FRONTLINE AIDS

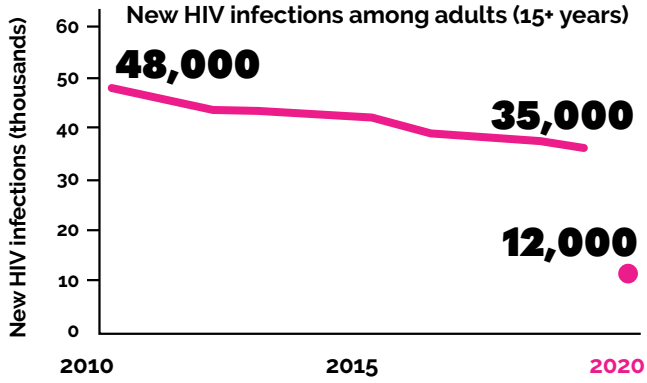
KENYA
HIV PREVENTION SHADOW REPORT 2020

Summary of civil society analysis

Kenya has made significant progress on scaling up prevention services for key populations and adolescent girls and young women, especially the provision of biomedical prevention methods. Prevention advocates also welcome the increase in funding for key populations within the new Global Fund grant, as well as the PEPFAR community grants.

However, progress remains painfully slow when it comes to addressing legal and policy barriers that restrict sex workers, gay men, transgender people, people who use drugs, and adolescent girls and young women from accessing services. Lack of coordination between National AIDS Control Council and the Ministry of Health and MOH also weakens the national prevention response at county and district level.

ON TRACK TO MEET THE 2020 TARGET?



Global HIV Prevention Coalition 4th Annual Progress Report

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1	Needs assessment	Good progress
2	Prevention targets	Partial progress
3	Prevention strategy & leadership	Partial progress
4	Legal and policy reform	No or little progress
5	Key population size estimates	Good progress
5b	Defined key population package	Partial progress
5c	Adolescent girls & young women size estimates	Good progress
5d	Adolescent girls & young women package	Good progress
6	Capacity development & technical assistance plan	Good progress
7	Social contracting	No or little progress
8	Financial gap analysis & strategy	Good progress
9	Strengthen monitoring	Partial progress
10	Performance review & accountability	Good progress

Good progress Partial progress No or little progress

KEY POPULATIONS: DATA, SERVICES, STIGMA

	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2018	2018	2019	2018
HIV prevention services utilisation	79%	88%	89%	NO DATA
Avoidance of health care due to stigma & discrimination	NO DATA	NO DATA	NO DATA	NO DATA

KP Atlas, Global HIV Prevention Coalition 4th Annual Progress Report

LAWS THAT CRIMINALISE

Same-sex activities	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Criminalisation of transgender people	NO SPECIFIC LAWS
HIV transmission, non-disclosure, or exposure	CRIMINALISED

UNAIDS Laws and Policies Analytics

ADOLESCENT GIRLS AND YOUNG WOMEN

SRHR services not available without parental consent	Intimate partner violence (15-19 years)	HIV prevention service coverage
Under 18 yrs	NO DATA	100%

UNAIDS Laws & Policies, Global HIV Prevention Coalition 4th Annual Progress Report

HIV PREVENTION 10-POINT PLAN
A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including lack of political leadership; restrictive laws and policies; insufficient funding, and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country's progress against these barriers. This shadow report sets out civil society's perspective on how Kenya performed in 2020.

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STRENGTHENING POLITICAL LEADERSHIP

The National AIDS Control Council (NACC), National AIDS and STI Programme (NASCOP) lead Kenya's HIV prevention response. At a national level, both institutions are considered to have sufficient capacity and resources; but at the regional and county level, NACC's role is not always clearly understood by key stakeholders. In Kisumu, for instance, key populations organisations report that they do not even know who the NACC regional coordinator is.

Coordination between NACC and NASCOP remains weak. This sometimes makes it hard for community groups to know who to engage when important policy matters arise. Critically, NACC officials often do not attend technical working group (TWG) meetings hosted by the Ministry of the Health (MoH), giving community members the impression that the institutions appear to be in competition rather than complementing each other.

Decisions relating to HIV prevention are typically discussed by NASCOP, NACC and civil society organisations (CSOs) at TWG level. CSOs are quite satisfied with this form of engagement. Within the Key Populations TWG, key organisations feel their contribution is valued and that they are capable of influencing the MOH on aspects of the prevention response. However, community organisations that are not part of the TWGs – especially those representing adolescents and young people – report that engaging NACC and the NASCOP and influencing their agendas on prevention matters is complicated because their approach is not considered sufficiently consultative.

Some advocates feel that NACC bring in communities only to rubber stamp their decisions, and that there is no real engagement. Advocates feel that NACC only listens to organisations which support their agenda Prevention is perceived as NACC's own agenda rather than an important area of engagement for communities and other stakeholders. Marginalised populations, particularly adolescents and young people, feel that their contributions and opinions are not factored in by policy makers.

ADDRESSING POLICY GAPS AND LEGAL BARRIERS

Although civil society, UNAIDS and NACC have provided clear recommendations on removing legal barriers to HIV prevention, these have not been taken up. The two groups that are most vulnerable to HIV infection – key populations and adolescent girls and young women – are also those for whom access to services is most difficult.

Unclear and conflicting policies and laws relating to the age of consent mean that adolescents and young people are often not able to access sexual and reproductive health (SRH) services without parental permission. Vocal religious opposition to the Reproductive Healthcare Bill - which calls on healthcare providers to provide family planning information and services to all and orders the government to integrate SRH into the education syllabus - also raises concerns.

LGBT, sex workers, people who use drugs continue to be criminalised. LGBT people face high levels of stigma and discrimination in general, but especially in the health sector. Instances of discrimination and violence in health facilities towards LGBT people, particularly transgender people, are not uncommon.

On a more positive note, NACC continues to prioritise efforts to tackle HIV stigma. In the last year, NACC launched a booklet addressing stigma and discrimination in the religious sector and it is currently taking forward plans to conduct a second stigma index survey for people living with HIV, which will include all key populations groups.

Transgender people have also finally been recognised as an important population to be addressed by the HIV prevention response. Transgender people have been included in the new HIV strategy (KASF II) and a service delivery package has been developed and validated, as a result of successful advocacy efforts within the Key Populations TWG.

In the last year, Kenya also developed harm reduction guidelines for women who use drugs. This is a welcome and progressive step as typically harm reduction programming is targeted at men who use drugs, leaving the needs of women unaddressed.

ADEQUATE AND SUSTAINABLE FINANCING

International donors remain the primary source of financing for HIV prevention in Kenya. Although domestic resources for HIV have been increasing in recent years, this is not enough to reduce the reliance on donor support or to scale up HIV prevention services, particularly services for adolescent girls and young women and other key populations. Among the key prevention priorities that are not being adequately funded, civil society highlight interventions to prevent gender-based violence (GBV), to address legal and policy barriers to services, and to pave the way for the introduction of new prevention technologies.

One of NACC's responsibilities is to mobilise adequate resources for the HIV response and CSOs are willing to support NACC with this. However, most CSOs do not understand budgeting processes or know how to engage key stakeholders on these issues. Over the last few years, the Kenyan government has started to prioritise the universal health coverage (UHC) agenda to ensure equitable and affordable access to quality essential health services, including HIV. Community activists are advocating for HIV prevention services, including those for key populations, to be included in the UHC package.

The development of the upcoming Global Fund for AIDS, TB and Malaria grant has presented a good opportunity for community organisations to engage in transparent and inclusive financing dialogues with the Kenyan government. As a result of these discussions, it appears very likely that 50% (US$23.4 million) of the overall budget for programmatic prevention for 2021-2024 will be allocated to key populations. This amount represents a 9% increase on what was allocated to key populations in the current Global Fund grant.

In 2020, the PEPFAR Innovation Community Program awarded small grants to catalyse innovative thinking on HIV prevention. Grants of up to US$15,000 were made available to community organisations, to foster sustainable solutions that would lead to long-lasting change.

IMPLEMENTING QUALITY PROGRAMMING AT SCALE

Although prevention programming in 2020 was affected by the COVID-19 pandemic, Kenya's commitment to scaling up prevention services showed some promising results, especially in the provision of biomedical prevention methods.

Almost 2,000 health facilities across the country now provide oral Pre-exposure Prophylaxis (PrEP) and these services have continued to be scaled up, especially among sex workers and serodiscordant couples. Donors have continued to fund training for healthcare providers and for PrEP ambassadors in communities. However, the lack of domestic financing poses a challenge in the sustainability of this programme. Differentiated approaches to PrEP provision, tailored to each county's epidemiological context, will also be required to ensure that all people at substantial risk of HIV infection can access oral PrEP.

The Kenyan condom programme also showed good progress. Community activists report the MoH has been distributing condoms and has installed more than 400 condom dispensers across the country. Many activists reported a constant availability of free condoms in settings such as public toilets, bars and lodges.

Despite disruptions due to COVID-19, the Voluntary Medical Male Circumcision (VMMC) programme has achieved its target for 2020. According to civil society, the reason for these very positive results is strong leadership from the MOH, together with support from non-governmental organisations, which helped to increase cultural acceptance of VMMC.

Discussions are also ongoing nationally about the possibility of including the Dapivirine vaginal ring, an upcoming HIV prevention option for women, in the HIV prevention basket. Stakeholder engagement is currently ongoing with studies underway to assess feasibility and costs of its introduction.

However, there is no significant progress to report in terms of prevention interventions that address the socio-cultural environment. To implement these activities, CSOs are completely dependent on donor assistance, as the government continues to consider these measures to be too expensive and too long-term to be worth investing in.

THE IMPACT OF COVID-19 ON HIV PREVENTION

As in other parts of the world, the COVID-19 epidemic in Kenya has magnified existing inequalities. Key populations and young women and girls – already among the most vulnerable groups in Kenya – have been heavily impacted and report increased levels of violence since the onset of the epidemic. In particular, sex workers have been hit by the enforcement of social distancing measures, with many left unable to work and therefore to afford rent, food and other basic needs. Relocation to other areas due to loss of income also disrupted follow-up and adherence to HIV prevention services and medication.

In most health facilities, healthcare workers did not have access to sufficient personal protective equipment (PPE). When COVID-19 infections among health workers started to rise, many went on strike, leaving big gaps in health services.

The provision of HIV prevention services has also been affected by the epidemic. Male circumcision services were stopped for months and plans to revamp the national condom strategy were halted in the spring of 2020.

Key populations programming in Kenya is largely hotspots-based. During lockdown, the majority of these sites were closed. This affected access to HIV prevention service and commodities. However, peer educators were able to follow-up with clients and link them to services once they had access PPE.

RECOMMENDATIONS

IMPACT OF COVID-19

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Kenya must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

LEADERSHIP

NACC and NASCOP must strengthen its leadership and coordination especially at regional and county level, as well as its coordination with MoH. This includes, as our report has highlighted, calls to strengthen NACC's outreach and engagement with county-level key population and youth-led organisations.

LAWS & POLICIES

NACC and NASCOP must work with the Head of State, Ministry of Justice, and parliament to remove legal barriers, which prevent key populations and adolescents from accessing services. Approving the Reproductive Healthcare Bill which would expand access to contraception and comprehensive sexuality education. To support this, the government should also provide greater clarity around age of consent legislation. The stigma index must also be completed in a timely manner and its findings should be incorporated into HIV policies, laws, and programmes.

FINANCING

Kenya must increase investment in structural interventions, which seek to remove drivers of HIV infection and barriers to services for key populations and adolescents, such as GBV, stigma and discrimination and punitive laws. Kenya must also work with civil society to ensure that HIV prevention, including specific services for key populations and adolescents, is included in the national UHC package.

QUALITY PROGRAMMING

Alongside continuing to scale up access to existing technologies, the Ministry of Health must ensure access to new HIV prevention tools, including the Dapivirine ring, injectable PrEP other prevention technologies as they emerge. The roll-out of these new technologies must be prioritised and fully costed and the government must work closely with civil society to ensure they are widely available, especially to adolescents, young women and key populations.

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. As part of this process, activists from different community-based organisations decided to work together to analyse their nation's progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

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OUR PARTNERS

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