



Strengthening Community Responses  
to HIV Treatment & Prevention



5<sup>th</sup> April 2013

Dear Ambassador Goosby,

We, as civil society organizations interested and working in HIV and AIDS in Kenya, congratulate you for the launch of the PEPFAR Blueprint for an AIDS-Free Generation. We are particularly grateful for the commitments to ART scale up, and to ensure meaningful participation of people living with HIV and civil society in COPs planning. As civil society advocates, most of the undersigned organisations have been actively tracking PEPFAR issues in Kenya since the drafting of the Kenya's Partnership Framework in 2008.

The draft COP was not made available to civil society groups, and we cannot yet confirm if the COP reflects the carefully gathered input and policy requests from grassroots PLHIV and front line care providers several our groups spent much of the last year gathering from every part of the country.

In the future, we would suggest a longer, iterative process, open to all civil-society representatives. We would request written drafts from PEPFAR be made available to CSOs to offer comments during early, middle and late stages of the drafting process.

Even more important than improving the process is the set of recommendations for the COP from people with HIV in Kenya. To fulfil the Blueprint's Action Step of "adding civil society engagement as an explicit component within the COP process," we submit these few recommendations to be included in this year's COP. All of these requests are rooted in 12 months of grassroots PLHIV consultations several of our groups conducted last year to gather and distil grassroots input into a PLHIV Election Manifesto. The Manifesto was endorsed by all leading PLHIV CSOs in Kenya as well as by leading parties and candidates.

1. Increase treatment scale-up by offering to initiate all people with HIV on treatment, even at 500 CD4 and above as is the practice in the U.S. and appears to become WHO guidelines in the very near future;
2. Roll out Option B+ nationwide by the end of the 2013;
3. Scaling up of treatment literacy for PLHIV and health workers
4. Increased wages and absorption of community health workers;
5. Ensure that viral load and CD4 test results are available at every health facility within 24 hours or less in all 47 counties;
6. Increase in routine opt-out testing at public, private and faith-based health facilities, as well as large testing campaign events and support for peer-led door-to-door testing programmes;
7. Explicit support statements to GOK for improved regimens as

critical new drugs come online such as DTG and TAF, as well as making more effective 2<sup>nd</sup> and 3<sup>rd</sup> line regimens available in more facilities;

8. Funding for more key population programs including IDUs and sex workers;
9. Scale-up in diagnosis and treatment of TB;
10. Increased funding for condoms and lubricants;
11. Increased capacity building towards an increase in funding for indigenous organisations and CBOs;
12. Scaled up collaboration between USG and CSOs to continue to press GOK to fulfil its PEPFAR Partnership Framework obligations to increase domestic funding for health and for ART by 10% annually;
13. Formal guidance to your country coordinators that ensure continuous and meaningful participation of CSO-selected civil society groups in every stage of COPs planning, review and M&E.

Please keep us informed on the progress of your review of Kenya's Country Operational Plan, and how we can be of assistance.

Sincerely,

AIDS Law Project.  
Network of Men Living with HIV/AIDS in Kenya  
Network of Post-Test HIV/AIDS Community Organizations  
Health GAP (Global Access Project)  
International Treatment Preparedness Coalition- ITPC EA  
Bar Hostess Empowerment and Support Programme

CC: Katherine Perry, Country Coordinator PEPFAR.