

# UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

**Country:** Kenya

**Organizer:** Development Partners of Health in Kenya (DPHK)

**Date of discussion:** 11<sup>th</sup> August 2020

## *UNAIDS STRATEGY REVIEW: Focus Group Synthesis template*

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

<https://www.surveymonkey.com/r/3HC9Q6M>

If you are not able to enter it on line you can send us a copy via e-mail [strategy@unaid.org](mailto:strategy@unaid.org)

Would you accept for UNAIDS to make your report publicly available: Yes

### *Section one: Information about the focus group (to be completed by host of Focus Group)*

**Organization leading discussion: UNAIDS Kenya Office**

**Date of discussion:** 11<sup>th</sup> August 2020

**Theme to be discussed: Kenya progress with Fast track targets**

**Participants (types of organizations participating):**

- **GF Kenya FPM**
- **Netherlands Embassy**
- ...
- ...
- ...

**Country, regional or global focus: Country focus**

### *Introducing the theme*

*Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)*

- Challenges with implementation of current strategy – fast track targets
- What needs to be prioritized in the next 5 years?
- What are the barriers that COVID 19 has introduced in the response
- ...
- ...

Section one: People centered response to HIV – key emerging issues

<b>REACHING THE PEOPLE</b>	
<b>How do we see the current situation</b>	<p>GF FPM Kenya</p> <ul style="list-style-type: none"> <li>• Lots of progress made in the last 10 years especially with second and 3<sup>rd</sup> 90</li> <li>• Challenges with first 90 especially with young people - AGYW</li> <li>• Strategies for reaching the young people – risk of wiping out an entire generation</li> <li>• PMTCT reach is not that good – good progress regarding maternal prophylaxis but there is a big gap with those not reaching the health facility – are being missed</li> <li>• Community interventions – are not optimal – need to be intensified to ensure there is results e.g. stigma reduction etc; promises on closing the gap with first 90</li> </ul> <p>Embassy of Netherlands</p> <ul style="list-style-type: none"> <li>• Thanked UNAIDS for organizing the meeting and happy to participate</li> <li>• Access to services for young people – needs to be improved</li> <li>• <b>Key populations</b> – Netherlands has invested resources and continues to partner</li> <li>• National <b>legal policies</b> create barriers to these groups of people</li> <li>• <b>Financing</b> is a barrier to reaching the person– lack of diversity into terms of financial resourcing</li> <li>• How can we challenge the government to ensure increased domestic resources for sustainable financing of the HIV response?</li> <li>• Is HIV still a priority in the development agenda? Yes, specifically for the Netherlands – there is some kind of priority on paper; is part of delivering SDG 3</li> <li>• Human rights is important for Netherlands</li> <li>• What have we not done well? <ul style="list-style-type: none"> <li>○ <b>Expand and strengthen engagement with CSO</b> – we have not harnessed the potential that exists within CSO; work with more grassroots organizations.</li> <li>○ <b>Optimize resources:</b> GF resources need to be better optimized as they are small in comparison to need</li> <li>○ <b>Working with other sectors</b> – better alignment <ul style="list-style-type: none"> <li>▪ private sector engagement – we have not harnessed the private sector – they need to be deliberately brought on board of the response for sustainability</li> <li>▪ County governments – health being devolved</li> </ul> </li> </ul> </li> </ul>

## STRUCTURES THAT RESPOND TO HIV

### How do we see the current situation

- **Coordination** of the response:
  - Have fast track targets been included in the bilateral engagements? Are they considered for support? Yes, support is premised on fast track. Challenge is **fragmentation** of resources – a challenge to UNAIDS at the country level – to pool resources for better investment and impact
- Structure:
  - Good – NACC, MOH
  - COG engagement with national government – do they need capacity enhancement
  - **Academia** – has not been strong
- **Multisectoral coordination**
  - Strengthen the capacity of NACC
  - UNAIDS can take lead and take advantage of the DPHK forum
  - INGOs – how they work – tap on opportunities from NGO coordination board to create forums for alignment
  - Addressing the legal and policy barriers – innovations for creating an enabling environment
  - Integrate HIV and SRHR
  - Alignment of partner priorities – Different priorities of partners may not always be aligned and to country priorities
  - Good SRHR/HIV policies are available – partners have separate enforcement efforts; UNAIDS can play coordination role of applying e.g. critical appraisals
  - UHC an opportunity for bringing SRHR and HIV together

### GF FPM

- Coordination of the HIV response is critical and a strong structure is required – the NACC
- Political commitment to sustaining the HIV response– response is largely donor funded and as Kenya economic status moves to middle income there will be reluctance from donors
- UHC approach is good – broadening the health financing window
- Domestic resource mobilization agenda – needs to be moved forward; Kenya blue print to move to 13% by 2022 (at 8% for Kenya as per the last health accounts)
- National strategic framework for addressing HIV supported technically by UNAIDS– good practice – need for follow through on implementation in a coordinated manner
- National guidelines and framework – PMTCT, AYP, Condoms, VMMC, KP – packaged well but coverage of services is sub-optimal; need to pay more attention to implementation – ‘once it is looking simple

	<p>then you are there...if it remains complex then you are far' – wisdom from his professor</p> <ul style="list-style-type: none"> <li>• PQE</li> <li>• Community interventions – mainly donor driven; govt is yet to develop a policy for funding CSO; find a way of making govt work with CSO and communities – bridge the gap between govt and community</li> <li>• Private sector – needs to be harnessed</li> </ul>
--	--

<b>CONTEXTUAL ENVIRONMENT</b>	
<p><b>How do we see the current situation</b></p>	<ul style="list-style-type: none"> <li>• Focus of the next strategy needs to be brief</li> <li>• Investing in the HMIS – especially for the partners – to share with government</li> <li>• Political commitment from the government</li> <li>• Accountability and good governance – needs to be streamlined – there is little accountability in developing countries; accountability needs to be enhanced</li> <li>• UCOs – are under-resourced – HR and finances – to be able to secure TA that is sustainable – letting soldiers go to war with the gun</li> <li>• Role of CSO – important but CSO has to be responsible; too much democracy leads to a negative impact – need for a way to find rapport with CSO and make them responsible – undo the good that has been done e.g. establishing a good relationship with the government – partnership with government and not antagonistic – Kenya CSO sometimes go too far and attempt to blackmail – UNAIDS is best placed to lead this process as they trust UNAIDS more than they do government</li> <li>• COVID – is COVID an opportunity or a threat to the HIV response? <ul style="list-style-type: none"> <li>○ COVID has changed the context and therefore the way programs should be designed</li> <li>○ Redesign strategies and interventions – the way we have worked before</li> <li>○ Resources – value for money – COVID has brought the realization that there can be more value for money by adopting digital platforms; accountability for the money</li> <li>○ SRHR and SGBV challenges heightened by COVID – needs attention</li> <li>○ Need to learn how to manage alongside the COVID challenge</li> <li>○ Work as the international community and as the national government to address COVID</li> <li>○ Donors need to live up to their responsibility for the sake of global health security– like a CSR – it is one thing to pledge then another when a deep dive on the details e.g. COVID 19 testing pledges and testing availability is a huge challenge</li> </ul> </li> </ul>

## RECOMMENDATIONS

<b>What are the key recommendations back to UNAIDS in terms of the strategy specifically?</b>	
<b>What is the one key recommendation you want to reiterate for strong consideration?</b>	<ul style="list-style-type: none"><li>• Keep the eyes on the ball – key things that provide <b>maximum impact</b>, may be different depending on context</li><li>• Optimal coverage for Youth and young people, else is a ticking time bomb</li><li>• Comprehensive correct information on sexuality and HIV</li></ul>