MULTILATERAL PUBLIC HEALTH RESPONSES TO GLOBAL EPIDEMICS: A CASE STUDY OF INTERNATIONAL HEALTH ORGANIZATIONS' RESPONSE TO THE HIV/AIDS EPIDEMIC IN KENYA

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DECLARATION

I, Elizabeth Njoki Mwai, declare that this is my original work and has not been presented to any other university or institution of higher learning for academic credit.

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DEDICATION

This research is dedicated to my late mother Margaret Nyaguthii Mwai and my big brother Anthony Mwai Mucomba for prayers and support in the entire period. Dedication to my mentors and friends who relentlessly supported me despite the bumpy, rough road. Lastly, this research is dedicated to all humanitarian workers fighting Epidemics and Pandemics throughout the world to better humanity.

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ABSTRACT

The contemporary international organization phenomenon as actors in International Relations has emerged quite strongly as the primary global governance mechanism in the international systems, subsequently framing member states' governance structures. In answering HIV/AIDS epidemic, international health organizations role and their influence in collaborations in responding to the pandemic and implimenting international strategic blue print and policy frameworks have been salient features in the Global South but largely ignored in international relations literature. This has created a gap in predictive models regarding the sustainability of such collaborations. This has prompted the need to assess multilateral public health responses to global epidemics using International Health Organizations' responses when it comes to solving Human Immunodeficiency Syndrome (HIV)/ Acquired Immunodeficiency syndrome (AIDS) pandemic in Kenya. Specifically, the study assessed how responding to HIV/AIDS epidemic had contributed to collaboration between Kenya and international health organizations; and secondly, the factors that influenced the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework. By assessing how HIV/AIDS has contributed to the collaboration between Kenya and International Organizations, the outcome depicts funding as a key and critical factor facilitating global partnership between Kenya and International Organizations. There has been support in implementing critical enabling policies for HIV/AIDS epidemic response in efforts toward epidemic control and self-reliance. Other measures realized are the collaboration between centres for disease control and the MOH in research ventures that have generated new interventions in strengthening surveillance systems, health information systems, and research informing policies on monitoring and evaluation in evidence-based programs. In terms of adoption and adaption of international guidelines and protocols, the study revealed significant adaptability and adoption of several policy frameworks that have shaped the response efforts at the National level. These guidelines are embedded into the National framework applicable to similar epidemics and pandemics, such as the Covid-19 response. The liberal approach assumes that the international system is characterized by international Cooperation through institutions. Through this school of thought, the Globalization of health efforts to curb infectious diseases has been realized. Alluded further by Jehangir (2012), even when states compete in security, there is the readiness to cooperate in health matters within international instiutions for instance World Health Organization. This partly creates an atmosphere of interdependence and mutual benefits to the states, thus reducing global health threats. These concerted efforts in collaboration, adopting and adapting to global policy frameworks have seen notable effects nationally. Kenya has significantly recorded a downward trend of HIV prevalence with tremendous milestones towards epidemic control, strengthening the health fraternity within the public domain as well as well as medical laboratory systems across multiple program areas.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency syndrome
AMR	Antimicrobial resistance
CDC	Centre for Disease Control
COVID-19	Corona virus disease 2019
DFID	Department of International Development
DREAMS	Determined, Resilient, Empowered, Aids free, Mentored, Safe.
GAVI	Global alliance for Vaccines and Immunizations.
HIV	Human Immunodeficiency Syndrome
IPC	Infection prevention and Control
IPU	Inter – Parliamentary Union
KASF11	Kenya Aids Strategic Framework two
LGBTQI	Lesbian, gay, bisexual, transgender, Queer, and Intersex Life.
MDGs	Millennium Development Goals.
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
MTCTC	Mother to Child transmission
NACC	National Aids Control Council
NASCOP	National Aids and STIs Control Programme
PEP	Post exposure prophylaxis
PEPFAR	Presidential emergency plan for Aids relief
PREP	Pre – exposure prophylaxis
SDGS	Sustainable development goals
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV/AIDS
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1Background of the Study

The contemporary international organization phenomenon has emerged quite strongly as the primary global governance mechanism in the international systems, subsequently framing member states' governance structures (Jreisat 2002; Whitman 2009; Weiss and Kamran 2009). The history and international organizations' roles find their roots in western experiences that go back to the state's foundations on how to organise human society (e.g., Oppenheimer 1922). However, the recent International Organizations as actors in International Relations emerged strongly when the devastated states in Europe and the U.S saw the creation of an international entity that would represent the interests of all the nations should events such as war re-occur.

This began with the creation of the Inter-Parliamentary Union (IPU) in 1889 (Thompson and Snidal, 1999, p.693). IPU included 157 national parliaments. However, the Union's incapability to function again brought rise to the League of Nations in 1919 (Thompson and Snidal, 1999, p.693). Consequently, the Nations league resulted to establishment of United Nation in 1945, immediately after the League of Nations could not handle conflicts resulting from World War I. The article "Developing Countries and International Organizations" (McArthur et al. 2016.p.155-169) discussed this chronology of events from 1945 to 1950 when Bretton woods institutions and the United Nations were taking place. According to the author, only 60 members of the United Nations. In addition, no development aid existed apart from UN Relief and Rehabilitation Agency & International Refugee Organization for stabilizing Europe after World War II. According to Lancaster (2007, p.284), many states had gained independence since the end of 1990 cold war. UN member nations increased fourfold, reaching 159 members, including those in Africa, hence a surge in the number and the role of International Organizations in how these states relate or are governed (e.g., Hyden and Onyango 2021).

McArthur et al. (2016., p.155-169) stated several transitions occurred when cold war ended. First is Information Technology take-off, which saw the emergence of top-down governance approaches focused on solving global specific problems. These authors

describe the second transition where International Development Cooperation took centre stage, framed around universality, problem-solving principles, sustainability, and horizontal power structures. The third transition improved international Cooperation in addressing basic human needs, bringing Millennium Development Goals in the early 2000s set to be achieved by 2015 (McArthur et al. 2016.p.155-169). This International cooperation initiative bore the emergence of problem-focused Organizations for instance Gavi Alliance (Vaccine and Immunization Global Alliance) worldwide finance for fighting malaria, Acquired Immunodefeciency Syndrome (AIDS) and Tuberculosis. The initiatives bridge perceptions and normalize resources across the receiver State, private segmenta, civilian and scientific fraternity (McArthur et al. 2016. p 155-169).

While development cooperation between states took centre stage, the role of International Organizations took shape, and expectations in the specific needs for updated policies endeavoured to speak to global context came into realization. According to Davis et al. (2012, p. 71-104), has resulted in the rise of International Policy Frameworks under the patronage of International Organizations, mainly, SDG in September 2015 endorsed with more than 193 state members, including African states (e.g., cf. Onyango and Ondiek 2021).

Indeed, since the 1980s, when the concept of governance was born in the world of Development Cooperation, International Organizations have played a significant part in formulating public policies and development in Africa (Onyango 2022). In particular, in this study, International Health Organizations represent different roles in supporting Africa (Azevedo 2017). This has, however, also come with involvement by the Western states' agencies. For instance, World Health Organization (WHO) is supposed to eliminate or eradicate and contain infectious diseases (Ling 2002). We also see the President AIDS relief emergency (PEPFAR), formed by President George Bush in 2003, committing the most significant fund to support HIV/AIDS programs in Africa (PEPFAR, *Fact Sheet* 2011, 2012).

With a specific focus on HIV/ AIDS, Dual UN Program (UNAIDS) on the pandemic was formed later on and mandated to coordinate global activities by sharing information, monitoring the spread, surveillance, and engagement of overall health wellness of civilian globally on HIV/AIDS (Pisani 2008).United States Agency for international development (USAID) and CDC, attached in many African countries, have been engaged in funding, training, HIV/AIDS monitoring & evaluation activities in collaboration with the Ministry of Health in countries in the sub-Saharan region (USAID, 2015). Medecins Sans Frontiers (MSF),also reffered to as borderless doctors, established by thirteen journalist and Physicians has exponentially funded treatment facilities for Human Immunodeficiency Syndrome (HIV)/ Acquired Immunodeficiency syndrome (AIDS) in African Nations. Grounded on principles of impartiality, answerability, impartiality, and standing as testimony to extensive maltreatment, MSF has seen its presence in the most conflicted zone in and around Africa (*Medecins Sans Frontiers*, Charter 2015).

From this, it is no doubt that International Organizations play a critical role in enhancing international engagements by member states and improving global governance principles (Weiss and Kamran, 2009). They serve as avenues for inter-state relations in the global political economy, a crucial dimension in International Relations (IR) studies. Based on co-existence and international cooperation rationales of global governance, several International Organizations as actors in International Relations (IR) exist and present different interests in Africa. These cover various health governance components, including drug administration (Allen and Parker 2011), fighting epidemics such as Ebola and HIV/AIDS (e.g., Mah and Halperin 2010; Buseh, Stevens, Bromberg, and Kelber 2015), and providing the overall implementation guidelines meant to eradicate these diseases as recently demonstrated by the WHO's countermeasures against COVID-19 in Africa. Therefore, this study explored the relationship between International Organizations' interventions against HIV/AIDS, lessons acquired, and the application of interventions at different levels in Kenya.

1.2 Problem Statement

HIV/AIDS has seen a tremendous increase in the attention given to Human Development in Africa (Boutayeb 2009). It has been critical in the development discourses of Africa and the rationale for the continued engagements by international organizations or development cooperation actors (Edwards 2006). Indeed, HIV/AIDS phenomenon is somewhat exhaustively studied, generating a plethora of data on how the disease interacts with different systems of society and governments in Africa. However, the most essential and perhaps starting point for this study were those dimensions that locate HIV/AIDS within the broader arena of international development cooperation that reduced African countries to more aid recipient countries and a hall for international intervention. For example, Mayhew (2002) argued that the nature of African nations being termed as undeveloped and classified as global South had necessitated philanthropic and Humanitarian interventions, mainly by International Organizations. Since the disease was first reported in the 1980s, the HIV/AIDS pandemic has affected the globe's social, political, and economic development. There have been close collaborations between the sub-Saharan African states and international organizations through focused funding, strengthening the healthcare system, and universal delivery of targeted anti-retroviral drugs (Shiffman and Hafner 2013).

While several Kenyan scholars had devoted attention to HIV/AIDS, literature on the responses to the pandemic had primarily focused on the successes and challenges causing distress to the HIV/AIDS responses (Aluku, 2004). While this had been critical in measuring the success of these globalized interventions including in orienting the lowering of the prevalence of HIV/AIDS to 4.5% according to the strategic framework II by Kenya Aids (KASF11 2021), role and international organization influence in collaborations in addressing HIV/AIDS epidemic and implementation of strategic blueprint and policy frameworks had been mainly ignored. This created a gap in predictive models regarding the sustainability of such collaborations.

To Berkman et al. (2005), disjointed and collaborative efforts had been employed to tackle HIV/AIDS. However, the strategic approach was generic, designed to bolster the International Organization's interests in raising awareness and fundraising instead of

incorporating the civil freedom of persons having HIV/AIDS. This approach crippled collaboration with international actors such as Bretton woods institutions & multilateral organizations (Berkman et al., 2005). Little had been understood in the Kenyan Scenario, hence the need to have dug deeper to understand the approaches employed. Additionally, De Cock, et al. (2002) examination of sub-Saharan Africa highlighted the epidemics' initial response based on experiences from western industrialized nations. The author argued that the approach robbed the continent of a human-based approach to preventing HIV/AIDS, which could have enhanced public health responsibility as well as community impartiality, contributing to Africa's HIV/AIDS prevention framework.

To Lisk (2010), collaborations between the state and International Organizations have agreed that HIV/AIDS is a global concern. However, tensions between the North and the South have been experienced. It is not very clear from the author how these tensions manifested themselves, hence the need to have studied how this affected Sub Sahara precisely - Kenyan case. Moreover, Hecht et al. (2010) examined the efficiency of mobilizing funds with middle-income and low-income countries scenarios. With his argument, the tensions between the North and the South brought challenges with funds mobilization. Countries with low income and high disease burden may have seen continuous dependency on donor aid despite projected expenses reaching 2031. However, there was a gap in how different states had adopted alternative approaches to address the anticipated funding gaps. Financial flows from the competing International Organizations were a concern as well. There was a need to examine the influence each Organization had on the National Strategic Framework and collaborations in controlling the spread of the disease. The literature review revealed how different states adopted different strategic approaches and got different results. According to (Nunn et al., 2012), countries like Brazil were at the same level as South Africa regarding HIV/AIDS infections in the early 1990s. Ironically by the 2010s, Brazil had implemented approaches that reduced their prevalence to about 1%. In adopting HIV/AIDS strategic frameworks, Shumate et al. (2005) highlighted the parameters determining the set frameworks' acceptance. According to them, states' geographic, resource, and social proximity and common ties between a state and the International Organization as actors in IR enhanced easy adaptability and adoption of their guidelines. Little, however, was known whether these

relations had influenced the adoption and adaption of Policy Frameworks. The study partly sorted to illuminate such gaps. Having explored the gaps that appeared in the problematization of HIV/AIDS and interventions against it, the study mainly investigated the Interventions of International Organizations Implementation of HIV/AIDS programs in Kenya.

1.3 Research Objectives

1.3.1 General Objective

General objectives for the study was toinvestigateon multilateral public health responses to global epidemics using International Health Organizations' responses in addressing the HIV/AIDS epidemic in Kenya.

1.3.2 Specific Research Objectives

Specific objectives for the research were limited to:-

i. To assess how responding to HIV/AIDS epidemic had contributed to collaboration between Kenya and international health organizations.
ii. To assess the factors that influenced the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework.

1.4 Research Questions

Below questions which are grounded on the reseach problem guided the researcher

i. How did responding to the HIV/AIDS pandemic contribute to partnership between Kenya and International health organizations?
ii. What factors influenced the adoption and adaption of International health organizations' policy frameworks and guidelines of the HIV/AIDS national framework in Kenya?

1.5 Justification of the Study

Academic Dimension

Despite burgeoning literature, there was a gap in discerning the interfaces between the Interventions by International health organizations and the implementation of HIV/AIDS policy guidelines. Globally, the continuous review of policies and procedures recommended to the member states regarding HIV/AIDS management has challenged the

eventual direction of the epidemic. Influenced by economic, social, and political factors, HIV/AIDS had remained rampant for many years, with minimal progress being seen in its complete eradication. HIV/AIDS, unlike other epidemics, for example, Ebola occurred and was declared eradicated in 2014 in parts of West Africa (Parker and Allen 2018). In 2019, vaccines were developed and used in the Democratic Republic of Congo (Wells &. Pandey 2019). Therefore, the study's academic rationale was pegged on the fact that it would be helpful to local and international scholars interested in knowing the practicalities that generally shaped international health organizations' interventions and their adoption, including adaptation by member states. This was important in informing and understanding the action patterns in future epidemics.

Policy Dimension

International health organizations' involvement in promoting stability in international relations among states was pivotal in ensuring that long-term policies that guided the processes were in place. For states to have sustainable guidelines was paramount in ensuring better management of Epidemics and Pandemics. As noted with the current Corona Virus Pandemic, the globe is becoming a village, and an epidemic in one state can quickly spread to other states, becoming a Pandemic. HIV/AIDS has been an epidemic for a long time. The study's findings would motivate and inform the policymakers on the importance of universal policies guiding the preparedness and management of Pandemics. It would articulate the importance of having one voice in healthcare issues around the globe. According to (Feldbaum 2010), equitable universal health policies would be protective worldwide.

1.6 Scope

This research seeks to examine global health organizations and how they implement HIV?AIDS programs in Kenya. This partly aimed at assessing experiences gathered with the HIV/AIDS programs since their inception in the 1980s. The global concepts under consideration in the study included factors that influenced the adaption and adoption of global policies recommended by International health organizations. It also analyzed how the experiences recently gained during the response period had impacted the collaboration between Kenya and International health organizations as actors in

International Relations (IR). The study was conducted for three months. Two specific objectives guided it: To assess how responding to the HIV/AIDS epidemic had contributed to collaboration between Kenya and the globe. Secondly, to analyze the factors that influenced the adaptation and adoption of policy guidelines recommended by the International health organizations. The study was conducted at the National Level within Nairobi County, focusing on World Health Organization (WHO), the CDC, USAID, and Medicines Sans Frontiers (MSF).

1.7 Contribution of the Study to International Relations

Since the 19th century, there has been heightened international political engagement in addressing transnational health issues. This has largely been pegged on the need to contain pandemics, epidemics and endemic health concerns. The need to mitigate increased rate of communicable epidemics has been the heart of multilateral health collaborations amongst actors in the international system (Stoeva, 2016). In the latter years of twentieth centenary and first decade of the twenty first centenary, advent of HIV/AIDS epidemic and its endemic nature has been at the centre of global politics of health, including how to employ global governance, global health security paradigms and the global political economy in responding to this existential threat to a globalized world.

This study thus contributes to this understanding of international political engagement in addressing transnational health issues by looking at the multilateral ways od adressing (HIV)/AIDS pandemic. Specifically, the study sought to pore the richness of international political interactions in responding to HIV/AIDS Kenya by understanding multilateral collaborations between Kenya and international health organizations and the influence of the same in adopting and adapting multilateral health policy frameworks.

1.8 Chapter Outline

This research has eight chapters:-

Chapter one introduced the matter under consideration by the study. The chapter also problematized the problem by showing global cooperation trends in health responses. The chapter also outlines the study's objectives, research significance, and operationalized concepts.

Chapter Two is the literature review of the study. It reviewed previous studies under similar topics and highlighted gaps identified from previous research.

Chapter Three Introduces the theoretical framework depicting different theories explaining the problem statement.

Chapter Four outlines the methodology of the study, in which study undertook

Chapter Five analyzed data as well as presented the findings on the responses to HIV/AIDS. The epidemic had contributed to collaboration between Kenya and international health organizations.

Chapter Six assessed data on factors that influenced the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework.

Chapter Seven Summarized the study's findings and explored the policy frameworks to enhance global Cooperation in pandemic response.

1.9 Definition of concepts

International health organizations

According to Karns et al. (2003), International health organizations are organizations formed at the continental and/or governmental level and which operate beyond territorial frontiers to promote health, combat epidemics, monitor and work towards the prevention of public health risks, and coordinate international and regional efforts towards addressing local, regional and global health emergencies

Multilateralism:

Multilateralism refers to institutional approaches employed in the international milieu to coordinate relations, define and stabilize interactions amongst states as actors in the international system, manage coordination challenges and resolve problems of concern between 3 or many Nations based on “generalized” conduct principle (Ruggie, 1992). In this study, multilateralism implies the institutional approach to global health problems between states and international health organizations.

HIV/AIDS

World health Organization refers to HIV/AIDS stands for Human immunodeficiency virus/ Acquired immunodeficiency syndrome. HIV/AIDS is a chronic, endangering condition that fights and damages the immune system, rendering powerless powerlessness in fighting common illnesses. HIV/AIDS was discovered in 1983 by scientists and named the human T-cell lymphotropic virus type 111/lymphadenopathy. Later, the institute scientific committee renamed the virus Human immunodeficiency virus (HIV).

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

The literature review section identifies systematically the location, analyzes what the chapter will cover by providing information that is related to the research problem under probe and also review past literatures in terms of strategy, procedure, investigative tools used that hare deemed beneficial in analysisng the research questions. The gaps in the literature were used by the researcher to navigate previous mistaks in studies done on the same problem. Further, data obtained were helpful in examining the new methodologies and generate ideologies that help the researcher come up with outcome possibilitities that might have been overlooked previously. This chapter reviewed existing literature to establish gaps that the study aimed to fill. The chapter comprised four thematic sections; globalization, responses to the HIV/AIDS pandemic, the state, international health organizations, and factors influencing international institutions' policy guidelines adoption.

2.1.1 Globalization and Global Governance

Globalization has been defined as the spiralling of social relations by connecting distant geographical zones (Rosenau, J. N. 2015). Goings-on in any given locality was fashioned by events taking place many years ago and vice versa (Kennedy. D 2005). Additionally, globalization has been identified as the pathway through which international integration occurred. World views, goods, services, ideas, and other aspects of culture are exchanged globally, leading to national and cultural resources localization.

Globalization has manifested itself variously in the political economy (Hartwick E. 1998). Globalization has primarily predisposed the world to a neoliberal and neoclassicist script whereby the states surrender their greatness, and the world turns into a single universal market interconnecting individual consumers. Under the global market setting, consumers are underpinned by their material and economic self-interest instead of ethnocultural, linguistic, civic, or other forms of identity (Sidhu, 2006). The development and supremacy of globalized multinational companies and internationalized brands is another salient feature (Panibratov, 2013).

These corporations immensely underwrite the deepening of global interconnectedness not only by equally impelling patterns of consumption across societies but also by tying economies into single units through which complex supply chains, flows of capital, trade networks, and workforce (migration) (Kirby, 2006).

Economic globalization has resulted in several advantages. Some of these include lower prices for products and services as a product of amplified competition and optimization of supply chains. There is also enhanced accessibility of products and services due to the increased pool of producers. Further, there is more accessible access to capital and commodities; finally, producers and retailers can vary their markets and contribute to economic growth (Jovanovic, 2010).

However, there are several disadvantages. These include the improvisation of countries in the periphery and thus struggle to compete with the developed countries. The extractive activities underpinning foreign companies and investors in countries that are resource-rich curtail economic diversification. The strong bargaining power underpinning multinational corporations is often more than that of local governments, especially in the less developed Latin America, Asia and African nations. There is also contagion effect crises, for instance, 2008 global recession in America which led to the problem spreading in the rest of the world (Kirby, 2006). According to Guttal (2007), the political dimension of globalization is a recent feature of the discourse on globalization. Over the last three decades, Guttal (2007) postulates, there has been a rise in the influence and power of international and regional institutions. This has increasingly shaped domestic politics such as the E.U, OECD, UN, WTO and ASEAN (Guttal, 2007).

This aspect of globalization has several compensations. First, access to international aid and support is pivotal in developing less developed countries. Secondly, it leads to world peace. Furthermore, it lessens the risk of incursions and signals enhanced checks to big powers while limiting the extent of nationalism in the international arena. In addition, smaller states can work in unison and gain more influence at the international level.

Additionally, international organizations are often devoted to spreading values such as freedom and are also critical in fighting abuses within states and offering opportunities for governments to learn from each other (Beaverstock, 2008). For Guttal (2007), the

disadvantages of political globalization are that the state's sovereignty is reduced. Secondly, hegemonic states can shape the trajectory of global organizations and regional integration schemes. Thirdly, influential states can veto decisions and, in doing so, slow down the process of formulating decision internationally and finally, coordination is difficult and expensive (Guttal, 2007).

Another consequence of globalization is the necessity of the state's intervention in markets. For once, liberal economic traditions have dictated that the state and the market are like oil and water. Mixing them will result in efficiencies. To this end, scholars in this tradition have argued that the market should be left to operate alone, only battling and getting shaped by market factors in an automated manner. These scholars have postulated that regulation of a country's own economy is crucial. To justify this argument, these scholars point out that numerous organization such fashion and design, healthcare, fishing, sports among others routinely employ mechanism that are self regulatory to manage organizational practices with a relatively high degree of success. However, dependency theorists believe that globalization has led to an economically unequal world in that the Global South is bedevilled with problems. At the same time, the North benefits from the woes of the South. According to dependency theorists, at the macro level, the fundamental premise upon which the dependency theory is hinged on postulates that it would be impossible to conceptualize the processes and problems of developing countries. This is because policies given to Global South Nationa are devoid of consideration of wider socio-historical. Instead, these policies align more with the contexts of Western European expansion. They are mainly carried out through industrial and mercantilist capitalism and the colonization of these places by the imperialistic economics western Europe of the Global North (Barbanti, 2004).

These sentiments are echoed by world-systems theorists such as Immanuel Wallerstein. They believe that globalization has created a Centre-periphery or metropolis-satellite division of the global economy by stratifying the world between core and peripheral countries. To world-systems theorists, the two different global strata interact in an exploitative global economy movement whereby the core (center/metropolis) exploits the periphery (satellite). World-systems theorists believe powerful and wealthy societies at the center (metropolis) dominate and exploit weak and poor satellite societies. This results in conflicts necessitated by the quest for periphery societies to unshackle themselves from the yoke of domination by the core (Barbanti, 2004).

Globalization has collapsed time and space on political and economic interactions. Additionally, globalization has hastened technological transfers, thus reducing overheads of economic relations across significant expenses in time and space and facilitating higher volumes of global interactions in trade. Lamentably, globalization has also created two international societies where one is poor and the other rich. This calls for a rethink, particularly how the global North relates to the global South.

Globalization has advanced from being an embryonic singularity to an inescapable reality. The localization of global interactions and affiliation are more strict and importantly monotonous. When ti comes to issues such as economic stability, human well being and quality environment, domestic and international countries have been obligated to do in accordance to the worl wide action. This is attributed to global human health which ascertains that global helath is not only an analytical detachment but its also an multifaceted connectivity that have a huge impact on health outcomes not only emerging as a result og pandemics or epidemics (Whitman, 2009). In this regard, health responses are crafted within the prism of collaborative activities amounting to helath governance globally. Here, coinage of health governance globally is summatized and seen as a totoal governance inclusice to all international and domestic nations (Whitman, 2009).

In theorizing on the system change in global governance, epistemic authority, i.e., specialist recognition and moral uprightness that is 'objectivize by a collection of global institutions such as the Sustainable Development Goals and international regimes and laws have been employed to address global problems (Fioretos & Tallberg, 2021). This has resulted in increased international technocratic and fairness narratives permeating the local scene. This type of power is usuallya byproduct of broad automatic understanding in which the global institutions solve common issues experienced globally. States and other actors are obliged to the duly welcome conscious command of the mentioned institutions to represent global authority. (Fioretos & Tallberg, 2021).

Global governance has seen a world characterized by the emergence of new key actors, including specialized international agencies, multinational corporations, and intergovernmental organizations (Grieco, 1988). Even when states compete in the security domain, they can cooperate under various terms through international institutions like the WTO, World Bank, and WHO. These international organizations create an atmosphere of interdependence and mutual benefits to the states in question, thus minising war occurences and increasing prospects for peace. There has also been an increasing effort to improve Human Security thought to be the primary sources of the general security and member states' stability, thus enhancing *international collectivism* of actors in international relations (Newman 2001). Further to that, states often resolve their insecurities through these international organizations, in which they act as links as provided (Jehangir, 2012).

Additionally, the international arena is characterized by competing interests such as controlling diseases and pandemics, populations, and Economic Cooperation. These issues have signalled a shift in focus from the national projection of power in conflicts as articulated by the realist and neo-realist schools of thought to increase dependence on each other to achieve the collective goals (Viotti & Kauppi, 2012). The need for Cooperation within the caption of international institutions extends to economic growth and social security. In this regard, states in the global system increasingly view each other as partners in the quest to achieve the safety and wellbeing of their citizenship (Grieco, 1988). Furthermore, international institutions are pivotal in promoting Cooperation

because they value performance without being hampered by sovereignty. In addition, they provide a link within a global system defined by multipolarity and imperfectly linked issues.

International institutions, for instance, provide a platform for coordinated behaviour by focusing on an area of interest. Such commonality of issues is what brings states together. International institutions affect the interests of the states and sometimes shape them. Additionally, the institutions have promoted international collaboration without national interest. Keohane & martin (1995), puts to tit that institutional influence have the capability of giving information aimed at reducing cost through making credible commitment by establishing major point through coordination and facilitation of reciprocracy when it comes to operation (Keohane & Martin, 1995). Cooperation is not easily achieved in the international system. However, organizations provides a mechanism of corrdinating and designing how states can be helped through capturing and identifying potential benefits of collaboration. Process and result are elaborated in game theory and specifically prisonners dilemma which seeks to increase indivudal pay off among different states. Rather organizations promote greater coordination and Cooperation that benefit all parties and are a far greater viable gamble from a rational perspective.

2.1.2 Responding to The HIV/AIDS Epidemic

In responding to the HIV/AIDS epidemic, national and international responses have employed singular and sometimes joint efforts in addressing the epidemic. In the 21st century, there has been increased intentional consideration on matters pertaining to HIV/AIDS epidemic coupled with increased political will at the domestic level. In the South African 13th Durban Aids conference, a consensus was reached where a strategy was formulated to intergrate HIV/AIDS pandemic care, prevention, treatment and mitigation (Berkman et al., 2005). However, while this response roadmap was precise in implementing interventions, there has been a gap in the structuring. According to (Elbe 2006), this has been evidenced on how global international security maters pertaining to HIV/AIDS have been designed to initiate and increase awareness and allocate resources for the pandemic (Elbe, 2006). The challenge of this approach is that it tends to push

responses to the HIV/AIDS epidemic language away from non-state actors (Holzscheiter, A. 2005). According to Selgelid & Enemark (2008), civil society international and national work towards s law enforcement, military, and intelligence organizations where instruments of violence are needed in order to dominate public freedome for individual having HIV/AIDS.

Additionally, assurance HIV/AIDS epidemic responses tends to play a "threat-defense" logic. This defense potentially undermines international attempt to mitigate the spread of the epidemic by responding to the scourge (Rushton, S. 2019). In this national interest issue, limited resources responses could be limited to narrow functions of the state. This national; interest may ultimately lockout responses from international actors such as international NGOs, multilateral institutions like Bretton Woods Institutions, and international hedge funds.

For instance, in examining responses HIV/AIDS in Europe, (Gokengin et al., 2018) found a lack of international attention. This led to several discrepancies when it comes to giving HIV health care in Europe, This also resulted in poor funding of the HIV/AIDS response, inadequate or non-existent know how, dissemination of knowledge and lack of empowerment at domestic level particularly in Central and Eastern Europe (Gokengin et al., 2018). In Africa, internationalized focus by international NGOs and multilateral institutions led to approaches to inhibiting and controlling the HIV/AIDS epidemic (Seckinelgin, H. 2007). This was primarily premised upon initial understandings and policies from Western industrialized nations. The pandemic affected precise demographic clusters for instance lesbian, gay, bisexual, and transgender (LGBTQI) (Monro, S 2015)
This denied the continent a way of curbing HIV/AIDS through human right conventions to enable social justice system and public health systems performa their roles despite offering a more applicable and practical HIV/IADS prevention dramework for care, prevention and monitoring in Africa (De Cock, et al., 2002).

2.1.3 The State and International health organizations in Responding to The HIV/AIDS Epidemic

Collaborations between the state and international health organizations have been brought up to comprehend HIV/AIDS as global concern. In reviewing issues in the worldwide response to HIV/AIDS, Lisk (2010) finds that while there has been a globalized response, particularly in the 21st century global HIV/AIDS response coupled with an expanding potential and prospect of global institutions in addressing these issues, there are tensions between the international health organizations based in global North and South. These tensions take the form of international and regional donor organizations and affected countries. The net effect of these tensions is their tendency to impact on capacities to respond effectively to the epidemic at country and regional levels (Lisk, 2010). According to (Lisk's 2010) thesis on tensions and their influence in collaborations and the way they behave towards mitigating HIV/AIDS pandemic is critical in affecting relationships between the state and international health organizations. However, (Lisk 2010) does not elaborate how these tensions are manifested, particularly between the international health instiution in global north and countries Africa, and how it impacts responses to HIV/AIDS pandemic.

In responding to this gap, (Hecht et al., 2010) review the implications of tensions when responding to HIV/AIDS globally. (Hecht et al. 2010) are of the view that these tensions occasion challenges in efficiently mobilizing funds and managing resources. For instance, while the 2013 AIDS project designed intermiable finance needs for HIV/AIDS in developing states ranging from considerable dissimilar in terms of cost from US$397 to $722 billion worldwide from the year 2009 to 2031, this was primarily predicated upon policy decision make by donors and state government. As such, Hecht et al. (2010) find that average income nations having low HIV/AIDS burden to be in a position to slowly take care of HID/AIDS response costs.

On the other hand, nations earning low income with increased HIV/AIDS burden to bank on external fundings to increasing health costs. Further average earning nations with high frequency of HIV for instance south Africa, risk facing massive crisis if responses from international health organizations are halted (Hecht et al., 2010). However, while

(Hecht et al. 2010) points out the challenges to the HIV/AIDS responses, they negate to expound on how this manifests itself mainly in response to the needs of the various demographic groups and alternative approaches adopted in state-centric responses to funding gaps.

According to (Chima & Homedes 2015), HIV donor funding from international health organizations has risen foreign aid depdencies among national states and thus increasing to the descrepancies when it comes to accessing HIV health amenitites. Moreover, the two scholars argue that HIV donor funding from international health organizations has minimally solved the isues of HIV health amenitites in provision ofhelath services resulting to packed health service amenitites for HIV thus resulting to the to have other equivalent approaches of supplying the health systems.

Drawing from the Nigerian experience, (Chima & Homedes 2015) find that HIV donor funding from international health organizations has not been capitalized meaningfully into employment of health workers and also have not solved the problem of healthcare provision distribution. Instead, HIV donor funding from international health organizations has resulted in an internal depletion by attracting health practioneers from public sector to NGOs, apparently increasing health practioneers workload. Additionally, HIV donor funding from international health organizations has resulted in poor policies, poor coordination, and non-strategic directions leading to poor guideline for external fund usage by government on HIV programs. This has weakened the maximum use of specific HIV foreign aid in the country (Chima & Homedes, 2015). While this study deviates from the norm by pointing to the dependency syndrome in a Marxian sense, it negates exploring how these states would have fared if left to manage themselves. Additionally, it negates exploring the role of coordinated global responses to the HIV/AIDS scourge.

Another point of concern in literature is how different states adopt different responses with different results. This can be seen in case studies on Brazil and South Africa, which were country's greatly impacted by HIV/AIDS having same rates of infection as in early 1990s.

The period from the 20th Century Interventions

At the turn of the 2010s decade, Brazil established a prevention and treatment program to boost HIV/AIDS program model having an adult prevelance rate less than 1%. In contrast, with South Africa which had 18% HIV prevalence rate, mainly owing to its overdue and use of unsuitable HIV/AIDS response (Nunn et al., 2012). Bearing in mind the country-specific results as evidenced by the Brazil and South African case, there is a need to examine Kenya as a case study to see how the country's approach to the HIV/AIDS epidemic deviates from other countries' states.

Another source of concern lies in the fragmentation of responses by international health organizations. This is because WHO's financial flows, the Bretton Woods institutions, the world wide finance for curbing Tuberculosis, HIV/AIDS and malaria; Bill & Melinda Gates Foundation, gave Vaccine Alliance opportunity to carry out unilateral responses. The three trending results of global health governance provides a movement a apart from the intermiable finance geared towards more optional financing (Clift, 2013). Traditional government-cantered representation and decision-making directed in defining a governance that has multi-stakeholder (Clift, 2013) and broader systemic goals issued narrow directives or problem- focused verticals (World Health Organization 2007). Because of these global health governance norms and movements, there is a need to examine how they influence the state and international health organizations' collaborations in controlling the spread and the magnitude of HIV/AIDS spread (WHO, 2007).

In Peru, as the country became a primary focus in the disbursement of finance from Global Aid Fund Tuberculosis and Malaria, national efforts have been dedicated since the emergence of AIDS in the year 1983. Peru has organized social players and economic resources through this intervention has played a crucial role in Peruvian health domain. Sucessful collaborative model is pegged upon variations within the society, especially in social movements and diverse connection with other countries (Cáceres & Mendoza, 2009). The Peruvian case offers a need to examine the local level responses to see how a state's configuration of its health sector influences the success of its international collaborations.

2.1.4 Factors that influence the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to the HIV/AIDS National framework

Literature on interventions in epidemics is rich in several publications pertaining to fators affecting implimentayion and adaption of policy frameworks and guidelines from international health organizations (Escoffery et al.,2012).

For instance, in HIV/AIDS, Adams et al. (2008) trace the adoption of these policy frameworks and guidelines to the international level. Twenty first era has been the globalization of public health efforts through shifts adopted in evolving programs such as the Global Public Health that have been redefining international public health (Adams et al., 2008).

Rodier et al. (2007) echoed these sentiments, seeing the fundamental shift to adopting and adapting policy frameworks and guidelines from international health organizations as tied to the renewed effort to enhance health security worldwide. This is evidenced on the global health regulation framework used by all states parties to a great extent agreed in 2005, 23rd May WHO assembly.These guidelines offer a worldwide binding agreement intended at building and strengthening a countrys response system and alertness. Inherent in the principles is a commitment from WHO and 193 countries and are geared towards improving the national and international capacity for the prevention of diseases, disease detection, and response, as well as the provision of basic rules necessary to direct countrys public health threats that have jeopardized global health endevours resulting to pandemics. (Rodier et al., 2007). Considering that the International Health Regulations are legally binding, there is a need to examine how and the extent they influence the adoption of policy frameworks and guidelines.

According to Shumate et al. (2005), another factor influencing the adoption and adaption of policy frameworks and guidelines from international health organizations in dealing with HIV–AIDS is cooperations and partnerships with HIV/AIDS helath networks internationally. (Shumate et al. 2005) are of the view that a state's geographic, resource, and social closeness and ties within geopolitical as well as past relationships between such a state with these organizations can point to an enhanced relationship and close

collaboration and adoption of their guideline (Shumate et al., 2005). Considering Kenya's proximity to international health organizations, there is a gap in how and whether this proximity influences the adoption and adaptation of these guidelines.

An additional factor is the myriad global problems affecting the efforts to contain the HIV/AIDS pandemic, including antimicrobial resistance (AMR). The advent of antimicrobial resistance as a critical hindrance to combat HIV/AIDS has made the issue a global priority. Since combatting resistance to anti- microbial requires actions that are coordinated in all state governemtn and the community, adopting policy guidelines and frameworks is a critical consideration amongst the WHO member states, including reducing high rate of infections amidst HIV drug resistance (WHO, 2017).

Additionally, factors to consider are changes in funding models. A good example is harm reduction and HIV response that is grounded on evidence to reduce transmission and negative impact for those indidvuals inject themselves with drugs that the Global Fund has explicitly supported efforts to fight Malaria, AIDS and Tuberculosis. In 2013, Global Finance launched a novel funding model. This model necessitated playing around with national policy responses (Bridge et al., 2016). This argument is echoed by (Oberth & Whiteside 2016), who see the trajectory of global financing initiatives as warranting playing around with national policies and guidelines. The two scholars see sustainability concerns as behind the adaptation of policies and procedures. In 2010, $800 million was disbursed by donors as national discourses moved to cater for more stable funding. This included adopting policy guidelines from new sponsors for instance PEPFAR and Melinda and Bill foundation (Oberth & Whiteside, 2016).

Domestic factors have also been singled out as critical determinants in adopting and adapting policy frameworks and guidelines from international health organizations. In the case of China, for instance, (Wu et al., 2007) isolate four factors that have driven China's adoption and adaption of policy frameworks and guidelines from global health organizations while responding to HIV/AIDS. This includes increasing scientific information about the nature and extent of the scourge. Secondly, existing government structures and networks of relationships at the national and local levels. Thirdly, external influences that accentuated the potential consequences of high rates of HIV/AIDS in

China and which necessitated accelerated strategic planning and the adoption and adaption of policy frameworks and guidelines from international health organizations; and fourthly, increasing political will and commitment at the national level (Wu et al., 2007).

In Brazil, there was resistance to adopting international guidelines bearing in mind the extent to which the scourge had devastated South America economically and socially. The Brazilian government became proactive and strategic to shield feedback from international arena. Brazil, for instance, counterattacked the demands by the Bretton Woods institutions to stop distributing free anti-retroviral drugs as a loan conditionality. Additionally, the Brazilian government resisted threats from Washington levelled before the World Trade Organization challenging Brazil's manufacturing of generic anti-retroviral drugs (Berkman et al., 2005).

In the African continent, external financial support from developed countries has been singled out as a significant resource that has enhanced the adoption and adaption of policy frameworks and guidelines from international health organizations in sub-Saharan Africa. This is primarily because influence of donors in the content and implementation of these programs is inevitable and often entails a requirement for the adoption of policy frameworks and guidelines from international health organizations (Wu et al., 2011).

However, domestic politics have also been critical in adopting and adapting policy frameworks and guidelines from international health organizations in sub-Saharan Africa. For instance, in Uganda, even though the country's HIV/AIDS epidemic response has highly been praised for being strong and achieving desired results, incorporating an aspect of gayism has been problematic due to its most significant religious domination. This has been further compounded with the passage of anti-homosexuality laws, severely increasing punishments, and closeting (Semugoma et al., 2012)

CHAPTER THREE
THEORETICAL FRAMEWORK

3.1 Introduction

This section elaborates more on research theoretical framework. The framework integrates the constructivist and the global governance models. These models' assumptions, and the rationale aligns appropriately with this study's objectives, hence informing their selection as the lens guiding the realization of the study's objectives.

3.2 The Constructivist Paradigm in International Relations

The constructivist approach to international relations primarily emphasized collective ideas, rules, and norms in modelling state behaviour in the international realm. To constructivist scholars such as Alexander Wendt, constructivism responded to classical approaches to global conflict management. This was also proposed by realism, neo-realism, liberalism, and liberal institutionalism methods. Altogether, those approaches over-emphasize the international level's materialist or individualist sources of conflict (Wendt, 1999).

Social constructivism emphasized that relations among states and other international milieu were products of the beliefs, ideas, values, and norms held by states as actors in the global system. These value systems and processes shaped the behaviour of states in the international arena and thus were pivotal in understanding international politics. Constructivists argued that social beliefs were translated into ideas and conflicts mainly constructed through social relationships rather than material realities. The social nature of how thoughts and conflicts form may mirror the thesis proposed by realist and liberal approaches. It emphasized that power and interests play a role in perpetuating international disputes. However, shared knowledge governed their importance in determining whether states opted for balancing and counter-balance, Cooperation with other actors, or war (Grant, 2018).

Social constructivists argued that ideas, norms, beliefs, values, and culture, as opposed to material power structures, defined relations between states in the international system. Drawing from social theory, Social constructivists argued that the deep societal configurations were products of ideas rather than material forces. Proponents of this

thesis, such as Alexander Wendt, further postulated that states were the natural form of subjectivity in relations in the international system as international actors. Alexander Wendt, for instance, prioritized state subjectivities in his argument that anarchy is what states make it, thus writing out others.

Social constructivists place a caveat on their constructivist thesis despite the potency of beliefs and ideas in war and social relations in international politics (Guzzini, 2000). This was by arguing that while ideas do matter, a baseline of materialism is also critical. It determined the sharing of material aptitudes and capabilities at the international level and their nature (Grant, 2018). Geography and natural resources also shaped how the material and disposition of powers were defined, shaping ideas and beliefs. To social constructivists, the state's interests, i.e., the things that proded a state to pursue the material capabilities in question, engineer social change at the international level through wars and ideas. Therefore, constructivists argued that ideas, norms, beliefs, and values were constitutive variables, impelling the nature of power and interest (Guzzini, S.2000).
As the predominant actors in the international system, social constructivists contended that states' desires were constituted by the dominant belief system salient in their prevailing DNA, which also mutated in time and space. Wendt (1999) argued that these interests could be cognitive in that they entailed motivations hinged upon "schemas." It was these schemas that helped us identify and react to things and events. Additionally, these schemas were used by states to delineate their interests. For instance, a state seeking to uphold the status quo would have schemas outlining its satisfaction, commitment to the prevailing regimes, and belonging to a domineering society of states (Wendt, 1999).

To Wendt (1999), interests were predicated upon beliefs and ideas on how to satisfy desires. Those needs were unprejudiced interests that included the need to uphold physical security and territorial integrity and a stable set of expectations about the world and good world order (Wendt, 1999). The social nature of needs in the international system was predicated upon ideas such as the American fear of a nuclear Iran and North Korea rather than nuclear South Africa, Israel, France, and India. This was based on the notions of aggression and the characteristic of states due to unmet needs. For instance, the

existence of Israel and its persecution of Palestinians in the Iranian quest for a nuclear arsenal (Sucharov, 2012).

The international system's social structure consisted of independent beliefs, norms, ideas, material factors, values, and interests to social constructivists (Wendt, 1999). Those material factors were not based on material structures as advanced by neorealists. Instead, it was based on a conceptual one. In the system constructivists proposed, interests were the substructure upon which those two structures assert their sway. Constructivists advanced their case of three ideational level structuration. That included a unit level that explained the input of the social attributes of a state and how these attributes defined social and international relations; secondly, a micro-structure at the interactional level of state interactions; and thirdly, the macro-structure domiciled in the systemic level. To constructivists, interactions at the macro-level were solely fashioned by exploits at the micro-level (Hein, G. 1991). In extrapolating the impact of culture in international conflict and international relations, constructivists viewed common knowledge that comprised shared ideas believed to be true existed and underpinned relations, particularly among allies. In this regard, collective expertise in the international system was both subjective and inter-subjective. To constructivists, collective knowledge entailed structures of knowledge that created macro-level systems of unit behaviour. A textbook example was the doctrine of the responsibility to protect. Constructivists concluded that culture is more than just all shared ideas (Grant, 2018).

Using Hobbesian, Lockean, and Kantian approaches to examine the international system and constitutive effects, constructivists viewed that the culture of anarchy constituted the ideas of social relations among actors (Wendt, 1999). The results in Hobbesian conflicts of all against all due to coercion, the Lockean commonwealth based on interests and costs, and the Kantian to compliance based on legitimacy (Wendt, 1999). Constructivism was a pivotal approach for those who appreciate the role of ideas, beliefs, norms, values, and culture in international relations. Furthermore, constructivists methodically tackled a retinue of problematic and disputed issues with a clear-eyed, articulate, and original approach. However, the challenge was that the critical approach adopted by the social

constructivist theory had intrinsic flaws. It failed to adequately address the problem of uncertainty in world politics articulated by realist and neo-realist scholars (Milner, 1991). In critiquing classical theories of international relations, Halliday (2005) failed to appreciate ideas' role and how they shaped the global conflict. The scholar argued that the constructivist approach privileged the state as a predominant actor in the international system, characterized by a significant carry-over of domestic politics, values, beliefs, and ideologies. To Halliday (2005), a realist approach could conjure arguments concerning the international conflict. Halliday argued that classical international conflict management theories ignored state-society relations and transnational factors in the Middle East. To Halliday, such an approach may have masked the underlying dynamic of change. Halliday (2005) thus rooted for a constructive approach.

The constructivist model is critical in helping us understand areas neglected by classical theories of international relations, particularly regarding the advent of norms guiding global health responses. However, the model does not address policy frameworks' role and adoption and adaptation. This will be augmented by the Global Governance model outlined below.

3.3 The Global Governance Model

The constructivist model of international relations was augmented by the Global Governance Model. The global governance model has been used to analyze the prevailing global order and respond to the limits of traditional international relations theory to explain a global governance paradigm which is important for moulding individual nations in varying contexts (Halliday 2005). Agents' roles in all perspectives were on the increase, thus resulting in a challenging obstacle to classical theories of International Relations (Tallberg, 2021). Moreover, the realities of the global system are questioning the capability of mainstream theories of international relations to explain deviations within the world order (O'Brien et al., 2000).

This model borrowed heavily from the constructivist model, as aptly captured in this section. The Global Governance Model was hinged on the premise that global political, socio-economic, and conceptual developments were prodded by globalization. Global interconnectedness attributed to acceleration, intensification and expansion of the global

system has an important impact on the international system by affecting conceptual order level political and social-economic systems. Critical in those political developments was the emergence of institutions and actors that are either above or below nations for instance monetary instiutions and global economic. Social movements globally and international law regimes that wielded sufficient power to reorder global economic, political, and social transactions (Tallberg, 2021). Secondly, the model assumed that the evolving global order posed practical and normative barriers to state-centred radicalization in international relations. This was hinged on the premise that the advent of civil socieites globally, transnational threats and escaled number human rights treaties have changed realist states' assumptions while necessitating, conceptualizing and restructuring world order beyond anarchism. (Turner, 1998).

The utility of that model was hinged upon the fact that it gave us a sectoral-specific lens to examine the globalization of health governance, particularly concerning the country-specific responses to the HIV/AIDS pandemic. It helped the researcher assess how international health regimes and institutions had created an enabling environment for the collaboration between Kenya and international health organizations in responding to HIV/AIDS epidemic. Secondly, it was critical to assess the vertical flow and adoption and adaption of policy frameworks and guidelines recommended by International health organizations in Kenya's HIV/AIDS national framework.

CHAPTER FOUR
METHODOLOGY OF THE STUDY

4.0 Introduction

The section outlined how the study collects, triangulates, analyses, and interprets the study data. The chapter described the research design, strategy, data collection, case description, unit of analysis, data analysis, validity, reliability, research ethics, research limitations, and constraints.

4.1 Research Design

This research embraced descriptive case study research design. A descriptive research design was employed when the researcher described a given social phenomenon and its characteristics (Yin 2014). Moreover, I was engaged in research undertakings more concerned with *what* rather than *how* or *why* a social phenomenon exhibits given characteristics (Gall & Borg, 2007). The inherent advantage informed the choice of the research design in descriptive research. According to Ethridge (2004), descriptive analysis is desirable in studying a social phenomenon because it gives a better and deeper understanding of a phenomenon based on an in-depth study (Ethridge, 2004; Yin, 2014). It was critical in assessing HIV/AIDS responses amidst collaboration between Kenya and global health organizations. Additionally, it helped present an in-depth study on the constructs influencing the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework.

4.2 Research Strategy

The study employed a qualitative research strategy to obtain demographics such as age and number of years working in an institution. Qualitative research methods entailed qualitative data usually not controllable to counting or measuring, including understanding and explaining social phenomena (Myers 1997). To Hammarberg et al. (2016), qualitative methods were employed in social research to respond to issues related to definitions, participant experience & perception. These data include group discussions that investigate normative behaviour, beliefs, and attitudes; unstructured interviews that

focus on specific topics to get background information or understand an institution's condition; analyzing text and documents; experiences or personal perceptions of events. Qualitative research techniques were particularly effective in finding information about cultural values, attitudes & approaches embraced by a polity. Moreover, it helped in research on political sociology, such as the influence of pressure groups, public opinion and voter behaviours, and the socio-political contexts of particular populations either in homogenous or heterogeneous societies. The strength of qualitative research techniques was premised on their ability to provide political research with complex written reports of how individuals experienced particular study issues. Qualitative research provided evidence concerning the "human" view of a problem (Babbie, 2010).

Moreover, qualitative methods effectively identified intangible gender roles, religion, social norms, ethnicity and social-economic status as critical in political research. Further, a strong understanding of a phenomenon can take precedence by bringing about data that can be generalized in other areas. (Brians, 2011). The utility of the qualitative research strategy in this study was that it helped analyze and assess intangible factors. These included the collaboration between Kenya and international health organizations and the intangible factors influencing the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework.

4.3 Data Collection

Data employed in the research was collected in two phases. First phase entailed secondary data collection, while the second phase entailed collecting the primary data. The secondary data for the study was collected through documentary analysis, involving desk reviews of existing studies, reports, and organizational journals on HIV/AIDS. The data collected here was coded and used to triangulate data collected using the primary methods described below.

4.3.1 Data Collection Procedure

Sampling Techniques: This study employed two qualitative sampling techniques. The first one was purposive sampling. The purposive sampling strategy is when a targeted approach is used to net respondents and group respondents as per selected criteria

appropriate to research questions. Again, the sample sizes might be influenced by a theoretical capacity i.e. within the area of data collection when data gathered is not insightful to the research questions. (Family Health International n.d., Myers 1997).

The second type of sampling employed was snowballing. Also referred to as chain referral sampling, under snowballing, respondents contacted use social linkages to aid the research to another person (s) to participate and contribute to the research. This sampling method is normally used when a researcher needs to recruit "concealed inhabitants", i.e. groups that cannot be accessed easily by a researcher using other sampling methods. (Brannen 2005, Hammarberg, Kirkman and de Lacey 2016).

4.3.2 Data Collection Instruments

Data collection triangulated different methods. According to methodologists like Creswell and Miller (2000), triangulating qualitative research methods increases the data's validity. These are described below.

Questionnaires. The study employed questionnaires. According to (Green et al.; 2018), this instrument involved a written set of both open-ended questions, in which the respondents responded in writing. The researcher developed closed questions to capture essential information about the respondent and some technical questions regarding HIV/AIDS. In the open-ended section, the researcher left questions to write their responses freely without choosing. Using open and close ended questionnaires, researcher envisioned extracting the richness of diversity from the reactions and offering more flexibility to express individual opinions regarding the subject matter. The researcher intended to use this tool to reach out to 24 respondents from the different International health organizations and the Ministry of Health. This was attributed to the limitation of face-to-face interactions during the COVID19 pandemic to prevent spreading infections. The tool was disseminated electronically through respondents' emails.

Face-to-face Interviews: The study employed face-to-face key informant interviews. As described by Creswell and Miller (2000), face-to-face interviews involve interaction between an interviewee and a trained interviewer guided by a structured tool of set questions to which the responder responds. The choice of the face-to-face key informant

interviews was informed by the fact that knowledgeable respondents would get information. Secondly, key informant interviews often provided data and insight that could not be obtained with other methods. Additionally, face-to-face approaches would allow the researcher get acess to particular participants, ask multifaceted queries and investigate to get in-depth and insightful information. The sample size of 6 respondents, sampled from each Organization. The respondents were intended to be program managers directly supporting HIV/AIDS program in Kenya.

4.4 Case Description

The study was a causal single case study that assesses interventions by international health organizations as actors in international relations and implementing HIV/AIDS in Kenya. The case study under consideration was the Health Ministry. Health Ministry is the sole state actor in delivering attributed health activities. In this case, HIV/AIDS program implimentayion in Kenya was undertaken by the Health Ministry in conjuction with National Aids Control Council.

4.4.1 Sample Size

The researcher intended to interview 30 people to give detailed and in-depth information about the study. The chosen people were from International health organizations in Kenya and the Health Ministry, specifically the World Health Organization (WHO) country office, National Aids Control Council, CDC, control program for AIDS and STI and USAID. The researcher adopted the sample size in accordance to the sample procedure underlined and the saturation point of non-probabilistic sampling. The saturation point informed the intention of the number of respondents of information gathered from non-probability samples. Secondly, this was attributed to the limitation of face-to-face interactions during the COVID-19 pandemicaimed at limiting infection rates. Sample size of 6 respondents, sampled from each Organization. The respondents were intended to be program managers directly supporting HIV/AIDS program in Kenya.

4.4.2 Demographic information

Table 4.1 Demographic Information

		Frequency	Percent	Valid Percent
	Male	9	42.9	45.0
	Female	11	52.4	55.0
	Total	20	95.2	100.0

Source: Analysis of Study Data (2021)

Table 4.2: Age Distribution of Respondents

		Frequency	Percent	Valid Percent
	26-35	7	33.3	46.7
	36-45	7	33.3	46.7
	46-55	1	4.8	6.7
	Total	15	71.4	100.0

Source: Analysis of Study Data (2021)

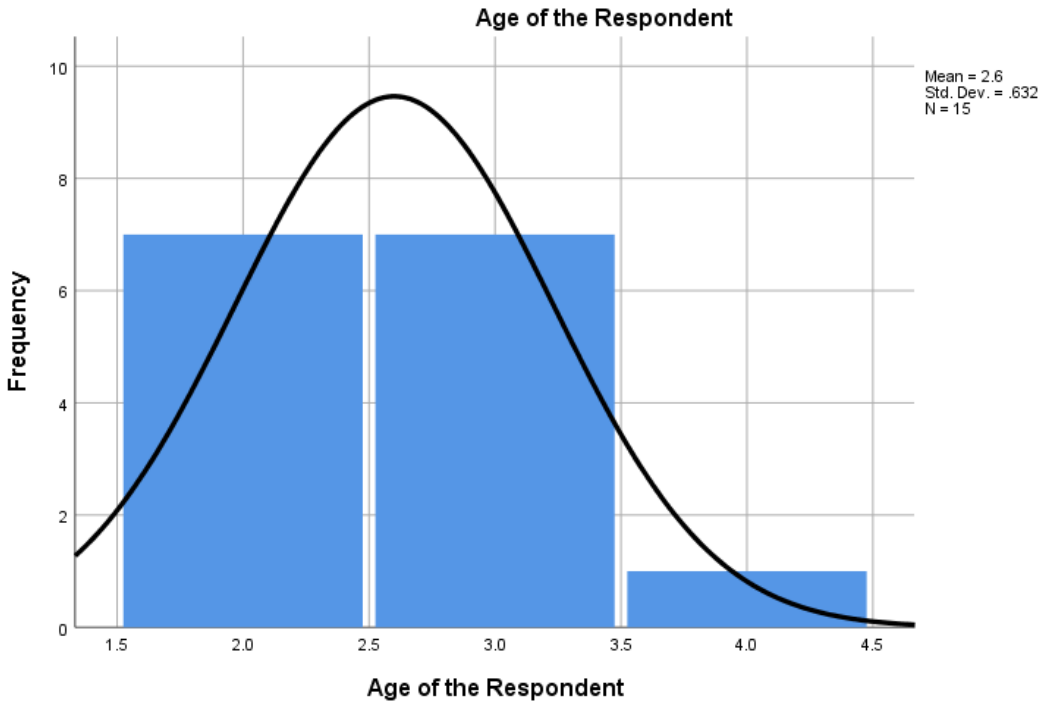
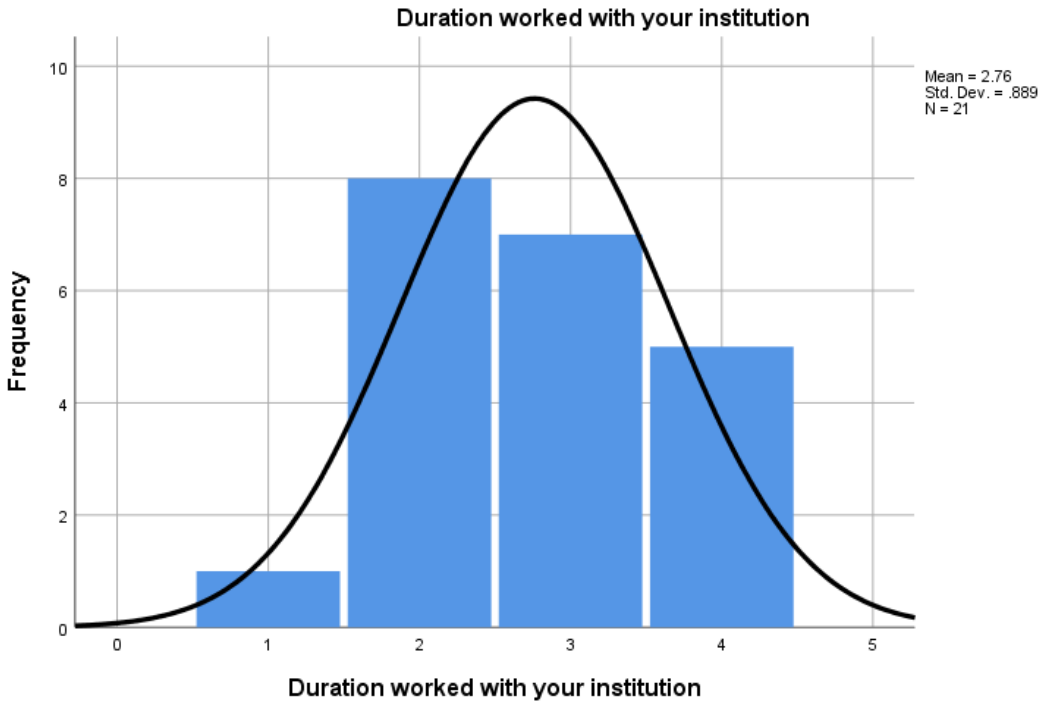


Figure 4.1: Age of the Respondent

Table 4.3: Duration Respondent has worked at current Institution

		Frequency	Percent	Valid Percent
	Less than two years	1	4.8	4.8
	2-5 years	8	38.1	38.1
	6-10 years	7	33.3	33.3
	10+ years	5	23.8	23.8
	Total	21	100.0	100.0

Source: Analysis of Study Data (2021)



Source: Analysis of Study Data (2021)

Figure 4.2: Duration worked with your institution

4.3 Units of Analysis

The study further analyzed the International actors concerned with HIV/AIDS Program. This included; World Health Organization (WHO) country office, USAID, and CDC Kenya.

Conceptual Framework of the Study

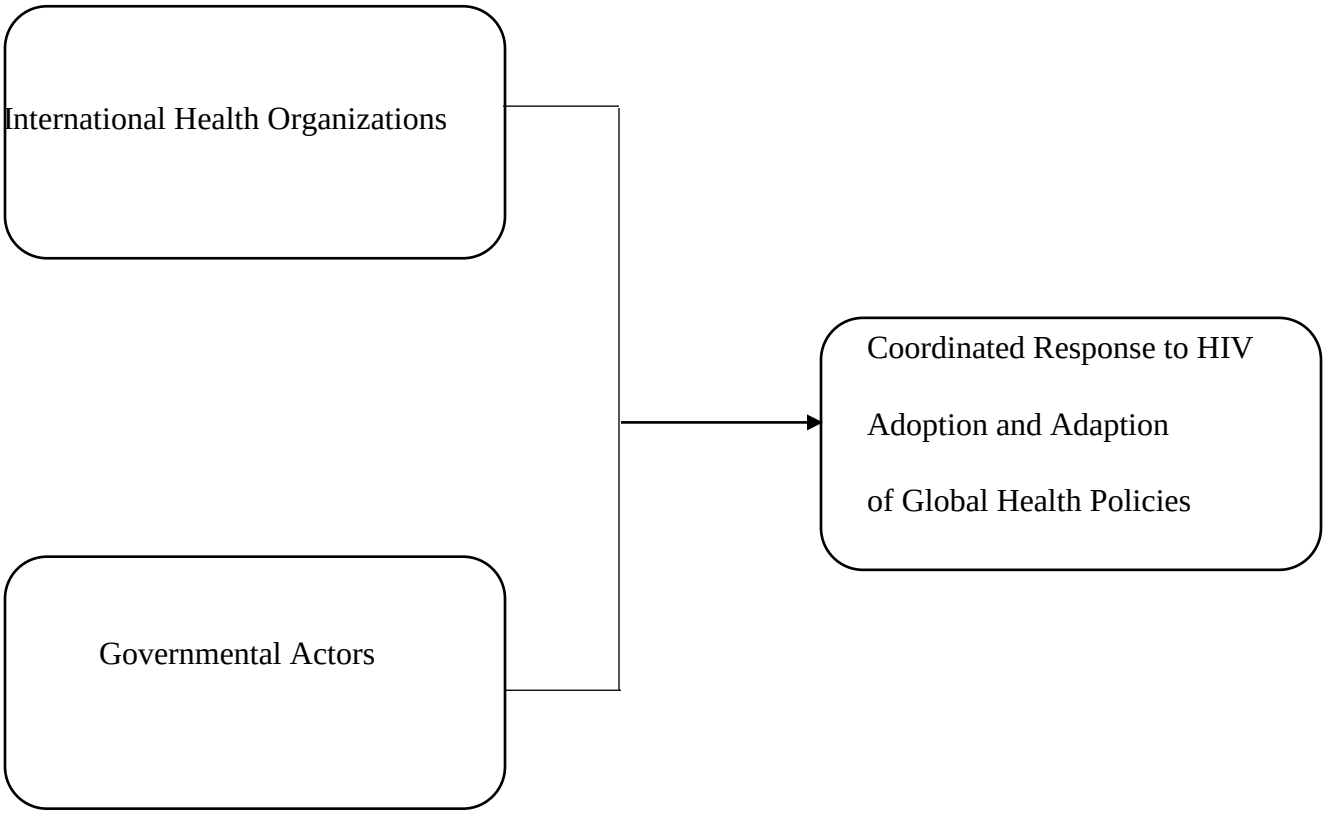


Figure 4.3: Units of Analysis

Source: Researcher (2021)

4.4 Data Analysis

Data analysis in this study involved evaluating data in analytical and logical reasoning (Glaser & Strauss 1967). The researcher employed thematic analysis. Thematic data analysis consisted of identifying data and analyzing patterns and themes to ascertain the meanings of a data set (Braun & Clarke, 2006). This involved critical steps, familiarizing with the data, coding, thematizing, reviewing, and naming the themes.

Coding and categorizing data: The codes and categories were determined by themes and ideas underpinning responses and information gotten from the field. The codes and classes were done in three stages. These are; open coding, where the raw data was organized; axial coding, where categories of codes were interconnected and linked; and selective coding, where the paper's thesis was formulated through connecting the types.

Thematization: The second step entailed the identification of themes, patterns, and relationships. The researcher scanned primary data for words and phrases most commonly recurring in the field data. Additionally, the researcher examined primary and secondary data by comparing data from the field with the literature review findings and the differences therein. The final step involved synthesizing and summarizing findings of the study.

4.5 Validity

According to (Creswell & Miller 2010), a case study researcher should entail four (4) quality control conditions related to design quality, including the various types of validity: construct internal, external validity & reliability.

4.5.1 Design Quality

Design quality refers to the research method's scientific process, particularly relating to the researcher's judgment on the similarity between the method used, questions asked selection of participants, the outcome from the result and issues of biasness. To enhance the design quality, the researcher carefully explored and mitigated flaws in the judgment regarding the match between the methods and the study's objectives, selecting respondents, measuring outcomes, and data analysis.

4.5.2 Construct Validity

Construct validity refers to magnitude to which reading is considered reasonable based on the research theory and operationalization construct. The researcher ensured that the study's indicators and measurements were based on relevant knowledge.

International health organizations policy framework Implementation of HIV/AIDS

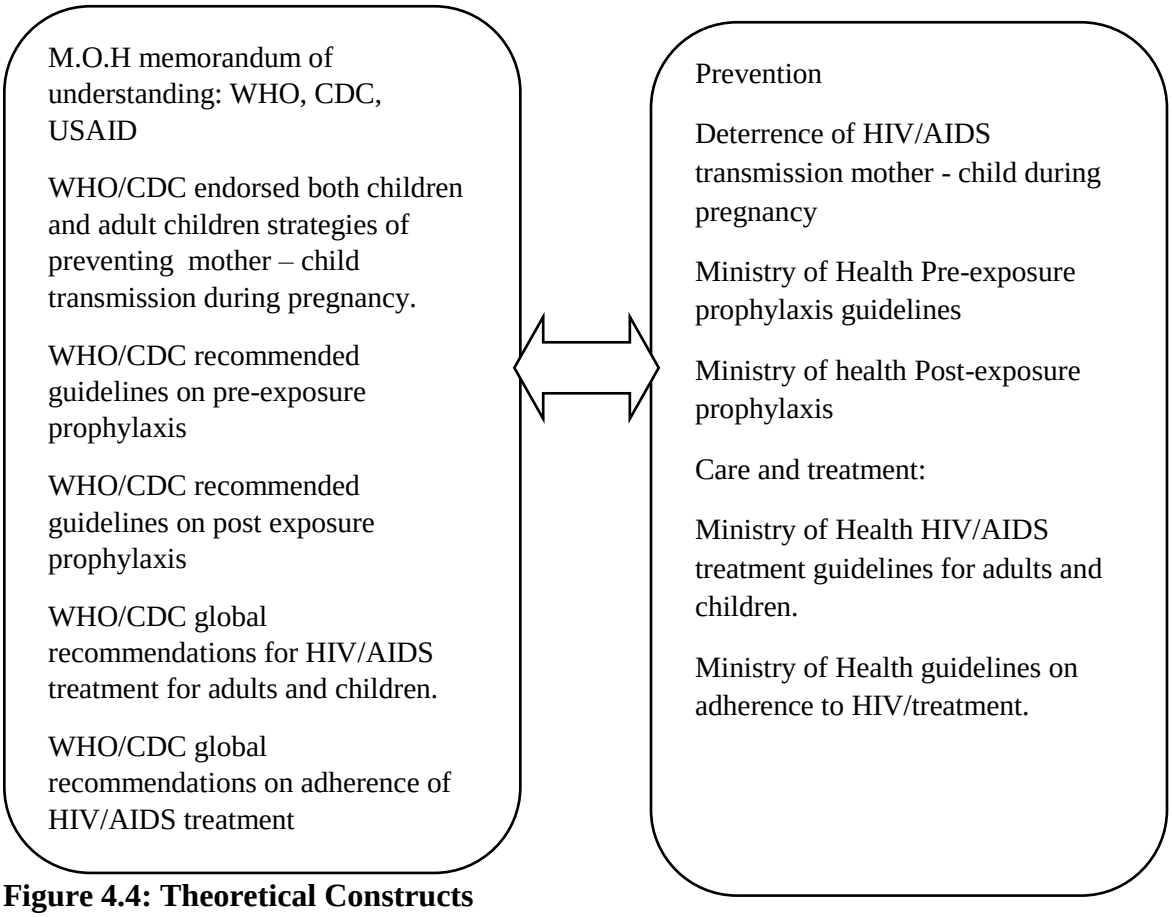


Figure 4.4: Theoretical Constructs

4.5.3 Internal Validity

To ensure internal validity, the study ensured that the methodology and ethics of the scientific process were upheld. Also, it presented correct, honest, and trustworthy causal relationships between the variables being International health organizations as the independent variable, and the HIV/AIDS program implementation in Kenya is the dependent variable.

4.5.4 External Validity

External validity denotes on how a study result can be inducted another situations, groups, or events. The researcher triangulated findings and enhanced due diligence to weed out logical inconsistencies to improve external validity. The researcher aimed to support a fact by persistent engagement with the participants in this context. In addition, I employed multiple theories and data analysis methods to ensure clarity. The researcher

ensured deviant cases were well represented in the case study. In providing the trustworthiness of the results, the researcher employed different methods, such as transferability. A thick description of the phenomenon was discussed with readers to transfer conclusions to other settings. Secondly, the researcher checked on the dependability of the research by having external audits to verify the research process and draw conclusions. Eventually, the researcher checked confirmability where the extent of the research results contributed and was shaped by the research participants and not by personal biases.

4.6 Reliability

To ensure that the study produced stable and consistent results, the researcher sought several safeguards in the study's methodological approach. The first one was structural collaboration. Here, the researcher employed secondary and primary data sources to support or deny the interpretation through triangulation, construct validation, and face validation. Secondly, the researcher pursued consensual validation from the primary respondents themselves and between secondary and primary data. The researcher also strictly and meticulously sorts referential adequacy through a saturated sample size and broader secondary data sources. Additionally, the researcher carefully took detailed field notes by recording and transcribing interviews and discussions.

4.7 Research Ethics

In collecting data from respondents for use in this research, the researcher adhered to the principle of informed consent from all respondents throughout the study, from incubation and data collection to presenting the research findings. In addition, the study maintained the confidentiality of identities and records of respondents who required such confidentiality if revealing their identities would be dangerous or if they preferred to remain anonymous. Furthermore, due to the nature of the study, the researcher will always sort the authority to use relevant official documents. The study also complied with ethical considerations of honesty and objectivity by ensuring that authors and sources of data and references used in the research were fully acknowledged.

4.8 Research Limitations and Constraints

The researcher faced constraints in obtaining information from the Ministry of Health due to the pervasiveness of poor project monitoring and evaluation culture in government agencies. However, this was addressed by using case studies that will be used to triangulate the information obtained from the primary sources. Due to the measures put in by the Ministry of Health regulating face-to-face interactions to curb Covid-19, the researcher could not fully interview all the 6 respondents proposed for face-to-face. However, the respondents preferred to respond to questionnaires.

CHAPTER FIVE

RESPONDING TO HIV/AIDS PANDEMIC AND ITS IMPLICATIONS ON COLLABORATION BETWEEN KENYA AND INTERNATIONAL HEALTH ORGANIZATIONS

5.1 Introduction

This chapter assesses how responding to HIV/AIDS pandemic has contributed to partnership between Kenya and international health organizations. The structure involves two sections;

1. Impact of Collaborative Responses to HIV/AIDS in Kenya
2. Collaboration of International health organizations and Kenya in regards to Funding of HIV/AIDS response in Kenya. 5.3 Impact of Collaborative HIV/AIDS pandemic Response in Kenya

There have been some significant impacts of collaborative HIV/AIDS pandemic response in Kenya. For instance, there has been a downward HIV prevalence trend. In Kenya, between 1995 and 1996, HIV/AIDS was at a maximum of 10.45%, after which it reduced to 39.5% (6.7%) in the year 2003. Since then, the pandemic has been fairly stable, giving a range of 6.7 % in 2003 to 5.55 % in 2012, which is attributed to a well-coordinated response between Kenya and international organisations (Rodriguez-García, et al., 2013). Additionally, the collaborative HIV/AIDS pandemic in Kenya and subsequent adoption of international guidelines and protocols has led to a focused approach to controlling HIV/AIDS pandemic in Kenya. It is Shown on the multi-sectoral HIV/AIDS response and policies undertaken therein. For instance, adoption of 2000 -2005 National HIV/AIDS control strategic plan resulted in implementing a policy and institutional framework that guided the response and ensured that strategies were integrated in major government processes through guidance and policies. For instance, the NASCOP coined a ART task force country wide to scale up provision of antiretroviral therapy across Kenya. The Ministry of Health also adopted a program for preventing transmissions from mother - child using nevirapine (WHO, 2005).

Moreover, through this close collaboration, Kenya has made significant progress toward HIV/AIDS epidemic control. By the turn of the 2020s, 96% of those with known HIV status in Kenya were on anti-hiv dosage, 90.6% undergoing the dosage experienced viral load reduction. Additionally, while 1.16 million persons were living with HIV under antiretroviral therapy, 1,137,111 were enrolled in facilities funded by United States PEPFAR (PEPFAR, 2020).

The country's guidelines have been nationally borrowed from WHO (Respondent 007). CDC has partnered with helath ministry in Kenya to strengthen public and medical laboratory systems across multiple program areas. In addition to the formulation of guidelines, CDC is also involved as a strategic stakeholder in modifying procedures of HIV/AIDS at NASCOP. This is done through the expertise of subject matter experts working with NASCOP and other stakeholders. CDC also provides funding for the development and dissemination of guidelines arising from revisions. The Kenya ART guidelines provide a standardized way of managing and taking care of HIV patients across the country. It also offers guidance on eligibility Criteria for pre-exposure prophylaxis (PREP) to prevent those highly risking acquiring HIV.

The PMTCT guidelines guide the management of HIV positive mother and babies (Respondent 018). Several policy actions have been advanced to enhance the HIV/AIDS response. According to (respondent 021) country wide, state actors such as the Health Ministry (MoH) have developed guidelines to address some of the issues relating to mental health. Additionally, the government has put policy directives to ensure mental health is a critical component addressed within the health fraternity. At institutional level, guidelines include development of low-touch protocols and no-touch protocols to ensure that, as frontline healthcare workers go to the households, they can do assessments without putting themselves at risk.

Findings also indicate that government players at the national and devolved levels have been gathering policy support from non-government player developing guidelines for the operation of the community health volunteers at the Community level. This has also been extended to the development of protocols for the use of technology. Moreover, non-governemnt players have been aiding in development of laws, including working with the

counties on legislation to ensure funding for Community health services. This has also been extended to the national level, where non-state actors have advocated recognising Community health workers as frontline healthcare workers (Respondent 009).

International health organizations, for instance, have supported developing and implementing policies and guidelines for national and county health systems. Additionally, international health organizations have advocated for inclusive approaches to ensure that frontline healthcare workers are encouraged to be involved in policymaking and participate in various ways to learn from each other and ensure better policies that cater to their needs (Respondent 002).

A remarkable attribute of the policy and guidelines development process is creating strategic collaborative support in policy formulation processes at the inter-governmental level and among governments and non-government players. Participants established that non government players for instance, have heldup numerous events from policy and guidelines for national and county. Additionally, the government has partnered with instiutions for instance medicine from USAID, technical Know-hows, and Pharmacological Services Program (MTaPS) to roll out specific programs which are aimed at controlling and preventing infections (IPC) and also COVID prevention in the workplace, (Respondent 016). Among the most notable outcomes is strategic collaboration in policy development whereby government partners engage in support supervision, surveillance activities, and even research. Additionally, this has resulted in responsive leadership practices whereby in counties where such collaborations exist, they tend to progress forward when their leadership at the county level adopts strategies and norms placed Another notable outcome is inclusive processes and participation, whereby an inclusion of all voices brings synergy.

In Kenya, the HIV/AIDS epidemic response stands as an outstanding example of international health organizations and governments' shared political and financial commitment to control the spread of a given health epidemic. As seen in earlier sections, it has accomplished tremendous outcomes when ti comes to accessing the populace in addressing mandatory health issues (respondent 005).

However, this has run the risk of creating an aid dependency syndrome, as evidenced by recent happenings in the issue area. For instance, with dwindling donor funds for the HIV/AIDS issue area, medium and low-income nations have been obligated to change towards addressing health needs under a universal health care scheme for the realization of SDG. The need for universal health care has come from declining HIV/AIDs international funding agencies. At the same time, government(s) from medium and low-income states need funds to boost HIV/AIDS kits to respond to universal health care. Governments in sub-Saharan Africa have been increasingly depending on this funding. They thus have stumbled from dependency syndrome due to a lack of enough health care funds, thwarting the availability and quality of health care for individuals with HIV/AIDS. (Ooms & Kruja, 2019).

Reducing responses for HIV/AIDS pandemic support poses a threat to integrating universal health care programs. Two major concerns have been identified concerning the medium and low-income states towards a transition to external HIV/AIDS donor fund programs and domestic funding for the same purposes. One major factor is a dependency on HIV/AIDS international funding. The medium and low-income countries have insufficient domestic resources; thus, merger resources will be thinly distributed among competing health priorities without support. Secondly, the governments are not willing to find HIV/AIDS pandemic funds despite being capable of doing so, thus hindering comprehensive health services for HIV, thus might result in the stigmatization of the marginalized (Ooms & Kruja, 2019).

5.2 Collaboration with International health organizations with regard to HIV/AIDS Response Funding in Kenya

International HIV/ AIDS response funding has been a major collaboration between Kenya and international organisations. Since its emergence, Kenya has received numerous donor aid, which has increased rapidly. In the year 2011, for example, US $ 7.56 billion was donated towards HIV/AIDS response in medium and low-income nations by universal aid giants. These include the World Wide finances to combat malaria, AIDS and TB, DFID (Department for international development), World Bank

and PEPFAR (U.S Presidents HIV/AIDS emergency relief plan) (Rodriguez-García et al., 2013).

PEPFAR (President's Emergency Plan for HIV/AIDS) has been collaborating with Kenya to fund and enhance HIV/AIDS pandemic response policies toward controlling and achieving HIV/AIDS self-reliance. The approaches used are geared towards index testing and case finding for identification, prevention ART (Antiretroviral therapy) up the scale, treatment, prevention of mother-child infections, VL (Viral load), OVC (Orphan and Vulnerable children), health care support, coverage and suppression. Furthermore, PEPFAR has been collaborating with Kenya through a DREAM program to address persistent gaps in completion rates. ART linkage and suboptimal retention, MTCT (transmission from mother to child), care attrition and poor performance. (PEPFAR, 2020).

In conjunction with CDC, Kenyan Ministry of Health is concerned about public health. It thus conducts research for effective interventions and the development of surveillance by creating a health information system that is used to inform policymakers for implementation, monitoring, and evaluation of evidence from the program. Furthermore, it enforces the PEPFAR, US Malaria initiative, COVID emergency response and Global health security agenda (Respondent 003). NACC (National AIDS Control Council) develops HIV/AIDS intervention strategies, policies, and National Aids Strategic Plan guidelines in Kenya. These strategic plans include 2000 – 2005, 2005/6 to 2009/10, 2009/10 – 2012/13 strategic plan for HIV/AIDS in Kenya, KASF (Kenya Aids strategic framework) 2014/15- 2018/10 and the current KASF II running from 2020/21 to 2024/2025, directs the implementation of HIV response based on evidence. Based on the strategic plan via NASCOP (National AIDS and STI control program), health ministry has developed a specific HIV prevention, care and treatment; blood safety & infection control, health systems, surveillance, epidemiology and laboratory. (Respondent 010).

Center of Disease Control (CDC), in conjunction with the Kenyan government, agencies from United States and global donors, work together to instrument studies in Kenya informaing policy directions and an evidence base for health interventions. In addition, through funding and technical assistance provided to implementing partners and the

government of Kenya, CDC is indirectly involved in formulating policy for HIV/AIDS in Kenya Respondent (010). CDC is a key and strategic stakeholder in formulating guidelines for HIV/AIDS at both NACC and NASCOP. CDC is involved in providing evidence-based operation research and technical assistance through subject matter experts at NASCOP and NACC, Respondent (010).

As partners in implementing HIV AIDS in Kenya, international health organizations support the Ministry of Health in offering comprehensive HIV/AIDS services to the Kenyan population. Together with MOH, they form Technical working groups that formulate standard guidelines in line with the World Health Organization, which help implement activities in the health facilities in the country (Resident 017). Other themes identified include service and support systems in healthcare institutions and policies and processes. Study findings from the critical informant interview (Respondent 003) indicate that capacity-building programs target HIV/AIDS policy response.

This has also expanded to focus on updating pre-service training curriculums of training institutions to include mental health issues. In addition, international health organizations have several programs focusing on strengthening the capacity of the HIV/AIDS response.

Conclusion

As depicted from the primary and secondary data above, collaboration with international health organisations has positively and negatively yielded significant results. Kenya has significantly achieved milestones in controlling the epidemic through an established multisectoral approach. It also established task forces geared towards ensuring the implementation of guidelines, not forgetting increased funding that has enabled a focused approach in strengthening health systems in the prevention, care, and treatment. However, dependency issues prevail, as measures have not been put in place to absorb the program post donor era.

CHAPTER SIX

FACTORS INFLUENCING THE ADOPTION AND ADAPTION OF POLICY FRAMEWORKS AND GUIDELINES RECOMMENDED BY INTERNATIONAL HEALTH ORGANIZATIONS TO KENYA'S HIV/AIDS NATIONAL FRAMEWORK

6.1 Introduction

This chapter examines the factors influencing the adoption and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework. First, it highlights of globalization of public health efforts and its influence on adopting and adapting the HIV/AIDS policy response framework. Second, it identifies the proximity of the alliance and partnership with HIV/AIDS international and its influence on adopting and adapting HIV/AIDS policy response frameworks. And third, identify the challenges in adopting and adapting HIV/AIDS policy response frameworks.

6.2 Globalization of Public Health Efforts and Its Influence On the Adoption and Adaption of HIV/AIDS Policy Response Frameworks.

Infectious diseases have led to the globalization of health efforts. One of the factors explaining public health globalization efforts and the need for creating worldwide public health community is attributed to the need for seizing microbes geographically and stop the spread of disease. In addition, it has enhanced public health, especially for infectious diseases and controlling antibiotics is an international public good for health. The community has assisted in containing the notable communicable disease and controlling antibiotics that have emerged in international politics as part of the global efforts to deal with infectious diseases globally, including creating tools to model the spread of the diseases. (Labonté et al., 2011).

The Ministry of Health supports HIV/AIDS interventions through coordination and collaboration by providing policy guidelines and regulation, supervision, quality assurance, capacity building through training and mentorship, certification, and security. According to (Respondent 005), one hallmark of globalisation is the HIV/AIDS ACT. This gives a framework for how those affected and infected with HIV/AIDS need to be

handled at their place of work. Moreover, it guides the action against those who infect others willingly and knowingly (Respondent 005). Furthermore, resources for infectious disease control have shifted into the political arena and the economy, especially in middle and low-income nations. The rate of disease detection and capacity to report outbreaks has risen due to globalized communication and information systems. (Joseph, 2014). Echoed by (Respondent 003, being a globalized world, universal policy frameworks adopted by different states have enabled quick access to information.

For instance, the idea of norm cascade has been a critical aspect of the globalization of public health. This is reflected in assertions by respondents who pointed out the remarkability of policy frameworks reflecting global HIV/AIDS response norms. For instance, the Kenya AIDS strategic framework I (KASF I) promoted the need to improve interventions and methodologies that have already generated results in curbing HIV/AIDS transmission, for example, male circumcision. This was followed up by the Kenya AIDS strategic framework II (KASF II), which gives guidelines on addressing HIV pandemic through implementation of evidence based feedback adapt global policy frameworks on HIV/AIDS response (Respondent 011).

This has led to the influence of international health organizations in the policy formulation and monitoring of implementation by government agencies and departments. For instance, this has mandated all government bodies to have workplace policies on HIV/AIDS and the need to be unbiased to persons having HIV/AIDS, and voluntary testing. To achieve this, international health organizations monitor the implementation of these policies, offer technical assistance, and organize national and international celebrations to create awareness (Respondent 001). These sentiments were further echoed by Respondent 006, who pointed out various strikes in domesticating international guidelines and policies on the HIV/AIDS response. This included testing expectant women for HIV and treating those who are positive, PrEP as an HIV prevention tool among the high-risk clients with continuous HIV risk exposure, and the delivery of services in a secret place and observing confidentiality (Resident 006).

This has been hinged on liberal institutionalism in the post-Second World War era (Hyde-Price, 2001). The liberal institutional approach to international health management should be construed as a response to the realist and neo-realist approaches, which postulated that the global system is anarchic and states are the predominant actors. According to Baylis (2000), states primarily pursue selfish interests. To this end, therefore, the decisions of states within the international arena are followed mainly for self-preservation. According to (Cristol 2011), the liberal institutional approach construes security within the concept of individual freedom, which extends to a representative government (Cristol, 2011). Additionally, the approach explores the role of issues such as management of public and global threats of health as a cornerstone in international relations and health management. Fueled by this, international players for instance a Nations and health organization thus pursue a globalized health approach designed to deal with issues of concern to global health (Viotti & Kauppi, 2012).

According to Viotti and Kauppi (2012), the liberal institutional approach assumes that the international system is characterized by international cooperation through institutions. These institutions can be construed as tenacious and having linked groups of formal and informal rules that describe roles, coerce action thus shaping outcomes. Institutions build an atmosphere of interdependence critical in managing international health epidemics and pursuing global health in the international arena (Viotti & Kauppi, 2012).

According to (Jehangir 2012), even when states compete in security as they seek to outdo each other in battle readiness. They can cooperate under health terms via international institutions for instance- World Health Organization, which creates an atmosphere of interdependence and mutual benefits to the states in question. This results in reducing the risk of spreading global health threats and increasing prospects for seizing health threats. Furthermore, states can resolve their health challenges by using international health institutions that act as links as provided (Jehangir, 2012). The need for cooperation within the order of international institutions extends to attaining economic growth and social security.

In this regard, states in the global system increasingly view each other as partners in the quest to achieve the safety and well-being of their citizenry (Grieco, 1988). Furthermore, the liberal institutional approach rejects the underlying pessimism inherent in realism about international institutions. To liberal institutionalists, international institutions promote cooperation since they value performance without being hampered by sovereignty. In addition, they provide a link within a global system defined by multipolarity and imperfectly linked issues.

The liberal institutional approach presents a plausible explanation for international health management. It aptly articulates the possibility of a global system where both government and non government players can cooperate within the parameters issues by global helath instiutions. To Hyde-Price (2001), the liberal institutionalist approach goes around the realist assumption of an anarchical global system by figuring out the possibilities for international cooperation through international institutions that create an aura of interdependence according to multilateralism institutional integration (Hyde-Price, 2001). Additionally, liberal institutionalism recognizes the possibility of managing and preventing conflict through a system of complex interdependence in the economic and political spheres (Viotti & Kauppi, 2012). This allowance of cooperation moves away from the realist self-help scheme of finding an elusive peace in which states are the leading players, allowing non government players to have more prominent obligations within the global health system.

International institutions, for instance, provide a platform for coordinated behaviour by focusing on an area of interest. Such a commonality of issues is what brings states together. The underlying element of liberal institutionalism is the possibility of achieving international security through institution-facilitated cooperation. According to (Viotti and Kauppi, 2012), International conflict management under the liberal institutional approach is a viable enterprise pegged on states' optimistic nature toward international institutions. To liberal institutionalists, the pessimistic approach to cooperation in the international arena that realists adopt is unfounded because the advent of globalism within the second half of twentieth centurian has shown that it is possible to attain cooperation under the influence of international institutions (Viotti & Kauppi, 2012).

International health institutions affect the health interests of the states and sometimes shape them. Additionally, the institutions have continued to enhance international partnerships despite the nation's interest. According to (Keohane and Martin 1995), the influence of institutions emerges from the availability of information, minimized transactions, credible commitments, the establishment of coordination ideas and facilitation of operational exchange. (Keohane & Martin, 1995). Additionally, global organizations give a coordination procedure designed to aid nations identify and benefit from cooperations internationally. The process and outcome are explained in game theory, specifically the Prisoners Dilemma, in which parties (conditions) seek to maximize individual health pay-offs. Instead, institutions promote greater coordination and cooperation that benefit all parties and are a far, much greater viable gamble from a rational perspective.

This liberal approach responds to the pandemic (HIV/AIDS) through collaboration between Kenya and international health organizations. The respondents pointed out that International health instiutions for instance World health Organization and the CDC influence the modification of the national preventive guidelines by carrying out a survey and sharing the results. Additionally, they influence the acquisition of the care and treatment national guidelines by advocating for procurement of the resources and staff training coupled with the modification of the care and treatment national guidelines by influencing the policy and budgetary allocation (Respondent 001).

Similar collaboration was documented by respondent 002, who noted that government funds to the country by PEPFAR. Started in 2004, it was launched by President Bush in 2003 and implemented by CDC, USAID, Department of Defence. CDC receives funding to strengthen HIV/AIDS program in Kenya. It works directly with the government and other implementing partners (Respondent 002). International health organizations such as WHO and the CDC also coordinate with the Ministry of Health to support HIV/AIDS interventions through coordination and collaboration by providing policy guidelines and regulation, supervision, quality assurance, capacity building through pieces of training and mentorship, certification and security (Respondent 004).

The CDC also partners with Kenya's Ministry of Health to strengthen public and medical laboratory systems across multiple program areas. In terms of public health, the CDC cooperates with the ministry of health in researching for new effective strategies, creating health information surveillance within the system, carrying out research to enable informed decision making among policy makers, implement monitor and evaluate programs that are evidenced based. Further, CDC should collaborate within the Kenyan health Ministry for purpose of implementing malaria and AIDS relief intiative coined by United States President to attain health security globally and to respond COVID-19 Emergency (Respondent 007).

Ministry of Health coordinates and collaborates with international health organizations to enhance service delivery by providing treatment guidelines, ensuring quality care is offered to all citizens, training, provision of educative materials, licensing and supervision. One notable partnership is the University of Maryland, Baltimore (UMB) under the university's International Health Education Center and Biosecurity (CIHEB). It works in collaboration with Health ministry in HIV/AIDS hotspots in Kisii and Migori Counties by providing technical support, which includes capacity building at service delivery points. Also, it supports the county with human resources, staff empowerment through training and mentor-ship in regards to HIV guidelines implementation, monitoring and support supervision in regards to HIV/AIDS services provision, provisions of essential commodities like ARVs as well as the distribution of tools and IEC materials used advocate health issues and for monitoring indicators like registers (Respondent 008).

International health organizations also support the Ministry of Health in offering comprehensive HIV AIDS services to its people. Together with the Ministry of Health, they form Technical working groups that formulate standard guidelines in line with World Health Organization, which help in implementation of activities within health facilities in the country. Additionally, they ensure all activities performed undergo a thorough Monitoring and evaluation to inform decisions. Moreover, for activities to occur, partners support the Ministry of Health in providing financial support (Respondent 017).

6.3 Proximity to The Cooperations and Collaborations Within HIV/AIDS Global health organizations Network and Its Influence On the of HIV/AIDS implementation Policy Response Frameworks.

Research analysis indicated that proximity to these alliances had benefited the country. For instance, Kenya-US relations have been critical as it has ensured a significant amount of funds to the country by PEPFAR. It started in 2004, was launched by President Bush in 2003 and implemented by CDC, USAID, Department of Defence. CDC receives funding to strengthen HIV/AIDS program in Kenya. It works directly with the government and other implementing partners (Respondent 003).

The funds have also come alongside PEPFAR guidance, annual planning cycles, and country operational plans to guide priority program areas. However, it respects MOH strategic plans and frameworks, guidelines, and other Aligns with WHO guidelines on HIV programming. Additionally, other American players for instance CDC support from health ministry in developing policy and guidance documents pertaining to the Kenya strategic national aid framework for 2014 -2019, and NACC is finalizing a plan from 2021 to 2025. CDC provides technical support supports the lead organization NASCOP to keep adapting WHO guidelines. The World Health Organization also releases treatment guidelines after every two years. (Respondent 003). The CDC also supports/facilitates the MOH in contextualizing the guidelines to fit into the local context.

Additionally, the CDC supports/reduces the MOH in contextualizing the procedures to fit into the local context (Respondent 003). Respondents pointed out that the CDC partners with Kenya's health ministry to strengthen public and medical laboratory systems across multiple program areas. In terms of public health, CDC cooperates with the health ministry to research on new effective strategies, develop surveillance within health information structures, conduct research to enhance informed decision making among policy makers and implement, monitor, and evaluate programs that are evidenced based. In addition, CDC cooperates with the Ministry of Health in Kenya to enforce the COVID-19 Emergency response, Global Health Security Agenda and malaria initative and AIDS relief coined by the Unites States president

Recently, Global health governance refers to a sequence of unsolidified corporations and associations. At the same time, internal health governance decentralization innovates ideas for the public good. Thus suggest and require a common agenda & harmonized action that will address new ideologies and global health threats. Unfortunately, all state nations are challenged globally with disjointed processes of making decesions as well as numerous pending health programs (Kruk, 2012).

Kenya has, however, benefitted from changing global health governance. During post-World War Two, global health issues were WHO obligation and significant bicameral organization such as World Bank, USAID and the UK's DFID. In the 21st century, however, there has been an upshot of Global Health Initiatives operating as multi-stakeholder efforts. These initiatives are crucial and mainly focus on a precise disease, product or population. There are numerous Health Initiatives worldwide such as Global finances for cabing Malaria, Acquired Immunideffeciency Syndrome and Tuberculosis, GAVI and PEPFAR. These health initiatives have been recognized and credited for inspiring the continued growth of disease-specific intervention while promoting larger community participation. (Gostin & Mok, 2009; Samb et al., 2009).

CDC in partnership with the Kenyan government alongside other Unites States agencies and global donor conduct research in kenya that informs policy directions and an evidence base for health interventions. In addition, through funding and technical assistance provided to implementing partners and the government of Kenya, CDC is indirectly involved in the formulation of policy for HIV/AIDS in Kenya (Respondent 007).

CDC is a key and strategic stakeholder in formulating guidelines for HIV/AIDS at both NACC and NASCOP. CDC is involved in providing evidence-based operation research and technical assistance through subject matter experts at NASCOP and NACC. In addition to the formulation of guidelines, CDC is also involved as a strategic stakeholder in modifying policies of HIV/AIDS at NASCOP. This is done through subject matter experts working with NASCOP and other stakeholders. CDC also provides funding for developing and disseminating guidelines arising from revisions (Respondent 007).

In Kenya, for instance, the proximity to these Global Health Initiatives has been critical in propping up support for helath policy nationally through strategy and planning in matters pertaining to HIV/AIDS response. This has created a good harmonized environment for WHO to cooperate alongside other UN agencies in developing HIV/AIDS response. Further, their policies are grounded in three major planning frameworks in Kenya, which include:- the 12th general programme which is a WHO high strategy global vision; health sector strategy, Investment Plan and Medium Term Plan II per the country's health development agenda; and UNDP assistance framework outlining Kenyan government cooperation with the United Nations. Stakeholders' expectations regarding WHO guide this method regarding their roles and functionality as a UN health specialized agency. Further, it upholds to strengthen health intervention to enable free health care services considers changing political, institutional and economic issues concerning the Kenyan constitution 2010 and its effects. This approach is guided by the Kenyan government's expectations and its partners concerning the WHO support for purposes of attaining health objectives (WHO, 2014)

The strategies, policies, and guidelines for HIV/AIDS interventions in Kenya are developed by the National AIDS Control Council (NACC). These policies derive from Kenya's National AIDS Strategic Plans. This starts with the 1st 2000-2005 AIDS strategic plan for Kenya and the 2nd 2005/6-2009/10 AIDS strategic plan for Kenya. The 3rd National AIDS Strategic Plan for Kenya 2009/10 to 2012/13, the 4th 2014/15-2018/19 AIDS strategic plan, and current AID strategic Plan (II) (KASF II) (2020/21 – 2024/25) also guides implementing an evidence-based HIV response. Based on these strategic plans, Health Ministry via States AIDS and STI Control Program (NASCOP), develops guidance specific to prevent, care and treat HIV, evaluation of helath intervention, monitoring, evaluation and surveillance of health system for infection anf safety control.

Changes in funding models have also influenced the adoption and adaption of HIV/AIDS policy response frameworks. This is because they have necessitated a divergent funding approach by the United Nations High-Level Meeting Commitments. These commitments have necessitated Kenya and other low and middle-income nations to meet international

obligations to attain global HIV services and reverse the epidemic's impact (National AIDS Control Council, 2014). This largely explains the universal health coverage adopted by the country as it seeks to attain international targets in HIV/AIDS response in Kenya.

6.4 Challenges in Implimentation and Adaption of HIV/AIDS Policy Response Frameworks

There have been several challenges in adopting and adapting HIV/AIDS policy response frameworks. These include challenges in embracing recommendations. Respondents noted that there had been challenges in harmonizing the interests of all global patners in the HIV/AIDS retort and the realities of the people affected by the guidelines. Moreover, coordination is challenging. Additionally, the political goodwill/leadership for endorsing the procedures to become operational for disseminating its challenge if it delays rollout is important. Additionally, there is a lack of government support. Respondents pointed to several challenges affecting the adoption and adaption of HIV/AIDS policy response frameworks. Among the salient challenges that emerged include the neglect of deserving health issues amongst frontline healthcare workers. Human resource deficiencies were also a big challenge. While respondents indicated that staffing levels had been normalized, they led to overworked health workers and understaffed healthcare systems. As such, most facilities have strained health workers. Respondents identified the government as failing to honour binding collective bargaining agreements with medical workers' unions. This strain has been magnified amidst the Corona virus epedemic because few health care workers are dedicated to the COVID response.

This has also led to reduced attention to other essential health services like the routine immunization program, Antenatal clinics (ANC) clinics, adolescent reproductive and sexual health services and Non-Communicable Diseases (NCD). This has resulted in increased workload, typically because the number of people deployed to do the work is few, and because we had this pandemic, it's taking a toll on most medics. Another glaring challenge dominantly highlighted by respondents is the lack of supporting infrastructure. Moreover, where such structures exist, they tend to be narrow and exclusive. For instance, private sector healthcare workers lamented that their involvement managed to

come in very late. Health workers also operate in an under-resourced working environment. Most are bedevilled by a lack of the necessary tools required to do the work or carry out the HIV/AIDS response activities.

Conclusion

Echoed by respondents and secondary data reviewed, several factors were promoting the states' adoption and adaptation of policy frameworks. First, there was a need to prevent cross-border infections, hence the International Health policy regulation, which prompts member states to adhere to several policy regulations. Secondly, proximity to alliances and collaborators ensured funds were available and tagged to certain conditionalities regarding adopting and adapting to global policy frameworks. However, even though the adoption and adaption of policies regarding HIV/AIDS have yielded results, it is worth noting that challenges have also been experienced. Especially where the harmonization of interests of all global actors has clashed with the interests of the recipient, the affected or infected individual. Consequently, a lack of political goodwill and leadership in operationalizing formulated policies leads to delays or lack of implementation.

CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This chapter gives the study summary, explores the policy responses to addressing the challenges and drawbacks of the country's expressions with international health organizations and how they respond to the HIV/AIDS pandemic. This chapter closes the research by summarising critical areas identified and endorsements to policymakers.

7.1.1 Responding to HIV/AIDS Epidemic Has Contributed to Collaboration Between Kenya and International health organizations

In assessing how responding to HIV/AIDS has contributed to a partnership between Kenya and international health organizations, several significant impacts of collaborative responses to Kenya's HIV/AIDS response. For instance, there has been a downward HIV prevalence trend, and the stabilization of the HIV prevalence is primarily attributed to coordinated responses between Kenya and international health organizations. Additionally, the collaborative reaction to the AIDS pandemic in Kenya and the subsequent adoption of international guidelines and protocols has led to a focused methodology of controlling the HIV/AIDS in Kenya. Moreover, kenya has made important steps in HIV/AIDS pandemic control through this close collaboration.

The study also found that HIV/AIDS funding from international agencies is critical in the partnership between Kenya and international health organizations. The country receives substantial amounts of donor aid from international health organizations. International health organizations and aid agencies are with Kenya to support the implementation of critical enabling policies for responding to HIV/AIDS. This establishes way forward toward controlling the pandemic and self-reliance, carrying out surveillence within the health system to enable formulation of new effective strategies, conduct research in kenya that informs policy directions and an evidence base for health interventions. In addition, international health organizations have been working with the country to enhance capacity-building programs targeting HIV/AIDS policy response.

Kenya has also strengthened public and medical laboratory systems across multiple program areas. In addition, international health organizations have supported developing and implementing policies and guidelines for national and county health systems. Additionally, international health organizations have been critical in advocating for inclusive approaches to ensure that frontline healthcare workers are encouraged to be involved in policymaking and participate in various ways to learn from each other and ensure better policies that cater to their needs. A remarkable attribute of the policy and guidelines development process is creating strategic collaborative support in policy formulation processes at the inter-governmental level and amongst the governments and non government players.

However, this has run the risk of creating an aid dependency syndrome, as evidenced by recent happenings in the issue area. Declining international support for HIV/AIDS epidemic response also poses a significant risk for effective HIV/AIDS epidemic intergration into the universal health coverage programs.

7.1.2 Factors Influencing the Adaption of Policy Frameworks and Guidelines Recommended by International health organizations to Kenya's HIV/AIDS national framework.

On investigating on factors affecting implementation and adaption of policy frameworks and guidelines recommended by International health organizations to Kenya's HIV/AIDS national framework, the study found that several factors enhanced the same. These included the globalization of public health efforts and its influence on adopting and adapting HIV/AIDS Policy Response Frameworks. One of the factors explaining why public health efforts have been globalized in creating public health community internationally is the need to capture microorganisms in a vast geographical area and the impact of the disease. Further international politics has emerged as a global effort for public health to model the spread of diseases, especially when controlling communicable diseases, controlling antibiotic resistance and globalization of infectious diseases. Also, the capacity potential of detecting and reporting diseases outbreak has accelerated due to global communication and information system.

This has been hinged on liberal institutionalism, which explores issues such as public health and managing global health threats and epidemics as a cornerstone in international relations and international health management. Fueled by this, international players for instance a country and global health institutions thus pursue a globalized health approach designed to deal with issues of concern to global health, formulating standardized policies adopted by member states.

Proximity to the cooperations and partnerships within HIV/AIDS global health organizations and its influence on adoption and amendment of HIV/AIDS Policy Response Frameworks is another factor identified in the study. The upshot of Global Health Initiatives primarily operating as multi-stakeholder efforts and Kenya's proximity to these alliances has been critical in supporting the country's national health policy strategies. It plans particularly concerning the HIV/AIDS response. This has created a conducive environment for harmonizing WHO cooperation on HIV/AIDS response alongside other UN agencies and development partners. Changes in funding models have also influenced the adoption and adaption of HIV/AIDS policy response frameworks, and this is because they have necessitated a divergent funding approach.

Concerning the challenges, the study found that there have been challenges in harmonizing the interests of all global actors in responding to HIV/AIDS and realities of indiviudals affected by the guidelines. Moreover, coordination is complicated. The political goodwill/leadership is vital for endorsing the procedures to become operational for disseminating its challenge if it delays rollout. Furthermore, there is a lack of government support. Another glaring challenge is the lack of supporting infrastructure.

7.2 Recommendations of the study

Recommendations on Collaboration Between Kenya and International health organizations

The first recommendation relates to implementing and sustaining lessons learnt and investing in systems that create a solid ground and can handle other emerging health emergencies. Investment in Kenya's health system is key to strengthening resilience to public health emergencies such as HIV/AIDS. While the country has a national health strategy objective by intergrating global health coverage, there is a passive approach to

translating this commitment. There is a need for renewed commitments and accelerated progress toward Universal Health Coverage coupled with political will and resource commitment.

Secondly, there is a need to intensify and advance efforts toward building, strengthening, and maintaining required health systems within the required international health regulations by grounding them on policy frameworks tailored to a country's needs. There is a need for all political actors, including the national and county executives and the legislature, to orient resources and policy supports to strengthen the country's public health capabilities and staff, as indicated by the surveillance as an early warning.

Further, it has called for the nation to attain a resilient, solid health system that is important for effective collaborative preparedness toward public health emergency responses such as HIV/AIDS. Again, there is a need to adopt an equitable approach to response preparedness to mitigate risks that come with health emergencies so that they don't worsen inequalities associated with access to health services.

Recommendations on Adaption of Policy Frameworks and Guidelines Recommended by International health organizations

With regards to the adaption of policy frameworks and guidelines issued by IHOs, there is a need for the use of existing leverage in information and communication technology to enhance the national and sub-national adoption of control and response policies in countering communicable diseases, controlling antibiotic resistance and enhancing the country's capacity potential of detecting and reporting diseases outbreak has accelerated due to global communication and information system.

Secondly, the country should take advantage of its proximity to the cooperation and patnershio within the HIV/AIDS global health organizations in order to generate better atmosphere for addressing endemic nature of HIV/AIDS epidemic.

Thirdly, there is a need for enhanced political goodwill/leadership in supporting local actors engaging in HIV/AIDS response and helping them tap into an enhanced health infrastructure.

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APPENDIX I: RESEARCH QUESTIONNAIRE

QUESTIONNAIRE NUMBER……. DATE ……/……/2021

My name is Elizabeth Njoki Mwai, a Master of Arts student in International relations at the University of Nairobi, Department of Political Science and Public Administration. As a requirement to attain above, ia m conducting a research on **"International Organizations and Implementation of HIV/AIDS in Kenya"** This research is independent, and the gathered data will be treated confidentially and used to conclude only. Your support in filling this questionnaire objectively will be highly appreciated.

Please tick the one that applies

Demographic Data

1. Gender: Male ☐ female ☐

2 Age

Please indicate your Organization and
department:……

Please indicate your cadre:
…….

4. Please tick the duration worked with your institution.

Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ over 10 years ☐

PART ONE

1. Are you aware of any partnership between your organization and the Ministry of Health in regards to the implementation of HIV/AIDS interventions?

Yes ☐

No ☐

If yes; kindly describe the cooperation in your understanding

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2. In your understanding, kindly describe some policies guiding HIV/AIDS interventions in Kenya.

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3. How would you describe your Organization's involvement in the formulation of the HIV/AIDS policies in Kenya?

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SECTION TWO

4. Are you conversant with the following HIV/AIDS national prevention guidelines on HIV/AIDS?
   - HIV/AIDS Pre-Exposure Prophylaxis guidelines
   - HIV/AIDS Post – Exposure Prophylaxis guidelines
   - HIV/AIDS Prevention of Mother to Child Infection guidelines

Yes ☐

No ☐

If yes;

A. In your understanding, how can your Organization influences the acquisition of the national preventive guidelines.

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……

B. In your understanding, how can your Organization influences modification of the national preventive guidelines?

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5. Are you conversant with HIV/AIDS national treatment guidelines?
   - Adult Antiretroviral treatment guidelines
   - Pediatric Antiretroviral treatment guidelines

Yes ☐

No ☐

If yes;

A. In your own words, how do you think your Organization influences the acquisition of the care and treatment national guidelines.

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……

B. In your own words, how do you think your Organization influences modification of the care and treatment national guidelines?

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6. In your understanding, would you highlight the factors that could affect the following:

A. Challenges in embracing recommended guidelines to suit your Organization's needs.

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……
……

B. Challenges in modifying recommended guidelines to suit your Organization's needs.

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7. What would you recommend to the following in the fight against HIV/AIDS in your own words?

Government

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International Aid agencies

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Local NGO's

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…………………………………………………………………………………………………
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End of questionnaire