

# REGIONAL CAPACITY BUILDING WORKSHOP

FOR SENIOR LAW ENFORCEMENT OFFICERS ON HIV, HUMAN RIGHTS & THE LAW  
FROM 17TH – 19TH JULY 2013 IN NAIROBI, KENYA



*Empowered lives.  
Resilient nations*



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## Abbreviations

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AIDS	Acquired Immuno-Deficiency Syndrome
FBOs	Faith-Based Organizations
HIV	Human Immuno-deficiency Virus
IDU	Injecting Drug User
ILO	International Labor Organization
Key Populations	Populations disproportionately impacted by HIV
KTN	Kenya Television Network
MSM	Men Having Sex with Men
NAC	National AIDS Commission
NAC	National AIDS Commission
NACC	Kenya National AIDS Control Council
NASCOP	Kenya National AIDS and STI Control Programme
NEPHAK	National Empowerment Network for PLHIV in Kenya
NGO	Non-Governmental Organization
PEP	Post exposure Prophylaxis
PLHIV	Persons Living with HIV
SADC	Southern Africa Development Community
TB	Tuberculosis
UNAIDS	United Nations Joint Programme on HIV & AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing

## Acknowledgment

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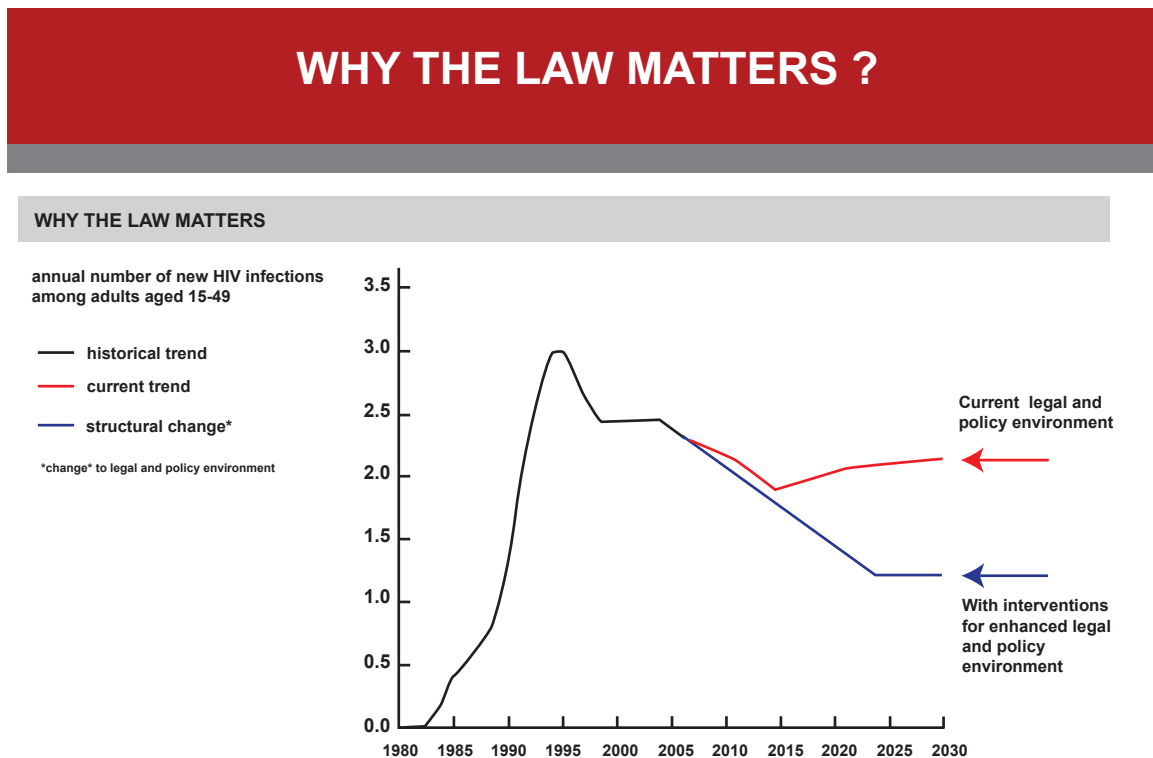
## 1.0 Background

The role of the law in dealing with issues of HIV was emphasized at the June 2011 High Level Meeting on HIV and AIDS, in New York, which commemorated 30 years since the emergence of the global HIV epidemic. World leaders reiterated their commitment to achieving universal access to HIV prevention, treatment, care and support by 2015 and eliminating discrimination against people living with HIV. In the 2011 Political Declaration on HIV and AIDS adopted at the meeting, governments committed specifically to address laws and policies that "adversely affect the successful, effective and equitable delivery of HIV services and to consider their review."<sup>1</sup>

Thereafter, the Global Commission on HIV and Law released a report, 'Risks, Rights & Health'<sup>2</sup>, in July 2012, whose findings reveal that the legal environment can play a powerful role in the well-being of people living with, and those vulnerable to HIV. The need to create an enabling legal environment for HIV responses not only in terms of the content of the law but also in the implementation of the same, cannot therefore be overemphasized.

Laws and policies against sex workers, injecting drug users, TB drug defaulting, and supply of condoms in prisons need to be infused with rights-based approach necessary for the prevention and treatment of HIV. The Global Commission on HIV and Law establishes in its July 2012 report that good laws, fully resourced and rigorously enforced, can widen access to prevention and health care services, improve the quality of treatment, enhance social support for people affected by the HIV epidemic, protect human rights that are vital to survival and save the public money.

In the figure below, the report demonstrates the ability of the law alone to reduce the number of new HIV infections worldwide by 1 million.



Source: Global Commission Report on HIV and the Law 2012

<sup>1</sup>United Nations General Assembly Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS, June 2011, A/RES/65/277. Available at [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610\\_UN\\_A-RES-65-277\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf).

<sup>2</sup>The Global Commission on HIV and the Law was launched in June 2010 to develop actionable, evidence-informed and human rights based recommendations for effective HIV responses that promote and protect the human rights of people living with and most vulnerable to HIV. The report is available at <http://kelinkeny.org/wp-content/uploads/2010/10/FinalReport-RisksRightsHealth-EN.pdf>

With strong evidence showing the vital role of the law in HIV prevention and access to treatment, law enforcement officers cannot be left behind in efforts to eliminate HIV. As custodians of the law, they influence the legal environment within which responses to the HIV pandemic is undertaken. Their enforcement of HIV-sensitive laws increases resilience to HIV whereas their enforcement of negating laws increases vulnerability to HIV.

Despite this, there has been limited opportunity for law enforcement officers in Kenya and in Africa to take stock of epidemiological developments, as well as the evolving roles of the law and law enforcement authorities in the response to HIV. The few law enforcement officers who have contributed to creating enabling legal environments for effective HIV and TB responses have had even fewer platforms to share their lessons with colleagues.

UNDP and KELIN have therefore established a partnership to implement recommendations of the Global Commission on HIV and the Law, aimed at engaging law enforcement officers on effective HIV intervention measures. One of the activities undertaken under this partnership was a three-day Regional Workshop for Senior Law Enforcement Officers on HIV, Human Rights and the Law. The workshop was convened with objectives to:

- a) Provide a critical opportunity for discussion and experience-sharing between law enforcement officers from Kenya and other African countries on the complex legal and human rights issues posed by the HIV and TB epidemics.
- b) Provide a platform for open dialogue and building partnerships between networks of vulnerable communities, police officers, prison wardens and other partners for strengthened HIV and TB responses.
- c) Gain a common understanding on HIV workplace programs for law enforcement officers and to identify barriers and opportunities to accelerate such programs at the country level.
- d) Foster regional and intra-country sharing of experiences, lessons learned and other resources on HIV interventions for law enforcement officers in line with the findings of the Global Commission on Law and HIV.

Participants in the workshop were senior law enforcement officers drawn from five countries in Eastern and Southern Africa Region where UNDP is currently supporting work focusing on HIV and the law. They included Kenya, Lesotho, Zambia, Malawi, Tanzania and Swaziland.

## 2.0 Executive Summary

KELIN is a human rights NGO working to protect and promote HIV-related human rights in Kenya. KELIN does this by providing legal services and litigation support, training professionals and communities on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change.

In taking forward the recommendations of the Global Commission on HIV and the Law, KELIN, in partnership with UNDP, organized a capacity building workshop for senior regional law enforcement officers on HIV, human rights and the law from 17th – 19th July 2013, at Sarova Panafric Hotel, Nairobi, Kenya.

Keynote addresses at the launch of the workshop were made by Mr. Daniel Konyango – Head of Legal Services, National AIDS Control Council (NACC); Mr. Alfredo Teixeira – UNDP Kenya Deputy Country Director in charge of Programmes; Mr. Titus Karani – Deputy Commissioner of Kenya Prisons; and Mr. Peter Mwanzo – Assistant Coordinator, Kenya Police, AIDS Control Unit.

They all lauded the effort to scale up HIV interventions by engaging law enforcement officers and urged the officers to share experiences and learn best practices for effective response to the pandemic. The speakers noted the importance of influencing the understanding, attitude and behavior of law enforcement officers towards HIV-related issues. They were unanimous that law enforcers' attitudes towards PLHIV, including members of key populations at higher risk of HIV infection and TB patients, shapes social attitudes towards these populations.

Gary Jones of UNAIDS then set the scene for the rest of the sessions by updating participants on statistics and trends of the HIV pandemic, with a focus on Eastern and Southern Africa. Mr. Jones noted that HIV prevalence in the region was declining because of multi-sectoral responses, but cautioned that more needed to be done for key populations whose HIV infection rate remains relatively higher. He also drew the link between HIV and TB, and painted the prototype HIV risk environment as one riddled with fear, prejudice, stigma and discrimination, violence and humiliation. He challenged the

officers to create an enabling environment for effective HIV and TB responses in their portfolios as custodians of the law.

The next session was facilitated by Dr. Reychad Abdool of United Nations Office on Drugs and Crime. In his first presentation, he focused on HIV and TB statistics among prison populations. His second presentation focused on injecting drug users, underscoring that traditional policing has not been successful in eradicating drug use. He took participants through alternative police action recommended for mitigation of the risk of HIV transmission among drug users. Dr. Abdool concluded by noting that stigma and taboo towards HIV were falling, and new barriers that need to be broken should focus on the needs of key populations.

This unique workshop was designed to accommodate interactive sessions amidst several presentations and group assignments. One of these came when a participant from Kenya Prisons shared a testimony of her experience as a law enforcement officer living with HIV. She spoke of the trying moments of dealing with stigma and discrimination amongst her peers and the triumphant moment when she overcame her fears and went public about her HIV status on national television to champion the cause. To her pleasant surprise, she received a lot of goodwill and support when her story aired on KTN's 'Mending the ribbon'<sup>3</sup>. She urged colleagues present at the workshop to proactively address HIV stigma and discrimination in their work places.

Mr. Nelson Otwoma from National Empowerment Network of PLHIV in Kenya (NEPHAK) continued the discussion on HIV stigma and discrimination. Probing into the origins of stigma and explaining the reasons for stigmatization of HIV, his was a session geared to challenge widespread stereotypes. He observed that ignorance and association of HIV with risky sexual behavior are the main propellants of HIV related stigma, which ultimately results in discrimination.

Mr. Japheth Nyambane of the National AIDS and STIs Control Program (NAS COP) made a presentation on HIV prevention and treatment strategies among law enforcement officers. Participants learnt that NAS COP has developed tools for HIV programming and established health service delivery models for PLHIV, including key populations. It has embarked

<sup>3</sup> A popular television show in Kenya that promoted testimonies by PLHIV champions against stigma and discrimination

on a policy advocacy initiative to create an enabling legal environment for HIV interventions targeting key populations in prisons. He therefore considered the workshop timely for NASCOP's efforts. Policing without awareness of public health standards was an HIV risk factor for key populations, he explained.

Day one of the workshop ended with International Labour Organization's (ILO) Hellen Magutu engaging participants on the ILO Code of Practice on HIV and the World of Work, after which participants retreated for group work. Ms. Magutu emphasized principles of non-discrimination and reasonable accommodation for PLHIV in the workplace, among others.

On the second day of the workshop, Retired Justice Violet Mavisi took participants through a session on HIV, human rights and the law. She engaged the participants on the definition of human rights, key principles and characteristics of human rights. Taking cue, participants also engaged her on weighty issues such as the tendency to disproportionately focus on rights over responsibilities; the issue of prisoners deliberately exposing other inmates to the risk of HIV contraction and; HIV testing as a mandatory pre-condition for recruitment into the uniformed services.

The next session was facilitated by Mr. Allan Maleche, the Executive Director of KELIN. His presentation was titled 'Overview of Legal and Ethical Issues in relation to HIV with a Focus on Key Populations'. He brought to the participants' attention the role of the law in HIV issues of discrimination, access to treatment and criminalization of MSMs, IDUs and sex workers. He pointed out that, the state of the law in most African countries remains unaccommodating of these HIV issues, choosing to penalize key populations whilst ignoring the public health risks inherent in the penalization. The need for an enabling legal environment for HIV interventions as portrayed by the shortcoming of the law in this session was the root of the workshop.

Ms. Kitty Grant, an HIV, human rights and the law consultant for UNDP, built on the preceding session by delving into recommendations of the Global Commission on Law and HIV

for law enforcers' creation of an enabling legal environment for HIV interventions. The day ended, with group assignments that provided room for participants to reflect on possibilities of a breakthrough on collaboration to cease human rights violations against key populations and create an enabling legal environment for HIV interventions among the key populations.

The workshop culminated in first-hand accounts of representatives of key populations highlighting violations they face in the hands of law enforcement officers. A former IDU and ex-prisoner, a female sex worker, a male sex worker – all PLHIVs, testified of the tribulations of key populations in the hands of law enforcement officers who prod them to operate in HIV-risk environments.

These sessions showcased best practices of initiatives targeting law enforcers to mitigate the vulnerability of key populations to HIV. Good examples of law enforcement officers refraining from arbitrary arrests of sex workers and promoting harm reduction strategies were shared. There was a glimmer of hope that not only can law enforcers be marshaled to create an enabling legal environment for the rights of key populations; they can also collaborate with them through community policing initiatives.

At the conclusion of the three-day workshop, participants came up with action plans for creating an enabling legal environment for HIV interventions among key populations in their countries. There was consensus on the need to scale up engagement with law enforcement agencies through sensitization initiatives on the impact of the legal environment on HIV responses, joint dialogues for collaborative action in creating an enabling legal environment to support national HIV interventions and establishment of a strategic network for experience sharing.

Participants were awarded certificates in recognition of their participation in the workshop and flash disks with resource material for continuous learning. Conveners of the workshop committed to follow up on the action plans in the future to evaluate progress.



## 3.0 Comprehensive Workshop Report

### 3.1 Introduction

Mr. Allan Maleche of KELIN welcomed participants and took them through an overview of the workshop's agenda. Participants shared their expectations of the workshop as follows:

- Learn challenges in HIV & AIDS response and attempt to find solutions
- Participate in the sharing of the impact and implementation of HIV programmes
- Learn the challenges other countries are facing in dealing with prisoners living with HIV
- Understand the law on MSMs in prison
- Learn how colleagues treat law enforcement officers living with HIV and the challenges these officers face
- Learn and share experiences
- Learn about HIV & AIDS and its legal framework
- Share good practices on HIV response
- Learn ways in which the judiciary can assist PLHIV in court
- Understand how human rights and HIV law is applicable in police setting
- Learn workplace policies on HIV
- Know the relationship between people affected with HIV and drug users
- Share policy responses on HIV in prison
- Know the legal framework put in place by other countries to combat HIV without contravening human rights
- Learn from represented countries how they manage HIV prevention programmes with the backdrop of punitive laws against key populations
- Learn the various countries' responses to HIV despite their common culture and heritage

### 3.2 Opening Remarks

The workshop began with key addresses from representatives of NACC, Kenya Police and Prisons, and UNDP Kenya. In his speech, Mr. Daniel Konyango representing NACC gave a historical perspective of how the HIV epidemic in Kenya had evolved with the first case of HIV being identified in Kenya in 1984.

Mr. Konyango cautiously hailed achievements in mitigating the impact of HIV, and advised of the need to concentrate

intervention efforts among key populations whose prevalence was four times higher than that of the normal population. He urged the law enforcers to deliberate legal environment challenges to HIV response in good faith and make deliberate choices to enforce laws in a manner that supports HIV prevention and treatment efforts.

Mr. Alfredo Teixeira in his speech affirmed UNDP's commitment to creating an environment conducive to HIV prevention, treatment and care in line with human rights principles.

Noting that the report of the Global Commission on Law and HIV provides persuasive evidence and recommendations for engaging law enforcement officers in HIV intervention efforts, Mr. Teixeira urged the officers to share experiences key in establishing best practices for effective future interventions. Laws grounded in human rights not only protect the dignity of PLHIV, they also support access to treatment, prevention and care services, he said.

Deputy Commissioner of Prisons, Mr. Titus Karani, delivered a written speech on behalf of the Commissioner General of Prisons, which raised pertinent questions on the mainstreaming of HIV in law enforcement. It provoked thoughts on the ethics of propositions for mandatory HIV testing of prisoners. The message reverberating from this ethical dilemma seemed to be: 'How can we tell for sure that people acquire HIV in prisons, yet they do not submit to voluntary testing at the point of imprisonment?' The workshop was lauded as timely, and the need to reform criminal laws in Kenya to align them with the provisions of the Constitution of Kenya 2010 was identified.

Commissioner Karani urged participants to use the experience from the workshop to inform the African Association of Corrective Services on how best to implement HIV responses in prison settings to mitigate the risks of HIV infection.

Mr. Mwanzo of the Kenya Police welcomed participants from the other African countries, and reaffirmed the message put across by speakers before him.

## 4.0 Summary of Workshop Sessions

a) Below is a summary of the workshop sessions;

### 4.1 Presentation on the Status of the Epidemic in Eastern and Southern Africa

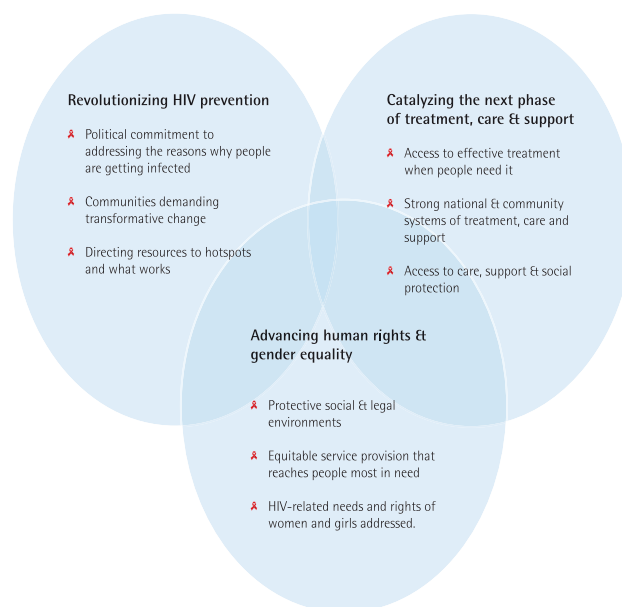
The objective of this session was to update the participants on HIV statistics and remind them of the risk environment for HIV transmission, while taking stock of the impact of intervention efforts over the years. Participants learnt from Gary Jones of UNAIDS that there has been a general decline of adult HIV incidence in the region. Between 2001 and 2011, Malawi and Zambia registered an impressive decline in HIV incidence of more than 50%. Swaziland and Kenya's declines ranged between 25% and 50% while those of Lesotho and Tanzania were below 25%. These gains are consolidated by the more than a hundred fold increment in access to treatment by PLHIV in Sub Saharan Africa.

Despite the gains, challenges still remain in punitive laws against key populations which often fuel violations of their human rights. These need to be addressed for more effective HIV response. Mr. Jones also highlighted the link between HIV and TB. 1 out of 4 deaths of PLHIV is caused by TB whereas the risk of contracting active TB among PLHIV is 21 to 34 times higher than in persons without HIV. Sub Saharan countries of Kenya, Zambia, South Africa, Ethiopia, Uganda, Mozambique, Tanzania and Zimbabwe account for over 53% of the global burden of HIV-related TB.

Gary Jones concluded his presentation by focusing on current HIV trends and risk environment. He explained that the HIV epidemic in Eastern and Southern Africa is diverse, with sub-epidemics among key populations.

The sub-epidemics are characterized by higher HIV prevalence rates due to the hostile environment of stigma and discrimination, violence and humiliation that key populations face from society, and law enforcers in particular. This environment impedes access to HIV prevention and treatment services.

Mr. Jones took participants through human rights issues in HIV as framed by the Global Commission and portrayed the enabling environment for HIV prevention and treatment as illustrated below.



### Plenary

- A participant expressed concern over lack of implementation of several instruments and political commitments made by governments on issues of HIV and human rights. He asked how enforcement of the instruments and commitments can be ensured. The need for sufficient resources to implement an enabling environment for the HIV intervention expressed in legal instruments and political commitments was underscored as crucial.
- Another participant inquired as to whether there is a regional document in place to guide countries of Eastern and Southern Africa in HIV law-related responses. Participants were informed that the UN developed guidelines on HIV and human rights, including HIV in prisons, as early as 1996. More recently, there is the report of the Global Commission on HIV and Law and the SADC model law on HIV & AIDS. In the East Africa Community (EAC), a law is pending on prevention and management of HIV & AIDS.
- One participant suggested that sight should not be lost of heterosexual anal sex as a key risk environment for HIV transmission, even as focus shifts to key populations. She lamented that research in her country revealed that women with less bargaining power in stable heterosexual relationships are increasingly being put at risk of HIV infection through anal sex.

#### 4.2 Law Enforcement and HIV: HIV Support in Prisons and Dealing with Injecting Drug Users

This session was designed to focus on HIV issues among two groups of key populations that law enforcement officers encounter frequently: prisoners and injecting drug users. Dr. Rey Chad Abdool of UNODC facilitated the session. He traced the genesis of prison population TB and HIV issues to overcrowding. Giving estimates of about 30 million people going to prison annually worldwide, Dr. Abdool observed that some of these offenders include MSMs, sex workers and injecting drug users. He also drew attention to TB statistics in prison. Between 50% to 80% of deaths in prison are attributed to TB. When HIV is brought to the matrix, prisons depict one of the grimmest realities for the right to health.

Dr. Abdool pointed out that HIV is a serious concern in prisons, first because a disproportionate number of key populations are incarcerated. Second, there is the environmental risk of TB due to overcrowding and risky sexual behavior among MSM prisoners not supplied with condoms and lubricants.

In developing countries of Eastern and Southern Africa, poor nutrition and poor hygiene in prisons add to the already dire situation. Dr. Abdool laid particular emphasis on this point by comparing HIV prevalence in the general population with that of prison populations in the following African countries:

COUNTRY	GENERAL POPULATION PREVALENCE	PRISON POPULATION PREVALENCE
Tanzania	5.1%	6.7%
Swaziland	25.9%	34.9%
Uganda	6.5%	11%
Mauritius	0.97%	28%
Zimbabwe	14.3%	28%
Mozambique	11.5%	24%
Malawi	11%	24%
Lesotho	23.6%	32.1%

He deplored the overuse of imprisonment, especially the unnecessary incarceration of TB treatment defaulters, sex workers, IDUs and MSMs, when the prison environment is such a catalyst for transmission of HIV. He cited the following measures as necessary for preventing HIV in prisons:

- a) Information, education and communication
- b) HIV testing and counselling

- c) HIV treatment, care and support
- d) Prevention, diagnosis and treatment of TB
- e) Condom and lubricant programmes for prisoners
- f) Prevention and treatment of sexually transmitted infections
- g) Prevention of sexual violence in prisons
- h) Drug dependence treatment including Opioid Substitution Therapy
- i) Needle and syringe programmes
- j) Vaccination, diagnosis and treatment of viral hepatitis
- k) Prevention of HIV transmission through piercing and other forms of skin penetration
- l) Protecting prison staff from occupational hazards that could lead to HIV infection

In his second presentation, Dr. Abdool shed light on police support needed by IDUs for effective HIV interventions. He informed participants that traditional policing approaches do not stop drug use.<sup>4</sup> Instead, they are a risk factor for the spread of HIV as a result of police insensitivity to HIV prevention and treatment needs for IDUs' whilst in remand and in prison. There is need, therefore, to innovate policing for IDUs in order to embrace interventions that promote access to rehabilitation and HIV prevention, treatment and support.

Dr. Abdool observed that supportive policing would in fact be in harmony with police officers' general duty of protecting society from threats against the state – HIV being one such threat.

Having made the case for supportive police action, Dr. Abdool enumerated some examples:

- a) Limiting of patrols in the vicinity of harm reduction programmes
- b) Diverting IDUs from the criminal justice system and instead referring them to health and welfare agencies for treatment and rehabilitation
- c) Considering the possible reduction in crime that can be associated with drug users undertaking treatment as a crime prevention strategy
- d) Providing information to IDUs about the risks of injecting drugs
- e) Participating in community forums to support HIV services for IDUs. This can also influence community attitudes

<sup>4</sup>Wood, E. et al (2004) Displacement of Canada's largest public illicit drug market in response to a police crackdown CMAJ May 11 2004, 170 (10): 1551-1556

## Plenary

- A participant suggested that it would be a key HIV intervention measure to trace and cut off drug supply chain for IDUs in prisons.
- A participant was skeptical of allegations that people contract HIV in prisons. He alleged that it was highly probable that most offenders are already infected prior to imprisonment. The difficulty of obtaining accurate statistics on this position was deliberated by the participants in the context of the ethics of HIV testing for inmates.  
“We cannot know if people get infected in prisons unless we test them at the point of entry into prison, after the window period and regularly thereafter. Yet we understand that we cannot also test them unless they consent,” observed a participant.

The practice by Zambian prison authorities is that everyone admitted to prison is given the option of an HIV test and encouraged to take the test.

- On the issue of condom programming in prisons, a participant observed that revolutionary response to HIV achieved through public health and human rights was impeded by criminal laws against MSMs and appalling prison conditions. He decried poor nutrition and hygiene in prisons and the lack of adequate clothing.
- Still on the proposal to facilitate distribution of condoms to prisoners, most of the participants contended that the same amounted to aiding and abetting the crime of having sex against the order of nature. Participants were amazed to learn that Zambia and Lesotho avail condoms in prison facilities. There was curiosity about the legal ramifications of condom programming in prison, which they alleged was in contravention of the law.
- In a light moment, one of the participants from Lesotho responded, “There is no crime in availing condoms in prison facilities. The government is taking great strides to avail condoms to all its citizens. We do not distribute condoms to prisoners; the condoms are availed at accessible points within the facilities where anyone including our officers can access them. Irrespective of whether or not a condom is used, I assure you that the crime of sodomy, still remains outlawed and anyone caught committing a crime will be liable for punitive action!”

The participants proceeded to debate whether the law against homosexuality prohibited supplying of condoms and lubricants to MSM and gay communities.

Dr. Abdool added to the debate, underpinning the point that whether condom programming is contrary to the law or not, the fact is that condom access by prisoners saves nations from HIV and its devastating impact on development.

“If you had power to prevent a disaster, would you do it?” He asked. “And if you had the power to prevent HIV infection would you do it? If the answer is yes, then you should advocate for condom programming in prisons.” He concluded.

- A participant conceded that condom programming for prisoners was a sensible idea when justified from the public health perspective. However, she observed that the legal environment in most countries of the region would need to be tested to obtain interpretation on whether the same would amount to abetting a crime.

## 4.3 HIV Stigma and Discrimination and its Role in HIV Intervention Efforts

This session on HIV stigma and discrimination was preceded by the testimony of a female law enforcement officer from Kenya Prisons living with HIV. If any of the participants thought of HIV issues as a perception, this session was meant to bring reality closer home through the story of a colleague.

A PLHIV of 14 years, J. G recounted her experience of living positively. After the birth of her first child, she began to get sick. They put her on TB and typhoid treatment. Her husband deserted her when she did not recuperate quickly.

She would notice people staring and talking behind her back whenever she would step out of her house. Her mother encouraged her to seek VCT services. At the time, there were only two VCT centers at Kenyatta National Hospital. One had to wake up early and endure long queues to get an appointment. Fortunately for her, she could count on the support of a mother. But even this could not insulate her from stigma and discrimination the society meted out. Back then, access to drugs for PLHIV was a big problem. Her mother would buy her the cheapest drugs in the market. The medicines caused visible side effects. She remembered boarding a public service vehicle once with the side effects showing. Everyone in the vehicle shunned sitting next to her.

J. G recalled that it was the stories of other PLHIV who shared their experiences that marked her turning point. Their stories gave her the courage to overcome the rejection she felt

amidst all the stigma and discrimination. She decided to also disclose her status and share her own story hoping that the same would encourage others. J.G's resilience is testimony that HIV support is crucial for positive living.

J.G challenged the participants to be alive to the reality of the stigma that still persists within the law enforcement. "The communities perceive officers as the pillars of society and the high expectations prevent officers from admitting their conditions and seeking the support needed to deal with HIV. It is necessary for us to create a conducive environment and structures to support our colleagues, most of who are still living in secrecy," J. G concluded.

After the testimony, NEPHAK's Nelson Otwoma expounded on the theme of HIV stigma and discrimination through the work of his organization. He explained that HIV stigma refers to prejudice, negative attitudes, abuse and hatred directed at PLHIV and those affected by AIDS. Discrimination in the context of HIV refers to giving someone less favourable treatment on account of their HIV status. Mr. Otwoma attempted to explain why HIV is stigmatized.

- In the Kenyan context, HIV stigma is manifested in attributes given to HIV:
- HIV as punishment (e.g. for immoral behavior)
- HIV as a crime (e.g. in relation to innocent and guilty victims)
- HIV as war (e.g. in relation to a virus which must be fought)
- HIV as horror (e.g. in which infected people are feared and shunned)

Societal stigmatization of HIV and discrimination of PLHIV often has a boomerang effect. It hampers HIV prevention and treatment efforts. Nobody wants to be seen going to a VCT centre when negative connotations are imputed to HIV. As such, stigma and fear of stigma discourage people from getting tested for HIV, disclosing their HIV status, seeking care, and adhering to treatment. This in turn makes HIV a silent killer.

Narrowing down to stigma and discrimination in law enforcement, Mr. Otwoma shared the experience of a young man whose prospects of joining the uniformed forces were dealt a blow when he tested HIV positive at the recruitment screening. When NEPHAK followed up on the story, the recruitment officers asked them 'if they wanted the young

man to go and die'. At this point, Mr. Otwoma sought the participants' views on HIV testing as a prerequisite for admission to the uniformed forces, which opened up a heated debate.

#### Plenary

- One participant felt that recruitment to the uniformed forces comes with strenuous training which requires one to be in good health hence justification for HIV testing as a prerequisite for admission to the forces.
- Another participant compared HIV to other conditions that affect one's ability to perform under highly physical and strenuous conditions. "The physical and sometimes mental capacity of the officers may pose a security risk to other colleagues whilst on duty!"
- Yet another participant felt that there was no harm in HIV testing in recruitment for law enforcers because the statistics of PLHIV admitted to the forces are important for HIV management in the workplace. However, the same ought not to be used as a justification for non-admission of a qualified candidate.
- Participants from Kenya also shared that HIV testing during law enforcer recruitments are no longer mandatory hence the risk of discriminating prospective recruits on account of their HIV status is reduced.
- Ms. Grant also contributed to the subject of recruitment pre-testing, drawing attention to the Namibian case of *Nanditume vs. Minister of Defence*<sup>5</sup> where the court questioned the rationale of the testing. The court held that using the tests as a basis for admission into uniformed forces is unlawful discrimination.
- Mr. Maleche concluded the discussions by cautioning against the policy of mandatory HIV testing for recruits. He advised that it cannot be justified in light of the various human rights issues it raises. PLHIV cannot be excluded from service based on their HIV status alone, but on their ability to perform their duties.

#### 4.4 HIV Prevention and Treatment Strategies Among Law Enforcement Officers

The objective of this session was to take participants through the HIV responses that should be undertaken to realize a suitable environment for HIV prevention, treatment and support among key populations. Mr. Japheth Nyambane of NASCOP guided participants through this session using the model intervention measures formulated by Kenya's Ministry of Health.

He redefined categories of key and affected populations in

<sup>5</sup>Labour Court of Namibia delivered 2000/05/10, Case No. LC 24/98

Kenya to include law enforcement officers, truck drivers and the fishing communities around Lake Victoria, in addition to the universal categories of sex workers, MSMs and injecting drugs users. He then elaborated reasons for focusing HIV prevention and treatment strategies among key populations. One third of all new HIV infections in Kenya are attributable to key populations. Therefore, these groups act as bridge populations for HIV to the general public.

Mr. Nyambane pointed out that public health intervention measures needed to stem HIV transmission from the concentrated epidemic among key populations to the general population are often undermined by law enforcement officers unaware of the public health risk portent in their actions. Arbitrary arrests of the groups drive them underground where they operate in a high risk environment for HIV infection, whereas those on medication may be unable to access medicine when arrested and put in custody by the police. Sometimes, if the arrested are sex workers, they bargain for their release through unprotected sex with law enforcement officers. In view of such an operating environment, Mr. Nyambane highlighted the need to streamline law enforcement actions with public health concerns.

#### 4.5 HIV Workplace Policies and Programmes for Law Enforcement Officers

Besides urging law enforcement officers to create an enabling legal environment for HIV interventions for key populations, the workshop was also designed to influence establishment of a supportive environment at the workplace. Ms. Hellen Magutu of ILO took participants through HIV rights violations in the workplace, international guidelines addressing such violations and remedial action taken through litigation in cases of violation of HIV rights in the workplace.

She began by highlighting that HIV stigma and discrimination in the workplace still persists. One-third of PLHIV have experienced loss of employment and approximately half have experienced some form of employment discrimination. Stigma and discrimination in the workplace manifests in 3 ways:

- at the pre-employment stage, characterized by mandatory testing and restrictions on accessing certain kinds of employment
  - at the employment stage, characterized by differing terms and conditions of work
  - at the termination stage, characterized by unfair dismissal
- Ms. Magutu highlighted the key principles for HIV workplace

policy programming as contained in the ILO Code of Practice on HIV and the World of Work. She was particularly emphatic on the principles of non-discrimination and reasonable accommodation, which also aroused a lot of interest from the participants.



Mr Henry Ndindi from Malawi Prisons makes an intervention

#### Plenary

- A participant contended that non-discrimination in the police service may be inevitable given their nature of duty that is sometimes strenuous. It was reiterated that PLHIV are often medically fit to perform duties that other officers perform, and where one is unable to perform by reason of medical condition, reasonable accommodation requires that they be allocated duties appropriate to their condition, instead of dismissing them at the first instance.
- Participants observed that self-stigma threatens the success of workplace HIV policies. Even when HIV services are set up at the workplace, employees prefer to seek services at faraway places where they are not known. The need for continued HIV support at the workplace was identified as a measure that would help employees overcome self-stigma in the long term.
- A participant inquired whether workplace policies on HIV are applicable to prisoners who undertake work within the prisons. Ms. Magutu responded that ILO principles on HIV in the workplace are broad in scope and apply to worker everywhere including trainees, volunteers and prisoners undertaking work related tasks in prison.

#### Day 1 - Group Assignment

Participants were divided into 4 groups based on the sector

of law enforcement they represent: police or prisons. Groups 1 and 3 group assignment was based on the guiding note 'key issues and barriers to effective HIV prevention, treatment and care among law enforcement officers'. Group 2 and 4 assignment statement was 'countering stigma faced by law enforcement officers and their family'.

The guiding note for the last part of the day's group assignments, which was discussed by both groups, targeted institutional challenges and recommendations for programme and policy design on HIV interventions among law enforcement officers. Appendix 9.2.1 reflects the responses from the group work.

#### 4.6 HIV, Human Rights and the Law

After a recap of Day 1's sessions, Day 2 of the workshop began with the session on 'HIV, human rights and the law', facilitated by retired Justice Violet Mavisi. She familiarized participants with key human rights principles and instruments and established their relevance and link to HIV responses. Participants learned that certain groups of persons, including sex workers, Men having sex with Men and injecting drug users, are particularly vulnerable to HIV because of violations of their human rights. They are often driven away from HIV prevention and treatment programmes by stigma, discrimination and police arrests.

##### Justice Mavisi also highlighted human rights relevant to HIV:

- Right to equality and non-discrimination
- Right to dignity
- Right to life
- Right to health
- Right to work
- Right to education
- Right to information
- Right to equality before the law and equal protection of the law
- Freedom of movement
- Right to marry and found a family
- Right to privacy and confidentiality
- Freedom of opinion and expression
- Freedom from torture and cruel, inhuman or degrading treatment or punishment

On the right to dignity, Justice Mavisi brought to the participants' attention instances of violation in Kenya where police have stripped persons naked in a bid to determine their gender as a justification to establish which cells would accommodate them. She contrasted this with the rights-

based approach of making such a determination by filing for a court order for medical examination.

In the prison context, she drew a link between human rights and HIV using deplorable prison conditions that increase vulnerability to TB and HIV. She also highlighted the reluctance of the uniformed force to make reasonable accommodation of marginalized groups in employment as an instance of rights violation.

Retired Justice Mavisi concluded by noting the significance of using a rights-based approach in HIV response: when human rights inform the content of responses to HIV, vulnerability to HIV infection is reduced and people living with HIV live with dignity. She reminded participants that they were, as state agents, duty bearers bound to respect and promote realization of human rights.

#### Plenary

- A participant lamented about poor working conditions of law enforcers that expose them to HIV infection in the line of duty. He gave the example of officers visiting crime scenes without adequate protective gear and asked what recourse such officers have with regard to protection of their right to health. It was pointed out such officers have recourse against the state which is charged with the constitutional duty to provide the highest attainable standard of health and fair labour practices, including proper working gear.
- A participant expressed displeasure at the tendency to relay information on human rights disproportionately in favor of rights over responsibilities. Other participants concurred and added that such tendencies manifest in public outcry when a police officer is accused of killing a suspect, yet when several policemen are massacred by criminals the public remains mum.
- On the right to life and overcrowding in prisons, participants ignited debate on the death penalty. One sought to know whether the President could be compelled to effect the penalty. Participants learned that the penalty was within the President's prerogative; hence he/she cannot be compelled. A participant from Kenya questioned the relevance of the existence of death penalty in the law books when the same is hardly enforced.
- An instance of violation of the rights of prisoners by fellow inmates was highlighted by a participant from the Kenya Prisons. She spoke of the dilemma of prisoners serving life sentences who continue to sexually assault

other inmates with the deliberate intention of infecting them with HIV, without fearing penal consequences having already received the harshest punishment of a life sentence. She observed that life sentencing contradicts the goal of reformation and rehabilitation of prisoners and wondered what intervention measures can be undertaken in such circumstances to protect the health of other prisoners. The need to review the Prison's Act to find a solution to this problem was identified.

#### 4.7 Overview of Legal and Ethical Issues in Relation to HIV with a Focus on Key Populations

The objective of this session was to introduce participants to legal sanctions and ethical dilemmas in HIV response that relate to key populations. Mr. Allan Maleche endeavored to explain to the participants why law enforcement action matters in HIV intervention efforts. He also expounded on the legal and ethical issues in HIV response, and what can be done to create an enabling legal environment for effective HIV intervention measures.

Mr. Maleche began his presentation by defining key populations as persons most likely to be exposed to or to transmit HIV. He observed that these persons are also often the least likely to access HIV prevention and treatment services because of the marginalization and discrimination they face from society. In an attempt to explain the legal and ethical dilemmas in HIV, Mr. Maleche revisited the stigmatization of HIV and asked participants why people do not openly speak about their HIV status. The response was the stigmatization of HIV. He then elaborated that while stigma cannot be dealt with legally, it manifests through discrimination which can be countered by the law.

Unfortunately, rather than counter stigma, the state of the law sometimes contributes to the stigmatization and discrimination of key populations. Such state of the law is not conducive to HIV intervention efforts. Elaborating further, Mr. Maleche took participants through a list of legal and ethical issues in HIV and explained those unfavorable for HIV response.

##### Legal and ethical issues in the context of HIV

- HIV testing – should it be mandatory or voluntary? In what circumstances can it be mandatory? Should it be mandatory before marriage?
- Privacy and confidentiality of results – after testing who else should know your test results besides yourself and the health worker?
- Discrimination in various contexts
- Children and HIV e.g. who should give consent for testing children for HIV? How do we deal with HIV orphans?

- Religious & cultural practices and HIV e.g. Catholics do not advocate for condom use. Some religions and cultures permit polygamy.
- Gender and HIV (violence against women) e.g. do police look at such cases from an HIV perspective when they are reported to them?
- Role of criminal law in HIV
- HIV in areas of confinement
- Access to medicine
- HIV and the law of succession
- HIV and the provision of insurance services
- HIV and key populations
- HIV and TB as a human rights issue

Having highlighted the legal and ethical issues in HIV, Mr. Maleche zeroed down to the role of criminal law in HIV. He first engaged participants on the state of criminal laws against sex workers. Criminal provisions are applied to sex workers in three ways:

- Procuring or living on the proceeds of prostitution
- Brothel keeping
- Communication or solicitation for the purpose of prostitution

On the law against living off the proceeds of prostitution, Mr. Maleche asked the participants if sex work is outlawed by virtue of this law. He informed them that the original intention of the law was to protect sex workers from exploitation by pimps because sex work was legitimate work in England during the existence of the penal provisions. The implication of the law in HIV response is that sex workers are forced to work in isolation, as they cannot, for instance, hire drivers and security guards, making them vulnerable to violence from clients and rogue policemen on patrol.

The implication of the law against brothel keeping in HIV response is equally negative. Criminalization pushes such businesses to secluded environments with ramifications that sex workers are exposed to client violence and are forced to hasten their transactions in fear of arrests – which increase their vulnerability to HIV infection.

Mr. Maleche observed that arbitrary arrests of sex workers are mostly facilitated by the law against soliciting for an immoral purpose. In such police swoops, condoms found with the sex workers are used in court as exhibits of the alleged crime. He then posed the question to the participants: 'if condoms are used as exhibits for arresting and charging sex workers, will sex workers carry condoms for their transactions to protect themselves from the risk of HIV infection?'

The relevant criminal law with regard to MSMs is the law prohibiting sex against the order of nature. Referring to the



vagueness of the law, Mr. Maleche asked the participants the meaning of the 'order of nature'. One participant contended that the rationale of the law can be deduced from the fact that each part of the body has indisputable functions. Just like we indisputably know that the eye is for sight, we would know sex against the order of nature when the wrong body part is used. This logic however contravenes the constitutional rule of law that requires clarity in advance on the meaning of a criminal provision.

Participants in the end agreed that the core of the argument against criminalization of MSMs is that such laws infringe the right to health in terms of HIV response by intimidating MSMs away from participation in public health programmes. Counterproductive criminal laws are also applied against injecting drug users. Laws against drug users not only drive DUs away from clean needle and syringe programmes; they also impede the work of organizations offering such intervention by condemning them to charges of abetting crime. In view of the unfavorable legal environment above, Mr. Maleche pointed out to the participants that the pertinent question to ponder is whether an enabling legal environment should be pursued by decriminalization of the laws or legalization of the conduct the laws prohibit. He distinguished the terms 'decriminalization' and 'legalization'. The latter term refers to a situation where the law expressly allows for behavior such as sex between men; the former refers to a situation where the law says nothing about the behavior.

#### Legal and ethical issues in the context of HIV

- HIV testing – should it be mandatory or voluntary? In what circumstances can it be mandatory? Should it be mandatory before marriage?
- Privacy and confidentiality of results – after testing who else should know your test results besides yourself and the health worker?
- Discrimination in various contexts
- Children and HIV e.g. who should give consent for testing children for HIV? How do we deal with HIV orphans?
- Religious & cultural practices and HIV e.g. Catholics do not advocate for condom use. Some religions and cultures permit polygamy.
- Gender and HIV (violence against women) e.g. do police look at such cases from an HIV perspective when they are reported to them?
- Role of criminal law in HIV
- HIV in areas of confinement
- Access to medicine
- HIV and the law of succession
- HIV and the provision of insurance services
- HIV and key populations
- HIV and TB as a human rights issue

#### 4.8 The Findings of the Global Commission on Law and HIV and their Relevance to Law Enforcement Officers

Kitty Grant reinforced the discourse on legal environment vis-à-vis HIV responses by delving into the findings of the Global Commission that the law plays a pivotal role in HIV interventions. This session was designed to culminate in a moment of reflection among the participants as to their role in HIV responses as custodians of the law.

Participants learned from Ms. Grant that the Global Commission reviewed laws and practices that effectively criminalize key populations and actions of law enforcement of these laws in relation to HIV responses for key populations. She shared with participants key findings of the Global Commission as follows:

- Epidemic of bad laws is fueling the spread of HIV, resulting in human rights violations and costing lives.
- Epidemic of bad laws is wasting money and limiting effectiveness and efficiency of HIV and health investments.
- Good laws and practices that protect human rights and build on public health evidence already exist – they strengthen the global AIDS response, and they must be replicated.

Ms. Grant concluded with an extract of recommendations from the Report of the Global Commission on Law and HIV, 'Risks, Rights and Health' that sums the actions that can be undertaken in law enforcement in order to create an enabling legal environment for HIV responses among key populations as follows:

- Reform approaches to drug use, sex work, sex in prisons and same sex sexual activity. Rather than punishing these groups, focus should be on taking steps to promote access to health services in all contexts, including prisons.
- Outlaw all forms of violence and discrimination against people living with and vulnerable to HIV, including key populations
- Promote accountability for violence, harassment and rights violations against key populations
- Conduct Stigma and Discrimination Reduction Programmes to reduce stigma and discrimination against people living with HIV, including key populations
- Undertake education and training with law enforcement officials to protect the rights and dignity of key populations
- Broader law review and reform issues to support HIV intervention efforts
- Decriminalize private and consensual adult sexual behaviors
- Decriminalize possession of drugs for personal use

## Plenary

- Participants noted that by attending this workshop they were implementing one of the recommendations of the Global Commission.



Allan Maleche of KELIN explains group instructions to participants

### Day 2 - Group Assignment

Still in the 4 groups, participants retreated to tackle group assignments at the end of Day 2's sessions. Groups 2 and 4 discussed questions touching on institutional challenges with respect to legal and policy environment. Groups 1 and 3 discussed entry points for policy dialogue and collaboration with law enforcement to ensure reduction in human rights violations. Appendix 9.2.2 is a reflection of the group work discussions.

### 4.9 Experience Sharing on Working with Key and Affected Populations

After a recap of Day 2 sessions, participants entered into the final day of the workshop with firsthand accounts of representatives of key populations on challenges they face from law enforcement in HIV response. This session was also designed to provide an overview of innovations in law enforcement practices for partnership with key populations, with the objective of abandoning practices which put at risk the health of members of the key populations.

Representatives of organizations working to advance the rights of key populations joined the panel of representatives of key populations. Encouragingly, one of the participants from Malawi also joined the panel to share how law enforcement officers in his country are recreating an enabling legal environment for the protection of the health of key populations.

Testimonies from the key population representatives came first. Below is a summary of their accounts:

### Testimony by Abbas (Former IDU for 21 years and ex-prisoner living with HIV)

His journey to drug addiction began with Marijuana. A friend introduced him to it. Two months later, he graduated to taking marijuana mixed with heroin, thanks to the same friend. He was not even aware of the new substance in his marijuana until 7 days later when his body began to react.

He felt pain and sickness. The pain would not go away. His friend offered a quick fix. Heroin. It worked like a magic wand. From then on, more and more heroin became the panacea of all his problems. At the beck and call of the drug, he skipped work to have it. He stole to have it.

Abbas ended up in prison. He says that prison cut him off completely from his heroin routine. This caused him severe physical pain that comes with sudden withdrawal. But in prison, one has no choice but to bear it all. He lived through the pain for 18 months, which was the duration of his prison sentence. Then he returned to his drug. Why wouldn't he? He needed it to stop the pain. Prison had not offered him an alternative.

This time he even learned something new from his drug. Injecting heroin yields more stimulant than smoking. If one Ali, had not come to his rescue, those lethal injections would have ruined him completely. He had contracted from them HIV and hepatitis C, which he certainly would not have, but for the sharing of needles in his drug den. When you have forsaken all to answer the call of heroin, you have little choice. First, because you are out of work and money is tight. You just can't afford clean needles. Then there are police raids that those who attempt to intervene with clean needle programmes for IDUs must be wary of. Those raids sweep everything in their wake.

The days when the raids keep interveners away from the den, heroin might call. Addicts must answer, even if it means sharing needles.

As mentioned in the account above, Abbas got help when a true friend took him to the Reach out Centre. There, UNODC paid for his rehabilitation and later trained him to reach out to others trapped in drug addiction. He continues to do so with the Centre. Abbas is also a beneficiary of KELIN's training of PLHIV on HIV, human rights and the law and continues to champion the rights of IDUs in various forums organized by KELIN.

### Testimony by Felista (a mother, and female sex worker living with HIV)

A mother of 3, Felista shared that being a sex worker is not

easy because of the stigma they receive from society. She pleaded with the participants to see sex workers as persons who do not steal or kill. They only use a part of their bodies to earn a living and that should not be a crime because they do not harm anyone. Underscoring the risk posed to sex workers by arbitrary police arrests, she said sex workers often negotiate their freedom with sex. Some are normally put in custody without access to their HIV medication.

#### Plenary

- Participants were keen to find out whether sex work can be attributed to economic marginalization and asked Felista if she would quit sex work if offered alternative means of livelihood. Felista responded that she gets that question often. While attempts to rehabilitate sex workers are well-meaning, it should be noted however that some people are in sex work purely out of choice and all they ask for is a safe environment to ply their trade.

#### Testimony by John (a male sex worker living with HIV)

John shared with the participants the experience of sex work from a man's perspective. He knew that he was gay at the age of 8. Being gay, he experienced a lot of rejection even from family. His family accused him of tarnishing the family name and sent him away. His father refused to pay his school fees. He had to eke out a living as a houseboy. John grew up to embrace his identity despite the odds.

He says we cannot get to zero new infections by stigmatizing MSMs. HIV binds us together because we are all affected the same way. He urges police officers not to raid gay clinics in the interest of HIV intervention efforts. He also urges them to assist MSMs who report cases of being raped without regarding them as co-offenders.

#### Plenary

- A participant wondered if environmental factors such as exposure to foreign tourists and poverty predispose men to homosexuality. John responded that he knew of his attraction to fellow men while growing up in the village where there was no access to any foreign influence. According to him, therefore, one is born gay.

#### 4.10 Sharing Best Practices

Taib Abdulrahman (Executive Director, Reach Out Centre) Mr. Taib Abdulrahman shared his experience of working with IDUs at the Reach Out Centre, where they deal with harm reduction and HIV intervention programmes for IDUs. Participants learned from him that 16 million people worldwide are IDUs; 3 million of these are also PLHIV. Due to police raids that frequently hamper intervention efforts, the Centre has begun an advocacy program to reach out to the

criminal justice system on creating an enabling environment to enhance IDU HIV interventions. They are also sensitizing prison warders on using a rights-based approach for rehabilitation of ex-IDU prisoners.

#### Plenary

- A participant from Kenya Prisons noted that the prisons have begun a partnership with the judiciary and Reach out Centre to decongest prisons by channeling IDUs to treatment centers rather than prisons.
- One Zambian participant contrasted the harm reduction approach with demand reduction approaches. He informed participants that Zambia uses the latter approach and inquired about the challenges of harm reduction. He was informed that Kenya began with supply and demand reduction before graduating to harm reduction. Challenges of police raids in 'drug dens' on harm interventions were discussed.
- A question was raised as to what measures Reach out Trust Centre can take to ensure that IDU peer educators are easily identified during police raids to prevent their arbitrary arrest. The need for collaboration between Reach out Trust Centre and law enforcers was identified.

#### Edward Chatsalira (Participant from Malawi)

Mr. Chatsalira shared HIV interventions that Malawi law enforcement is undertaking for sex workers. He explained that the interventions are informed by findings of a survey which revealed high HIV prevalence among sex workers and police officers. The survey findings also revealed harassment of sex workers by police officers, with 86% of sex workers polled reporting police harassment. Senior police officers and Malawi Human Rights Commission were alerted to the situation, prompting remedial action. The police and the rights commission collaborated to set up interventions for protecting sex workers and police officers from HIV.

One intervention they put in place was training of facilitators from both the police and sex workers to conduct weekly sensitization sessions on the link between police harassment of sex workers and transmission of HIV. They have also established support units at police stations that sex workers can turn to instead of using the occurrence book to report violations against them. These measures, coupled with radio programs that further sensitize police officers to create an enabling legal environment for sex worker HIV responses, are progressively changing HIV prevalence rates in Malawi for the better.

#### Dr. Boniface Otieno and (Community policing expert) and Martha Opilli (Programme Officer, KASH)

Dr. Otieno informed participants that law enforcement officers could partner with sex workers in crime prevention. Successful

community policing programmes reveal that sex workers tend to know about the criminals in their communities and could give law enforcers crucial tips if synergies between the police and sex workers are harnessed. For this to happen there is need for law enforcement officers to stop harassment of sex workers and create an enabling legal environment.

Martha reiterated the importance bringing law enforcers together with key populations to facilitate a clear understanding on their experiences and needs, and offering unique solutions to their often difficult problems. She shared that KASH has successfully weaved networks, partnerships and relationships with critical gatekeepers of MSMs & Sex workers, and supported relationship building with local law enforcement officers to both their benefit.

#### Plenary

- A participant concurred with Dr. Otieno and added that when he was a police investigator he worked closely with sex workers who proved to be a valuable source of information for apprehension of criminals.

## 5.0 Training Methodology

The participants received maximum opportunity for learning through a participatory learning process that included structured presentations, question and answer sessions, case studies, experiences sharing and group assignments. The presentations were made through PowerPoint and flipcharts. Material relevant to the training was also given to the participants in flash disks for continuous learning on HIV, the law and human rights.



Ludfine Anyango of UNDP Kenya awards a participant

## 6.0 Way Forward and Action Plans

The workshop came to an end with participants filling evaluation forms to gauge accomplishment of the workshop outcomes. Participants also developed action plans for

implementation of the workshop's objectives in their home countries. Appendix 9.3 of this report is a copy of each country's action plan.

## 7.0 RECOMMENDATIONS

Based on the evaluation forms that were administered to the participants at the end of the workshop the following key recommendations were identified"

- Participants recommended that future regional workshops trainings and follow up events should be rotational among the countries represented in the workshop.
- Participants recommended the need for technical support from the organisers of the conference in reviewing relevant laws and policies relevant to HIV and the workplace.
- Participants recommended to the need to have a regional dialogue that would allow the police officers and the prison officials to have open deliberations on the issues affecting each of their sector in the context of HIV.
- Participants recommended on the need to have similar trainings, in a pyramid form, within their countries with other officers to ensure that a pool of sensitized law enforcement officers is created.
- Participants recommended the need to have more forums that would allow law enforcement officers to engage more with members of the key populations and other key stakeholders such as the media to reduce the level of stigma and mistrust among the different stakeholders:

## 8.0 Appendices

### 8.1 Workshop Program

REGIONAL CAPACITY BUILDING WORKSHOP OF LAW ENFORCEMENT OFFICERS ON HIV AND THE LAW AGENDA		
TIME	SESSION OUTLINE	FACILITATOR
ARRIVAL AND CHECK-IN TUESDAY, 16TH JULY 2013		
DAY ONE WEDNESDAY, 17TH JULY 2013 Day One Moderator: Ludfine Anyango - UNDP		
0800– 0900	Registration of Participants	KELIN
0900– 0945	<p>Session One: Welcome and Opening speeches Introductory session, overview of the agenda and expectations of the participants</p> <ul style="list-style-type: none"> <li>• NACC Representative - Mr. Daniel Konyango, Head of Legal Services</li> <li>• Commissioner of Prisons- representative</li> <li>• Inspector General of Police – representative</li> <li>• UNDP Kenya - Mr. Alfredo Teixeira, Deputy Country Director ( Programmes)</li> </ul>	Allan Maleche (KELIN)
0945 -1000	Group Photo	
1000 - 1030	Tea break	
1030 -1130	<p>Session Two: Setting the scene This session seeks to acquaint the participants with the regional information around the status of the HIV epidemic.</p> <p>Regional Presentation on the status of the epidemic in Eastern and Southern Africa (ESA). The presentation will also include key highlights on the risk of exposure and impact of HIV on key and affected populations. The key findings of the High Level Meeting on HIV in 2011, the UNAIDS Strategy 2011-2015 and the findings of the Global Commission on Law and HIV as it relates to law enforcement officers will be discussed.</p>	Gary Jones UNAIDS
	HIV prevalence in prisons in ESA region, preventing HIV in prisons, and Police dealing with drug users	Reychad Abdool UNODC
1130 -1200	Discussion	
1200 -1300	<p>Testimony of law enforcement officer on stigma and discrimination in the context of HIV</p> <p>Stigma and Discrimination and its role in HIV testing, prevention and treatment among law enforcement officers</p>	Jemima Gakii KENYA PRISONS Nelson Otwoma NEPHAK
1300 -1400	Lunch Break	

1400 -1500	Session Three: Strategies and Polices. HIV prevention and treatment strategies among law enforcement officers	Dr. George Githuka NASCOP
	HIV workplace policy programmes for law enforcement and available referral mechanisms	Hellen Magutu ILO
1500- 1700	GroupWork:Eachgroupwillidentifyandaddress: <ul style="list-style-type: none"> <li>• Key issues and barriers to effective HIV prevention, treatment &amp; care among law enforcement officers</li> <li>• Countering stigma and discrimination faced by law enforcement officers &amp; their family members</li> <li>• Institutional challenges and recommendations for programme and policy design</li> </ul> Summary of key points of the session	Allan Maleche KELIN
1700 -1730	Tea & health break	
1830 -2000	Group Dinner	KELIN & UNDP
<b>DAY TWO</b>		
<b>THURSDAY, 18TH JULY 2013</b>		
Day Two Moderator: Melba Katindi - KELIN		
0840 -0900	Recap of day one	Rapporteur
0900 -1030	Session Four: HIV, Human rights and the law: This session will seek to familiarize the participants with key human rights principles and instruments and their relevance and link to HIV treatment and prevention. The legal provision and issues as they relate to law enforcement officers will be discussed.	Rtd Justice Violet Mavisi
1030 -1100	Tea Break	
1100- 1230	Overview of the legal and ethical issues and in working with key & affected populations and the existing provisions of the law	Allan Maleche KELIN
1230 -1300	Discussion	Moderator
1300 -1400	Lunch Break	
1400 -1430	The findings of the Global Commission on law and HIV and their relevance to law enforcement officers	Kitty Grant HIV, Law & Human Rights consultant - UNDP
1430 -1630	GroupWork:Eachgroupwillidentifyandaddress: <ul style="list-style-type: none"> <li>• The institutional challenges with respect to the legal &amp; policy environment</li> <li>• Discuss potential entry points for policy dialogue and collaboration with law enforcement to ensure reduction in human rights violation</li> <li>• Role of law enforcement in taking forward the findings of the Global Commission on law &amp; HIV</li> </ul> Summary of key points of the session	Melba Katindi KELIN
1630 -1700	Tea & end of day	

DAY THREE FRIDAY, 19TH JULY 2013 Day Three Moderator: Allan Maleche - KELIN		
0840 -0900	Recap of day one	Rapporteur
0900 -1100	<p>Session Five: Experience Sharing on working with key &amp; affected populations: This session will provide a brief overview of innovations in law enforcement practices with respect to key &amp; affected populations and discuss how and why these partnerships have been implemented and successful. It will examine the culture of law enforcement including the critical elements that make partnership between the communities and law enforcement meaningful, and the ways in which the culture of law enforcement can be influenced and changed by public health approaches. The session will also give a chance for the law enforcement officers to interact with members of key &amp; affected populations</p> <p>Panel Presentation (country examples) followed by a plenary discussion</p> <ul style="list-style-type: none"> <li>• KASH- Experience on working with sex workers and men who have sex with men in Kisumu county to promote HIV prevention</li> <li>• Reach out Centre Trust – Experience on working with law enforcement officers to ensure access to essential services for injecting drug users</li> <li>• KELIN &amp; Commissioner of Prisons- Working with ex-prisoners and prison wardens in dealing with human rights violations of TB patients in prisons (10min Video)</li> </ul> <p>Conclusion and wrapping up of the session</p>	Melba Katindi KELIN
1100 -1130	Tea Break	
1100 – 1300	<p>Case Studies: Each group will identify and address by way of a case study:</p> <ul style="list-style-type: none"> <li>• Importance of law enforcement agencies in response to key and affected populations</li> <li>• Need for partnership and collaboration with health authorities and communities for an effective response to HIV?</li> </ul> <p>Summary of key points of the session</p>	Allan Maleche KELIN
1300 -1400	Lunch Break	



1400 -1530	<p>Session Six: Moving Forward</p> <p>Group activity:</p> <ul style="list-style-type: none"> <li>• Development of country action plan to follow up on this initiative at the country level and recommendations for action points at regional level</li> <li>• Establishment of the Regional Network of Law Enforcement bodies suggestions</li> </ul> <p>Discussion and sharing in the plenary session on the presentation of the group findings</p>	Allan Maleche KELIN
1530 -1630	<ul style="list-style-type: none"> <li>• Presentation of certificates and flash disks</li> <li>• Workshop evaluation</li> <li>• Concluding remarks by representative of participants</li> <li>• Concluding remarks on behalf of the organisers</li> <li>• Closing by chair of session.</li> </ul>	UNDP
1630 -1700	Tea & end of day	
CLOSE OF WORKSHOP		

## 8.2 Group Work Discussions

### 8.2.1 Day 1 Group Assignments

GROUP 1		
<p>How is your organization being affected by HIV?</p> <ul style="list-style-type: none"> <li>• Absenteeism</li> <li>• Funeral expenses</li> <li>• Making arrangements for reasonable accommodation</li> <li>• Transfers – some PLHIV want to be transferred to workstations close to their native homes</li> <li>• Reduced workforce/ performance</li> </ul>	<p>As a law enforcement officer, what are some of the things that stop you from fully participating in HIV prevention and treatment programmes?</p> <ul style="list-style-type: none"> <li>• Fear of knowing my status</li> <li>• Stigma</li> <li>• People shunning any form of help</li> <li>• Such programmes when carried out target prisoners and not law enforcement officers</li> <li>• Inadequate budget for such programmes</li> </ul>	<p>Does the nature of your job make you more vulnerable to HIV infection?</p> <p>Yes, because of:</p> <ul style="list-style-type: none"> <li>• Frequent travel away from family</li> <li>• Police 'gunpower' makes them sexually attractive</li> <li>• Criteria for police selection – fine looking men who are then sent off to far areas</li> <li>• Intensive training of young policemen/women with no break to interact</li> <li>• Gender power dynamics – top leadership is mostly occupied by men</li> <li>• Officers exposed to TB when interacting with prisoners</li> </ul>
<p>Are your colleagues aware of information on HIV transmission, testing and counseling?</p> <p>Yes but not all of them heed it</p>	<p>Are services on testing and counseling available at the workplace?</p> <p>Yes and No – stock outs cause reduced services or none at all</p>	

GROUP 3		
<p>How is HIV affecting your organization? Absenteeism from work</p> <ul style="list-style-type: none"> <li>• Medical costs</li> <li>• Poor work performance</li> <li>• Increase in the number of orphans and vulnerable children dependent on employees</li> </ul>	<p>As a law enforcement officer, what are some of the things that stop you from fully participating in HIV prevention and treatment programmes?</p> <ul style="list-style-type: none"> <li>• Lack of awareness</li> <li>• Self-denial</li> <li>• HIV is not given priority in our institutions</li> <li>• Lack of leadership commitment and political will</li> <li>• Cultural and religious beliefs –negative connotations are imputed to HIV</li> <li>• Lack of leadership commitment and political will</li> <li>• Cultural and religious beliefs –negative connotations are imputed to HIV</li> </ul>	<p>Does the nature of your job make you more vulnerable to HIV infection? Yes, because of:</p> <ul style="list-style-type: none"> <li>• Postings far from family</li> <li>• Working during the night and meeting sex workers in the process</li> <li>• Frequent travels</li> <li>• Misuse of power – temptation to take advantage of sex workers</li> </ul>
<p>Are your colleagues aware of information on HIV transmission, testing and counseling? Yes, because HIV workplace programmes are available.</p>		<p>Are services on testing and counseling available at the workplace? Yes, except in Tanzania.</p>

GROUP 2	
<p>Do you know of any colleagues or family members who have faced discrimination on the basis of their HIV status? Yes. Everyone has had such experience with colleagues and family members</p>	<p>What are some of the experiences of discrimination you and your colleagues have faced?</p> <ul style="list-style-type: none"> <li>• No promotion</li> <li>• No training and career development</li> <li>• Disassociation from family members</li> <li>• Denial of care and support from family</li> </ul>
<p>What are the top 5 recommendations you would make on how to deal with issues of stigma and discrimination among law enforcement officers?</p> <ul style="list-style-type: none"> <li>• Counseling of PLHIV</li> <li>• Education/training of law enforcement officers on the consequences of stigma and discrimination</li> <li>• Enactment of laws aimed at eradicating all forms of discrimination</li> <li>• Formation of support peer groups</li> <li>• Make policies that will ensure reasonable accommodation for PLHIV at the work place</li> </ul>	

GROUP 4	
<p>Do you know of any colleagues or family members who have faced discrimination on the basis of their HIV status? Yes.</p>	<p>What are some of the experiences of stigma and discrimination you and your colleagues have faced?</p> <ul style="list-style-type: none"> <li>• self-stigma</li> <li>• stigma from family members</li> <li>• stigma from colleagues and neighbors</li> <li>• stigma from society</li> <li>• stigma from employer</li> </ul>

What are the top 5 recommendations you would make on how to deal with issues of stigma and discrimination among law enforcement officers?

- Proper counseling before and after testing
- Review of the policies to reflect and accommodate PLHIV
- Education/ training on the impact of stigma and discrimination
- Dissemination and implementation of workstation HIV policy
- Posttest clubs/ support groups

What are some of the changes you would like to see in your institution that would help you be able to effectively participate in HIV prevention and treatment programmes?

1. Prioritization of HIV
2. More resources allocated to cater for HIV issues
3. More sensitization of top leadership on issues of HIV
4. Full implementation of HIV workplace policy programmes
5. Leadership commitment/will to address HIV issues
6. Change of mindsets (attitude) towards HIV
7. Continuous sensitization on HIV
8. Greater involvement of PLHIV in decision making
9. Greater involvement of institution leaders in HIV campaign drives

Are there specific activities that you would recommend to be undertaken in your institution to deal with the barriers of access to HIV intervention programmes and discrimination?

1. Continuous sensitization on HIV and AIDS
2. Sufficient budgetary allocation to HIV
3. Review and implementation of HIV workplace policies
4. Open discussion forums among different cadres of employees
5. Training of more peer educators and counselors
6. Periodic review of HIV workplace policies

### 8.2.2 Day 2 Group Assignments

#### GROUP 1

How best can we ensure that law enforcement officers are able to interpret laws and policies correctly to achieve zero new infections, deaths and discrimination?

- Establish their training assessment needs
- Training them on proper interpretation of the laws and policies
- Regularly conduct refreshers, mentorships, peer review support and exchange programmes.

At what level should partners engage with law enforcement officers when they implement their programmes?

- Partners should engage law enforcement officers at the top management level – Have the management approve programmes before going to the grassroots
- Partners should engage law enforcement officers in all levels of the programmes i.e. the concept, planning, implementation

#### GROUP 3

How best can we ensure that law enforcement officers are able to interpret laws and policies correctly to achieve zero new infections, deaths and discrimination?

- By sensitizations and trainings
- Preparation of guidelines which simplify meaning of laws and policies

At what level should partners engage with law enforcement officers when they implement their programmes?

- From the initial stage when they begin planning for the programmes

How best can we ensure that laws and policies are well implemented by law enforcement officers to achieve zero new infections, deaths and discrimination?

- Ensure they clearly understand the laws and policies
- Avail resources for implementation
- By mainstreaming and harmonizing all HIV/AIDS programmes

Are there any institutions or organizations that law enforcement officers must collaborate with to ensure reduction in human rights violations?

- Human Rights Commissions
- Attorney General Chambers
- Judiciary
- PLHIV clusters
- National AIDS Commissions
- NGOs

GROUP 2	
<p>Do law enforcement officers have a clear understanding of the laws that affect either positively or negatively HIV prevention and treatment programmes in their countries?</p> <p>Yes.</p> <p><b>Positively</b></p> <ul style="list-style-type: none"> <li>• Permission to attend regular medical checks is normally granted to PLHIV officers</li> <li>• Health services like condoms and VCT services have been availed</li> </ul> <p><b>Negatively</b></p> <ul style="list-style-type: none"> <li>• Officers know that the laws which criminalize MSMs are negative in the prevention of HIV</li> <li>• They know that laws against sex workers deny them treatment when they have been raped e.g. PEP</li> </ul>	<p>Do you have current activities in your country that present an opportunity for law and policy development and reform?</p> <p>Yes.</p> <ul style="list-style-type: none"> <li>• Workshop on HIV/AIDS on how we can best to prevent or treat the epidemic</li> <li>• Sensitization programs e.g. roadshows, adverts, radio programs etc</li> <li>• Malawi prisons have opportunities to meet with parliament twice a year</li> <li>• Channels for giving views for law review and reform are also available in the other countries</li> </ul>
<p>Does political will exist for law and policy reform matters that affect access to HIV treatment and prevention services?</p> <p>Yes, this is evidenced by:</p> <ul style="list-style-type: none"> <li>• Open discussions on HIV issues</li> <li>• Subsidized HIV treatment</li> </ul>	<p>Which stakeholders play a key role in influencing the law and policies?</p> <ul style="list-style-type: none"> <li>• Human Rights Commissions</li> <li>• Ministries of Justice</li> <li>• Judiciary</li> <li>• Civil Society Organizations/ FBOs</li> <li>• PLHIV</li> <li>• National AIDS Commissions</li> </ul>
GROUP 4	
<p>Do law enforcement officers have a clear understanding of the laws that affect either positively or negatively HIV prevention and treatment programmes in their countries?</p> <p>Yes, but with lack of ownership and commitment.</p>	<p>Do you have current activities in your country that present an opportunity for law and policy development and reform?</p> <p>Yes.</p> <ul style="list-style-type: none"> <li>• Advocacy workshops and seminars</li> <li>• Meetings over workstation policies etc</li> </ul>
<p>Does political will exist for law and policy reform matters that affect access to HIV treatment and prevention services?</p> <p>Political goodwill exists but there is lack of adequate funding.</p>	<p>Which stakeholders play a key role in influencing the law and policies?</p> <ul style="list-style-type: none"> <li>• Human Rights Commissions</li> <li>• Judiciary</li> <li>• Civil Society Organizations</li> <li>• National AIDS Commissions</li> </ul>
<p>All the groups discussed the role of law enforcement in taking forward the findings of the Global Commission on HIV and Law.</p>	
<p>Are the findings of the Global Commission relevant to your work?</p> <p>Yes.</p> <ul style="list-style-type: none"> <li>• Harassment of key populations and enforcement of laws that criminalize these groups is done by law enforcers.</li> <li>• Law enforcers need to protect the rights of everybody, even the sex workers and MSMs</li> </ul>	<p>What activities should be undertaken by law enforcement officers to take forward the findings of the Global Commission?</p> <ul style="list-style-type: none"> <li>• Sensitization and training of law enforcement officers on their role in HIV interventions</li> <li>• Condom programming for prisons</li> <li>• Investigating and prosecuting perpetrators of sexual offences, including rogue law enforcement officers</li> <li>• Distributing the Commission's key findings to top leadership in law enforcement for feedback</li> <li>• Sensitization workshop towards change of attitudes and creating awareness for human rights protection and HIV/AIDS interventions in the workplace</li> </ul>

Would your institution be interested in taking forward the findings of the Global Commission?

Yes, on:

- Training of law enforcement officers on how to handle sex workers
- Initiatives for reviewing laws discriminating against key populations

As law enforcement officers who have to protect the human rights and dignity of every person, it is our duty to uphold the findings of the Global Commission

### 8.3 Action Plans

#### 8.3.1 Kenya Police

Focal contact person: Mr. Peter Mwanzo

ACU Police Headquarters

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Sensitization of officers on key population human rights issues and on human rights of suspects in custody	<ul style="list-style-type: none"> <li>• NACC</li> <li>• KELIN</li> <li>• UNDP</li> <li>• Center for Disease Control</li> </ul>	<ul style="list-style-type: none"> <li>• Exposure to best practices</li> <li>• Facilitation</li> <li>• Technical support</li> <li>• Financial support</li> </ul>	November 2013
Strengthening of workplace support groups of PLHIV officers and linking them with NEPHAK	<ul style="list-style-type: none"> <li>• NEPHAK</li> <li>• Ministry of Health</li> <li>• NACC</li> <li>• NASCOP</li> </ul>	<ul style="list-style-type: none"> <li>• Technical support</li> <li>• Financial support</li> </ul>	November 2013
Dissemination of HIV workplace policy		<ul style="list-style-type: none"> <li>• Financial support</li> </ul>	November 2013
Training PLHIV officers on HIV, the law and human rights	<ul style="list-style-type: none"> <li>• KELIN</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitation</li> <li>• Technical support</li> <li>• Financial support</li> </ul>	November 2013
Organizing interaction sessions between police officers and key populations	<ul style="list-style-type: none"> <li>• NASCOP</li> <li>• NACC</li> <li>• KELIN</li> <li>• UNDP</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitation</li> <li>• Technical support</li> <li>• Financial support</li> </ul>	November 2013
Awareness creation and advocacy for change of attitudes on key populations by law enforcers and society	<ul style="list-style-type: none"> <li>• NASCOP</li> <li>• Ministry of Health</li> <li>• KELIN</li> <li>• UNDP</li> <li>• NEPHAK</li> <li>• UNAIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Technical support</li> <li>• Financial support</li> </ul>	November 2013
Networking and collaboration with other stakeholders in HIV interventions	NACC NASCOP Ministry of Health	Financial support	November 2013
Participate in review of existing laws and bylaws which do not conform to the new constitutional dispensation	Ministry of Justice NACC National Commission on Human Rights Commission on Implementation of the Constitution		November 2013

### 8.3.2 Kenya Prisons

Focal contact person:

Mr. Titus Karani

Deputy Commissioner of Prisons

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Sensitization meeting for prison staff, both junior and senior officers on HIV-related human rights	KELIN, UNDP, NACC, UNODC, Media (KTN, CITIZEN), UNAIDS	Technical expertise Funding	30th August 2013
Design and develop HIV rights-based programmes for drug addicts – both staff and inmates	KELIN, UNDP, NACADA, UNODC, Ministry of Health	Technical expertise Funding	30th August 2013
Participating in community dialogues	Governor, UNDP, KELIN, UNODC, Prisons, NACC	Technical expertise Funding	August 2013
Establishing support groups for MSM staff and prisoners	Governor, UNDP, KELIN, UNODC, Prisons, NACC, AMREF	Technical expertise Funding	September 2013
Sensitization of inmates on HIV-related rights	UNDP, KELIN, UNODC, NACC, Ministry of Justice, Police	Funding Technical support	30th August 2013
Review of existing laws	UNDP, UNODC, Attorney General Chambers, Judiciary	Funding Technical support	30th August 2013
Develop a curriculum on substance addiction	Kenyatta University, Ministry of Health	Funding Technical support	30th August 2013
Breakfast meeting with other stakeholders	KELIN, UNDP, NACC, UNODC, Media (KTN, CITIZEN), UNAIDS	Technical expertise Funding	30th August 2013
Establish office in Kenya for Regional network of law enforcers on HIV and Human Rights 1. Come up with the name of the regional network 2. Create website and mailing list of participants	KELIN UNDP NACC UNODC UNAIDS	Technical expertise Funding	30th August 2013
Media advocacy on the role of law enforcement officers in upholding HIV-related rights	KTN, CITIZEN, NACC, UNODC, UNDP	Technical expertise Funding	30th August 2013
Review HIV Workplace Policy for Prisons	UNDP, KELIN, UNODC, NACC, Ministry of Health	Technical expertise Funding	September 2013
Develop Health Care Policy for Prisons	UNDP, KELIN, UNODC, NACC, Ministry of Health	Technical expertise Funding	October 2013
Condom Programming in Prisons	UNDP, KELIN, UNODC, NACC, Ministry of Health	Technical expertise Funding	August 2013
Benchmark best practice in Lesotho	UNDP, KELIN, UNODC, NACC, Ministry of Health	Technical expertise	October 2013

### 8.3.3 Lesotho

Focal contact person: Mr. Joseph Scout

Senior Assistant Commissioner Responsible for Health Section of Lesotho Correctional Service

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Strengthening HIV Prevention, Treatment and Care Programmes <ul style="list-style-type: none"> <li>• Training</li> <li>• Discussion forums</li> <li>• Strengthen and promote existing support mechanisms (wellness clubs and support groups)</li> </ul>	UN family Ministry of Health NACC		December 2013 – End of 2014
Implement evidence –based interventions <ul style="list-style-type: none"> <li>• Conduct study on prevalence among police</li> </ul>	UN Family Ministry of Health NACC		December 2014
Organize symposium for key stakeholders	UN Family, Parliament, Key populations, Civil Society, Faith Based Organizations	Funding	October 2013
Organize recreational activities	Ministry of Sports National AIDS Commission	Funding Promotional materials	December 2013
Review existing relevant policy and legal framework	Ministry of Justice Cabinet Parliament Civil Society	Technical Support Funding	December 2014

### 8.3.4 Swaziland

Focal contact person: Ms. Phindile Glory Sibandze

Chief Officer (Nurse) His Majesty Correctional Services

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Sensitize police/ correctional department leaders and the entire staff in a pyramid form from top to bottom on issues of stigma, discrimination, HIV human rights and the law	UNODC Ministry of Health Legislators Judiciary	Training facilitators Technical support Inter-country learning exchange Funding	1st and 2nd quarters of next year
1. Sensitization of HIV stakeholders about the Bill of Rights contained in the Constitution 2. Refresher courses on HIV and Human Rights	Judiciary Legislators Key populations National Human Rights Commission Ministry of Health	Training facilitators Financial support Ministry of Health UNODC	Quarterly
Review and implementation of HIV policy/ educating people about the policy in place and changes adopted	Key populations	Inter-country learning Training Financial support	Twice a year

### 8.3.5 Malawi

Focal contact person: Dr. Henry Ndindi

Head of Health Services Malawi Prisons

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Develop a strategic plan for prisons	UNODC, UNDP, Ministry of Health, Ministry of Justice, National AIDS Commission	Technical support Funding	December 2013
1. Sensitization of sex workers and police officers on Rights of sex workers 2. Bench mark other countries' working relationship of police and sex workers 3. Establishment of a hotline for reporting of violations of Human Rights of Key Populations 4. Quarterly review meetings with sex workers and police	NACC UNDP UNAIDS Ministry of Information United Nations Population Fund (UNFPA) Media	Funding	Ongoing
Training prison health personnel on HIV rights of prisoners	Training institutions, Ministry of Health, National AIDS Commission	Scholarships	July 2014
Improvement of prison infrastructure	Ministry of Finance, Center for Disease Control, European Union, Development Banks	Expertise Funding	January 2014 - 2019
1. Review Malawi Prisons Act 2. Development of HIV Policy and Strategic Plan for HIV in Prison 3. Advocate for adequate funds	Malawi Law Commission, Human Rights Commission, Ministry of Justice, Civil Society, UNODC, NAC, UNAIDS, National Assembly, Ministry of Health	Technical support Funding	June 2015 December 2013 for development of policy and strategic plan

### 8.3.6 Zambia

Focal contact person: Ms. Gezepi Chakulunta

Focal Point Person – HIV & AIDS - Gender Ministry of Home Affairs

ACTIVITY	POSSIBLE PARTNERS	SUPPORT NEEDED	TIMELINE
Presentation of HIV concerns of Zambia's key populations to stakeholders (Police, prison staff)	MoH, NACC, UNAIDS, UNDP, UNODC, Civil Society, Human Rights Commission, media, traditional leadership	Funds Facilitation	September 2013
High level sensitization on HIV and Human Rights	Ministry of Health, UNAIDS	Facilitation Funding	October 2013
Lower and middle level sensitization on HIV and Human Rights	Ministry of Health, UNAIDS	Facilitation Sensitization materials	November 2013
Review of HIV Workplace Policy	UNAIDS, ILO, UNDP	Funds	October 2013
Revise HIV Workplace Strategic Plan	UNAIDS, ILO, UNDP	Funds	December 2013



## What participants liked best about the workshop

- Diversity of Faciliators
- Experience sharing especially the success Lesotho achieved in Condom Distribution in Prisons.
- Plenary discussion to share experiences
- The interactive nature of the discussions.
- The presentation from KASH and Others.
- The mixture of participants from other different African Countries and different departments.
- Learned a lot about Human Rights on the Key Population.
- The content of the workshop was very comprehensive and relevant
- The uniqueness of combining and incorporating Legal and HIV
- Good facilitation skills
- Human Rights in policing
- The facilitators were well prepared and organized.
- Facilitation skills and how knowledgeable facilitators were

Participants said the following in the evaluation forms they filled at the end of the workshop:

- It was my first time to have such interaction, sometimes some of us who stay in the offices, we don't really understand when NGOs advocates for rights of the Key Population especially access to health services, and stigma and discrimination. It was good to hear from the horse's mouth.
- Members of the key populations introduced aspects of their lives that can be assumed and thereby neglected in the legal and medical instances.
- I have enjoyed the training, my knowledge on matters of HIV and the law has been broadened. Let the training be extended to Judges and Magistrates too.
- More law enforcement officers should be trained on Human Rights especially for the members of the Key Population.
- The presentation was eye opening and they made me understand and see the issues that I was not aware of especially sex workers as I thought they are in that cadre because of financial constraints, but in contrary it is a career/ profession.
- Very useful... You face the reality and understand issues from their point of view.
- It gave us a clear picture of the outside world not theoretically but more practical and it is a very good initiative to combat and spread the word or presentation.
- It was so wonderful to listen to members of the key population and learn from them as Police officers. We need to respect their rights and treat them as Human beings, who actually need our help and protection. If not we will never win the fight of HIV in our counties and we need to consider them as the most at risk population. We should start now.
- Very useful because it gives as an insight that it is true they exist amongst us, and we need to take care of them, protect, and understand them the way they are.
- This gave us the real picture. Great eye opener, great sensitization. Brought the message home.

How could this workshop be improved?



## 8.5 List of participants

Country	Name of Delegate	Designation
LESOTHO	Mr. Phoka Joseph Scout	Senior Assistant Commissioner, responsible for the Health Unit of Lesotho Correctional Service
	Mr. Jobo Raswoko	Director of Legal Affairs, Ministry of Justice and Correctional Service
	Ms. Ntsoaki Rapeane	Senior Inspector, Lesotho Mounted Police service
MALAWI	Mr. Louis Nastanzio Njaya	Ministry of Justice
	Mr. Edward G Chatsalira	Malawi Police
	Dr. Henry Ndindi	Malawi Prisons
SWAZILAND	Ms. Zodwa Sihlongonyane	Royal Swaziland Police
	Mr. Thokozane Mhlanga	Correctional Services
	Ms. Phindile Glory Sibandze	Correctional Services
ZAMBIA	Ms. Gezepi Chakulunta	Focal Point Person-HIV/AIDS-Gender – Ministry of Home Affairs
	Mr. Lloyd Hamweemba Chilundika	Deputy Commissioner – Zambia Prisons Service
	Mr. Pearson Malowa Chilema	Focal Point Person-HIV/AIDS – Drug Enforcement Commission
TANZANIA	Ms. Elizabeth Kaganda	Senior State Attorney and Head of Legal Unit, Tanzania Commission for AIDS (TACAIDS)
	Ms. Sylvia Matiku	Senior State Attorney, Attorney General's Chamber
	Mr. Ilvin Mugeta	Principal Resident Magistrate, Judiciary
KENYA PRISONS	Mr. Titus Karani	Director Research, Statistics and Legal Affairs
	Dr. Charles Isiaho	Director Prisons Health Services
	Ms. Mary Chepkonga	Head, Aids Control Unit
	Ms. Margaret Chuma	Assistant Commissioner of Prisons, Coast Province
	Mr. Aggrey Onyango	Officer in Charge Embu
	Ms. Pauline Wanja	Officer in Charge Nairobi
	Mr. Nicholas Maswai	Officer in Charge Manyani Prison
	Mr. Nicholas Mwandau	Officer in Charge Homabay
	Ms. Miriam Nyamwamu	Legal Officer, Kenya Prisons Headquarters

KENYA POLICE		
	Mr. Andrew Naibei,	Senior Superintendant of Police– Mombasa
	Mr. John Thuo	Superintendent of Police – Ruaraka
	Mr. Dominic Mukoma	Superintendent of Police – Tharaka North
	Mr. Caleb Wesa	Superintendent of Police
	Mr. Lucas Ongaya	Chief Inspector of Police College PC, Kiganjo
	Mr. Zacheaus Kotut	Inspector of Police/Theft prevention unit (Gilgil)
	Mr. Ali Manderu	Inspector of police (Public Health Officer)- AIDS Control Unit
	Mr. Otieno Oduor	Criminal Investigations Division Headquarters
	Mr. Washington Akala Nakuru	HIV Testing and Counseling service provider- AIDS Control Unit, Nakuru Police



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