HIV Civil Society Recommendations for Kenya's New Health Secretary and Global Fund Application

Hon Cabinet Secretary for Health,Mr. James Macharia
CC: Professor Alloys Orago, Director, NACC

16th July 2013

We are a group of civil society organisations who focus on ending the HIV epidemic in Kenya. We have long worked together to advance the interests of people living with HIV, and for the health of all Kenyans. We are writing to urge immediate new action, especially with regard to the new Global Fund application currently being drafted.

The World Health Organisation (WHO) will soon release updated guidelines for HIV treatment that will qualify many more people for antiretroviral medications (ARVs) including every patient at or below 500 CD4 cells,as well as several categories of patients will be clinically eligible for lifelong therapy regardless of CD4 count, including all serodiscordant couples and pregnant women. For the first time ,revised WHOguidelines will recommend regular viral load monitoring because of its singular importance in ensuring treatment is conferring viral suppression—something CD4 counts cannot do, as viral load has supplanted CD4 cell-count testing in terms of clinical utility and cost effectiveness in light of increased demand and efficiencies as well as new technologies. The evidence for efficacy and cost-effectiveness of earlier initiation with improved ART combinations in the revised WHO Guidelines is strong, welcome, and overdue. Rapid adoption will bring life-saving improvements in Kenya's standardsof care. By getting more people on treatment earlier, we will reduce the size of the epidemic quickly and greatly reduce the cost that may need to be borne by the country should donors decide to decrease or abandon their commitment to funding Kenya's HIV response.[1] Fortunately, there are clear messages from key partners, PEPFAR and the Global Fund, that the country can receive assistance with rapid roll out of new ART guidelines and newer, safer and more effective drugs and diagnostics to bring the epidemic quickly under control. [2] Game-changing new ARVs are nearing the end of the research pipeline that will meet an urgent need for durable, effective, and affordable 2nd and 3rd line therapies in Kenya[3].

We urge the Government of Kenya (GoK)through its Ministry of Health and NASCOP or its successorto publicly adopt the forthcoming new WHO guidelines before August 2013, and immediately communicate to its partners its intention to implement fully the new guidelines before the end of the year. We are committed to the human and constitutional right to achieve the highest attainable standards of health, and believe that global health initiatives like PEPFAR and the Global Fund should not support standards of care for developing countries years behind what exists in the donor nations.

As we seek support from development partners, the President and the Ministry of Financetoshow political will to bring an end to HIV. The PEPFAR Partnership Framework,signed by then-Finance Minister Uhuru Kenyatta in 2009, committed to increase domestic health financing by 10% annually. Kenya is also a signatory to the Abuja Declaration, agreeing to commit at least 15% of the national budget to health. Such agreements must be respected in letter and spirit. We call on Kenya's new Health Secretary to ensure current foreign financial dependency for the health of Kenyans should bea stepping-stone and not the only stone.

We face unacceptable rates of patient loss to follow up in Kenya—too many people who have tested positive are disconnected with care or lost to treatment and simply die. CSOs can and should play a critical and underutilized role in supporting the country to rapidly rollout new HIV treatment guidelines andimprove health conditions for all by strengthening connections to care. Novel ideas in treatment support to reduce loss to follow up are in place; for instance in multiple African settings, community-based drug delivery programsand community health workersconnect patients to clinic, educate and support peers in treatment literacy, and even pick up and distribute ARVs to treatment clubs. All of these interventionsresult in dramatic improvementsin adherence, retention in care and reduced clinic congestion. Here in Kenya, such groups could be linked to health facilities and needed social services, and be facilitated to provide ongoing treatment literacy education. In addition, door-to-door testing has been demonstrably proven to increase the number of people who know their HIV serostatus, and provide an essential gateway to care and treatment. The Government and the KCM should support CSOs to enable them to fulfil these important roles.

Urgently, Kenya's new Global Fund "Interim Country" New Funding Model application must be filed as quickly as possible. Kenya is eligible as an "Interim Country Applicant" in part because of its potential for demonstrating high impact in the fight against HIV. Under the Fund's "New Funding Model," sums disbursed in 2013 by the Global Fund in response to applications are *not* counted *against* the sums we are eligible for over the Fund's 2014-2016 replenishment cycle. Sums not disbursed until 2014 *are*. Therefore, we urge the Government, the KCM to speed submission of the interim HIV application with all possible haste to prevent the loss of US$53 million intended for people with HIV in Kenya. Accelerated rollout of new WHO guidelines is a certain way to be sure to absorb these funds quickly, rapidly put them to work for the benefit of the country, and continue the role of Kenya as a trail blazer, mounting an aggressive fight against the epidemic. In addition, the New Funding Model now contains several new and positive conditions. We urge the government to quickly convene a formal "Country Dialogue" that the Global Fund now requires, and requires to include significant representation from most-at-risk populations including gay men, sex workers and injection drug users. In addition, these key groups must also now be significantly represented on Kenya's Country Coordinating Mechanism (KCM) through which all communications between the country and the Global Fund flow.

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[1] Blandford et al, PEPFAR Scientific Advisory Board modeling. "**The Impact of Treatment as Prevention: Models to Guide Ending the Epidemic" John Blandford, PhD, Chief, Health Economics, Division of Global HIV/AIDS, U.S. Centers for Disease Control and Prevention (CDC)*26 January 2012***

[2] PEPFAR Blueprint: Creating an AIDS Free Generation, page 10. 1 December 2012

[3] For example, dolutegravir, a best-in-class integrase inhibitor, is set for regulatory approval in the U.S. in August of 2013. Although dolutegravir is likely to first be used in second- or third-line regimens, it will become a first line option given evidence of its superior clinical effectiveness, reduced side effects, and potential for lower-pricing given its smaller dose requirements.http://www.i-mak.org/roadmap

We request that the Government, development partners and those draftingGlobal Fund applications take the following actions:

1. Extend ART to all people living with HIV below 500 CD4,cell count and to all PLHIV with active TB, and all HIV+ partners in a serodiscordant couple regardless of CD4;
2. Quickly complete rollout of PMTCT option B+, offering life-long AIDS therapy to all pregnant women regardless of CD4;
3. Extend viral load and CD4 test results within 24 hours to all test facilities, and actively pursue more point-of-care viral load and CD4 tests as they become available;
4. Rapidlyincorporate the most promising new ARVs into Kenya's treatment guidelines as soon as possible after regulatory approval, including the integrase inhibitor dolutegravir, and take steps to ensure that generic versions of the same are available through use of lawful flexibilities under the WTO TRIPS Agreement and Kenyan law;
5. Submit the Interim Application to the Global Fund with accelerated haste to fund rapid rollout new WHO guidelines *in 2013*, thereby protecting US$53 million from being counted against funds Kenya is eligible for in the 2014-2016 replenishment cycle;
6. Create positions for men who have sex with men, injection drug users and sex workers on the Kenyan Country Coordinating Mechanism, and rapidly convene the "Country Dialogue" necessary for countries eligible for interim funding;
7. Speed the pace of implementation of syringe exchange programmes in communities hard-hit with injection drug use;
8. Support implementation of CBO-based community ART programmes where medicines distribution points outside health facilities are established so that patient groups help distribute ARVs to their own support groups, and where paid and supported CHWs monitor adherence and retention in care, and provide treatment literacy;
9. Commit to stepping up CBO-based door-to-door testing HIV programmes with immediate linkages to care and treatment;
10. Fulfil at minimum the PEPFAR Partnership Framework's agreement to increase overall domestic health budgets by 10% annually, including within that 10% a 10% annual increase in funding for ARVs.

Signed,

AIDS Law Project
Bars Hostesses Empowerment and Support Programme (BHESP)
Community of People Fighting HIV/AIDS in Kenya (COPEFA)
Ehmu Educational Resource Centre
Health GAP (Global Access Project) Kenya
Kenya Network of Positive Teacher (KENPOTE)
Kenya Network of Religious Leaders Living with HIV/AIDS (KENERELA+)
Kenya Network of Women with AIDS (KENWA)
Kenya Private Sector Advisory Network (KPSAN)
Kenya Treatment Access Movement (KETAM)
KIKOTEP
Movement of Men Against AIDS in Kenya
Nakuru Provincial General Hospital HIV CCC HIV Support Group
National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK)
Network of Men Living with HIV and AIDS in Kenya (NETMA+)
Network of Nairobi Post-Test Clubs (NNEPOTEC)
Personal Initiative for Positive Empowerment (PIPE)
TB Action Group
The Association of People with AIDS in Kenya (TAPWAK)
World AIDS Campaign