



SOUTH TO SOUTH LEARNING NETWORK

The HIV Prevention Interchange

Strategic insights on the role of the National AIDS Commissions in the COVID-19 response: A case study from Kenya



Kenya has an estimated **1.3 million adult people living with HIV (PLHIV)**, which accounts for **4.9% of the adult population** (KenPHIA 2018). An estimated **41 408 new infections** occurred in 2019 (NACC, 2020 estimates).

Kenya is considered a prevention **“success story”** as the country prioritised **HIV prevention in 2014 with development of an HIV Prevention Revolution Roadmap**. It has led the way in scaling up voluntary medical male circumcision, programming with key populations and was one of the first countries in Africa to adopt pre-exposure prophylaxis (PrEP).

The mandate to drive Kenya’s HIV response lies with the **National AIDS Control Council (NACC)**, a semi-autonomous body within the government, whose role is to provide a policy and strategic framework for mobilising and coordinating resources for HIV prevention, care and treatment. Dr Nduku Kilonzo is the Chief Executive Officer of the NACC. Kenya is a member of the Global Prevention Coalition (GPC) and Dr Kilonzo is the current Chair of the NAC Directors’ Steering Committee within the GPC.

COVID-19 IN KENYA

The first case of COVID-19 was confirmed on the 13th of March in Kenya. As of 9 July 2020, Kenya has:

Confirmed Cases

8 975

Recoveries

2 657

Deaths

173

IMPACT OF COVID-19 ON HIV PROGRAMME IMPLEMENTATION AND BENEFICIARIES

- Disruption in provision of HIV prevention information, commodities and services at a community level in the initial few month (March – April 2020) due to closure of sites and limitations in movement of service providers.
- Provision of services in the clinics has been restricted due to regulations related to social distancing.
- Accessibility of prevention services to highly vulnerable communities like adolescent girls and young women, pregnant women and key populations has been hindered.
- Shortage of dedicated HIV healthcare workers since their redeployment to the COVID-19 response.
- Loss of livelihood and income leading to food insecurity and social isolation which are risk factors for HIV.
- Increase in physical violence and a surge in domestic and sexual violence against women and children.



In response to COVID-19, a National Coordination Committee was formed and chaired by the Interior Cabinet Secretary. The committee has four sub-committees:



STRATEGIC ROLE OF THE NACC IN MITIGATING THE IMPACT OF COVID-19



Integration of COVID-19 response within Kenya's AIDS strategic framework

- Kenya's next 5-year Strategic Framework for HIV is under development. The NACC is leading the development of the framework and is ensuring that the future HIV response anticipates the effects of COVID-19 on health systems, services, policies and priorities.



Promotion of a multi-sectoral response – inclusion of the Faith sector

- NACC led the Faith sector response to COVID-19 through its Faith Sector Working Group for HIV. The group developed and disseminated health messages for use by religious leaders to spread hope and positivity as well as address stigma and discrimination towards people living with HIV and people living with COVID-19.



Fast and efficient resource mobilisation

- Within the National Task Force, NACC leads the Resource Mobilisation Committee for COVID-19. Through the committee, NACC brought together donors and stakeholders to reallocate resources and develop new budgets to fund the COVID-19 response.
- NACC assessed the needs of Kenyans and service providers during this crisis and led the mobilization of additional investments for the COVID-19 response under the Global Fund COVID-19 Response Mechanism.



Worked with MoH and civil society organisation to innovate for uninterrupted services

- The NACC has been engaged in the NASCOP-led processes within the MoH in partnership with civil society organisation to ensure the scale-up of multi-month dispensing of antiretrovirals (ARVs) to PLHIV to ensure treatment continuity.
- MoH promptly adapted policies and processes to ensure prevention commodities such as condoms, lubricants, PrEP and Medically Assisted Therapy (MAT) reach beneficiaries, especially the most marginalised populations.
- Innovation by community-led organisations and civil society organisations has ensured that prevention commodities, HIV self-test kits, food baskets and clinical services are available to the community members at a place of their choice.
- Provision of psychosocial support to members is prioritised to address their fears and anxiety caused by COVID-19.

KEY LESSONS

- 1 The COVID-19 response will continue to require a multi-sectoral response. The structure, experiences and relationships of NACC can be leveraged for an effective COVID-19 response.
- 2 Ensuring that community influencers (such as the Faith-Based Sector) are included in the COVID-19 prevention response is critical in reaching communities.
- 3 Integration of COVID-19 in the HIV response (and vice versa) to ensure a holistic person-centred approach to health has been critical.
- 4 The human rights-based principle of the HIV response – led by the NACC – should be quickly applied to the COVID-19 response to ensure that “no one is left behind”.

“As NACC we have learnt through design and implementation of HIV response that a multi-sectoral response is most effective. As the NACC, we have a lot to offer to the design of the COVID 19 response.”



Dr Nduku Kilonzo, EBS

Chief Executive Officer
National AIDS Control Council of Kenya

Email Address: ceo@nacc.or.ke

Website: www.nacc.or.ke

