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.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1 Needs assessment
2 Prevention targets
3 Prevention strategy & leadership
4 Legal and policy reform
5 Key population size estimates
5b Defined key population package
5c Adolescent girls & young women size estimates
5d Adolescent girls & young women package
6 Capacity development & technical assistance plan
7 Social contracting
8 Financial gap analysis & strategy
9 Strengthen monitoring
10 Performance review & accountability

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>48,000</td>
</tr>
<tr>
<td>2015</td>
<td>35,000</td>
</tr>
<tr>
<td>2020</td>
<td>12,000</td>
</tr>
</tbody>
</table>

KEY POPULATIONS: DATA, SERVICES, STIGMA

<table>
<thead>
<tr>
<th>Key Populations: Data, Services, Stigma</th>
<th>Men who have sex with men</th>
<th>Sex workers</th>
<th>People who use drugs</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latest size estimates</td>
<td>2018</td>
<td>2018</td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td>HIV prevention services utilisation</td>
<td>79%</td>
<td>88%</td>
<td>89%</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Avoidance of health care due to stigma &amp; discrimination</td>
<td>NO DATA</td>
<td>NO DATA</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

LAWS THAT CRIMINALISE

- Same-sex activities
- Sex work
- Drug use or possession for personal use
- Criminalisation of transgender people
- HIV transmission, non-disclosure, or exposure

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%
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 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.

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 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.

Why do fertility rates not decrease?
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.

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.

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.

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

SUPPORTED BY

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