



## **Bringing hope to people living with Aids**

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We all remember that not very long ago, HIV was a death sentence for Kenyans and others who had no access to life-prolonging anti-retroviral drugs. Few people had any hope that the situation would change in our lifetimes.

But in the last year, the tide has begun to turn in the battle against Aids, as dramatic increases in funding combined with falling drug prices to make life-saving treatment available to hundreds of thousands of Aids survivors around the world.

The United States has been at the forefront of the effort, contributing more than Sh150 billion to fight Aids worldwide, and more than Sh5.5 billion in Kenya alone.

Such a huge amount of money presented an incredible opportunity, but also a sizeable challenge: how would we use this money to be sure it reached the people who need it most?

Recognising that we would need a new way of doing business to succeed, we turned to our traditional partners here in Kenya, and sought out new ones.

Thousands of organisations responded to our requests for both big ideas and small neighbourhood programmes to prevent, manage, and treat the disease.

Since 2003, we have engaged with hundreds of new partner organisations. We have strengthened and refocused our prevention efforts, including the "Nime-Chill" campaign on abstinence.

By deploying drugs to antenatal clinics and PMTCT (Preventing Mother-to-Child Transmission) programmes across Kenya, we have saved thousands of children from beginning life with HIV.

Only one year ago, there were 11,000 Kenyans on anti-retroviral (ARV) treatment, and most of them were people who could afford to buy the drugs themselves.

Now there are over 25,000 Kenyans on ARVs, many of whom had given up hope that they would receive treatment in time. This is a tremendous victory in the battle against Aids and may be the most important news for Kenya in 2004.

The Hope Centre at the Coptic Church Hospital is a perfect example of how we have been able to accomplish so much so quickly. The Centre is not the exclusive work of any one organisation or government. What makes it a model for others is that different groups – the Coptic Church, the University of Washington, and the Governments of Kenya and the US – joined forces to address a problem most thought could never be solved.

The success of our shared investment is best told by patients, not statistics. I was fortunate enough to meet several patients, and I learned that they arrived at the Hope Centre near the end of any hope for themselves.

Those patients I met are now full of hope because ARVs have put them on the path to restored health. Their stories are a potent reminder of how quickly we can turn people's lives around when we work together and when we change the way our institutions do business and make sure our

efforts are well co-ordinated.

But the United States can't solve this problem alone. We are placing increasing emphasis on a kind of "Aids diplomacy" to co-ordinate our efforts with those of the Global Fund, the Kenyan Government, other bilateral donors, and those of private organisations.

The trick with co-ordination, though, is to be sure we never allow it to become an excuse for inertia. Inertia is delay, and the patients at the Hope Centre reminded me that hope delayed is too often hope denied if you're living with HIV or Aids. People need treatment now, not six months from now, when all our plans and policies are finally in perfect harmony.

Aids compels us to embrace change, and the US Government team in Kenya has changed its way of doing business in response to Aids. Because we have changed, we are seeing very exciting results.

Kenyans should demand that their Government change how it spends the money it already has, and must insist on obtaining results from that spending.

Here are just three examples of changes that the Government should be able to enact immediately, that would save thousands of lives.

A recent study conducted by another donor in partnership with the Ministry of Health found that over Sh500 million are spent each year for ghost workers on the ministry's payroll. The ministry should stop paying for these unoccupied positions and redirect that funding to real people in real jobs.

There are thousands of unemployed Kenyans – skilled medical personnel – ready to fill these jobs, and put in a solid day's work for a day's pay and to treat their fellow Kenyans with dignity and respect in every encounter.

The new Common External Tariff for the East African Community subjects ARVs to a 10 per cent import duty. ARVs save lives. They are not luxury goods. I urge the Government to permanently and immediately exempt ARVs from duty regardless of who is importing them.

Finally, the Government must start spending responsibly the funds it already has to fight Aids.

Millions of dollars of World Bank grants and loans for health are currently unspent. Tens of millions of dollars from the Global Fund have been available to Kenya for well over a year now, and only a tiny fraction of it has been spent. There is a meter ticking, and the money might well be lost.

Let me be clear: the money is available, and it has been available for quite some time now. What remains is for the Government to use that money quickly and effectively. Every day of additional delay is a death sentence for Kenyans.

Like the young men and women to whom the "Nime-Chill" posters are addressed, we must all change our ways to change the future of Kenya.

The US Government is proud to be a contributor to a changed and re-invigorated fight against Aids in Kenya. We must all now seize this historic opportunity to bring hope to tens of thousands of Kenyans.

***Mr Bellamy is the US Ambassador to Kenya. This article is an extract from a speech he gave during the Dedication of Coptic Hospital Centre for Infectious Diseases, Nairobi on February 1.***

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