



NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVNG WITH HIV/AIDS IN KENYA

Kenya PLHIV Call on the On the Fast-Track to End AIDS.

We, the People living with and those affected by AIDS and TB in Kenya, **CALL** for:

1. Recommitment to the Principle of greater and meaningful involvement and participation of people living and/or affected with HIV/AIDS (GIPPA) as spelt out at the Paris AIDS Summit in 1994. In emphasizing GIPPA and the right to participation, we recognize that the meaningful involvement of people living with HIV (PLHIV) and affected communities makes a powerful contribution by enabling individuals and communities to 'draw on the experience of living with HIV' in the fast track plan to deliver the 90.90.90 target by 2020 and end AIDS by 2030 in Kenya.
2. HIV-related stigma and discrimination in all its forms and manifestations eliminated in Kenya. Special attention need to be put in workplaces and learning institutions. The HIV and AIDS Equity Tribunal need to be facilitated to enable Kenya achieve this call.
3. Call for nations and Member States where PLHIV and those affected by AIDS and TB are in the frontline in the fight against TB & AIDS and where their rights are recognized and respected to support their meaningful involvement in the fast track plan towards an AIDS and TB free world. This can only happen if PLHIV know their rights and are able to access legal services and challenge violations of human rights through HIV Tribunal for example.
4. Increased investment and support to civil society, including networks of people living with HIV, especially networks of adolescents and young people living with HIV to enhance their meaningful engagement in the response to HIV.
5. Early infant diagnostic (EID) services accessible to all children exposed to and or infected with HIV and all children infected with HIV immediately enrolled on ARVs with access to routine viral load testing.
6. All adolescents and adults who test HIV positive are offered ARVs on demand and linked to quality and comprehensive health services and treatment monitoring, including scaled-up viral load monitoring, and treatment literacy, psychosocial support and social protection.
7. All PLHIV on treatment are retained to care through expanded access to improved quality HIV treatment, including through community delivery systems through Positive Health Dignity and Prevention (PHDP) approaches that place openly HIV positive people at the centre of HIV programs.
8. All PLHIV, including adolescents and young people living with HIV, access HIV combination prevention services that include sexual and reproductive health services such as quality comprehensive sexuality education. This can only happen if HIV-sensitive universal health coverage scheme is implemented PLHIV are empowered through HIV-sensitive protection programmes, including cash transfers. **See also separate call by the Sauti Skika Adolescents Network.**
9. Provide immediate treatment [full ART] to all pregnant girls and women living with HIV that in integrated with sexual and reproductive health, including family planning,

tuberculosis and maternal and child health services. This will prevent new HIV infections among children and ensure mothers' quality of health is improved.

10. HIV response interventions integrate strategies that prevent gender-based, sexual and intimate partner violence, and promote healthy gender norms and behaviour especially among PLHIV, their partners and family members.
11. PLHIV access integrated quality health services for HIV, tuberculosis, sexual and reproductive health, maternal, newborn and child health, nutrition support and non-communicable diseases at community and facility levels.
12. Improved access to quality diagnostics and laboratory services to ensure accurate diagnosis of TB and other and non-communicable diseases among PLHIV at community and facility levels for timely management and care. Countries should urgently shift from TB control to TB elimination strategy to end the burden of TB among PLHIV.
13. Sustained increase in domestic investment in the HIV response at national and county levels so as to wean Kenya off the overreliance on external support. It is only through increased domestic financing that Kenya will be able to respond to its unique challenge that fuel the spread of HIV and worsen the impact of AIDS and related co-morbidities.

Notes ¹
<ol style="list-style-type: none"> 1. The Kenya PLHIV issues were gathered through: 1) Face-to-face meeting in Nairobi with 24 PLHIV leaders; 2) Online survey through facebook and email and 3) phone calls and texts. An explanation was offered on what really the HLM is and how PLHIV can engage. Further and fine comments were gathered after NEPHAK carried some of the key issues prioritized by PLHIV in its Weekly Bulletin: eepurl.com/bUR081). 2. After initial compilation of key issues, selected network members were asked to rank the issues in order of priority. 3. Majority of those reached ranked the need to recommit to the Principle of greater and meaningful involvement and participation of people living and/or affected with HIV/AIDS (GIPPA) as spelt out at the Paris AIDS Summit in 1994 as their number 1 priority. Of the 93 respondents, 48, which is slightly over half (51%) stated that they want the global community and AIDS response partners to prioritize GIPA in the fast-track plan to end AIDS. 4. The need to fight stigma and discrimination was the second priority with 28% of the respondents voting it first priority. Some submissions on the need to eliminate HIV related stigma also mentioned the need to improve human rights.
Comments/Actions
<ol style="list-style-type: none"> 1. NEPHAK to consult further with other PLHIV networks at national, regional and global levels and share the call. 2. NEPHAK to share the call with the HLM committee, NACC and other interested partners. 3. NEPHAK to share the call with all PLHIV leaders in Kenya and sensitize them on what HLM is. 4. NEPHAK to represent PLHIV community in HLM committee and forums 5. NEPHAK to ensure representatives of PLHIV and KAPs attend HLM in June (work with partners and also NACC).

¹ From the files of the NEPHAK Weekly Bulletin: eepurl.com/bUR081