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Country Situation

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Decentralization took Kenya's response to the HIV/AIDS pandemic to a new level with the Joint HIV and AIDS Programme Review (JAPR) held in August 2007. This is the year that marked the full participation of stakeholders at all levels, from the district to the provincial/regional and national levels. The National AIDS Control Council (NACC) and key stakeholders began the JAPR process back in 2002. The purpose is to review progress made towards the goals of the Kenya National HIV and AIDS Strategic Plan (KNASP) – and to set priorities for the next period of activity. The JAPR provides a series of forums in which stakeholders outline the achievements made in the four response priority areas and determine gaps in interventions. Participants also identify major challenges and emerging issues, make recommendations for key actions, and identify lead agencies to implement the recommendations. NACC has hosted six annual JAPR rounds but the first four were done at national level with minimal involvement of the decentralized NACC structures. This began to change in 2006 when the 2005/06–2009/10 version of KNASP called for greater involvement at the grassroots level. NACC thus made a deliberate effort to decentralize JAPR to all the 9 NACC regions and 38 out of the then 71 districts. For the 2007 JAPR, the process embraced all the 71 districts, taking their concerns to regional/provincial levels and to the national review and planning workshop that culminated the process.

2007 saw accelerated focus on the national HIV prevention agenda aimed at sharpening and increased cost-effectiveness of the prevention response, supported by the UN system and other partners.

Donor support and co-ordination still continues to pose a challenge, especially in the implementation of the "Three Ones" principles. Even though the "Three Ones" principles concept has a wide consensus, its implementation continues to be a major challenge for the country.

While progress was registered, in terms of continued decline in new infections and prevalence rates, the political tensions that were mounting during the elections were considered as a potential threat if they deteriorated into violent crises.

The most-at-risk groups were prioritized in 2007. Resource mobilization efforts and the prevention summit also highlighted these groups as one of the key focus areas for 2007 and beyond. The Modes of Transmission study was launched this year to establish a more concrete understanding about the levels of interventions and risks associated with these groups. The decentralized JAPR also integrated SW, MSM, IDU, etc. in the review processes.

UNAIDS activities at country level during 2007

Establishment of the Joint UN Team on AIDS (35 designated members with clear leadership/co-lead areas based on the domesticated division of labour, 21 affiliated members to support HIV mainstreaming).

The Joint Team carried out a three-tier analysis (Kenya epidemic, HIV response and the UN comparative advantage) as the basis for development of the Joint UN Programme of Support on AIDS 2007-2012, and accompanying detailed and budgeted work plan 2007-2008.

Successful joint resource mobilization resulted in a US\$ 20 million pledge from DFID towards the Joint Programme, which was also used as the blueprint for drafting the UNDAF 2009-2013 outcome area on HIV.

Main areas for joint support to the national HIV response:

Cosponsoring the first National HIV Prevention Summit, National HIV Counseling and Testing Week and the Kenya AIDS Indicator Survey, initiation of a collaborative study on the Modes of HIV Transmission in Kenya and one specifically on HIV and sex work, provision of technical support towards introduction of new HIV testing guidelines geared towards aggressive acceleration of 'know your status', development of HIV-related behaviour change communication strategy for young people, strengthening quality of PMTCT services and follow-up mechanisms, establishment of HIV Prevention Task Force to guide evidence-informed national HIV prevention agenda and Male Circumcision Task Force to steer implementation of UN/partner supported action plan for MC in the context of HIV prevention.

Facilitation of senior level Inter-Agency Mission on antiretroviral drug security and sustainable treatment financing, antiretroviral therapy stock-out clearing, technical support/systems development towards strengthened treatment outcome monitoring and drafting of community care guidelines.

Technical/financial support towards HIV mainstreaming to six key sectors and implementation of the national action plan for orphans and vulnerable children.

Technical support for strengthened and harmonized national response coordination and grant management systems.

UNAIDS achievements at country level during 2007

Joint UN planning and programming

Through the establishment of the Joint UN Team on AIDS and development of the Joint UN Programme of Support on AIDS 2007-2012, the UN system was able to consolidate and strategically align its contribution to the national HIV response. This significantly paves the way

to further consolidation of common management arrangements, coordination and monitoring modalities towards effective 'delivering as one' on HIV.

The Joint Programme has already attracted a considerable external funding support pledge (US\$ 20 million from DFID), which will provide predictability and flexibility to the financing of jointly identified priorities.

Prevention

Under the accelerated prevention strategy, the UN system not only contributed towards targets set for the HIV prevention technical priority areas of the national HIV response (counselling and testing, condom promotion, behaviour change communication, PMTCT, STI management, blood safety, injection safety and post-exposure prophylaxis), but also systematically supported strengthening the evidence-base to guide the national HIV prevention agenda. The aforementioned interventions were geared towards:

- ▶ Identification of gaps and designing methods to gain increased understanding of the Kenyan HIV epidemic.
- ▶ Improving the HIV prevention response to correspond to sources of new infections and to incorporate latest information/new technologies (e.g. methods to improve 'positive prevention' among discordant couples, inclusion of male circumcision in the comprehensive HIV prevention package).
- ▶ Improved coordination, accountability and monitoring structures for HIV prevention.

Main challenges / activities for 2008

- ▶ Kenya was cited a second time by UNAIDS in 2007 as one of the few countries in Africa where a return to HIV investment is starting to show. Despite this, the incidence in the country has remained high.
- ▶ Main prevention programme coverage challenges include universal access, quality assurance/monitoring, and expansion of interventions to include most-at-risk groups.
- ▶ Approximately 98% of currently available HIV funding is off-budget and accounted for by international donors, thus suggesting national ownership, sustainability and absorptive capacity to be among the main challenges to be faced.
- ▶ The need to strengthen NACC's co-ordination and leadership capacities in the post-election political environment in the country.
- ▶ The post-December 2007 election violence affected a large population and has created a serious humanitarian crisis with a long-term effect.
- ▶ Ensuring flow of resources from donors and other partners to ensure consolidation of gains made and the effects of the current crises mitigated.