



participants at the Treatment Reflection and Literacy Workshop in Nairobi.

In its aspiration to ensure that people living with HIV in Kenya has access to safer, better and well-tolerated ARVs, NEPHAK in September partnered with AfroCAB, the African HIV Treatment Advocates Network (<http://www.afrocab.info/>) to host selected PLHIV leaders in a HIV treatment reflection and literacy forum. The outcome of the forum was a resolve by the participants to embark on an advocacy and campaigns to push for the fast-tracking of the roll-out of Dolutegravir (DTG) to people living with HIV in Kenya. The campaign is informed by the urgent need by the PLHIV community to safeguard the quality of their lives while supporting the Kenya Government to deliver on the 90.90.90 global targets by 2020.

The campaign started with a call for the Kenya Ministry of Health and members of the Kenya CCM to the Global Fund to seize the opportunities brought about by the partnership with the Global Fund to fight AIDS TB and Malaria so as to fast track the roll-out of Dolutegravir to all PLHIV in Kenya. The call contained two specific asks with regard to the Global Fund in Kenya: First that that with the resources that shall be secured under the Funding Request, the country plans for and prioritizes Dolutegravir-based regimen and; also to take any opportunity that arise under the current Funding Model grants to shift the procurement from efavirenz to Dolutegravir. The call can be found here: <http://nephak.or.ke/wp-content/uploads/2017/09/DTG-Letter-to-KCM-Chairpdf.pdf>

The need to ensure that human rights of PLHIV and communities are respected was also another task that NEPHAK worked on. The network constituted a team of volunteers to review the Kenya HIV response policies and guidelines with the intention of establishing if these policies and related guidelines have the potential to infringe on the principles of rights based approaches (RBAs) and promote violations of human and communities' rights. The need re-look at the national HIV response policies arose after KELIN (and NGO that works to promote health justice and respect for human rights in the context of health policy and programming: <http://www.kelinkkenya.org/>) wrote a letter to the Ministry of Health through the National AIDS and STIs Control Programme (NAS COP: <http://www.nascop.or.ke/>) urging caution and stressing that the fast track plan to deliver on the 90.90.90 must be anchored on rights based approaches.



CSOs representatives at the Global Drug Pricing Consultative Meeting.

Also in September, NEPHAK teamed up with the AIDS Health Care Foundation – Kenya and the ITPC – East Africa to deliberate on how to get prices of medicines affordable for communities. The Global Drug Pricing Movement in Kenya has identified the high cost of medicines as one greatest obstacles to universal health coverage. There is therefore an urgent need to bring in other like-minded organization under the Global Drug Pricing Movement to explore how to make medicines and related supplies are affordable to people who need them.

AHF-Kenya, ITPC-EA, NEPHAK and the Kenya Medical Association are leading the path to establish and strengthen the coalition for Global Drug Pricing in Kenya. NEPHAK will be hosting the national coalition on drug pricing. Once established, the coalition shall have the goal of rolling out a sustained drug pricing campaign on the biggest offenders of price

gouging and IP threats to access to generic medicines, such as ever greening and trade agreements. The movement also aims to conduct sustained drug pricing activities through letters, campaigns, demonstrations and petitions, including in the mass and social media. If need arises, the team shall organize a media campaign shaming the worst offenders and showcase the “Your Money Your Life” documentary to stakeholders.

For NEPHAK, the motivation to join the Global Drug Pricing emanates from the fact that the Kenya PLHIV community need better, safer, well tolerated HIV medicines that are often too expensive for poor families. Historically, HIV medicines have always taken between 5 to 10 years to reach Kenyan PLHIV even after they are available for use in the first nations. The delay is usually because the medicines are too expensive and they are not available in generic form. The best example is the Dolutegravir which has been available for PLHIV in the developed nations for three years. The generic version of Dolutegravir has now been introduced to a limited number of PLHIV in Kenya in select facilities. It is the aspiration of NEPHAK to make sure that all PLHIV who need this treatment can access it. This can only happen if its cost is drastically reduced.

In another key development for NEPHAK, in September the representatives of the CSOs, including networks of people living with, at risk of and affected by HIV, voted overwhelmingly to extend the membership of the NEPHAK in the Kenya CCM (KCM) to the Global Fund. The elections, presided over by an independent CSOs Elections Committee was attended by over 350 delegates drawn from different organizations.

Apart from the need to ensure PLHIV access safer, better, well-tolerated ARVs, NEPHAK representative at the KCM is expected to work with other CSOs representatives to ensure that no region or population in Kenya is left behind in the fast-track plan to deliver on the 90.90.90 targets by 2020. This is the main reason CSOs and representatives of the affected communities voted overwhelmingly for NEPHAK. According to the exit surveys carried out with those who had voted for the KCM, they key reason they stood with NEPHAK is the role the network has played in bringing in the voices of adolescents, young people, key populations living with HIV and men in the Global Fund structures. This is expected to continue.