Summary of civil society analysis

Thanks to its progressive prevention strategy, Kenya has made important progress in its HIV response in recent years. Tailored packages of prevention services have been defined and implemented for the most marginalised groups. However, the restrictive legal, political and socio-cultural environment in Kenya remains a real barrier to progress. Despite the existence of enabling HIV and health policies, key populations are kept at the margins of society. They are stigmatised and discriminated against by unfair laws that promote hostility amongst the general population.

On track to meet the 2020 target?

New HIV infections among adults (15+ years)

<table>
<thead>
<tr>
<th>Year</th>
<th>New HIV Infections (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>48</td>
</tr>
<tr>
<td>2015</td>
<td>38</td>
</tr>
<tr>
<td>2020</td>
<td>12,000</td>
</tr>
</tbody>
</table>

Total number of new infections among adults aged 15+ in 2018

- 38,000
- 42% of new infections were among young people aged 15-24

Key populations size estimates & service coverage

<table>
<thead>
<tr>
<th>Population</th>
<th>Latest size estimates</th>
<th>HIV prevention services coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men</td>
<td>2018 (sub national only)</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Sex workers</td>
<td>2018</td>
<td>51%</td>
</tr>
<tr>
<td>People who use drugs</td>
<td>2018</td>
<td>34%</td>
</tr>
<tr>
<td>Transgender people</td>
<td>2018</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

Legal and policy environment

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same sex activities</td>
<td>Criminalised</td>
</tr>
<tr>
<td>Sex work</td>
<td>Criminalised</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>Criminalised</td>
</tr>
<tr>
<td>HIV transmission or exposure</td>
<td>Criminalised</td>
</tr>
<tr>
<td>HIV testing without parental consent</td>
<td>Permitted +15yrs</td>
</tr>
</tbody>
</table>

Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

- 25.4%

Knowledge of HIV prevention among young people

- 63.7%
- 56.6%

Sources:
- hivpreventioncoalition.unaids.org
- lawsandpolicies.unaids.org
- Kenya HIV Testing Services Guidelines
- UNAIDS Estimates, 2019
- Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org
In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership, enabling laws and policies, and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society’s perspective on how Kenya performed in 2019.

The NACC is the lead organisation coordinating the national HIV prevention response. NACC coordinates closely with NASCOP, which leads on the delivery of biomedical prevention interventions, and hosts the technical working groups that provide guidance on implementing prevention services. According to civil society organisations (CSOs), NACC has not been engaging them as frequently as expected, and when they do meet NACC drives the agenda, and is not always open to issues raised by civil society. At the same time, CSOs acknowledge that they could increase coordination amongst themselves and work together more proactively to put forward a common agenda.

The restrictive legal, political and socio-cultural environment in Kenya remains a critical barrier to progress. In July 2018 local rights organisation, KSLIN, published a new report tracking trends in HIV- and TB-related human rights violations and interventions. Published in collaboration with NACC, UNAIDS and other partners, the report called for legal and policy reforms. It also recommended that the NACC and NASCOP should play a more proactive role auditing government HIV policies to safeguard the rights of key populations. However, implementing interventions to create a more enabling environment is painfully slow.

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The prevention response in Kenya is still guided by the Kenya AIDS Strategic Framework (2015-2019) and the progressive HIV Prevention Revolution Road Map, developed in 2014. County-level strategic plans have also been adopted in 46 out of the 47 counties. Targets for HIV prevention have been set at both national and subnational level, and progress is periodically reviewed at the prevention technical working group. However, these targets remain largely biomedical interventions, and not well understood in these settings. This is especially worrying. The capacity of government facilities to provide services responsive to the needs of key populations and adolescent girls and young women are currently not available in most public health facilities.

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In order to meet the global and national targets, Kenya should prioritise the following actions:

1. Commit to revising punitive laws that prevent key populations from accessing services free from stigma and discrimination. Ensure that the stigma index study monitoring stigma towards key populations and people living with HIV is completed in a timely manner, and that its findings are incorporated into HIV policies and programmes.

2. Scale up the platforms that deliver combination prevention services to adolescent and young people and to key populations and ensure that monitoring systems give a full picture of HIV prevention for these groups. Improve participation of civil society and key populations, especially in county level processes.

3. Substantially increase funding for HIV prevention and especially for combination prevention programming for key populations. Invest in community-led organisations to deliver prevention services at scale, implementing social contracting mechanisms to increase sustainability of the response.

4. Address existing data challenges and ensure the availability of accurate population size estimates and other key data sets for all key population groups. Involve civil society and key population representatives early on in shaping data studies. Ensure that all HIV prevention providers, including community activists, have access to the situation room data without further delay.

METHODOLOGY
As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation’s progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

ACKNOWLEDGEMENTS
We deeply appreciate all the civil society partners for their joint efforts and leadership to develop the 2019 shadow report.


Global coordination and editing: Matteo Cassolato and Clare Morrison.

We gratefully acknowledge funding from The Partnership to Inspire, Transform and Connect the HIV response (PITCH). PITCH is a joint partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

For national progress reports see: www.frontlineaids.org/prevention

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Updated December 2019