed up to be trained than had been invited. KETAM found that even healthcare providers were in need of treatment literacy training. In the future, KETAM hopes to secure resources that will enable it to expand its treatment literacy efforts.

“You’ll find that even when we deal with doctors, at the end of the day, the doctors find that they did not know much,” Kamau says. “It was fantastic. We were able to do a lot of treatment literacy... And it really helped a lot in terms of mitigation.”

Measuring Stigma

KETAM Pilots Health Policy Initiative’s Stigma and Discrimination Index in Kenya’s Health Sector

Another area in which the Health Policy Initiative has partnered with KETAM is in measuring stigma and discrimination in the health sector. The Health Policy Initiative designed a stigma index tailored for use in healthcare facilities and among healthcare providers. It was an adaptation of a stigma measurement tool developed by the USAID Interagency Working Group on Stigma and Discrimination Indicators.

In 2006, the Health Policy Initiative provided technical and financial support to KETAM to field-test the new facility-level stigma index in health facilities and among service providers. The field test was carried out in five of Kenya’s eight provinces (including the two with the highest HIV prevalence).
“Once you have facts and figures, you get a lot of respect.”

—James Kamau
KETAM National Coordinator

The study showed that, although the majority of facilities (65%) had policies in place to protect the rights of PLHIV, only 27 percent were actually implementing those policies. One in four healthcare providers reported providing discriminatory care to PLHIV, 18 percent expressed fear of casual contact with PLHIV, and 12 percent reported blaming PLHIV for their HIV status. The study provided quantitative evidence of the high level of HIV-related stigma and discrimination present in the health sector. This gave KETAM a starting point to begin raising awareness and mobilizing.

With support from the Health Policy Initiative, KETAM used the study report to sensitize over 480 healthcare providers and advocate for stigma reduction across several provinces. The study helped to bring out issues of stigma and discrimination in health facilities—not only relating to patients but also to healthcare providers themselves. The HIV response has often neglected the needs of HIV-positive healthcare workers, who experience high levels of stigma and limited access to HIV services, even as they provide those services to others.

The stigma and discrimination study helped prompt the formation of the HIV-Positive Health Workers Network. “It brought out the fact that healthcare workers were a forgotten lot,” says Kamau. With financial and technical assistance from the Health Policy Initiative, KETAM mobilized healthcare workers from all eight provinces to facilitate formation of the network.

The Way Forward

As with many other organizations, the largest challenge facing KETAM is resource mobilization—both human and financial. The group’s success with the media has raised expectations and triggered an upsurge in demand for trainings, information, and other support. The challenge facing KETAM is to translate its high profile into funding—whether from individuals and donor organizations, or through income generation.

Despite these challenges, however, KETAM has secured important victories in its battle to achieve universal treatment access—protecting access to generic medications, advancing implementation of the HIV/AIDS Act, and supporting the formation of a national network of HIV-positive healthcare workers. The struggle is just beginning, but, as James Kamau says, “We’ve done a good job. Let it not fail. We need to continue.”

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