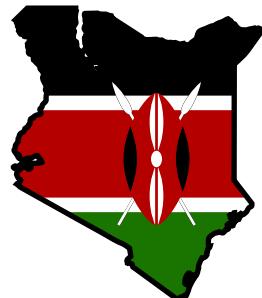


KENYA

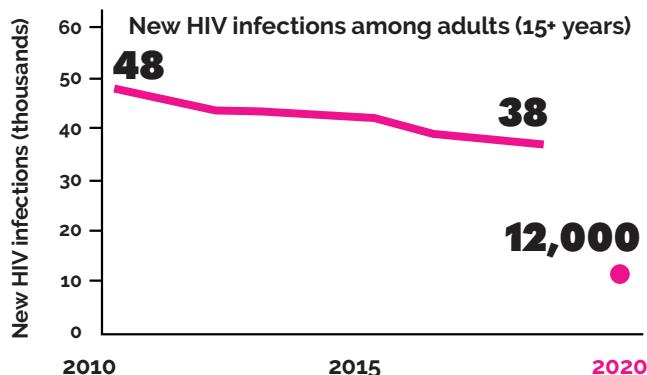
HIV PREVENTION SHADOW REPORT 2019

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.

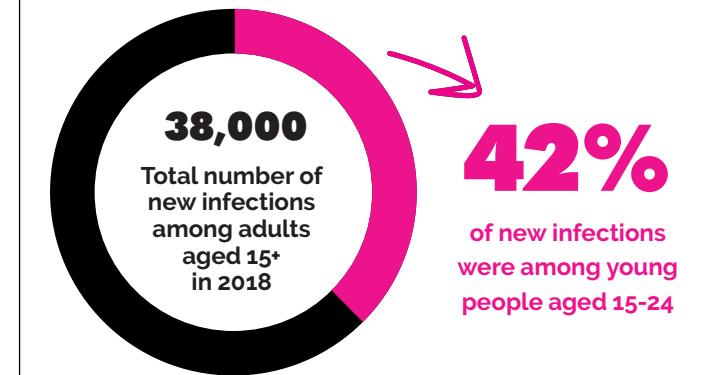


ON TRACK TO MEET THE 2020 TARGET?



Source: hivpreventioncoalition.unaids.org

NEW HIV INFECTIONS



Source: UNAIDS Estimates, 2019

| KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE | | | | |
|---|---------------------------|-------------|----------------------|--------------------|
| | Men who have sex with men | Sex workers | People who use drugs | Transgender people |
| Latest size estimates | 2018 (sub national only) | 2018 | 2018 | 2018 |
| HIV prevention services coverage | NO DATA | 51% | 34% | NO DATA |

Source: Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org

LEGAL AND POLICY ENVIRONMENT

| | |
|--------------------------------------|------------------|
| Same sex activities | Criminalised |
| Sex work | Criminalised |
| Injecting drug use | Criminalised |
| HIV transmission or exposure | Criminalised |
| HIV testing without parental consent | Permitted +15yrs |

Source: lawsandpolicies.unaids.org, Kenya HIV Testing Services Guidelines

GENDER-BASED VIOLENCE

25.4%

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

Source: DHS, 2014

KNOWLEDGE OF HIV PREVENTION AMONG YOUNG PEOPLE



63.7%



56.6%

Source: DHS, 2014

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

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.

1 Conduct strategic assessment of prevention needs and identify barriers to progress

After the launch of the Global Prevention Coalition in October 2017, Kenya's National AIDS Control Council (NACC) conducted an HIV prevention review meeting. With all relevant stakeholders attending, the meeting highlighted challenges to prevention implementation at national and county level. A connection between gender-based violence and HIV was identified, and indicators were proposed for future reporting.

In 2018 new size estimate studies for men who have sex with men, people who use drugs, sex workers and transgender people were conducted in several counties. Organised by the National AIDS and STIs Control Programme (NASCOP) the results have been questioned by key population groups. It is hoped that phase two of the studies will provide more accurate estimates.

2 Develop or revise national targets and road maps

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. Targets which address the wider legal, political and socio-cultural environment – for example on gender-based violence – are not currently reported on publicly. This is despite the fact that the relevant information is collected via Kenya's health information system.



© Gemma Taylor for Frontline AIDS

3 Enhance prevention leadership, oversight and management

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.

4 Introduce legal and policy changes to create an enabling environment

The restrictive legal, political and socio-cultural environment in Kenya remains a real barrier to progress. In July 2018 local rights organisation, KELIN, 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.

Amidst angry demonstrations by religious groups and the general population, the Kenyan High Court ruled against the decriminalisation of homosexuality in May 2019. Criminalised key populations continue to experience stigma and discrimination from healthcare providers. A much-needed stigma index study could shed light on the situation but it has been postponed several times. At last, the process to produce an index is now underway, with support from UNAIDS and led by the network of people living with, and affected by, HIV and TB.

5 Develop national guidance and intervention packages, service delivery platforms and operational plans

Through NACC and NASCOP, Kenya has developed minimum prevention packages for the populations most at risk of HIV infection (adolescent girls and young women, men who have sex with men, people who use drugs and sex workers). Disappointingly the focus is on primary prevention. Although the packages include behavioural and structural prevention interventions, the lack of funding means these elements are minimal.

There have also been notable efforts to include transgender people in the national response. NASCOP met with community organisations that represent transgender people, to design a package of services that meets their needs. Although the package is yet to be finalised this step marks significant progress.

However, combination prevention services specifically tailored to key populations are still only available in a limited number of public health facilities. Similarly, although prevention packages for adolescent girls and young women are available in most public health facilities, youth-friendly services are uncommon and not well understood in these settings. This is especially the case for sexually active girls and young women who are not married.

6 Develop capacity building and technical assistance plan

NACC is yet to develop a comprehensive technical assistance plan to support prevention interventions. Technical support is regularly requested by NACC and NASCOP and typically provided through short-term consultancies. However, there is a need for longer-term solutions that systematically increase the capacity of both institutions.

Targeted support should be provided under each of the main prevention strategies to all programme implementers, especially to community-based organisations. This would lead to better coordination and harmonisation. Unfortunately, there are no plans to do this, possibly due to a lack of funds.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Kenya has no social contracting mechanism in place to fund and expand the community-based prevention response. Given Kenya's reduced ability to attract donor funding, this is worrying.

The capacity of government facilities to provide services responsive to the needs of key populations and adolescent girls and young women is limited. Community-based organisations have filled the gaps in service provision and have spearheaded the integration of services for key populations in public health facilities. Unless the government funds CSOs to do this work, the sustainability of the response is at risk.

8 Assess available funding and develop strategy to close financing gaps

The government has taken steps to be more transparent around HIV spending. In November 2018 NACC issued the HIV Financing County Profiles which highlighted how much funding each county had allocated to HIV programming.

In recent years the government has increased its funding of the HIV response. However, the total allocation for HIV prevention is not enough to meet current demands and there is growing concern among community prevention activists and key population representatives that their space to operate is diminishing. They urgently demand that NACC and NASCOP ring-fence funding for prevention programmes for groups most at risk of HIV infection.

9 Establish or strengthen programme monitoring systems

NACC has developed a monitoring and evaluation framework to monitor the implementation of the Kenya AIDS Strategic Framework. The delivery of HIV prevention services is monitored through a unified information system that merges data provided by all stakeholders, including health facilities and CSOs. Community-based organisations submit non-biomedical data on HIV programming activities carried out in the community.

CSOs that deliver services submit information monthly to NACC and they can use the data to analyse and plan programmes for key populations at local level. However, they do not have access to the national and county level data provided through 'the HIV situation room' – insert a definition of the situation room here in case your reader isn't familiar. Community activists urgently need access to the situation room data so they can hold their leaders to account for the HIV response.

10 Strengthen national and international accountability

The Kenya AIDS Strategic Framework includes specific targets to strengthen national accountability. This includes good governance practices; accountable leadership embedded in the multi-sectoral HIV and AIDS response at all levels; well-functioning stakeholder coordination; and, accountability mechanisms in place at national and county level.

In 2018 and 2019, NACC and NASCOP reviewed progress toward the HIV prevention targets. At national level, a periodic review took place at the HIV prevention steering committee convened by NACC, with representatives from CSOs and key population groups. However, a breakdown of performance on specific prevention targets and budgets by NACC is needed.



RECOMMENDATIONS

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.

National research and analysis: Bar Hostess Empowerment and Support Programme (BHESP), Global Network of Sex Work Projects (KESWA), Key populations Consortium, LVCT Health and Women Fighting AIDS in Kenya (WOFAK).

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

OUR PARTNERS



SUPPORTED BY



aidsfonds

