



**Participants at NEPHAK Board Induction Workshop, October 2017**

The month of October was for NEPHAK to first look at its internal systems. This was done through active follow up with the NGOs Coordination Board (<http://www.ngobureau.or.ke/>) to make sure that the new office bearers elected at an Annual General in Nakuru were accepted by the board and letter issued. This was achieved. Secondly, NEPHAK with the support of the National AIDS Control Council (NACC: <http://nacc.or.ke/>) to undertake the induction of the new board members. The induction workshop that also included technical staff from the NACC and NASCOP (<http://www.nascop.or.ke/>) also included orientation of the members on new and emerging HIV response policies and strategies. Specifically, the orientation was on the new HIV treatment drug, Dolutegravir and the status of its roll-out in Kenya and the Kenya post 2015 eMTCT agenda.

However, the network has not given up on the need for health for all. In October, NEPHAK representatives joined other CSOs under the leadership of HENNET and WACI-Health to discuss the progress towards universal health coverage in Kenya. It was here that it was shared that the Kenya government through its 3rd medium term plan (MTP III) for the Vision 2030 has prioritized health for all for citizens. NEPHAK representative was in the forum to share the progress registered by CSOs and communities in the country following the 2016 UHC Day recommendations.

With the Government agreeing to include universal health coverage in its 3rd mid-term plan of the country's blueprint of 2030, CSOs and communities have their work cut out to make sure the government delivers on this promise. The first and most question to ask is related to health financing. CSOs and communities must foster partnership with the Government to undertake health resource allocation monitoring and expenditure tracking and feedback to stakeholders and partners. In the forum, it was concluded that for the government commitment for universal health coverage to be realized, there must be an urgent increase in domestic financing to health.



CSOs reps at a UHC Consultative meeting, photo courtesy of WACI-Health.

The network also embarked on the collection of signatures to petition the Ministry of health and partners to fast-track the roll-out of Dolutegravir based HIV medication. The signatures and a statement from the PLHIV community shall be presented to the Cabinet Secretary, Ministry of Health and partners on the December 1st World AIDS Day 2017. The need to collect signatures arose after it became apparent that the Health Principal Secretary who is also the Chair of the Kenya CCM to the Global Fund to fight AIDS, TB and Malaria failed to respond to a letter sent to him by NEPHAK on the need to fast-track the roll-out of DTG to Kenya PLHIV community: <http://nephak.or.ke/wp-content/uploads/2017/09/DTG-Letter-to-KCM-Chairpdf.pdf>

The letter had two specific calls: That the resources to be secured from the GFTAM under the Funding Request be spent on Dolutegravir based ARVs rather than on Nevirapine or Efavirenz regimens. And that any opportunity realized by Kenya through the re-programming of the current Funding Model grants be used to prioritize the shift to Dolutegravir grant. DTG is widely used in high-income countries and is recommended by WHO as an alternative first-line HIV and Aids treatment. In 2015, WHO recommended DTG as an alternative first-line treatment for adults and adolescents. Kenya included DTG in its HIV treatment guidelines in 2016.



**NEPHAK members at a past AGM, Nakuru County.**

NEPHAK also joined the global community to commemorate the World Mental Health Day 2017. This is because depression is very common among people living with HIV and many NEPHAK members continue to exhibit forms of mental health challenges. Globally, the mental health of HIV-positive individuals is an increasing concern. World Health Organization ART guidelines recommend that people with HIV should be screened for depression, the presence of which has been associated with poorer health outcomes, low quality of life and suboptimal adherence to ART. In Kenya, NEPHAK continues to advocate for screening of PLHIV in the status of their mental health.

NEPHAK also agrees with the fact that, “depressed PLHIV are at increased risk of developing viral resistance and other poor outcomes because of low level of ART adherence, and more specifically older patients who have even a less efficient immune system.” This is why NEPHAK continuously calls upon the Ministry of Health and partners to adopt approaches that may help PLHIV know early if they are nearing depression. For NEPHAK, the World Mental Health Day 2017 brought an opportunity to advocate for the inclusion of mental health sessions in its treatment literacy trainings and activities. It is also important to note that both depression and being HIV positive are highly stigmatized and where both exist, stigma and discrimination become really high.

Another notable event for NEPHAK in October was around the plight of the girl-child. Under the theme, ‘Power of Adolescent Girl’, there were a number of activities that were organized in different counties to deliberate on strategies that would empower the girl-child and enable them sustain their good health and well-being. NEPHAK joined hands with other stakeholders to raise awareness of the issues being faced by adolescent girls such as the sexual health risks, including HIV infection. Young girls have also been victims of gender based violence even from among relatives. The network is engaged in an advocacy to ensure adolescent girls and young women are respected, protected and healthy. The network continues to monitor, document, refer and mitigate cases of human rights abuses touching on the girl-child.



NEPHAK members in Nakuru in procession to raise awareness on the plight of girls.