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REPUBLIC OF KENYA

12TH PARLIAMENT - SECOND SESSION

NATIONAL ASSEMBLY

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE 22ND INTERNATIONAL AIDS CONFERENCE HELD ON 23RD-27TH JULY 2018 IN AMSTERDAM, KINGDOM OF NETHERLANDS

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
CHW	Community Health Workers
CSE	Comprehensive Sexuality Education
DFID	Department for International Development
EU	European Union
GIS	Geographical Information Systems
HIV	Human Immunodeficiency Virus
IAS	International Aids Society
NGO	Non-Governmental Organization
MP	Member of Parliament
MTV	Music Television
PHIA	Population Based HIV Impact Assessment
PrEP	Pre-Exposure Prophylaxis
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infections
TB	Tuberculosis
UK	United Kingdom
WHO	World Health Organization

1.0PREFACE

1.1 Background

The International AIDS conference is one of the largest global conferences on health issue in the world. The conference was first convened during the peak of the AIDS epidemic in 1985. The conference provides a forum for the intersection of science, advocacy and human rights on AIDS issues. It offers an opportunity to strengthen policies and programmes that ensure evidence based response to the epidemic. The Conference has been held bi-annually since its inception/launch in 1985. Thus, following this tradition, the 22nd International AIDS conference was held in Amsterdam, in the Netherlands on 23rd- 27th July 2018.

The theme of the 22nd edition of the conference was ***"Breaking Barriers Building Bridges"*** aimed at drawing attention on the need for rights based approaches to effectively reach vulnerable and key populations where the epidemic is growing. Thus, the objective of the AIDS 2018 was to offer opportunities for structured dialogue on major issues in the global response to HIV. Specifically, the aim of the conference was to:

i. Convene world's experts to advance knowledge about HIV, presenting new research findings and promoting and enhancing global scientific and community collaborations in synergy with other health and development sectors.
ii. Promote human rights based and evidence informed HIV responses that are tailored to the needs of particularly vulnerable communities including people living with HIV;
iii. Address gaps in and highlighting the critical role of HIV prevention, in particular among young people in all their diversity and its integration in arrange of healthcare settings;
iv. Activate and galvanizing political commitment and accountability among governments. donors, private sector and civil society to an inclusive. sustainable and adequately financed, multi-sectoral, integrated response to HIV and associated co-infections and co-morbidities
v. Spotlight the state of the epidemic and the HIV response with a focus on investments, structural determinants and services.

1.2 Delegation

The Departmental Committee on Health received invitation from International AIDS Society (IAS) to attend the 22nd edition of the conference. The Committee selected the below delegation to attend the conference:

1. Hon. Charles Muriuki Njagagua, MP- Leader of Delegation
2. Hon. Alfred Agoi Masadia, MP
3. Hon. Martin Peters Owino, MP
4. Hon. Mohamed Dahir Duale, MP
5. Mr. Eric Kanyi- Fiscal Analyst- Delegation Secretary

1.3 Recommendations

The Committee Delegation, drawing from the lessons learnt from the various presentations during the Conference, makes the following recommendations:

i. There is need to explore mechanisms of supporting HIV and co-infection patients medication through the National Hospital Insurance Fund (NHIF) health cover to lessen the expenditure burden associated with management of HIV;

ii. There is need for the country to enlist the services of social workers/community health workers (CHW) in reaching out to HIV patients as is the case in Rwanda to ensure that the patients receive medications and advise required and for easy follow-ups; in addition the use of paralegals for HIV patients who might be facing legal issues/stigma especially the vulnerable groups need to be encouraged;

iii. As the donor support towards HIV reduce, there is need for both the National and County Governments to come up with home-grown financing solutions for various HIV targeted programmes and activities to sustain the war against the epidemic;

iv. There is need to also focus on vulnerable populations in the fight against HIV such as the young people, women, prisoners, the elderly among others by having in place targeted programmes for this groups;

v. There is need to establish a Parliamentary caucus to provide a platform for interested Parliamentarians to champion for HIV course within the Legislature in the country.

1.4 Appreciation

The Committee is thankful to the Office of the Speaker and the Clerk of the National Assembly for the logistical and financial support accorded to the delegation. The Committee is also thankful to Members of the Committee for selecting them to attend the conference.

Hon. Speaker,

On behalf of the Health Committee Delegation to the 22nd International AIDS Conference and pursuant to provisions of Standing Order 199 (6), I beg to table the Report of the Committee's Delegation.

Sign.2/10/18..... **Date**.....

Hon. Sabina Chege, MP

Chairperson, Departmental Committee on Health

2.0 PRESENTATIONS

The Conference was organized into various sessions with different thematic areas under discussion. The sessions were plenary sessions; special sessions; bridging sessions; symposia sessions and workshop sessions. The Delegation attended the various sessions of the conference which relate to policy as participants and contributed to various discussions during plenary. The delegation also joined team Kenya in their symposia which was graced by Her Excellency the First Lady of Kenya. The Delegation also visited various stands where countries were showcasing various strategies used to create awareness on HIV.

At the official opening of the conference, various renowned speakers noted that there was no space for laxity in the war against the AIDS epidemic. The need to capitalize on the main strengths of the HIV response as well as sustain efforts already in place was emphasized. The various speakers also underscored the need to continue implementing programmes aimed at adequately tackling HIV. Several thematic areas were covered during the conference proceedings. Some of the key policy thematic areas discussed in conference as captured by the various Conference rapporteurs are as summarized below:

2.1 DAY ONE: MONDAY 23RD JULY 2018

2.1.1 Leadership for HIV Prevention

A knowledgeable panel emphasized the critical need for a revitalized HIV prevention agenda anchored on effective leadership. HIV prevention crisis was highlighted and at the same time women in Africa as leaders at the grass root level were identified as the face of HIV prevention.

It was highlighted that data driven programming and targets were essential for treatment, accountability for prevention and financial backing and political leadership. Some quick wins on the war against HIV which are dependent on Leadership were identified, that is, financing of HIV related programmes, scaling up diagnosis and treatment, strengthening domestic financing and equipping people with knowledge, access and empower them to make healthy choices. It was highlighted that strengthening resource flows especially from domestic streams, using data to drive HIV programming, re-engaging with the need to support demand and behavior change as well as supply of tools will critical aspects which can be provided in an environment where effective leadership is provided.

2.2.2 Implementing and scaling up innovative approaches to HIV testing

This session discussed innovations in HIV testing. It was noted that there was much innovation occurring at the moment in trying to contain the AIDS epidemic. The session discussed experiences in implementing new approaches to testing such as self-testing, partner testing and outreach platforms.

Vietnam reported positive experiences with self-testing whereas in South Africa strategies are tailored to the specific needs of men and young women. In Democratic Republic of Congo, 27% of partners and children tested through self-testing were found to be positive.

In Ukraine, assisted self-testing saw a large increase in number of tests undertaken and cases of HIV found. It was noted that Social workers/community health workers were key to the distribution effort of self-testing kits.

The panel also discussed health identifiers to track patients over time, age of consent issues, legal frameworks that influence who can provide testing and integrating testing with structural and behavioral interventions.

It was noted that there was emergence of new technologies and approaches to HIV testing and that testing has expanded. It was further noted that in an era of reduced resources, there is need to focus on testing approaches which are cost effective. It was pointed out that testing offers an important gateway to prevention services and hence aiding the fight against HIV.

2.2.3 Male-Focused Programs in Strengthening HIV Testing and Response

The session highlighted that men were being left behind in the war against HIV with men less likely to know their HIV status than women in a number of sub-Saharan African countries. Data from strategies being implemented to reach men with HIV testing services and initiating men on Anti-retroviral Therapy (ART) were presented. A summary of the session's highlights is as follows:

- Using data from Population-based HIV Impact Assessment (PHIA) surveys, it was highlighted that the biggest gap in the treatment cascade is diagnosing men and particularly men aged 25-34.
- The panelists provided an overview of strategies used to reach out to men including HIV self-testing and community-based HIV testing services and underscored the need to focus on men if the 2030 UNAIDS targets are to be met.

- Strategies to reach men were presented including using GIS mapping to provide holistic package of services to men in appropriate locations. Experience in HIV self-testing among men in Malawi, South Africa, Zambia and Zimbabwe was presented. Reaching men in their social gatherings in Lesotho was also highlighted as a working strategy to reach out to men.
- It was emphasized that one of the key ingredients to reach the UNAIDS 2030 target was reaching out to men particularly men aged 25-34yrs old with HIV testing and prevention and care services.
- It was highlighted that some of the key barriers to reaching men include feminization of health services and opportunity cost to access services.

It was noted that the strategies discussed reached men at times and places more appropriate to men but data on the impact and consideration of sustainability was lacking. A key take home point was that men are not a homogenous group but much of the data available treats men as such. It was noted that in order to provide targeted services to men there was need to have data to understand coverage among different sub-groups of men.

2.2.4 Political resistance to addressing the needs of vulnerable populations

The session noted that Political resistance to address the needs of key and vulnerable populations creates a range of barriers from access to information, to other services for prevention and care. The session reviewed underlying political and structural causes for the shortfalls and explored ways to advocate for sensible legislation.

It was noted during the discussions that outside Africa, 74% of new infections take place among key and vulnerable populations and in other regions this number reaches 97%. It was pointed out that across the world vulnerable populations are underserved and underfunded when it comes to HIV response. A positive movie was presented from Macedonia where strong advocacy led by vulnerable groups and civil society led to introduction of social contracting for government to fund community based services.

The discussion also noted that besides underfunding there is need to challenge policies of intolerance and those who use those policies for their individual profit. The discussions emphasized that unless certain groups become visible in the fight against HIV, public health needs and human rights challenges will continue exist and will hinder the progress towards eliminating HIV. Further the session noted the need in some instances to create safe spaces even for something that is prohibited by law to reduce harm and save lives.

It was concluded with the acknowledgement that the needs of vulnerable groups and resource allocation is a political question and that strategies to change the situation remains unclear. Further, the current geo- political shifts in Europe and US are threatening democracy and HIV responses and as a discourse, it remains to be discussed on how to successfully challenge this emerging political climate.

2.2.5 Innovations in Europe for fast tracking end of AIDS

The session looked at the impact of political leadership across Europe towards the 90/90/90 goal. The session also looked at how to address the rise of HIV infection among vulnerable populations in most of Europe and neighboring countries.

The EU Health Commissioner reminded the participants that only twelve years have remained in the attainment of the 90/90/90 goal. The session shared success stories from European countries and discussed how to ensure innovations such as PrEP and self-testing are made available to all.

The speakers emphasized the need to overcome policy and legal barriers that are still limiting access to services to vulnerable populations with Portugal showing impressive results in terms of few HIV infections after decriminalizing drug use and drug possession.

It was pointed out that over the last ten years, nineteen (19) European countries faced increase in new HIV infections among gay which essentially means that part of Southern Europe and most of Eastern Europe are still lagging behind the 90/90/90 goal. This was a clear indication of neglect of vulnerable populations.

On a positive note, it was noted that the European Union as a whole was on track towards achieving the 90/90/90 goal. However, a major effort within the EU is needed to address three challenges - the remaining 10/10/10, responses in few EU countries still lagging behind and addressing the needs of growing migrant populations.

2.2.6 Comprehensive Sexuality Education (CSE)

After starting from defining the concept of comprehensive sexuality education (CSE), the session focused on many reasons why this concept matters. Later on, the discussion shifted into more specific issues such as the role of young people and the role of religious leaders in CSE.

The session started by a question being posed to the audience on whether they feel comfortable talking with young people about sex. It was pointed out that many young people are dying because of AIDS in Africa and thus it was important to talk about sex and HIV.

Mozambique uses sports to mobilize people and spread messages about HIV. It was emphasized the need to use the right words while talking about condoms and sex in religious communities and added that all persons need CSE not only young people.

The Ministry of Education in Namibia stated that 11% of the national budget goes to health issues including CSE. It was also emphasized that CSE is not only about sex but also addresses issues of bullying, human rights and discrimination.

The participants agreed that the discussions were timely and benefit from ongoing experiences as many countries are making changes in their policies, implementing new curriculums and introducing the concept of CSE. In the future, the panel agreed on better use of mobile technology like smart apps to spread awareness wider and better.

2.2 DAY TWO: TUESDAY 24TH JULY 2018

2.2.1 Tuberculosis (TB) in Prisons

The session noted that TB rates were 30 times higher in prisons than in the general population whereas in contrast few countries perceive prison health as a public health priority. The session addressed TB risks factors for prisoners such as overcrowding, poor air-ventilation, lack of sunlight and poor access to health services among other risks.

It was noted from the discussions that prisons are an amplifier of tuberculosis as a communicable disease. This situation is made graver by the statistics which indicate that the growth of incarceration/imprisonment rates by 275% globally between 2000 -2016.

It was pointed out that studies in Brazil demonstrated 42 % likelihood for a prisoner to get infected with TB within a single year in prison. The session noted that more often than not the Prison health authorities do not follow WHO guidelines on preventing TB spread in prisons.

It was further pointed out that establishing TB programs in prison reduces the TB burden in the general population since in many regions prisons are the key driver of TB that spill over to general population. The reasons why the prisons are the key drivers to TB spread are poor adherence to drugs, discontinuation of treatment upon release and lack of access for NGOs delivering services in prison.

To tackle the situation good screening practices were identified as one of the strategies to contain the TB spread. However, it was noted that prisons in many regions across the world remain disconnected from the general public health system leading to double standards, disregard of

guidelines and lacking sufficiently trained health personnel. It was pointed out that there is need for better cooperation between government agencies to change the situation.

The participants and the panelists were of the view that the TB situation in prisons is a public health emergency and a crisis. The session made it clear that nothing much will change as long as the prison health is isolated. The session pointed out the need for Ministries responsible for prison health to cooperate and change the underlying factors that cause the problem of an isolated prison health service dispensation.

It was further suggested that breaking the barrier between realities inside and outside prison, there is need to incorporate those working in prison, in prison health administrations and relevant ministries in this discourse.

2.2.2 Types of activism needed 30 years into the AIDS response

The session reflected on the activism in the past, what changed and what didn't. The session shed the light on the types of activism needed for the future and the tools that can be used by the future generations to raise the voice and make a change.

A discussant from Zimbabwe voiced the needs of women living with HIV and reminded that the International Community of Women Living with HIV was launched during International AIDS Conference in 1992. A video about the history of activism called "rage on", shared many messages of the past activism such as "Red ribbons are not enough! we need funding".

It was mentioned that activism can be coordinated globally and information can be shared within the global community. The participants were reminded that in 1992 people living with HIV were not the decision makers when it came to access to their own medication and activism turned around this. It was mentioned that activism was about using the constitutional or legal means to challenge the government. It was noted that compared to 1992 when AIDS activism began, there is so much improvement today especially with the advent of technology. It was also mentioned that activists need to take advantage of the new age information (technology) to pass across messages for a wider reach across the world.

2.2.3 Agenda 2030: threat or opportunity to HIV response

The session was a debate that offered the audience an opportunity to reflect upon the risks and opportunities of integration of AIDS response into broader health and development agendas. Supporting statements and opposing arguments on how the 2030 Agenda can strengthen HIV responses were presented.

The supporting arguments were that the 2030 Agenda offers an opportunity to recreate Government's interest in health; increase political commitment and domestic allocations towards health. It was pointed out that SDGs are an entry point to talk about overall health and wellbeing of the people and not a sole disease and hence HIV cannot be a stand-alone program anymore.

It was pointed out that in modern times democracy is in retreat and Civil Societies are under threat. The session participants were in agreement that the 2030 Agenda and SDGs are relevant discussions, however HIV programs need to be carefully integrated and care need to be taken not to lose strong Civil Society engagement gained over the last decades. It was pointed out that AIDS should not get lost among the SDGs and that Governments cannot use the 2030 Agenda to whitewash gains made in the war against AIDS.

2.2.4 Working for quality and affordable treatment for all Diseases

The session aimed at identifying commonalities across diseases to articulate joint strategies for providing long-term, affordable, uninterrupted, quality medication now and into the future. It brought a diverse group of leaders cum activists, access to medicine experts and brand and pharmaceutical companies.

It was noted that a major success in making quality and affordable treatments for HIV was made possible because of a combination of: donor financing, centralized procurement, quality assurance and community push.

It was pointed out that other fields of disease facing high prices might not enjoy all these components, in particularly in middle-income countries but could build on lessons in HIV. In order to change this, action is required including greater transparency from governments, pharmaceutical companies, activists, medicine developers and clinicians. One panelist, pointed out that evaded taxes by pharmaceutical companies could fill the funding gaps for HIV, TB and hepatitis C.

The participants were informed at the savings which could be made or the extra number of people who could treat if low drug prices could be achieved. The discussions addressed multi-layers of the issues related to making medicines into the market, ensuring quality, good pricing and working beyond HIV.

2.2.5 Youth participation in the fight against HIV

This was a sharing experience session meant to break barriers hindering young people getting involved in meetings that benefit their health and integration in the fight against HIV. The

participants were on agreement that the youth are pillars of the future and nothing about them can be discussed or planned without involving them.

It was pointed out that meaningful participation of young people meant more than asking their opinion at the beginning of designing of HIV programs. It was mentioned that Youth-friendly psychosocial groups and peer support need to be funded as they have pulled many young people to seek services and empower them.

It was mentioned that some of young people don't disclose their HIV status due fear of denial, while many of their peers still do not understand stigma faced by people living with HIV. The discussion pointed out that supporting meaningful youth participation meant addressing several aspects that might influence their participation such as financial, spiritual, physical, and mental among others.

The panel concluded with recommendations to invest more in young people, trust their work, consult young people of all ages without discrimination of their gender diversity when designing various guidelines or programs, bring in young people at local level, build capacities of young people to lead, be transparent and work with the young people.

2.2.6 Diversity in delivering PREP from home to clinic

The session reviewed several delivery mechanisms for PrEP for instance through community, health centers and integration into family planning clinics. It was pointed out that Community support was critical in prep delivery mechanisms. The USAID presented on the critical role of vulnerable populations in all aspects of Prep Uptake including community mobilization and service delivery and even data collection.

In Zimbabwe, it was reported that there is higher uptake of Prep in rural areas compared to urban clinics. The hypothesis for the difference is the involvement of village chiefs who mobilized all stakeholders (heath workers, parents, educators etc.) in order to generate demand.

However, retention and long-term adherence were challenging to measure outside the confines of a research study. The session concluded that more work needs to be done on understanding and maintaining retention and long-term adherence.

2.3.7 Breaking barriers of inequity in the HIV response

The session focused on understanding the inequity in HIV response and stressed to need to focus on specific populations who are left out. Innovations to scale up HIV prevention and treatment

for drug users, community involvement specially women drug users and need for decriminalization of HIV was stressed.

It was pointed out that there exists inequity in distribution of HIV across geography and population. This evidence made a compelling case to address the unmet prevention and treatment needs of adolescent girls, vulnerable populations, drug and substance users and indigenous people among others.

The discussions shared the need to scale up programmes for vulnerable persons using innovative interventions like HIV self-testing to increase HIV testing and yield, PrEP for prevention, nurse led home based support and integration of ART to increase adherence.

Some of the panelists advocated for equal coverage of women who use drugs with integrated services, community involvement and decriminalization of drug use. The panelists also stressed the need to decriminalize HIV by repealing criminal laws and increased funding for HIV response.

The message that risk of HIV is not evenly distributed and most infections are emerging from unmet prevention and treatment needs was clear. The need to address structural inequities and systematic barriers to increase coverage of HIV services in specific populations was also stressed. Integrated approaches, gender oriented services and service delivery models and active community engagement and participation were pointed as being essential in breaking inequity. Decriminalization of HIV and use of science to interpret and apply laws was also a key message in this session.

2.3 DAY THREE: WEDNESDAY 25TH JULY 2018

2.3.1 Where will resources come from to end AIDS?

This was one of the critical questions which faced the AIDS 2018 on who pays or provide resources to combat HIV. The discussants during this session were a panel of ministerial and multilateral funders including senior representatives of UK's DfID, WHO and the Global Fund.

It was noted that the UK is transitioning from bilateral funding but increasing support for civil society and multilateral investments with a focus on the poorest countries. Global Fund talked on squeezing the most impact of every dollar. It was pointed out on how the Ukraine had reduced spending inefficiencies by 40% by focusing on reducing the prices paid for drugs and kickbacks/corruption.

All speakers mentioned domestic financing, co-financing in particular. Global Fund and DfID underscored that co-financed programmes are important to continued support. Finally, it was clear that resources were needed to reach vulnerable populations but also mechanisms to transfer funds to those who need it for instance the NGOs.

2.3.2 Legal strategies to address barriers to HIV services

The participants agreed that human rights violations exists and mostly happens to the poor and the marginalized in our communities and in the world. People living with HIV and Sex workers are in that category. It was pointed out that legal strategies can be used to remove or address some of the barriers to HIV services. A presentation reviewed the situation in Indonesia, where drug users, transgender and homosexual identity and sex work are all criminalized.

It was pointed out that t is often the governments and the Legal and Justice systems that violate human Rights and this is exacerbated in situations where people under attack do not know their rights or have access to legal workers to help counter persecution. This session highlighted a range of strategies that can be used to ameliorate this situation. The strategies include the need to strengthen the role of community paralegals and legitimize their work, to train judges and ensure that people at risk of legal persecution understand their rights and how to protect them. A project from Russia reported on the work of "street lawyers" to inform empower and give judicial protection

2.3.3 Harnessing Information for HIV Prevention

It was pointed out during this session that new methodologies present opportunities and challenges for HIV prevention programs. The session provided a broad overview of geographical information systems (GIS) used to inform interventions as well as a rich discussion of the practical, ethical and legal implications that arise when incorporating this methodology.

The participants were informed that Geospatial analysis is a modern technology which can be applied in identifying emerging local areas of high HIV prevalence. It was pointed out that population viral load can predict HIV incidence in these hot spots areas. The moderator closed the session with a reminder or emphasis to apply ethical principles in addressing social concerns about risks and benefits of these new methodologies.

The session highlighted the importance of multi-level approaches to addressing HIV prevention in ways most likely to generate impact such as use of new technologies. It was pointed out that

Geospatial analysis is one of the social methodologies which form part of complementary aspects of HIV prevention.

2.3.4 National ownership and financial sustainability

It was pointed out that the looming donor pullback threatens to derail the progress made so far in the fight against HIV/AIDS. To ensure financially sustainable HIV service delivery modalities that do not leave anyone behind, it was pointed out that a sustainability tower consisting of proven strategies, guidelines, products, tools and interventions will play a critical role.

It was pointed that successful transition due to donor pull back will require clearly articulated transition plans and key stakeholder participation. In addition to donors, national government and local level experiences are essential in developing a transition framework for sustainability.

Brazil which is a middle income country, 500,000 people are on ART on 100% Government funding. Elements of a sustainable model from Ukraine include advocacy for local funding, removal of legal impediments, introduction of new financing models and decentralization of services to primary health care providers. In Vietnam the sustainable financing of the HIV response is premised on integration of donor funded treatment and government support into the public health system.

A representative of the Global Fund summed up the session by highlighting the need to ensure sustainability of health system financing. It was concluded that in-order to successfully transition to new funding mechanisms accurate cost analyses will be critical to help understand costs and funding requirements and budget better for programmes both from the national and donor perspectives. It was also pointed out the need to plan early and keep data to track and assess how we are getting better at sustainability over time.

2.3.5 Improving retention in HIV programmes

This session reviewed reports of several strategies to reduce loss to follow-up and increase retention mainly focusing on community resources such peers in adherence clubs, community health workers to trace patients lost for follow up and support from family members. A case of South Africa on community adherence groups was shared to in this session.

In South Africa, it reported on community adherence groups in 140,000 patients across 15 districts in South Africa. These groups were well integrated into the health care system and clients were screened annually at their facility of origin. Over 20 months, it was reported that 95% of patients were retained in their group. The majority of those who left opted to receive

their care elsewhere. It was also reported that participants in the groups received a diagnostic and HIV services (e.g. viral load STI) compared to other patients on the same facilities

2.3.5 Policies and contexts that negatively impact on funding for HIV

The session discussed a wide range of challenges faced by civil society and HIV community due to donor policies and countries' politics. It was pointed out that the rise of nationalism and populism threatens human rights and civil society spaces. It was further pointed out the need for donors to increase funding for advocacy, accountability and human rights work.

It was discussed that the civil society spaces are shrinking in the current political climate of nationalism, populism that are anti-women, anti-choice, anti-migrant, and homophobic. It was sadly pointed out that politics/policies in countries like Russia, Venezuela, the Philippines lead to HIV, health and human catastrophes.

That global gag rule impact programs and survival of many NGOs. The sessions was in agreement that governments will not fund civil society advocacy anytime soon while complex donor's requirements deter civil society especially community organizations from accessing funding.

There was a lot of discussion on political challenges and the inability of civil society to get domestic funding for human rights and advocacy and concrete solutions or strategies were still missing. There was the reality of buying loyalty as donors and governments expect no criticism for them to support civil society's activities.

2.4 DAY FOUR: THURSDAY 26TH JULY 2018

2.4.1 Community strengthening system for HIV response

As an introduction, it was pointed out that the resilience of community systems is important now more than ever given the rampant human rights violations against vulnerable populations and hence the need for greater preparedness to respond collectively in a more effective manner during times of human rights crises such as a crackdown on vulnerable populations by governments.

The participants and the panelists were in agreement that Community systems strengthening include strengthening the ability of NGOs and vulnerable populations groups to implement human rights programmes; deliver HIV services in line with human rights standards and the ability monitor and evaluate them.

Research from Ukraine, Russia, India, Tanzania and several countries in the Caribbean proved that community systems strengthening is most effective when those affected are involved in the design, implementation and monitoring of human rights programming and efforts to scale up and deliver HIV services in line with human rights standards.

It was also pointed out that Community system strengthening need to include an element of community empowerment efforts shaped by the realities and needs of vulnerable populations; skills to document human rights violations and tools to challenge discrimination and remove legal barriers for HIV services. It should also include coordinated support to community groups to respond when backlash from governments deteriorates in criminalized environments, thus threatening the provision of services being provided to key populations.

Further, community Systems Strengthening efforts should also include assistance to help vulnerable populations' document rights violations, navigate complex legal environments to address discrimination and human rights violations and prepare effectively to respond during times of crisis.

As a conclusion, the participants were in agreement that Communities need to be supported to organize themselves in a structure that helps them identify their own needs and effective ways to respond based on their resilience and knowledge of their environment since context matters for community empowerment.

2.4.2 Impact of end demand laws and policing of sex work

The session featured five presentations on the impact of policing practices and laws aimed at sex workers and their impact on health, HIV risk and access to health services and strategies for mounting legal challenge.

A pair of presentation from France and Canada looked at the impact of end demand laws that support the Nordic model of seeking to eradicate sex work, criminalizing the purchase of sex and targeting third-parties and clients.

The Canadian study looked at access to services among sex workers pre- and post- law reform that included end-demand statutes. Access to health services and sex work services such as drop in centers and supports decreased after passage of the law.

In France, a mixed method qualitative/quantitative approach found that enactment of end demand laws led to an acute increase in sex workers socio-economic vulnerability. A Baltimore-based study found that the intensity and frequency of sex worker contacts with police (whether

routine policing or explicitly abusive contacts) increased risk of sex workers experiencing client violence.

It was concluded that the implications of the two pieces research is that legal interventions and policies may exacerbate barriers to health and services hence the need to be cautious when developing such laws.

2.4.3 HIV resourcing in the world of competing priorities

The session saw a wide-ranging discussion of how to maintain investments in HIV/TB and where to spend the money efficiently. UNAIDS data highlighted that despite the flat-lining in overall funds, domestic resources were increasing in some countries. TB and HIV both face funding gaps, and there are difficult questions facing us as we are implicitly disinvesting in other disease areas by spending on HIV.

For instance, it was highlighted that Macedonian health funding had tripled in recent years but that more funding is still needed to address HIV challenges. In addition, optimizing the allocation of funds for prevention is a real priority for the country as is reducing stigma among healthcare workers towards care seekers.

It was argued that mobilizing tax resources in low- and middle-income countries is the least desirable but most important strategy for increasing health funding. It was pointed out that high HIV/TB burden countries collect little money from tax receipts but also spend comparatively little of that little money on health issues.

The Global Fund's message that co-financing is important came out at this session. The Fund requires a 15% minimum co financing in its grants which increases to 30% for countries which spend comparatively less on health.

2.4.4 Rallying political support for HIV response

The session covered a recurring theme of this conference on how to leverage political support from and within countries. Recent UNAIDS data show deficit of resources and often lack of political support to channel them according to epidemiological data. Panelist shared experiences from their respective countries.

From a small country like Malta where government passed legislation to protect same sex couples to Ukraine where civil society managed to share the public space in ways that were unthinkable just few years ago, the session tried to answer a key question: how to rally political

support in order to make sure resources are properly allocated and supported by enabling policies.

All panelists emphasized the role communities and civil society at large play in holding government accountable while creating, occupying and defending public spaces for effective dialogue. The importance of keeping social justice at the center of any discussion around health and HIV was stressed. It was also pointed out that securing an enabling environment for partnership was critical to developing sensible responses to HIV.

It was concluded that in a shrinking funding landscape, particularly in middle and low income countries as donors' transit out, the role of policy-makers is becoming increasingly important. Their role will be essential in order to protect increasingly vulnerable gains made through donor investments and defend prevention services run by and for vulnerable populations that are unlikely to be funded by national and local governments without strong political support. It was pointed out that new skills, such as budget advocacy will be necessary to achieve such results.

2.4.5 Gender Transformative Programming

The session pointed out that Women and girls are highly impacted by HIV and hence addressing gender inequality, harmful gender norms and gender-based violence was key in addressing poverty and building resilience. However, it was pointed out that women and girls do not know where to start or, if they do, they manage to be gender aware and sensitive but not transformative.

Discussions on gender-transformative programming, i.e. programming to address gaps in gender inequality, revealed that their programs development need to address the core issues and current dynamics. It was pointed out that women need to be empowered to speak out issues affecting their rights and the need to have safe spaces for women to air their voice.

The session highlighted the intersecting challenges and barriers women and girls in their diversity face to access HIV services. The suggested strategies to surmount the challenges were: decriminalizing sex work in laws, focus on economic skills, peer-to-peer interventions among others.

The session also highlighted the need for men and boys to be involved in gender transformative programming and that transformative programming need to be tailored to understand key issues faced by people and how to address them. The participants were of the view that women and girls need to openly share the issues so that others including males can be support them. Further

it was mentioned that gender transformative programming need to include all people without discrimination of their sexuality.

2.5 DAY FIVE: FRIDAY 27TH JULY 2018

2.5.1 Parliamentarians leading the fight against HIV

The session demonstrated passion of the Parliamentarians who are in touch with vulnerable populations and champion HIV/TB/Hepatitis issues. The participating MPs were: Barbara Lee (USA), Stephen Doughty (UK), Isabelle Diks (Netherlands), Ruth Labode (Zimbabwe) and Ricardo Leite (Portugal). The Legislators articulated their experience and vision in advocating for the rights of the vulnerable groups.

The Panelist MPs engaged with HIV/TB/Hepatitis agenda because of their background (Congresswoman Lee comes from black community, MP Diks' Green Party has human rights in as its key agenda) or through exposure to people living/affected by HIV, TB and members of key populations in their countries and abroad.

These MPs bring to the attention of their fellow MPs evidence, issues and people affected by HIV and TB. They build alliances among MPs such as the US's Black Caucus led by Congresswoman Lee and with civil society/community for improving legislation and securing funding needed.

Each MP reaffirmed their commitment towards championing for the rights of the vulnerable population in their respective countries. Congresswoman Lee is to protect Global Fund in the US's federal budget; MP Doughty to make sure that UK government's transition doesn't leave marginalized populations behind, MPs Leite and Diks to keep HIV and key populations high in development agenda, MP Labode to continue supporting the Global TB Caucus.

The participants were elated to see articulated and visionary parliamentarians who have dedicated their time to work passionately in ensuring international and domestic investments and better legislation needed to end the HIV, TB and hepatitis epidemics.

2.5.2 Meeting the needs of young people from key populations

In this session young people from key population groups shared insights and skills how to meet the needs of their peers: create safe-spaces, enable youth-led support, assist non-youth organizations/services to address unmet needs including together advocate for lifting age-related restrictions and enable youth to speak-out.

Three 3 areas were covered on how to address young people's needs. First self-support meant creating safer spaces, engaging young people in activities that benefit their livelihoods and peer-to-peer approach. Secondly, services, for example, for key populations need to talk and include youngsters and integrate tools on young key populations. Thirdly, when it comes to international organizations, young people need legit representation and ability to say what they want instead of what is expected from them to say.

It was observed that many HIV & TB programmes ignore young people, their diversity, especially when they are from vulnerable populations and this is based on fear. It was noted that a majority of young people cannot access information, drug-related harm reduction and HIV prevention services because of legal restrictions, social marginalization, prejudice to vulnerable populations, and poverty among others. The session was in agreement that safe spaces are crucial to bring young vulnerable populations on board since they can't openly express themselves.

2.5.3 Empowering future generations in a world with HIV needs

The session gave the context, evidence of the needs and gaps in services for children living with HIV and specific examples how to meet those needs. Speakers highlighted the importance of a multidimensional and holistic approach to address families, communities and environment.

The cognitive development for children living with HIV was discussed in this session. It was pointed out that various studies demonstrated that children with HIV are at risk of development delay and face many emotional and behavioral problems such as hyperactivity and inattention. Innovative solutions were elaborated for adolescents living with HIV such as having safe schools and great parenting support which were identified as having a positive impact on children.

It was pointed out that orphans and children living with & affected by HIV need a holistic package and differentiated health and social services for prevention, care, treatment and support.

2.5.4 Building bridges for the next generation

The plenary focused on the next generation, that is, adolescents and young adults. Presenters covered the science on adolescent neuro-cognitive development, experiences of young people with HIV, young sex workers, sex rights and education and reaching young people through non-traditional media for instance MTV Shuga.

The session advocated for policies that support families and youth and the importance of comprehensive sexuality education for children and adolescents was emphasized. MTV Shuga showed a vibrant approach to reach youth and influence healthy behavior through entertainment.

The discussions pointed out that adolescents are indeed rational and have the capacity to make right decisions. However, they are susceptible to social influence and the presence of peers which affects executive functioning. These tendencies offer an opportunity to positively engage adolescents in health care, for example through peer-led education and engagement. It was concluded that improving healthcare access, ending stigma and discrimination and fostering inclusion is important for improving health outcomes for the next generation.

3.0RECOMMENDATIONS

The Delegation having followed the discussions in various sessions during the conference noted that the HIV AIDS is still a threat to the well-being of the population and a health burden to a significant population across the globe and more so in Kenya. The delegation is in agreement with the various discussions in the conference that there is need for continued support towards ensuring the AIDS epidemic is contained.

Thus, drawing from the various lessons learnt from the Conference, the delegation makes the following recommendations:

i. There is need to explore mechanisms of supporting HIV patients medication through the National Hospital Insurance Fund (NHIF) health cover to lessen the expenditure burden associated with management of HIV;

ii. There is need for the country to enlist the services of social workers/community health workers (CHW) in reaching out to HIV patients as is the case in Rwanda to ensure that the patients receive medications and advise required and for easy follow-ups; in addition the use of paralegals for HIV patients who might be facing legal issues/stigma especially the vulnerable groups need to be encouraged;

iii. As the donor support towards HIV reduce, there is need for both the National and County Governments to come up with home-grown financing solutions for various HIV targeted programmes and activities to sustain the war against the epidemic;

iv. There is need to also focus on vulnerable populations (where new infections are on the rise) in the fight against HIV such as the young people, women, prisoners, the elderly among others by having in place targeted programmes for this groups;

v. There is need to establish a Parliamentary caucus to provide a platform for interested Parliamentarians to champion for HIV course within the Legislature in the country.

The proposed recommendations will augment the existing efforts aimed at addressing the HIV challenges in the country as well as join the global community in the call to end the epidemic.