



Kenya People living with HIV (PLHIV) Leadership Communique on US Government Executive Order Freezing Foreign Assistance and the ‘Limited Waiver’ on Critical HIV Services.

Nairobi, 14th February 2025 © NEPHAK

We, the people living with, at risk of and affected with HIV and related co-infections, including Tuberculosis and related comorbidities drawn from community-led networks¹, under the leadership of the National Empowerment Network of people living with HIV/AIDS in Kenya (NEPHAK), convened 13th and 14th February 2025 and after extensive consultations with communities and ally civil society organizations; having debated, deliberated, discussed and reviewed the current status of the HIV response in Kenya, following the 28th January 2025 Stop Work Order by the US government and subsequent limited waiver on the implementation of critical HIV services; do hereby issue a *People Living with HIV (PLHIV) Communique* with recommendations on how best in our opinion, the US Government, Kenya government through the Ministry of health, county governments and partners can foster partnership with and support communities to sustain HIV epidemic control and stay Kenya on the path to end AIDS as a public health threat in line with the 2030 Sustainable Development Agenda. The PLHIV Communique is issued based on the need to urgently to resolve the outstanding issues to quickly get back on track with the ambition to get everyone on treatment, prevent new HIV infections and keep everyone alive beyond 2030.

APPRECIATING that the people and government of the United States of America have stood with the people and government of Kenya in the response to HIV and TB, enabling remarkable progress, and; that the stop work order, was immediately followed up with limited waiver to allow critical HIV services to resume. We hope the people of America and their government can get back and join the rest of the world win the war on AIDS.

RECALLING that; the Kenya government joined other nations at the UN High Level Meeting (UN-HLM²) and committed to put in place finances, policies, guidelines, strategies, interventions and human resources to get everyone on treatment, prevent new

¹ We refer to the collective body of that define PLHIV and TB affected communities in their diversity.

² The Kenya PLHIV Community issue this Communique to remind the Kenya Government of the 2021 United Nations Political Declaration on AIDS that the country signed into; committing to speed up the integration of HIV services with services for preventing and tackling co-infections and comorbidities, such as tuberculosis, viral hepatitis, sexually transmitted infections (STIs), **noncommunicable diseases and mental health conditions**. We particularly put in a reminder in the 2025 target below:

“Accelerate integration of HIV services into universal health coverage and strong and resilient health and social protection services” [UN HLM 2021].

HIV infections and keep everyone alive. Now is the time to keep the promise. We need doctors and other health care workers and medicines to realize your promise! Further, that; the Kenya, through the Ministry of Health joined the Global Alliance to end AIDS among Children and; the Global Partnership of Action to Eliminate all forms of HIV-related Stigma and Discrimination, by 2030; thereby confronting the two persistent challenges that continue to dent the response to HIV.

ACKNOWLEDGING the commitment by communities through their networks to rally people living with, at risk of and affected with HIV behind the government policies, guidelines, strategies and interventions for the response to HIV and achievement of universal health coverage (UHC). A commitment that still stand.

DISTRESSED that the issuance of Executive Order Number 14169 of the United States of America on Re-evaluating and Re-aligning United States support, almost got the Kenya response to HIV grinding to a halt, and; even with the limited waiver, the HIV response has been thrown into confusion and normalcy has not been restored. The Executive Order came against a background of high and rising cases of Advanced HIV Disease (AHD).

DISTURBED that even after the US government Executive Order has almost put the Kenya HIV response to a halt, through massive disruption of services and job losses by health care workers; there has not been urgency or visible action by the Kenya national government on how to fill the gap in funding and human resources so as to ensure continuity to HIV care.

ENCOURAGED that; some County Governments through CECs and Departments of Health have stepped up to identify solutions to ensure continuity of care for PLHIV on treatment; plunging on integration of HIV care into the broader health care service delivery; even amidst several challenges.

CONCERNED that; the on-going integration of HIV care into broader general health care is not informed by any national or county dialogue and standard operating procedures and, that each county is integrating HIV services in their own way and without any consultations with recipients of care; ignoring the implementation science lessons that have worked in the past, including HIV Differentiated Service Delivery and community engagement. Further the number and capacity of health care workers to deal with additional HIV service delivery is wanting.

DISMAYED that there are efforts to integrate HIV care into general health services without regard to the provisions of the HIV and AIDS Prevention and Control Act 2006 and the lessons shared from NEPHAK from years of rolling out PLHIV Stigma Index and the role recipients of care and other communities can play to sustain the response to HIV; Promising that communities and especially people living with HIV have

over the years acquired knowledge and experience that has been shaping the response for the better and this is the time to reap the benefits of community engagement through community-led and community based interventions.

Today and Now ...

The Communique is premised on the position shared among the PLHIV community that without urgent action to address the gap arising from the US government funding pause and without implementing integrated people-centred health services, the gains made in the HIV response will not be sustained, and may be reversed altogether. Deliberate and proactive actions must be taken to ensure that there is continuity of HIV and TB services; and that the quality of services is of the same standards, if not better than before the Stop Work order by US government.

Government of the United States of America

- i. As you work in re-evaluating and re-aligning United States support, consider expanding the limited waiver that provides for a responsible phased transition plan for beneficiary countries to work with.
- ii. The waiver should include an inbuilt accountability mechanism to enable empowered recipients of care to play an active and meaningful role and provide feedback on the quality of services being provided.

National Government

- i. Allocate resources for the procurement and distribution of ARVs and TB medicines for eligible populations and commit to take up this role in its entirety going forward; given that Kenya is now a middle income country. The urgency at hand calls upon the Government to prioritize this allocation under the current Supplementary Budget.
- ii. Prioritize and invest in the numbers and capacity of Human Resources for Health (HRH) starting with a phased approach to absorbing the doctors, clinicians and other health care workers affected by the US Stop Work Order.
- iii. Fast track the implementation of the the recommendations of the Ministry of Health - led Donor and Domestic Resource Mobilization Policy and the Kenya's Operational Plan for Enhancing Country Readiness to Sustain a Resilient HIV Response Beyond 2030.
- iv. Ensure that commodities and supplies needed to prevent, treat and manage TB and HIV are available in predictable and sustainable manner to support the up-scaling of multi-month ARVs issuance as required by the DSD strategy.

Ministry of Health

- i. Recognizing that HIV and especially advanced HIV disease (AHD) is a Critical Illness and HIV infection is a Chronic Illness; we propose that PLHIV presenting with AHD and dual epidemics (HIV and NCDs) be designated as the priority beneficiaries of Critical and Chronic Illnesses Funds.

- ii. Be deliberate and intentional and redefine the detailed Package of Care under SHIF to include HIV and TB treatment and care. It is no-longer tenable to exclude HIV and TB treatment from SHIF package of care.

County Governments

- i. Increase resources allocation to support the delivery of HIV, TB and other health services.
- ii. Allocate resources and put in place a phased plan to absorb health care workers rendered jobless by the US government pause order
- iii. Work with NASCOP and PLHIV networks to develop and/or Review HIV integration Guidelines and roll-out the same with active and meaningful engagements with the PLHIV community.
- iv. Implement to scale the HIV Differentiated Service Delivery (DSD) strategies and especially the community models such as community pharmacy that put recipients of care at the centre
- v. Partner with MOH national HIV agencies, NASCOP and the academia to train and sensitize health care workers on HIV service delivery and related human rights.
- vi. Foster meaningful partnership, train and facilitate PLHIV to take up certain roles to ensure continuity of HIV care

Ministry of Health Partners.

- i. Explore mechanisms to get the US government limited waiver expanded to enable a responsible and phased transition plan that recipient countries can work with.
- ii. Support the Kenya Ministry of Health Structures to sustain the response to HIV and put Kenya in the path to end AIDS as public health threat by 2030.
- iii. Foster partnership with recipients of care and their networks and ensure that they are resourced, capacitated and empowered to enable them take charge of their health and support the Ministry of Health to deliver on their mandate.

PLHIV

- i. With the assurance that there is enough stocks of ARVs for people that need it, you should keep your clinic appointments and demand services.. The services should be in line with package of care contained in the HIV guidelines. This is the time to adhere to your clinic appointments and medication.
- ii. Through networks and support groups and with the support of PLHIV Champions, be ready to support the county government structures, including health facilities to sustain the continuity of HIV care.

Signed:



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For and on behalf of the NEPHAK (info@nephak.or.ke)