

NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN KENYA (NEPHAK)

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20th September 2017.

Mr. Julius Korir

Principal Secretary - Health & Chair, Kenya CCM to the GFATM.

Ministry of Health,

Afya House, Cathedral Road,

P.O. Box 30016–00100, Nairobi.

Dear Mr. Julius Korir,

Re: Call to fast track plan to roll-out Dolutegravir (DTG) based HIV Treatment for the Kenya PLHIV Community.

We refer to the above matter.

We take this opportunity to appreciate the Kenya Government and the Ministry of Health through the National AIDS and STIs Control Programme (NASCO) for their commitment to availing safer and better antiretroviral therapy for all people living with HIV in Kenya.

We took keen interest on the launch of the generic version of Dolutegravir (DTG) for some 27,000 people living with HIV who are unable to tolerate the side effects of Efavirenz. We congratulate the Ministry of Health and partners for this bold move that made Kenya the first African country to introduce this new drug for routine use.

As you and your team are aware, DTG has been the drug of choice for the last two years for PLHIV in high-income countries as it has very few side effects, is easier to take than currently used formulations, and PLHIV are less likely to develop resistance. It is for this reason that in 2015, the World Health Organization (WHO) recommended DTG as an alternative first-line regimen for adults and adolescents.

As we stated during the launch of the DTG in the presence of the MoH/NASCO team and partners, NEPHAK's role remain that of providing education to people living with, at risk of and affected with HIV on the health benefits of early ART initiation for those diagnosed with HIV. This task, NEPHAK performs to support the Ministry of Health can be made meaningful if simpler, more affordable optimal HIV regimens are available in a predictable and sustainable manner.

This letter therefore serves as a call by the Kenya PLHIV community to call for the fast-tracking of the roll-out of Dolutegravir for those who need it and eventually to all PLHIV in Kenya. Our reason for this call is informed by both public health and economic imperatives.

The public health imperative is already explained: DTG is superior to all other first line treatments currently in use in Kenya. On the economic front, the assertion by UNITAID is too compelling to ignore: The partnership with the Clinton Health Access Initiative (CHAI) and others is expected to save US\$ 1.6 billion in treatment costs through 2024 – enough to provide access to medicines for an additional 3.2 million people for five years.

Our call for fast-tracking the roll-out of DTG to Kenyan PLHIV is therefore informed by scientific evidence as well as the experience of living with HIV while taking efavirenz and nevirapine (NVP) based medication. To state the least, DTG will help improve the quality of life of people who use it. If anything, the public health and cost benefits made Kenya to in 2016, include DTG into its antiretroviral therapy (ART) treatment guidelines. Therefore, as we work to ensure that 90% of PLHIV are initiated on life-long ART and; 90% of those on treatment achieve viral suppression by 2020, this promise in the HIV treatment guideline must become reality.

Specifically, we bring to your attention to enable the fast-tracking of the roll-out of DTG. First, Kenya is currently in negotiations with the Global Fund for Funding Request grants the period 2017 – 2020. We ask that the procurement of ARVs under this grant be DTG based and not Efavirenz based. Second, Kenya is currently implementing the Funding Model grants from the Global Fund. We ask that any opportunity for grant review and programming take cognizance of our call: Procurement of ARVs under this grant be DTG based and not Efavirenz based.

In conclusion, we reiterate our commitment to support the Ministry of Health in meeting its HIV prevention, treatment and care goals so that we deliver on the 90.90.90 HIV Treatment targets and to put Kenya into the path to ending AIDS by 2030.

Yours sincerely



Nelson Juma Otwoma
Executive Director, NEPHAK.

cc:

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