PEPFAR KENYA COP 2019

PLHIV and Affected Communities Priorities and Recommendations.

Overview:

The list below contains the priority items, interventions and approaches agreed to be the Kenya people living with HIV communities to be submitted to the PEPFAR ITTs for consideration and inclusion in the PEPFAR COP 2019. The priorities and recommendations are as a result of broad-based consultations with the Kenya PLHIV leadership and the CSOs allies and who have been engaging with PEPFAR during the PEPFAR COP dialogue and reviews. The priorities have been consolidated by a leadership at the NEPHAK[i] on behalf of all the interested persons and institutions. For ease of tracking, the priorities and recommendations have been presented in line with the PEPFAR ITTs categorization. Where the priorities and recommendations add on to the priorities already provided by other stakeholders, such should be considered as emphasis to such priorities. We endorse the priorities and recommendations presented by the KPs leadership. We also find the proposals by the PEPFAR team for Kenya very progressive and some of our priorities are drawn from these proposals. We are particularly encouraged by the PEPFAR proposal to support the DTG optimization for all Kenyans living with HIV. More importantly, we would also want to remind the PEPFAR leadership of our clarion call: Nothing for Us; Without Us and the need for greater and meaningful involvement of PLHV and affected communities in the interventions that target them.

PEPFAR - Kenya Cop 2019 Recommendations		
ITT	**Key Program Areas**	**Priorities and recommendations**
Treatment	HTS	1. Avail **HIV Self Testing Kits** in private pharmacies for ease of access. Monitor the uptake of HIVST kits and establish linkage with follow up actions. Track, monitor and document possible adverse effects of increased access to HIVST kits and plan for the mitigation of SGBV and other violations that may arise from HIVST among discordant couples and families. 2. Guarantee human rights and dignity in the implementation of the **Partners Notification Services (PNS)** by making it voluntary and empower PLHIV to lead the process of HIV status disclosure. Track, monitor and document possible adverse effects of PNS[ii]. 3. Strengthen partnerships with PLHIV networks to ensure smooth and harmless testing that are based on **index cases**.
	Adult Treatment	1. Ensure baseline and targeted CD4 for people who are clinically sick or have a detectable viral load (VL >1000 copies/mL) as CD4 is essential for diagnosing advanced HIV disease and clinical staging/symptom screening on its own misses many people with AHD

[i] The National Empowerment Network of People living with HIV/AIDS in Kenya (https://nephak.or.ke/) is a national Network that unites people living with HIV and those affected by TB and AIDS through community based organizations such as post test clubs, support groups, men's associations, carers associations, women groups, youth groups and non-governmental organizations including PLHIV networks. The aspiration of NEPHAK is to see a nation where PLHIV are at the forefront and meaningfully involved in the HIV and TB response towards the delivery of the fast track plan targets and where their rights are recognized and respected.

[ii] The PLHIV community in consultation with NASCOP called for the halting of the implementation of aPNS until the Guidelines are developed and shared

		2. Support **Routine viral load** 6 monthly and then annually routine monitoring and triggered use for people with HIV-related symptoms or adherence difficulties 3. **Ensure Cryptococcal meningitis screening (CrAgin line with the** WHO recommendation for CrAg screening in all PLHIV with CD4<200 because cryptococcal meningitis (CM) remains a common AIDS-defining illness in Kenya. 4. **Strengthen partnerships with PLHIV networks to reduce ART Lost to Follow Up (LTFU) by tracing and intensified adherence support through** regular home visits during first month of ART initiation or hospital discharge; closer follow-up. 5. **Foster partnerships with PLHIV networks to enable scale up of Differentiated Service Delivery (DSD) Models fast track uptake and adherence to HIV medication while easing the burden in health facilities.** 6. **Support DTG optimization to all Kenyans living with HIV regardless of gender, taking into consideration the unmet contraception needs of WLHIV.**
	Pediatric Treatment	1. **Support the strengthening for diagnosing pediatric HIV through the provision** point-of-care virologic early infant diagnosis (POC EID) for children <18 months old because POC EID, as opposed to conventional EID, significantly reduces turn around time from sample collection to caregivers receiving results For initiation of treatment among children infected wit HIV. Also look for other conditions in children infected with HIV for timely management. 2. **Support the procurement and distribution of Lopinavir/ritonavir-based ARV as** LPV/r is recommended as first-line ARV for HIV+ children for whom there is no appropriate approved dolutegravir formulation 3. **Support the procurement and distribution of Dolutegravir-based ARV as DTG** is recommended as the preferred first line ARV for all HIV+ children, and can be given as 50 mg (adult) tablets for children 20 kg and up.
	TB/HIV	1. **Continue to support strategies needed to reduce the burden of TB among PLHIV** such as Test & Start for all PLHIV and provision of TB prophylaxis for all PLHIV with increased access to Cotrimoxazole/isoniazid/pyridoxine/vitamin B6 (CTX-INH-B6) **or** 3HP which is a short-course regimen of once-weekly isoniazid-rifapentine for 12 weeks 2. **Ensure 100% TB screening for PLHIV in care**, including those under DSD model. 3. **Support for the provision of TB prophylaxis** and which should cover 3HR or 6INH if 3HR is not available. 3HR (3 months of INH and rifampin) is recommended by the WHO, and a regimen-shortening option, for children <15 in high TB-burden areas. The FDC is available in both dispersible and tablet form. This is important because TB preventive therapy (TPT) is a vital component of HIV care, as it has a synergistic effect with ART and also independently lowers the risk of TB disease among PLHIV. 4. **Improve Infection Control** at Health Facilities to arrest nosocomial transmission of TB 5. **Support the roll-out of TB-LAM** to be used at all levels of care, at hospital-level for all HIV+ inpatients, and in outpatient and

		primary care settings for those with CD4<200 with TB symptoms because TB- LAM increases the diagnosis of TB and shortens the time to TB treatment with a subsequent reduction of deaths 6. **Strengthen the outcomes from the GeneXpert MTB/RIF by ensuring capacity for** initial TB test for all symptomatic patients since TB remain the leading cause of sickness and death among PLHIV in Kenya.
Prevention	Key and Priority Populations	As presented by the KPs Consortium and other stakeholders with special attention to KPs living with HIV.
	DREAMS & OVC	1. Anchor the DREAMS initiative on the national structures and processes and works for its suitability. 2. Promote HIV combination prevention among young people 3. Ensure OVC interventions are family-centred 4. Support comprehensive CSOs to advocate for and provide comprehensive sexuality education (CSE) 5. Work for the promotion of human rights of adolescent girls and young women (AGYW)
	VMMC	1. Ensure VMMC is promoted as part of HIV combination prevention. 2. Work with frontline VMMC implementation staff to address gender based concerns, risks and fears.
MNCH	MCH	1. Eliminate all forms of user fees and work for the integration of HIV and MNCH services. 2. Follow up with HIV testing services in the MNCH programs and ensure HIV testing and treatment services are available through immunization and ANC service provision centres.
	PMTCT	1. Provide support to MoH towards the pre-elimination 2. Work with PLHIV networks, including with mentor mothers to ensure elimination of Mother to Child transmission of HIV.
	Pediatric	Ensure family-centered interventions are implemented
Health Systems Strengthening	HRH	1. Invest in HRH to improve capacity and increase numbers for HIV service provision and work with the Kenya Ministry of Health to ensure health care workers prioritize HIV service delivery and are sensitive to HIV and TB issues when in the context of UHC. 2. Work with government and HRH structures to minimize and mitigate health care workers industrial action.
	Health Financing	Leverage on the Kenya government investment on health, HIV and TB at the national and county levels just the same way GFATM does through counterpart financing.
	Supply Chain System	1. Support reviews and consultations to identify bottlenecks and mitigate and address the bottlenecks. 2. Foster partnership with non-state actors such as FBOs to ease burden on public sector
HIV Commodities and Lab	Lab	Invest in both conventional and POC laboratory as part of the health systems strengthening
	Commodity Management	1. Support the Forecasting and Quantification entities to ensure supplies and commodities are available in in predictable and sustainable manner 2. Foster partnership with non-state actors such as FBOs to ease burden on public sector

Strategic Information	M&E, Bio-Statistics,	Invest in supportive supervision, monitoring and evaluation to improve on service delivery.
	Health Informatics	Ensure service delivery is informed by new and emerging data and information. Respond immediately to emerging implementation information
	EMR, HER, HIS Policy Development Programs	Support linking of EMR across service delivery points to track community level linkage and self-transfer
	Survey and Surveillance,	Support the wide dissemination of the KENPHIA findings once the report is out. Avail program-based data to wider audience Take interest in non-biomedical surveys
	GIS Mapping,	Help with finer review to help locate the epidemic hotspots
	Use of Epi Data	Promote the use data to inform and monitor interventions