

Renewed Solidarity for Accelerated Responses to End AIDS and Tuberculosis and achievement of Universal Health Coverage

A communiqué & call to action from the Civil Society Organisations Forum convened in Machakos County from 25-29 November 2018

We are people living with HIV and affected by HIV and TB, individuals and Civil Society Organisations (CSOs) representative of, key and affected populations, young people, and women and men who advocate for the human rights of people living with HIV and affected by TB. We have convened in Machakos County to pursue our common work towards accelerating the HIV Response to Fast Track the Ending of AIDS, TB and the realisation of fast tracking the health-related rights and the achievement of Universal Health Coverage (UHC).

This communiqué articulates renewed solidarity and commitment to common priorities as well as our shared demands relating to HIV, TB and UHC.

We take note and appreciate the efforts made by the government and various stakeholders in the fight against HIV, TB and the need to make UHC a top priority. We however note a lot more remains to be done if we are to end HIV& TB by 2030, have every Kenyan enjoy their right to health as enshrined in the Constitution and if we are to meet the ambitious global targets that the country has signed onto.

We therefore:

- (i) ***Call for respect for the independence of civil society, effective consultation, and community-led Health, HIV and TB responses***

We are unified in condemnation of attacks the rights to free speech, assembly of civil society and on sources of funding. These attacks have resulted in shrinking the space in which CSOs can operate with independence, particularly when doing so requires constructive criticism of the National and County Governments.

Inadequate (and at times disingenuous) consultation of CSOs and affected communities has often denied them meaningful opportunities to engage government plans and policy documents related to HIV, TB and UHC. We demand transparency, access to information and meaningful participation at every stage of the development and implementation of plans, laws, programmes and policy affecting our rights.

Our demand for community participation includes that at least 30% of all service delivery related to the HIV, TB, and UHC be community-based and led.

As the majority of people in Kenya are young, 40% of them being under the age of 15, we call especially on the National and County governments to pursue innovative strategies to ensure that the needs and voices of young people are heard and prioritised.

(ii) Call for accountability for political commitments and legal obligations related to HIV, TB and UHC

We demand that the state fulfils its political commitments and legal obligations related to the fulfilment of the right to health, including HIV, TB and UHC. These are expressed in the 2016 United Nations Political Declaration on HIV and AIDS, the 2018 United Nations Political Declaration on TB, and various domestic laws and policies such as the Constitution of Kenya, The East African HIV Prevention and Management Act, The HIV & AIDS Prevention & Control Act, The Kenya AIDS Strategic Framework 2014/15-2018/19; and the National Strategic Plan for Tuberculosis, Leprosy and Lung Disease. These commitments include the elimination of AIDS and TB by 2030 and the achievement of UHC for all by 2022.

(iii) Call for increased domestic funding to fulfil the political commitments and legal obligations to achieve the right to health

In 2015, approximately 75% of Kenya's national HIV response depended on external funding. Similar funding patterns persist and apply also to the TB and malaria responses. Kenya's reclassification to lower-middle income status in 2015 and expected reclassification to middle income status by 2030 are likely to result in reductions of external funding. UNAIDS has estimated that Kenya will face a USD 1.75 billion funding gap for the HIV response by 2020. We demand that 70% of funding for HIV, TB and the UHC responses come from domestic sources by 2020.

(iv) Call for independent funding for civil society to ensure accountability in the HIV, and TB responses and the path to UHC

Our healthcare system can only be as good as the forces and structures that hold it to account. Accountability is a necessary condition for the success of the HIV and TB responses and the achievement of UHC and can only be achieved through the vigilance of independent rights holders in the form of civil society and community-based accountability structures. We therefore call on the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR and other development partners to escalate funding to grassroots, independent organisations to hold duty bearers to account and ensure the fulfilment of rights. To channel funding to this work will require proactive and innovative efforts by donors to ensure that resources reach the grassroots. We call on donors to commit publicly that 30% of all funding to the HIV and TB responses as well as the achievement of UHC will be directed to independent local civil society and community-based structures focused on accountability and the realisation of human rights.

(v) Call for respect for human rights in service delivery

We are united in concerns that existing and emergent strategies and policies in the HIV and TB responses threaten fundamental human rights and condemn all laws and practices that discriminate or stigmatise people living with HIV, affected by TB, LGBTQIA+ people, sex workers and people who use drugs.

We condemn the criminalisation of HIV and call for all pending prosecutions to be dropped with immediate effect. We also call for urgent law reform to address legislated criminalisation of HIV and TB and for the speedy implementation and roll out of the recently adopted TB Isolation policy (2018).

We condemn the criminalisation of people who identify as LGBTQIA+ and call for reform of all laws that perpetuate stigma and discrimination against them, as such laws are severe impediments to ending HIV and TB and the achievement of UHC

We are concerned also that biometric data is vulnerable to abuse and call for rigorous protections for the privacy of healthcare users and confidentiality of their health information.

We call for a halt in the implementation of Assisted Partner notification until proper guidelines and policies are in place after meaningful consultations have been undertaken with communities and civil society.

We particularly call on the National Government to make use of the existing laws to ensure access to affordable and quality medicines for all. We urge the National and County governments to urgently implement the World Health Organization guidelines on the use of bedaquiline in drug-resistant TB treatment and to also make the lifesaving drug Dolutegravir accessible as a matter of choice to women living with HIV.

Conclusion

We commit to the development of a road map in the pursuit of our common goals as expressed in this communiqué and to speaking in a unified voice on these issues of principle. We also pledge to hold to account those who fall short. We hope for and will pursue collaboration but recognise that accountability at times requires confrontation and we therefore embrace our right and moral duty to seek justice in the streets and courts when necessary.

Machakos County, 29 November 2018:

[ENDS]

Signing organizations and individuals

1. Positive Young Women Voices (PYWV).
2. Lean on Me.
3. ISHTAR MSM.
4. Taj Foundation.
5. YAC – Mombasa.
6. NEPPOTEC.
7. MOPESUN.
8. ICW – Kenya.
9. DACASA.
10. ITPC EA
11. Women Fighting AIDS in Kenya (WOFAK).
12. KPs Consortium.
13. Bar Hostess Empowerment Support Program (BHESP).
14. Kenya Sex Workers Alliance (KESWA)
15. HOYMASS.
16. KANCO.
17. NOPE.
18. ICL.
19. BLAST.
20. Health-gap.
21. Sauti Skika.
22. AMKENI Malindi.
23. New Dawn.
24. Focus on Families.
25. Transgender Alliance.
26. Kenya Treatmet Access Movement (KETAM).
27. NYARWEK.
28. Kenya Network of HIV Positive Teachers (KENEPOTE).
29. KENERELA+.
30. AIDS Healthcare Foundation - Kenya
31. Ecumenical Pharmaceutical Network (EPN).
32. SWAK Lugari.
33. Changu ni Chema NGO.
34. KELIN.
35. NEPHAK