

Joint Statement of Development Partners  
on HIV/AIDS

Opening remarks

Development partners wish to take this opportunity to congratulate the Government of Kenya on the progress it has made in the battle against HIV/AIDS to date, and on its recognition in the *Economic Recovery Strategy for Wealth and Employment Creation* (2003) that “the pandemic is the single-most serious health and development challenge that Kenya has faced in its post-independence history.” President Kibaki’s personal leadership in his declaration of “Total War” on HIV/AIDS is particularly encouraging, as is the active involvement of the First Lady in this important national effort.

Development partners share the government’s conviction that HIV/AIDS is Kenya’s most important social and development challenge, and recognize the epidemic’s serious potential impact on wealth creation and on the country’s economic recovery. For this reason, we wish to reaffirm our commitment to enhanced, emboldened, and effective partnerships with the Government of Kenya, the private sector, and civil society in the fight against the epidemic.

Recent positive developments

We note the recent establishment of a Cabinet Committee on HIV/AIDS, which the President himself chairs, and appreciate the high-level government commitment that this new development represents. We look forward to continuing our discussion into the respective roles and responsibilities of this high-level body and the National AIDS Control Council (NACC).

We also note the government’s decision to ensure that NACC continues to be placed institutionally where it can best coordinate a multisectoral response. In addition, we note the government’s policy to increase the focus of the national response at the constituency level, and share the government’s priority focus on the need to urgently strengthen action at the community level. In this regard, we wish to commend the Government of Kenya, and the NACC in particular, for the financing of over 1,200 community driven initiatives over the past year.

Recent surveillance data shows a stabilization and possible gradual decline in prevalence in pregnant women aged 15–49 years is declining; however, the present prevalence in pregnant women aged 15–24 remains unacceptably high, especially because a continuing increase in rural areas cannot be excluded. It will be important to focus efforts on reducing transmission in young women, if the GoK target of reducing HIV prevalence in

those aged 15–24 by 15 % is to be achieved. Although the uptake of VCT is significant, we know that too many Kenyans still do not know their status and thus cannot adapt and change their behaviour. In combination with a stagnating uptake of condoms country-wide we need to re-double our efforts in these components of the fight against the epidemic.

We appreciate the promulgation of the proposed parliamentary bill on HIV/AIDS, and recognize the government's efforts to provide an explicit legal framework for the national response. We wish to discuss, however, whether the draft bill has been subjected to the rigorous review and debate necessary to assure that it is technically, ethically and legally sound, and that it benefits to the greatest extent possible from international best practice in this area.

We appreciate the efforts taken by the Office of the President to host a recent meeting with the development partners to discuss our increasing concerns about the coordination and management of the national response to HIV/AIDS in Kenya. We welcome the conclusion of the meeting, which was an agreement to a joint review by GoK and development partners into the existing NACC structure.

#### Key challenges

HIV/AIDS is a complex epidemic, which requires a strong, vibrant, and multisectoral response. One key challenge will be to ensure that relevant sector ministries mainstream HIV/AIDS into their sector strategies, and are allocated budgets in support of these activities.

Related to this, there is an urgent need to engage a wider range of stakeholders (including the public and private sectors and civil society) to intensify the response and to develop effective partnerships. This will require visionary leadership and strong policy and programmatic coordination.

The continuing presence of high levels of stigma, discrimination, and denial signifies the need to intensify advocacy at all levels, and to intensify public education efforts.

Prevention, treatment and mitigation are all vitally important to the success of the national response, requiring a clear and coordinated strategy, action plan and associated resources for each. A particular challenge related to this will be the need to enhance prevention efforts even as new treatment initiatives are launched, in order to prevent complacency about the need for personal prevention efforts from setting in.

The availability of significant new resources also implies new challenges in the areas of evaluating needs, monitoring utilization and assuring the transparent use of these resources, in addition to the general need to enhance the nation's monitoring and evaluation efforts. To help ensure effective allocation of resources each sector should include HIV/AIDS as part of the PER, which in turn can feed into the MTEF process.

While development partners are entirely committed to the battle against HIV/AIDS in Kenya, we are concerned about the recent breakdown in communication between the government and its partners, and we look forward to rebuilding our partnership. We note that the recent communication problems have seriously hindered the national response; therefore, rapid action to revitalise and intensify the response will be required. As development partners provide approximately 80% of the HIV/AIDS budget, we are major stakeholders in the national response. We stand ready to assist the Government of Kenya in meeting the increasing demands of an accelerated national response, and we welcome the opportunity to work under the leadership of government partners on the many challenges that the epidemic presents.

### Priority Actions

We encourage the government to continue and enhance its strong leadership in the fight against HIV/AIDS whilst continuing genuine high-level dialogue with the development partners, to ensure the implementation of an efficiently coordinated and effective multisectoral response to HIV/AIDS in Kenya, as elaborated in the National Strategic Plan on HIV/AIDS.

The high prevalence of HIV/AIDS in young girls and the associated gender disparity requires an intense and urgent focus on reducing HIV transmission in this group in order to achieve the MDG for HIV/AIDS.

The rapidly rising numbers of orphans requires the urgent development of an explicit, creative and strategic approach for their care and support. In this regard, we encourage the formalization of the parliamentarians' committee on orphans and vulnerable children, and the rapid finalization of a clear policy and action plan.

The availability of significant new resources for treatment highlights the need to develop a treatment roll-out plan as quickly as possible, including explicit consideration of equity issues, with a special focus on equity in access to treatment for women, the poor, and other vulnerable populations. This policy should be accompanied by an accelerated strategy for prevention of new infections, particularly in young girls.

We encourage the enhancement of leadership capacity on HIV/AIDS at all levels of society, which would in turn contribute to the development of a management culture geared toward partnership enhancement and the sharing of responsibilities among all Kenyans to achieve national goals.

Finally, we encourage government to assure that appropriate checks and balances are built into the new institutional arrangement in order to avoid politicization of the response, and to assure that the limited resources for combating HIV/AIDS are used transparently, effectively and efficiently.

### Donor harmonization

Development partners welcome government leadership in the coordination of the national response and encourage the government to re-formulate its overall partnership plan not only with development partners, but also with all HIV/AIDS stakeholders.

It should be noted that among all sectoral programmes the HIV/AIDS “sector” may well have been in the recent past the most advanced in putting in place the modalities towards budget support and increased funding levels, at least from several financing partners. These included an open and inclusive partnership environment for policy dialogue, a jointly agreed strategic plan, jointly supported institutional arrangements, a jointly agreed Monitoring and Evaluation Framework, and a Joint HIV/AIDS Programme Review mechanism. Development partners look forward to re-establishing these modalities and adding the missing link of a jointly agreed and supported MTEF/PER mechanism.

### Conclusion

The HIV/AIDS epidemic demands much, much more than business as usual. A key strategic challenge is to continue to strengthen alliances and broker partnerships with the full spectrum of partners, including the scientific, political, business, labour, religious, sports, and entertainment communities. It is also vitally important that HIV/AIDS policy makers and programme implementers resist the tendency to view HIV/AIDS as simply yet another issue in an already overwhelming array of important development challenges. With every minute that is spent on debating new organizational structures, or on protracted planning processes, Kenyans are dying of AIDS. It is important to plan judiciously, but it is even more important to take effective and coordinated action.