

# KENYA

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*Despite the COVID-19 pandemic, Kenya sustained steady progress towards the 90-90-90 targets. To build on these gains and ensure the continuity of HIV services, the Joint Team provided technical and financial assistance for extending multimonth dispensing (MMD) of antiretroviral treatment (ART) to 72% of the eligible people living with HIV. Procurement and donation of paediatric antiretroviral medicines, personal protective equipment, and food baskets also helped adults, pregnant and breastfeeding women, and children living with HIV, including those who were in vulnerable conditions to access and adhere to treatment. Sexual and reproductive health outreach initiatives engaged adolescent and young people improving their knowledge around reproductive health, family planning, HIV and sexually transmitted infection prevention, and cervical cancer. Key populations and other vulnerable groups such as, truck drivers were also targeted for HIV prevention, testing, and treatment services to reduce new HIV infections in these population groups. Furthermore, significant contributions were made in mobilizing resources and addressing HIV-related stigma and discrimination to ensure sustainable and rights-based HIV and COVID-19 responses.*

## HIV TREATMENT AND INTEGRATION OF COVID-19 SERVICES

The Government of Kenya, with technical support from the Joint Team, introduced a 3-month MMD for people living with HIV to improve access and ensure continuity of services during the COVID-19 pandemic. In 2020, an estimated 1 122 334 people living with HIV accessed their ART through a 3-month MMD. Technical and financial assistance was also provided to community treatment support groups to provide ART delivery services and trace people living with HIV who are lost to follow up to link them back to treatment and care services. In 2021, the Joint Team also raised US\$ 200 000 to procure and donate 47 000 pieces of Dolutegravir (50mg) tablets to reduce the looming stockout of paediatric ART due the COVID-19 pandemic-related disruption of the global supply chain.

To overcome the impact of the COVID-19 epidemic on the HIV and other healthcare services, the Joint Team conducted mapping of vulnerable populations and reprogrammed parts of both financial and human resources to support the national COVID-19 response. Technical assistance areas included surveillance and reporting, communication, resource mobilization, community mobilization, service delivery, coordination, and development of IEC material on HIV and COVID-19. A total of 304 healthcare workers in Nairobi and Mombasa were trained to

strengthen their knowledge on the latest HIV and nutrition guidelines and boost service delivery during the COVID-19 pandemic. Also, some 100 000 hygiene packs, personal protective equipment (PPE), and food baskets for 18 000 vulnerable households of people living with HIV were procured and distributed to minimize COVID-19 infections and its impacts on adherence to treatment.

### ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

In 2020, uptake of HIV services, including treatment adherence among pregnant and breastfeeding women living with HIV showed a slight decline due to the COVID-19 pandemic. In response, the Joint Team provided sensitization sessions and transport allowance for 350 frontline healthcare workers and 150 community health volunteers and mentor mothers in Kilifi, Siaya, Garissa, Homabay, Kisumu, Laikipia and Migori counties to promote prevention of mother-to-child transmission (PMTCT) and support services, treatment adherence, and retention in care. Laikipia county also received support enhancing existing efforts to trace and return to care 35 mothers living with HIV and 30 children exposed to or living with HIV who had defaulted treatment.

The Joint Team collaborated with the National AIDS Control Council (NACC), National AIDS and STI Control Programme (NASCOP), and Beyond Zero Campaign led by the First Lady of Kenya to revitalize partnership and mobilize resources to accelerate the progress towards the dual elimination of mother-to-child transmission of HIV and Syphilis (EMTCT) in Kenya. The development of a revitalised framework for EMTCT is underway.

### HIV PREVENTION AMONG YOUNG PEOPLE

The Joint Team supported the assessment and review of HIV prevention programmes to understand the needs of young people in all the 47 counties. In Kitui County Textile Company, the Joint Team conducted a five-day in-reach programme engaging over 400 young people employed at the factory with targeted HIV and sexual and reproductive health services (SRH). Additional two outreach initiatives reached over 620 adolescent girls and boys in the communities around the township dispensary and Matinyani Health Centre with access to HIV, sexually transmitted infection (STI), and cervical cancer screening (for young people aged 25 years and above); condoms; family planning and pregnancy test services; and linkages to antenatal care—375 adolescents received HIV testing and counselling during these engagements.

As a result of technical guidance provided to the Ministry of Health and NACC, a couple of Town Hall meetings were organized to sensitize the public around HIV and teen pregnancy awareness, which were broadcasted through various social media outlets and TV stations in Kilifi, Homabay Narok and Nakuru counties. A total of 13 508 000 viewers were reached through television and social media platforms. Additionally, 12 visual materials comprising information on HIV and SRH were published on multiple social media platforms, including Facebook, Twitter and Youtube reaching and estimated 597 082 young people aged 16-35 years.

Capacity building was provided to 108 religious leaders in six counties strengthening their skills to respond to HIV and SRH concerns, including increasing cases of teenage pregnancies in the context of the COVID-19 pandemic and other public health emergency situations. Following the training, faith sector technical working groups were established in the six counties to allow the religious leaders to work closely with the national and county-level HIV committees and create awareness among congregations in their respective counties to promote HIV and SRH services, improve services, reduce teenage pregnancies and GBV, and support teen mothers to continue their education.

## HIV PREVENTION AND TESTING AMONG KEY POPULATIONS

In 2020-2021, the Joint Team, in collaboration with various partners, including the Central Organization Trade Union-Kenya and the Directorate of Occupational Safety and Health Services, implemented HIV prevention, testing and counselling services targeting truckers, their assistants and interacting communities in selected sex workers' hotspots along the transport corridors and weighbridges. These outreach efforts provided 5851 truck drivers, their assistants, and sex workers access to HIV testing and counselling (HTC) services and seven people who tested HIV positive were linked to health facilities. Additional 1743 people from these groups received information on HIV prevention and related services. Over 234 000 condoms, 3365 HIV self-testing kits, 7000 masks, and 3625 sanitizers were also distributed to the target communities during these engagements.

As a result of technical and financial support, a tele-counselling service was adopted to strengthen the capacity of female sex workers in Kilifi to respond to sexual and gender-based violence (SGBV), and more than 500 female sex workers were reached and linked with various HIV and SRH services using social media platforms.

## HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

The Joint Team supported the HIV and AIDS Tribunal of Kenya (HIV Tribunal)—an HIV-specific statutory body mandated to enforce HIV legislations and adjudicate cases of HIV-related violations of human rights in Kenya— in the development and adoption of the HIV and AIDS Tribunal Strategic Plan 2021-2025. The plan seeks to support the members of the Parliament, Kenya Human Rights Commission on AIDS, and the HIV Tribunal in addressing these issues with a triple objective of delivering justice for people living with, at risk, and affected by HIV; build the institutional capacity of the HIV Tribunal to discharge its mandate effectively and efficiently; and strengthen networking, building partnerships and collaboration with stakeholders to enhance access to justice. Further technical and financial assistance was provided for the monitoring and documentation of human rights violations and disruption of HIV services during the COVID-19 pandemic, and the Joint Team led advocacy efforts for gender responsive, rights-based, and equitable HIV services.

The Stigma Index 2.0 was conducted in partnership with networks of people living with HIV and results showed a decline in HIV-related stigma—from 45% in 2014 to 35% in 2021. To further reduce HIV-related stigma and address structural bottlenecks impeding access to HIV services, the Joint Team collaborated with the Kilifi County Health Services to train 20 male champions on HIV and SGBV towards improving awareness and uptake of HIV prevention and testing services among men. Refresher workshops were also held for 40 male champions from Kilifi and Makueni counties on HIV prevention, treatment, stigma and discrimination, gender equality and on COVID-19. The male champions helped to sensitize and mobilize workers to utilize HTC services in male dominated sectors, such as the agriculture and transport industries and raised awareness on COVID-19 prevention and stigma reduction. HIV testing services were provided in male dominated sectors in Makueni and Kilifi counties resulting in 3621 workers knowing their HIV status (2189 male and 1432 females), of whom 23 people (14 males and 9 females) tested positive for HIV and were linked to treatment, care, and support services.

To expand HIV-sensitive social protection, the Joint Programme led a regional mapping to understand the level of HIV integration in existing social protection policies and social assistance programmes in the eastern and southern African fast-track countries. In Kenya, the mapping—completed in consultation with the Ministry of Labour and Social Protection, Organization of Young People Living with HIV Kenya (Y+ Kenya), and National Hospital Insurance Fund (NHIF)—revealed that the country has a solid legislative and policy framework, such as the Social Assistance ACT 2013, that guarantees access to these programmes among all people, including people living with HIV or who are vulnerable to the risk of HIV infection. The mapping also identified critical barriers, such as HIV-related stigma and discrimination, and penal codes punishing same sex relationships that impede access to HIV and social protection

services among people living with or affected by HIV in Kenya. Sex workers and people who inject drugs are also not adequately covered in the legislative and policy framework, and social protection programmes.

### INVESTMENT AND EFFICIENCY

As a result of technical support, the Government developed and initiated the implementation of the second Kenya AIDS Strategic Framework 2021-2026 (KASF II). This latest framework prioritizes HIV, teenage pregnancy, and gender-based violence (GBV) prevention and adolescent and youth-friendly programmes, elimination of vertical transmission of HIV; and was costed and fully aligned with the Global AIDS Strategy. County AIDS Implementation Plans (CAIPs) were also completed to accelerate implementation of the KASF II across all counties.

The Joint Team provided technical support to the Government in developing a successful Global Fund proposal for the 2021-2024 grant period mobilizing US\$ 441.5 million for HIV, tuberculosis, malaria, and COVID-19 response in Kenya. Moreover, US\$ 102 million was also mobilized from the Global Fund COVID-19 Response Mechanism to strengthen the national COVID-19 response.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued its extensive support to the implementation of KASF II, which seeks to reduce new HIV infections by 75%, reduce AIDS-related mortality, decrease the incidence of sexually transmitted infections, reduce HIV-related stigma and discrimination to less than 25%, as well as to increase domestic financing for HIV response to 50%. All these targets directly contribute towards the achievement of specific Sustainable Development Goals (SDGs) 3, 4, 5, 10, 16 and 17. Moreover, extensive technical and financial assistance was provided to improve HIV and sexual reproductive health (SRH) services and education among children, adolescents, and young people in school settings, positively impacting progress towards the achievement of SDG 4.

Gender inequality and economic disparity exacerbate new HIV infections in Kenya. In response, the Joint Team prioritised the development and implementation of programmes that address gender inequalities in accessing HIV services and economically empower girls and women to proactively take charge of their sexual and reproductive health, ensuring no one is left behind—effectively contributing to SDG 5 and 10.

Contributing to the “Leaving no one behind” principle, support was provided for the establishment of an Unstructured Supplementary Service Data (USSD) platform to collect information on the HIV and SRH needs of women with disabilities. By the end of 2020, out of the 9840 people registered on the platform 8200 were women with disabilities. Data analysis of the platform is underway, and the findings will be used to improve HIV and SRH services for girls and women with disabilities.

The siloed programme implementation approach has been a notable weakness in the national HIV response. The Joint Team made extensive efforts in facilitating a people-centred and rights-based HIV response by spearheading wide sector integration in holistically responding to HIV thereby contributing to SDGs 10 and 17.

## CHALLENGES AND LESSONS LEARNED

Kenya made remarkable progress in providing access to treatment for people living with HIV. However, in the last two years, insufficient supply of HIV medicines and commodities such as paediatric antiretroviral formulations, HIV testing kits, and condoms due to the COVID-19 pandemic remained a challenge in the national HIV response. HIV commodity insecurity led to a decline in the number of HIV testing and uptake of treatment services, as well as an increase in the loss to follow-up among children, adolescents and adults living with HIV. COVID-19 pandemic-related measures also presented various challenges affecting the HIV response, such as, school closures, loss of livelihood among vulnerable and key populations, food insecurity, SGBV, teenage pregnancy and human rights violations.

Significant resource gaps also prevented the comprehensive analysis of the human rights violations and rapid assessment of the socio-economic impact of the COVID-19 pandemic in all 47 counties in Kenya. Repurposing of funds by the Joint Team also caused delays in the implementation of various initially planned programmatic activities, including public outreach initiatives and programme supervision. Lessons from this experience underscored the need to scale up people-centred and rights-based response through an effective multisectoral collaboration and coordination to overcome the COVID-19 and AIDS epidemics. Using virtual platforms have also proved effective and cost saving way of implementing various programme activities.

Lack of funding continued to hamper the expansion of the social protection scheme aimed at ensuring food and nutrition security among vulnerable people living with HIV and/or affected by tuberculosis in Kenya. Other challenges in the HIV response included harmful cultural practices that impede access to services, limited use of data to inform programming, inadequate coordination, and insufficient domestic resources (predominantly due to the COVID-19 pandemic and climate change-related humanitarian shocks) to sustain the response.

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