

# Ensuring workplace HIV/AIDS policies for Kenya's non-military uniformed service personnel

## THE BIG PICTURE

In Kenya, a lack of workplace policies for HIV/AIDS among non-military uniformed service agencies meant that those organizations were unable to effectively provide HIV/AIDS services to affected officers. This, in turn, threatened the government's ability to provide national security and deliver essential services. PATH and our partners effectively advocated with key commanders and other decision makers within four agencies to develop and implement workplace HIV/AIDS policies that allowed them to improve their response to officers coping with the impacts of the epidemic.

## IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

In Kenya, more than 100,000 people are employed by the country's non-military uniformed service agencies, which include the Kenya Police Service, the Administration Police Service, the National Youth Service, and the Kenya Wildlife Service. These organizations play a critical role in providing national security, as well as offering important government services like youth programming and wildlife management and protection.

From 2008–2013, PATH, Elizabeth Glaser Pediatric AIDS Foundation, and the US Centers for Disease Control and Prevention worked closely with these organizations on a project to increase access to TB and HIV prevention, care, and treatment for their personnel and surrounding communities. Like other Kenyans, the non-military uniformed services personnel are deeply affected by TB, HIV, and AIDS. Uniquely, however, the toll on the personnel and their families threatens to compromise the country's ability to provide national security and safety.

Over five years, this first-of-its-kind project increased HIV service areas within the uniformed services healthcare facilities from four to 66, improved knowledge and skills of health workers in these facilities, established 116 prevention units for HIV as well as TB, and improved the facilities' monitoring and reporting.

However, advocates recognized that the long-term sustainability of these services could be threatened without a comprehensive workplace HIV/AIDS policy framework in place. Fortunately, during the course of the project, the



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Kenyan government mandated that every public sector organization should integrate a national workplace HIV/AIDS policy in line with the Government of Kenya's 2010 Public Sector Workplace Policy on HIV/AIDS. This national directive gave advocates the platform they needed to advance a comprehensive policy agenda. Building on the trust and relationships developed over the five years of the project, PATH and its partners developed a strategy to influence decision makers in each of the agencies to discuss how development and integration of comprehensive policies might cement commitments to decreasing the toll of HIV/AIDS.



### **PATH's 10-Part Approach to Advocacy Impact**

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision makers and influencers.
- Identify the interests of the decision makers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you'll measure success.

*For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>.*

### **IMPLEMENTING THE STRATEGY**

Advocates knew that they would need buy-in from key decision makers within each of the agencies, so they targeted headquarters staff and field-based commanders, who were charged with direct leadership responsibilities within the uniformed services. Five years of programmatic work had already established rapport and trust between the groups, so advocates were able to organize a set of meetings in which they offered their expertise in policy development. Through these discussions with the commanders, they gained the trust and buy-in they needed to pursue the policy change process.

Once they had the support of those leaders, they asked them to nominate key representatives from various internal units—including the AIDS Control Units, Medical Services, Human Capital, Finance & Administration, Legal Affairs, Training, and Chaplaincy—to serve on advisory groups. The project also engaged Government of Kenya representatives from the National AIDS Control Council and the National STI & HIV Control Program in these advisory groups.

PATH then organized a workshop with Kenyan commanders and the advisory teams to develop, review, and critique draft policies that aligned with their specific organizational rules and regulations. Experts presented the draft policies to the top commander of each uniformed services unit for final review and approval. PATH also provided technical health reviews and content for each of the new policies to ensure alignment with the latest international and national scientific evidence and data on HIV/AIDS health services. During this process, the advisory groups played a critical role in building internal support for the policies and creating a groundswell to help overcome frequent bureaucratic delays.

PATH and its advocacy partners knew that widespread adoption of the policies would be necessary for their long-term success. However, in Kenya, conversational and cultural taboos have created barriers to public dialogue around sensitive topics like HIV/AIDS and sex education. Advocates decided to employ the strategy of humor to break down these barriers and gain support from within the ranks. One resulting tactic was the "Condolympics," a series of competitive games that successfully helped personnel interact with male and female condoms, gain confidence in using them, and discuss uncomfortable topics. Through the Condolympics and other creative strategies, advocates were able to provoke dialogue around the issues and simultaneously shore up support for new HIV/AIDS workplace policies.

### **ACHIEVING THE POLICY GOAL**

After months of work developing each policy, PATH worked with top commanders to lead the launch of four workplace HIV/AIDS policies, each comprehensive but tailored to individual agencies. The policies provide an institutional framework that promotes integrated and comprehensive approaches to HIV/AIDS for 120,000

officers and their 290,000 family and community members. The policies integrate the HIV/AIDS response into the core functions of the respective uniformed services; clearly outline the management responsibilities of commanders and individual officers when responding to the epidemic; and provide a platform for networking, partnership, and collaboration with other stakeholders.

## FACTORS FOR SUCCESS

While each context requires unique tactics and approaches to accomplish their goal, advocates in Kenya learned key lessons that played a role in success:

- **Trust and relationships with internal champions can build and sustain momentum.** A key factor for success of these policies was the five years of work within the non-military uniformed services that had built trust and credibility with high-level decision makers. Advocates were able to leverage these relationships to demonstrate the importance of supportive policies and gain buy-in from key individuals.
- **Leveraging the success of technical assistance can help bring about policy change.** By building on the project's technical and programmatic achievements, advocates were able to build and sustain momentum for related policy changes.
- **Creative tactics can help create buy-in for policies, as well as support dissemination.** Activities like the "Condolympics" provided a forum for educating personnel as well as making the new policies tangible. This can especially be effective in a climate where certain topics, like HIV/AIDS, are taboo or stigmatized.
- **National directives can provide a springboard for launching policy change.** The Government of Kenya's mandate on workplace HIV/AIDS policies created an additional sense of urgency within the agencies that advocates were able to leverage in their efforts. While this national statute was not sufficient by itself to propel policy change, its timing was important in bolstering the policy change process.



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