People Living with HIV (PLHIV) and CommunitiesPerspective on how to achieve Zero new HIV Infections, Zero Discrimination and Zero AIDS and TB Related Deaths in Kenya.
About the Kenya PLHIV Manifesto

A Manifesto is a political document. In this context, it is a tool for advocacy and campaigns that people living with HIV (PLHIV) and those affected by AIDS and TB can use to monitor and call for accountability from the government and non-government actors. This manifesto is therefore a tool for seeking political action. It sets the Kenya PLHIV agenda and is thus a blue print for a formidable PLHIV movement.

The Manifesto therefore aims to provide a common platform for re-thinking the national response to HIV and AIDS in Kenya with PLHIV at the centre. As a platform, the Manifesto hopes to provide a comprehensive framework for negotiation with the government and other actors in regard to policy and practice for responding to HIV and AIDS at national and decentralized level structures.

The purpose of the manifesto is to stipulate the needs and demands of PLHIV which when taken into consideration will secure the active and meaningful engagement of people already living with HIV in the national development, particularly in leadership and good governance. It borrows from the principle of citizen participation.

Initiated by the National Empowerment Network of people living with HIV/AIDS in Kenya (NEPHAK), the process of developing and promoting the manifesto has been enriched by input of various PLHIV and community leaders through County consultative\footnote{1} and national Consultative Forums\footnote{2}.

The manifesto is not just aimed at the government and other actors in position of authority. It urges all Kenyans and their friends/partners to identify with the demands of PLHIV and affected communities. It is the hope of the PLHIV leaders that taking into consideration the issues and demands of PLHIV by the entire citizenry will create a conducive social and political environment required for the national response to HIV and AIDS.

This manifesto is hinged in three fundamental principles:

- It is owned by men and boys, women and girls living with HIV irrespective of their other backgrounds. This demonstrates the principle of ownership.
- It is a statement of the Principle of Greater involvement of people infected and affected by HIV and AIDS (GIPA) as unveiled in the 1994 Paris AIDS Summit. It proposes to take GIPA beyond HIV and AIDS and explore opportunities of mainstreaming GIPA in development.
- The Kenya Constitution is its basis. It is therefore about human rights and participation.
- It is a political statement by PLHIV but still remains partisan to cater for the national diversity.

*Our Manifesto, Our Aspirations, Our Needs. It is to be acted upon but also to be lived.*

\footnote{1} County Consultative Forums with PLHIV and Community leaders have been held in Nakuru, Nandi, Machakos, Garissa, Kilifi, Mombasa, Kakamega, Homa Bay and Nyeri

\footnote{2} National Consultative Forums were held with 70 PLHIV leaders in Naivasha and during the National PLHIV Leadership Summit I Nairobi.
Rationale and Core Focus
This manifesto expresses the demands of people living with HIV (PLHIV) and those affected by AIDS and TB in Kenya. We urge all policy makers to endorse this manifesto and incorporate it as part of their health agenda. We will track the policy positions of all presidential candidates and leading parties on the demands stated in this Manifesto, and report party responses in a non-partisan manner to PLHIV, our supporters and families across the country during the upcoming election, and thereafter by continuing to monitor progress towards full implementation of this Manifesto’s recommendations.

This Manifesto arrives accompanied by several significant developments: Kenya’s 2010 constitution, with its dramatic re-organization of political structures that directly impact the national response to HIV and AIDS; new scientific evidence confirming that HIV treatment is the most powerful and cost-effective tool for HIV prevention and a recent WHO-led meta-analysis that ART reduces the individual risk of TB disease by 65%, regardless of CD4. By fulfilling national AIDS treatment targets of one million people on treatment by 2015 and continuing that accelerated pace of enrollment, Kenya can simultaneously begin to end AIDS and TB epidemics.

Article 43 of the Constitution, states that, among other economic and social rights, “Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care”. We urge policy makers to honour all commitments in international instruments ratified by Kenya that impact on the right to health and form part of the laws of Kenya. We call upon all current and aspiring candidates, parties and political leaders to respect, protect, promote, and fulfill the most expansive interpretation of our Constitutional Right to Health by ensuring accessibility, availability, acceptability and quality in all services and a rights-based approach to the national health and HIV response as required in Article 10 of the Constitution. This section of the Kenyan Supreme Law resonates well with Global Commission of HIV and the Law findings.

We ask all political parties and candidates sign this manifesto, incorporate these recommendations within their own Party Manifestos, and commit to rapid implementation of these recommendations within the term of the next government:

Kenya can end AIDS.

HIV Prevention Trials Network’s Study 052, conducted in Kenya and eight other countries, confirmed that earlier initiation of HIV treatment between 350-500 CD4 cells per milliliter of blood reduces new infections by >96 per cent, and greatly lowers TB incidence. Earlier initiation also ensures better long-term health and quality of life for PLHIV.

Offering earlier HIV treatment to all HIV+ Kenyans, using today’s more powerful, less toxic drugs, can effectively halt new infections and reverse the spread of HIV, especially in combination with other HIV prevention strategies such as voluntary medical male circumcision and correct and consistent use of male and female condoms. In addition, accelerating ART enrollment to cover more people faster has been shown by the American Centres for Disease Control (CDC) to cost less than the current status quo of gradual enrollment. Indeed, accelerated ART enrollment is the cornerstone of HIV prevention, and is crucial part of the cost-effective ‘combination prevention’ strategy to defeat AIDS.

This Manifesto is not an exhaustive list of the issues needed to end the AIDS pandemic. It represents the perspective of PLHIV and communities in Kenya, and was developed through a series of grassroots county

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3 The HIV Prevention Trials Network Study 052 confirmed that early initiation of ART among PLHIV reduces their chances of developing active TB disease.
consultative forums and ratification meetings with PLHIV leaders and communities throughout the country.

PLHIV Affirmations

We, the People Living HIV (PLHIV) and those affected by AIDS and TB in Kenya;

Aware that HIV and AIDS still constitute the largest and longest disaster in Kenya;

Alarmed by the increasing vulnerability of PLHIV to cancers and other non-communicable diseases;

Aggrieved by near-lack of concern for HIV and AIDS and TB among the Kenyan political leadership demonstrated through the low domestic funding levels;

Concerned that HIV remains highly stigmatized, and in certain circumstances criminalized;

Distressed that some PLHIV who are eligible for treatment are not accessing life-saving antiretroviral drugs, and that the number of children accessing ARVs is even fewer;

Shocked that some PLHIV in Kenya continue to be given drugs recommended for phase-out, and that TB among PLHIV continues to go undiagnosed and untreated thereby becoming the leading cause of sickness and death among Kenyan PLHIV;

Unhappy that new annual HIV infections in Kenya continue to be high;

Infuriated by the persistent failure to stop transmission of HIV in newborns;

Worried that Kenya still has policies and laws that hinder the effective response to HIV and AIDS.

Troubled that the majority of Kenyans have not yet taken an HIV test;

Disheartened that 11% of children have TB and that TB remains the largest killer of people with HIV;

Convinced by new scientific evidence showing that with ‘combination prevention and the use of ARV treatment-as-prevention, that the end of AIDS is possible and affordable;

Encouraged by the Kenyan 2010 constitution, which provides for an expanded Bill of Rights, including Social Protection and the article on Right to Health where, PLHIV in Kenya have a basis upon which to influence the national response;

Dedicated to continually searching for additional strategies to eliminate new HIV infections and keep those infected alive for long and with good quality life.

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5 With 1.6 million adults aged 15-64 years estimated to be living with HIV, the crisis has surpassed all disasters in Kenya in terms of number of people affected directly by a single disaster. The long-term nature of HIV is also unique.

6 By 2010, Kenya domestic direct allocation to HIV was at 3% leaving this disaster to be funded through external resources.

7 Latest estimate indicate that about 52% of all adult PLHIV eligible for treatment following the 2010 WHO treatment guidelines are accessing treatment. The figure for children is much lower estimated at 15% (KAIS, 2008)

8 Consultative meetings with PLHIV in Kapsabet Nandi County confirmed that stavudine (d4T), a drug that should have been replaced, is still being given to PLHIV who physically manifest with lipodystrophy and peripheral neuropathy.

9 Kenya relies on microscopy to diagnose TB. This hardly works for PLHIV and children.

10 Estimated 98,000 people die annually from AIDS related complications.

11 The Kenya AIDS Indicator Survey revealed that by 2008, only 96% of adults had ever accessed HIV testing and counseling. The figure is smaller for children.

12 Footnote PEPFAR SAB slide presentation
Hereby Adopt The Kenya People Living with HIV Manifesto as an affirmation of our aspirations and commitment to the national efforts aimed at achieving Zero New HIV infections, Zero Discrimination and Zero AIDS related deaths by 2017.

We therefore, call upon the government, political parties, civil society organizations (CSOs)\textsuperscript{13} and the citizenry to adopt and work towards the PLHIV demands in this Manifesto.

A) Testing: Kenyans should know their HIV status
1. Implement national policies requiring routine, opt-out testing for consenting adults at all health facilities;
2. Scale up testing opportunities to all sexually active adults and injecting drug users and eligible children so that 90% of Kenyans know their HIV status by 2015;

B) Prevention: Eliminate newborn HIV and greatly reduce infections in key populations
3. Extend voluntary medical male circumcision to all boys and men in Kenya;
4. Ensure that HIV prevention commodities including female and male condoms and lubricants are made available to all, especially among key centers like night spots and fish depots;
5. Expand the scale and number of syringe exchange programs to injection drug users in hard-hit areas;
6. Establish accessible, friendly HIV testing and counseling outreach services for most at risk populations including men who have sex with men, sex workers and injection drug users;

C) Treatment: All Kenyans testing HIV positive should access effective HIV treatment
7. Ensure that at least one million PLHIV are put on treatment by 2015\textsuperscript{14}, and continue the accelerated pace of ART enrollment thereafter to reach at least 1.25 million by 2017;
8. Update treatment guidelines and offer life-long ART therapy to all eligible and consenting PLHIV, including all pregnant women, and all HIV-positive partners in serodiscordant couples;
9. Review national standards of care to ensure access to highest quality affordable medicine for adults and children, phasing out anti-HIV drugs that have adverse side effects (like stavudine) for better regimens, and quickly adopt safer and more powerful new regimens and classes of drugs including integrase inhibitors;
10. Bring 2\textsuperscript{nd} and 3\textsuperscript{rd} line ARVs to more, lower level health facilities and ensure access to Viral Load (VL) testing;

D) Tuberculosis:
11. An acknowledgement that TB is a public health disaster and deliberate efforts to deal with TB/HIV, MDR TB and paediatic TB is urgently needed.
12. Ensure the full implementation of the \textit{International Standards for Tuberculosis Care (ISTC)} and \textit{The Patients’ Charter for Tuberculosis Care}\textsuperscript{15} be part of the public health strategies and be integrated into the Community Strategy.
13. All patients with drug-resistant TB must receive a complete course of treatment, and health facilities must implement recommended standards for drug-resistant management;
14. Roll-out of new TB Diagnostic such as Gene Expert and other modern technologies that accurately diagnose TB among PLHIV and children.
15. Those infected with drug-resistant TB should be provided with social support until completion of treatment;

E) Health Systems: Ensure accessible quality health care for all
16. Reduce distance to care by strengthening rural facilities and establishing additional well staffed, equipped and supplied rural- and mobile health clinics, to bring quality care closer to all Kenyans;

\textsuperscript{13} As used here, CSOs shall comprise all non-state actors, including FBOs and the private sector
\textsuperscript{14} As pledged by Hon Minister of Special Programmes Esther Mirugi, November 2011
17. Strengthen supply chains, sustain buffer stocks of essential drugs, and expand electronic health information systems to track all patient and health commodity data to protect against stockouts and loss to follow up;
18. Supplement CD4 tests with more predictive free viral load measurements and deploy point of care viral load, CD4 and GeneXpert TB machines with reagent contracts to an annually increasing percentage of health facilities;
19. Ensure all common HIV, viral load and TB test results are available to patients within 48 hours;
20. Increase supply and retention rates to reach to WHO minimum ratios of 2.3 doctors and nurses per thousand residents, providing continuous training, increased compensation and improved work conditions and equipment for all cadres;
21. CHWs must be regularly supervised by health professionals, and paid national minimum wage for full time labor and should be selected by their own communities as per the Community Health Strategy;
22. CHW duties should be expanded to include VCT, active discovery of pregnant women, TB and HIV adherence tracking, ART literacy, distribution and community ART provision, as well as rights promotion to fight gender-based violence and female genital mutilation;
23. All essential medicines, family planning commodities and STI treatments should be available for free at all public health facilities;
24. Expand social health insurance coverage to guarantee free outpatient care and prescription drug cover;

F) Children, Orphans, Youth and Families
25. Ensure the full implementation of the strategies proposed under the Social Protection Bill and support all special vulnerable populations, including children and adolescents born and living with HIV.
26. Update national health education curricula for public schools to provide more and better information to students about sexual and reproductive health, harm reduction and HIV/AIDS, and make safer sex materials and prevention commodities such as male and female condoms freely available;
27. Take responsibility for social protection, livelihood and education of AIDS orphans and youth living with HIV, including financing support for family caregivers, nutritional support and school fees, alongside care and free outpatient treatment for incapacitated PLHIVs;
28. Put strategies in place to reduce the burden of care and supporting facing women and the elderly

G) Law and Governance: PLHIV Must be Represented at Every Level
29. Ensure that PLHIV’s are represented at all levels of governance, including prominent appointments of people openly living with HIV to senior government positions as well a specific number of seats in all elective and appointive bodies at all levels of governance, similar to the 5% of seats protected for people with disabilities in every elective and appointive body guaranteed by the Constitution;
30. Promote more programmes and policies to protect and expand the economic rights of women, including the right to property ownership and inheritance; campaigning against gender-based violence and female genital mutilation, and publically commit to punishing offenders;
31. Government HIV and AIDS national response structures and systems should be streamlined and consolidated to be more efficient. A national coordination body must be empowered to guide the activities of development partners, in strong and close collaboration with health sector actors at the national level. Multiple overlapping district and county bodies from competing Ministries should be consolidated, and national policy makers should regularly hold community meetings in all regions of the country to dialog with front-line grassroots community members;
32. The HIV Tribunal must be fully funded, staffed, and decentralized so that county offices are established to ensure that justice is brought closer to the PLHIV and communities.

H) Stigma and Discrimination
33. An acknowledgement that HIV and AIDS are still stigmatized and deliberate effort to support those openly living with HIV to provide voice and visibility to their peers.

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34. Increased investment in community sensitization to effectively address stigma and discrimination
35. Repealing of Section 24 of the HIV and AIDS Prevention and Control Act which criminalizes HIV.
36. Repealing of section 26 of the Sexual Offences Act and coming up with policies and laws that do not discriminate against men and women living with HIV.
37. Increased recognition and investment on the groups and networks of PLHIV and TB patients as part of the national response to HIV and AIDS.

I) Funding: Fulfill the Abuja Declaration and fill AIDS+TB treatment gaps
38. Allocate at least 15% of the national budget to health, as per the Abuja declaration, by fulfilling and extending exiting commitments made\(^\text{17}\) to annually increase annual health budgets and funding for HIV by at least 10% each year;
39. Establish an all inclusive AIDS Levy or Trust fund and ensure sustainable increase in domestic financing to HIV and AIDS
Reject harmful trade agreements and intellectual property rules that limit access to affordable generic medicines including spurious anti-counterfeit laws, while implementing cost-control measures like regional pooled bulk purchasing, issuing compulsory licenses when needed, and exploring local manufacture;

J) Political Parties and the national response to HIV and AIDS
40. That HIV and AIDS and health shall constitute a significant focus of the Political Party Manifesto
41. Commitment that political parties and parliamentarians shall make HIV a priority agenda and support the Kenya All Party Parliamentary Group on AIDS (APPGA)

K) HIV and AIDS Coordination: Ensure multi-sectoral response to HIV and AIDS
1. An acknowledgement that HIV and AIDS is the leading threat to health and development in Kenya and as such requires an emergency mode response.
2. That Kenya can only succeed in ending AIDS through a multi-sectoral response coordinated with an overreaching body founded on a firm legal framework with highest political commitment.
3. That greater and meaningful involvement of people living with HIV become a principle in the national response to HIV and AIDS.

\(^{17}\) Kenya-United States PEPFAR Partnership Framework, signed December 2009 and extending through 2013.
The Kenya People Living with HIV Manifesto

CANDIDATE AND PARTY DECLARATION OF COMMITMENT:
I commit that my government will extend higher quality health care to all Kenyans, and fulfill to the maximum extent the Constitutional Right to Health. I will ensure that all people living with HIV are offered effective antiretroviral medicines for free, and guarantee that at least 1.25 million people are on treatment before 2017. I will ensure my government regularly updates national guidelines so that newer, more effective 1st, 2nd and 3rd line anti-HIV drugs, treatments for opportunistic infections, STIs, and TB and regular viral load test results are available at all public health facilities. I will annually increase national contributions to Kenya’s health budgets by at least 10% until the Abuja Declaration target of at least 15% is met. I will work globally to ensure that trade agreements do not infringe on the right of all Kenyans to access quality affordable generic medicines. I will ensure that people openly living with HIV play prominent roles in my Administration, and are nominated for seats under affirmative action policies in the Constitution. I commit to ensuring that all Kenyans know their HIV status through routine, opt-out testing at health facilities, and by scaling-up community. I commit to eliminate mother to child transmission by ensuring lifelong ART is offered to all expecting mothers, and will roll out new programmes to reach stigmatized key populations at greater risk for HIV. My Government will establish, staff and equip more rural and mobile health facilities and close the gap and meet WHO minimum guidelines of at least 2.3 doctors and nurses per thousand country residents, and ensure that professional and community health workers are sustained with better wages, equipment, and supervision. My Party prioritizes HIV and AIDS and health as priority and will ensure the support to the Kenya All Party Parliamentary Group on AIDS. I commit to an overall multi-sectoral coordinating body national HIV response.

SIGNED:  

DATE:  


The Kenya People Living with HIV Manifesto

Civil Society Endorsers:

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The Kenya People Living with HIV Manifesto

Eminent Persons Endorsers:

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