SPEECH 10

BY: Michel Sidibé, Executive Director of UNAIDS
DATE: 12 January, 2010
PLACE: KICC Amphitheatre Nairobi
OCCASION: Launch of Kenya National AIDS Strategic Plan III
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Taking Kenya's AIDS Response to the Next Level

Good morning. I am so honored to have been invited to share in this most meaningful moment—the launch of Kenya's next major offensive for eradicating AIDS in this beautiful and progressive country.

I want to acknowledge the important signal that your presence conveys today, particularly that of the honorable Ministers and his Excellency the Prime Minister.

As we embark on 2010, I am energized by the currents of change reeling around. Against all odds, we have put more than four million people on lifesaving treatment. Here in Kenya, AIDS-related deaths have fallen by almost one-third since 2002, restoring hope and dignity to hundreds of thousands of your countrymen.

The coming decade will surely see great advances in our work. Universal access is in our sights. And today, we inaugurate Kenya's third-generation National Strategic Plan. Let 2010 be a year when change begins and when Universal Access moves from rhetoric to reality.

New Evidence, New Priorities

This is a truly remarkable plan. A game-changing plan. It is built on one of the best evidence bases that I have seen in Africa. Scientific analyses, such as the AIDS Indicator Survey and the Modes of Transmission studies mentioned by Minister Shaban, are being used as essential tools to understanding and reacting to shifts in this dynamic epidemic and are being emulated elsewhere. And the rigorous evidence tells us that it is time to rethink some of the priorities of the Kenyan response.

This country is still contending with a very serious, and shifting, HIV epidemic. While prevalence has consistently declined in recent years, it now appears to have levelled off, with new infections occurring significantly across all age groups. Startlingly, the spread of HIV among men and women in committed relationships now accounts for 44% of new infections. Clearly a new approach is needed to reach those traditionally considered not at high risk. This plan offers just that.

The Plan's Results Framework details how the country will respond to the evidence. And it drills down into the cost-effectiveness of specific interventions, so that implementers can make sure that the money stretches as far as possible.

The people of Kenya own this Strategic Plan. All stakeholders in the country played a role in agreeing to these interventions. The Plan aims to further support them by strengthening the National AIDS Control Council to lead an ever-growing and more participatory coalition of advocates and stakeholders from different sectors in a more integrated manner.

I want to particularly acknowledge the work of the team from Liverpool VCT, which, as a voice for civil society, helped to integrate the concerns of people most at risk, as well as the importance of gender and human rights across the Plan's four Pillars. The involvement of civil society, faith-based organizations, the private sector and development partners in formulating the plan is to be commended.

Rightly, people living with HIV are at the center of this Plan—both as beneficiaries of care and support and as architects and advocates of the plan itself.

Truly Delivering on Universal Access Means Massively Scaling up Prevention

Although we are seeing some reduction in risky behaviour among many Kenyans, Universal Access will elude us until we unite in a bona fide *prevention revolution*.

We should strive for nothing less. Effective prevention strategies are what will break the trajectory of the AIDS epidemic. Prevention is the key to reaching that milestone of having more people being treated than being newly infected—more lives being saved than unnecessarily jeopardized. Prevention is the single path to ultimately achieving what this strategic plan envisions: an HIV-free society in Kenya.

We see the beginnings of the revolution in parts of Kenya, where people are actively transforming social norms and practices to prevent HIV. Take voluntary adult male circumcision. In six weeks at the end of 2008, over 20,000 men were circumcised in Nyanza—up from almost none. Clearly this practice has become acceptable, changing centuries of tradition. If this is not a prevention revolution in practice—I don't know what is.

But my friends let us make no mistake, an AIDS-free society will never be achieved if Kenyans do not know their HIV status. The national testing drive in December exceeded all expectations. Some 1.5 million adult Kenyans learned their status during the drive. This is unprecedented. But much more needs to be done. Mr Prime Minister, I invite you to be the architect of a campaign to ensure all Kenyans know their sero-status.

Let me say a few words about most-at-risk populations—I mean men who have sex with men, people who inject drugs and sex workers and their clients. These Kenyans account for approximately a third of new infections.

It troubles me greatly to see, on the one hand, the normalization of the AIDS response, and on the other, criminalization of HIV-related behaviour. Criminalization pushes marginalized people further into the shadows—beyond the reach of services that they need. So, instead of Universal Access, people most at risk of HIV face universal obstacles.

I believe the Plan is taking the right approach to those most at risk. It emphasises a strategy of combination prevention, and ensuring access to services cuts across all four Pillars of the Plan. Although attempts to decriminalize sex work, homosexuality and drug use in Kenya meet with popular resistance, this Plan has evidence-based strategies to systematically remove constraints to reducing HIV transmission among groups in conflict with the law. And it is heartening to see that your Plan reaches further to embrace other vulnerable communities, such as internally displaced people, urban and informal squatter communities, and refugees.

Kenya's women and girls increasingly bear the yoke of HIV. Prevalence among young women is much higher than men in their age group. The AIDS movement in Kenya must conflate with the empowerment of women and girls. Through education and advocacy—for both women and men—women and girls can assert the control over their bodies and their sexuality to protect themselves from infection.

As Prime Minister Odinga has said on many occasions, "We cannot treat our way out of this epidemic. The only way to reverse the epidemic is through prevention." By pursuing a prevention revolution, we can reduce sexual transmission.

Saving Mothers Saving Babies

My friends, we can inspire safer sexual behaviour. And we can avert transmission to babies.

That brings me to a subject that is very close to my heart: mother-to-child HIV transmission. It is nothing less than a global disgrace that, still, 400,000 infants are born infected each year. In 2008, over 32,000 Kenyan babies started life with mortality already hanging heavily over them.

There is no reason for another Kenyan child to be born HIV infected, when we have the knowledge, skills and resources to virtually eliminate vertical transmission. Friends, this is the low-hanging fruit of prevention.

Currently the U.S. Government invests about $50 million annually in Kenya's PMTCT programming, and 56% of pregnant women are receiving anti-retrovirals. Let's consolidate the gains you have already made and raise the profile of this very preventable form of transmission.

A community-centered approach, such as the Millennium Villages Project, puts some of the most effective solutions in the hands of those directly affected. Over the weekend I visited one of these villages here in Kenya—Sauri—with my friend Professor Jeffrey Sachs and a delegation involving our colleagues in government, civil society and the UN family. Staff working on the ground in the clinics are convinced that they can create "MTCT-free zones" based on government protocols and norms—and in so doing demonstrate the path to an HIV-free generation in Kenya.

I was thrilled on World AIDS Day last month to be with President Jacob Zuma as he stepped fully into role of "champion" of South Africa's campaign to defeat AIDS. President Zuma challenged South Africans to learn their HIV status and committed his administration to dramatically increasing treatment and cutting infections. There are many parallels between your responses. I look forward to seeing Kenya join South Africa at the forefront of the response to AIDS on this Continent. As a step, I encourage you to identify a high-profile personality to champion the virtual elimination of mother-to-child transmission.

Mainstreaming the Response; Creating HIV-Competent Communities

One of the great merits of this Plan is demonstrated in Pillar Two, which seeks to integrate the AIDS response throughout the public and private sectors, as well as civil society—assimilating the AIDS response into the mainstream of Kenyan life. Integrating HIV responses into other health and social services is especially important here in Kenya, where responsibilities are shared across Ministries.

The integration approach is in complete accord with UNAIDS' ongoing efforts to bring the AIDS response out of isolation. Working together, we can break down artificial silos that treat the epidemic as a singular disease rather than acknowledging its involvement in social justice, the rights of women and girls, the empowerment of youth, and the response to so many aspects of human health.

Pillar Three, the Community-based HIV Programmes Pillar, is another progressive aspect of the Plan. As the honorable Minister mentioned, it strengthens social transformation to create HIV-competent communities. I had the pleasure of meeting three very powerful and inspiring women on Friday in Kibera slum—Anne Owoti of KICOSHEP, Asunta Wagura of KENWA and Dorothy Onyanga of WOFAK—women who are already walking the talk of this Pillar. I witnessed not only innovative and impressive service delivery in the most challenging of settings, but the trials and triumphs of addressing and living with HIV within sero-discordant couples—and the difference that male involvement can make to family life. I salute the dedication and vision of these women.

Financing the Plan

In December 2009, the Governments of the Republic of Kenya and of the United States of America signed a Partnership Framework to support implementation of the Kenya National HIV Response as articulated in the National Strategic Plan. Within the Framework, the Kenyan government has committed to increasing the general budget appropriations for health by a minimum of 10% annually for each year of the Framework period. It also pledged to increase direct budget support for procurement of ARVs by a minimum of 10% annually.

I want to express my thanks to the U.S. Government and PEPFAR for their ongoing support to Kenya with one of the largest AIDS funding programmes in the world. PEPFAR has committed another half-billion dollars over the next five years, with much of it dedicated to community-based efforts. And PEPFAR was there recently with emergency assistance during national ARV stock-outs.

Certainly, Kenya has an enviable level of international support for its AIDS programmes. Yet I hope you will start to develop a roadmap for sustainable financing of the national response. To plug the gaping US 1.6 billion dollar hole in the plan, I urge you to put a sharper focus on domestic sources of financing—through social insurance and innovative financing—for example, introducing hypothecated levies on airline tickets and mobile phone calls.

Making External Resources Work Most Effectively

Making that money work most effectively remains an overarching imperative. Kenya cannot afford to lose out on funding because of poor absorption capacity of resources, like it did in Global Fund Round 2. And right now, only a modest proportion of the World Bank credit has been utilized. UNAIDS is ready to help Kenya harmonize and deploy donor funding where it can do the most good.

As you begin the invigorating process of implementing this Plan, I encourage you to revisit and draw on the principles of the “Three Ones.” Together they underpin robust, costed, evidence-based strategies as described in the Plan we are launching today. Built on lessons learned over two decades, the "Three Ones" can help improve the ability of donors and developing countries to work better together to implement an effective and coherent AIDS response. And they can create a structure that will help donors adhere to their global commitments at country level.

The Plan we celebrate today is more than words on paper. It is an instrument—precise and tested—for achieving Universal Access. I want you to consider UNAIDS as another tool at your disposal. We are standing by to help you dismantle barriers in our shared campaign to bring prevention, care, treatment and support to every Kenyan. Not soon, but right now.

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS web site at www.unaids.org