Kenya PLHIV Response to PEPFAR Country Operational Plan (COP) 2015.

This is in response to the **PEPFAR Country Operational Plan (COP) 2015** that the Kenya people living with HIV leadership[1] has been part of. We appreciate your efforts at reaching out to us during the dialogue process for the PEPFAR COP 2015 and we affirm that the engagement with PLHIV has been satisfactory.

Below is summary of our response to the PEPFAR COP 2015 and related issues. Some of these comments/suggestions were voiced during the consultative and dialogue process. We hope our comments and suggestions can still get into the COP 2015.

1.0 PEPFAR Prioritization and Transition Plan

We welcome the PEPFAR Prioritization and Transition Plan but reiterate the below suggestions shared with the PEPFAR team by the CSOs[2] during the consultative meetings:

1. Manage the transition in a responsible and measured manner through informed communities and beneficiaries
2. Ensure continued support to neglected programme areas and populations left behind[3] (unlikely to attract other funding).
3. Support CSOs[4], including PLHIV networks' efforts to build independent capacities for expanded advocacy and sustainability.

We are also reaching out to the Government and Kenya Ministry of Health to emphasize the importance of the above.

1.1 PEPFAR definition of 'Core, Near-Core and Non-Core'

Kenya PLHIV want PEPFAR to re-look at the definition of the above. We recommend that consensus is reached with PLHIV Community as to what constitute 'Core, Near-Core and Non-Core' activities.

2.0 Kenya PEPFAR COP 2015

2.1 Priority Counties: Key Observations

1 We take it that this has been discussed with the Government and Kenya Ministry of health and other partners such as the Global Fund to fight AIDS, TB and Malaria. Kenya PLHIV Community want report or minutes of PEPFAR – GFATM engagement (any structure of the GF). *We are reaching out to the Government and Kenya Ministry of health to share with us their perspective and to also get our perspective. We are for a comprehensive and quality HIV programming.*

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[1] Under the National Empowerment Network of people living with HIV/AIDS in Kenya (NEPHAK).
[2] CSOs here refer to all non-state actors that have been consulting with PEPFAR and comprises NGOs, FBOs, PLHIV networks and networks of key affected populations.
[3] Here, we mean children and adolescents, young women living with HIV and key affected populations, including men who have sex with men, sex workers and people who inject drugs particularly those living with HIV.
[4] Ensuring Sustainability and improving accountability for HIV free generation need direct support to Kenya CSOs

2 We await the list of facilities that PEPFAR and its technical agencies shall work in the priority counties and the rationale behind the selection. So far, we gathered that PEPFAR shall work on 'high volume facilities'. Kindly share the list!

2.2 Priority Interventions

1 **HTC:** CSOs submitted the call that PEPFAR should support the Kenya Ministry of Health to reach the target of 90% of PLHIV knowing their status by 2020. PLHIV Community support this call and urge PEPFAR to support the MoH commitment to ensure availability of information, services, commodities and personnel to test and counsel 'people where they are.'. This will go beyond hot spots and KPs.

2 **HIV Treatment:** PEPFAR to ensure that the national target of 90% PLHIV are enrolled and retained into treatment and care. PLHIV applaud PEPFAR commitment to support Kenya MOH to ensure persons already enrolled on HIV treatment with the support of PEPFAR are retained into care and treatment[5]. *We are making follow up with GoK and Ministry of Health to get their plan for newly diagnosed PLHIV in counties not prioritized by PEPFAR.*

3 **eMTCT and KMA programme:** Alarmed at the 20% reduction to MNCH and PMTCT programmes under PEPFAR 2015, PLHIV leaders want this move to be discussed further with the Kenya Government. It is the position of PLHIV community that PEPFAR should support Kenya ministry of Health to deliver on the promise to eliminate mother to child transmission of HIV and keeping mothers alive. We are reaching out to GoK and Ministry of Health to state the gap in the national MTCT and KMA programme. This should guide PEPFAR support.
   - **WLHIV**: Ensure access to cervical cancer screening and supportive management.

4 **Community Based Interventions and Community Systems Strengthening (CSS):** We are not satisfied with the PEPFAR proposals around Community Based Interventions and have heard no plan for Community Systems Strengthening (CSS) during the entire COP 2015 dialogue process. In line with new and emerging evidence, PEPFAR should support communities especially through PLHIV and KPs networks to increase treatment literacy, reduce stigma and discrimination, support retention to care and monitor services provided at clinic to ensure reduction in wastage and the upholding of human rights. *This should be part of the plan in PEPFAR prioritized counties and we are reaching out to the Government and other partners their plan for CSS and community based interventions.*

5 **Viral Load Testing Programme:** This is welcome. Kindly share targets! We recommend that VL testing be accessible to all PLHIV in PEPFAR priority counties.

6 **TB/HIV:** We applaud PEPFAR commitment (and/or PEPFAR technical agencies) to ensure all strategies to reduce the burden of TB among PLHIV are implemented. This should be in all PEPFAR priority counties. In addition, PEPFAR and partners should complement Kenya Government and GFATM efforts to ensure access to

[5] This was communicated during the COP 1015 dialogue forums.

IPT to eligible PLHIV and HIV exposed infants. We point out that the real challenge with TB among PLHIV in Kenya is diagnostics and recommend accelerated roll-out of Gene Xpert machines to improve diagnoses TB among PLHIV and other vulnerable populations. This too, is our recommendation to the Government.

2.3 Other Recommendations

2.3.1 Proposed CHPs and Sustainability Index Dashboard: PLHIV are in favor of Country Health Partnerships (CHPs) as proposed by PEPFAR. We recommend that CSOs are involved at the time of signing of the Kenya CHP. Equally, CSOs and particularly PLHIV representatives should be engaged in SID discussions and signing.

2.3.2 Support to Kenya Response to HIV: As communicated earlier, PLHIV Community want PEPFAR during COP 2015 to adopt a financing arrangement that will leverage the Kenya direct budget allocation to HIV. The GFATM under its Funding Model has a good approach to this under its 'Counterpart Financing – Willingness to Pay Principle'.

2.3.2 GIPA Principle: USG – PEPFAR to re-commit to Principle of greater involvement of people living and/or affected with HIV/AIDS (GIPA) as spelt out at the Paris AIDS Summit in 1994 and to embrace the Positive Health Dignity and Prevention Approach (PHDP) in all HIV prevention, care, support and treatment interventions. We shall be tracking this and sharing reports periodically.

Kindly let us know if any further clarification is required.

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