

# KENYA

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2023, mother-to-child transmission of HIV is under 5% and 95% of children aged 0-14 years living with HIV accessed antiretroviral treatment (ART).	<b>ON TRACK</b>	Mother-to-child transmission of HIV declined from 11.5% in 2018 to 10.8% in 2019; an estimated 70% of children aged 0-14 years living with HIV had access to ART, of whom 53% were virally suppressed (Kenya HIV Estimates Report, 2020).
Expand HIV prevention services among young people and key populations.	<b>ON TRACK</b>	The Kenya HIV Prevention Response and Modes of Transmission Study was completed in 2020 at the national-level and in each of the 47 counties, to assess the current HIV and AIDS situation in Kenya. Unsafe sexual debut among heterosexual people aged 15-49 years remains the predominant mode of HIV transmission in Kenya—accounting the 36 441 new infections out of the total of 42 334 infections recorded in 2019. An estimated 62% of all new infections also occurred among females. In 2020, the National HIV Testing Strategy was revised, and the National Assisted Partner Notification Service Guidelines were adopted to improve HIV testing services in Kenya.
Gender inequalities, human rights, and community support.	<b>ON TRACK</b>	A Joint Gender and Human Rights Taskforce was established encompassing representatives from the Government, civil society organizations, United Nations agencies, and development partner organizations. The HIV and AIDS Tribunal Strategic Plan was reviewed and updated for 2021-2025 to further protect HIV-related human rights in Kenya.
Health system is people-centred, and sustainably integrates HIV, tuberculosis (TB), Hepatitis, and other infections by 2023.	<b>ON TRACK</b>	All the 47 counties were capacitated to use cascade data to address gaps and monitor progress towards the achievement of the 90-90-90 targets at county level. Evidence on HIV hotspots and prevention programmes for vulnerable and key population informed key strategic documents, including the Global Fund 2021-2024 grant proposal and the Kenya AIDS Strategic Framework for 2020/21-2024/25 (KASF II).

**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**

*Kenya continues to make significant progress in expanding prevention of mother-to-child transmission services to pregnant women living with HIV and exposed children. Strong support was provided to transition thousands of pregnant women and children to Dolutegravir (DTG)-based and other safer paediatric treatment regimens. HIV prevention services for young people and key populations scaled up, through implementation of awareness creation, testing, condom distribution, and capacity building programmes as well as guidance and social and behaviour change communication material for sexual and reproductive health and rights (SRHR) community-led programmes. The Joint Team has also been working to ensure implementation of rights-based and gender sensitive HIV programmes, monitor and reduce HIV-related stigma and human rights violations and advocate for expanding judicial services in the country. Analysis of allocation and efficiency of financial resources for HIV programmes was completed to maximize return on investment and strategic information were generated to improve HIV programming among vulnerable populations in informal settlements. HIV Country Profiles for 47 counties are available to monitor progress towards the fast-track targets. A rapid assessment identified some socio-economic and human rights impact of COVID-19 on people living with HIV and vulnerable populations and integration of HIV and gender-based violence (GBV) services in the national COVID-19 response plan.*

**PMTCT AND PAEDIATRIC ART COVERAGE****POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

The Joint Team continued to provide technical assistance to develop adult and paediatric ART optimization plans and train healthcare workers on transition to Dolutegravir-based regimens. Since 2018, 750 000 women have been safely transitioned to DTG-based regimens and 20 000 children aged 0-14 years were moved to safer and more palatable paediatric treatment formulations. Assessment is underway to identify reasons behind poor health outcomes among pregnant women living with HIV who are enrolled on DTG-based treatment regimens. To improve efficacy and reach, testing cartridges for point-of-care early infant diagnosis were procured for 11 counties in Kenya—Wajir, West Pokot, Lamu, Kilifi, Kwale, Tana River, Marsabit, Isiolo, Garissa, Mandera and Meru.

Around 350 community health volunteers and mentor mothers living with HIV were trained to implement the Community Mentor Mother programme in seven counties. These programmes aim to create a safety net and caring environment for all pregnant mothers living with HIV. Mentor mothers provide peer support and guidance in keeping appointments, promoting antiretroviral adherence and retention-in-care. A total of 710 women living with HIV were sensitized and educated on ART adherence, importance of attending clinics regularly, antiretroviral drug refills for their HIV-exposed children and safe infant feeding in the context of HIV. The sensitization sessions also led to identification of 55 women who were lost to follow ups and returned to ART care.

Finally, consolidated guidelines and checklist on SRHR for women living HIV were developed to accelerate community-led programme implementation across the country. Technical support was provided to Women Fighting HIV & AIDS in Kenya—a civil society organization that provides care and support for women and children living with HIV—to train 180 women living

with HIV on SRHR in six counties. The checklist will support frontline healthcare providers, programme managers and public health policymakers to better address the SRHR of women living with HIV.

### **HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS** **POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

In collaboration with national private and public stakeholders, 30 000 condoms and 345 HIV self-testing kits were distributed to 1743 truck drivers and sex workers in Kilifi and Makueni counties. The VCT@Work initiative targeting truck company employees, sex workers, HIV hotspots and weighbridges was also rolled out in Mariakani and Mlolongo counties. As a result, 1087 males and 114 females were able to know their HIV status, three males and two females tested positive for HIV and were linked to treatment. Over 250 HIV self-testing kits were also distributed to communities at the event.

In Kilifi and Makueni, 30 healthcare providers were trained on HIV prevention, care treatment service delivery for key populations; and another 30 health workers were trained on adolescent care package that integrated HIV and SRH service delivery. Social and behaviour change materials on HIV and SRHR were developed and disseminated through various social media outlets reaching over 597 000 adolescents and young people.

### **HUMAN RIGHTS AND GENDER INEQUALITIES** **POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

The Joint Team continued to provide technical and financial support to advance gender equality, human rights, and equitable healthcare services in Kenya. In this regard, a Joint Gender and Human Rights Taskforce was established and working to align human rights and gender equality programmes funded by the Global Fund 2021-2025 grants. With the Joint Team's support, the Kenya Coordinating Mechanism facilitated participation of people living with HIV, key populations, adolescent and young people, civil society organizations, faith-based communities, justice and women rights movements, and the private sector to ensure active engagement of communities in programme planning, implementation, and monitoring processes.

The Stigma Index 2.0 survey was also rolled out and a national steering committee has been established to monitor its progress. The survey is expected to be completed by June 2021 and its recommendations will catalyze action to reduce stigma and discrimination towards people living with HIV in Kenya.

The Draft Strategic Plan (2021-2025) was developed for the HIV and AIDS Tribunal of Kenya to minimize inequality, stigma, and human rights breaches —the Tribunal is an HIV-focussed statutory body mandated to adjudicate cases relating to HIV-related human rights violations. Technical and financial support was provided to the review, development, validation and implementation process of the Plan, and the Joint Team supported the development of an online tool to document incidents of health-related human rights infringements in Kenya and information from this tool will be used to inform advocacy and access to judicial services for victims. The tool will also support to monitor, document and advocate for a rights-based, transparent, and accountable COVID-19 response in Kenya.

Over 870 GBV cases in Kilifi county alone were reported to the police and presented to courts in 2020. The Joint Team in collaboration with the Country Health Services trained 20 male champions to engage men in the county and raise awareness around SGBV, HIV prevention and testing, and HIV service uptake.

## STRATEGIC INFORMATION AND SUSTAINABILITY POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Data granulation analysis for HIV and TB services were completed to support HIV programmes which target vulnerable populations in informal settlements in Nairobi, Kisumu, Uasin Gishu, Kisii and Mombasa counties. In addition, HIV Country Profiles for 47 fast-track cities were developed to monitor progress towards the fast-track targets and identify challenges and propose solutions.

In collaboration with the National AIDS Control Council and the National AIDS and STI Control Program in Kenya, an allocative efficiency analysis was completed to examine distribution of financial resources to programmes that will yield biggest return for investment and improve HIV resource allocations to and within counties. The analysis a) estimated the epidemiological impact of the implementation of the previous Kenya AIDS Strategic Framework during the last 5 years, in terms of HIV infections and averted AIDS-related deaths to learn from successes; b) estimated future HIV epidemiological trends at the national and county level to better understand the HIV epidemic for future planning; and c) provided recommendations for improving geographic and programmatic resource allocations between and within counties to ensure efficiency and sustainability of the HIV response.

As a result of technical support, the Kenya AIDS Strategic Framework for 2020/21-2024/25 (KASF II), the Global Fund 2021-2025 grant proposal, and the PEPFAR Country Operation Plan (COP 2020) were completed ensuring strong programme coordination and efficient use of available resource for maximum impact.

## CONTRIBUTION TO THE COVID-19 RESPONSE

In Kilifi, Migori, Laikipia, Kisumu and Homabay counties, 300 healthcare providers and community health volunteers were briefed on COVID-19 management including the national guidance on HIV service continuity during the pandemic. PPE and personal hygiene commodities were procured for 290 sub-county AIDS coordinators in 47 counties to support their community engagement activities on HIV and COVID-19 prevention.

A rapid assessment was conducted to identify the socio-economic and human rights impact of COVID-19 on people living with HIV and vulnerable populations, including key populations, adolescents and young people, and people affected with TB. This resulted in the integration of HIV and GBV services in the national COVID-19 response plan.

Social and behaviour change materials on COVID-19, HIV, and SRH were developed and disseminated to various communities, including adolescent and young people who are at higher risk of infection and faith-based institutions. A virtual dialogue was held with 60 adolescents and young people and key populations to identify challenges and discuss solution around continuity of HIV and SRH prevention and treatment services during the COVID-19 pandemic. An estimated 150 Youth Advisory Champions for Health were trained to build their advocacy and outreach capacities around HIV and COVID-19 prevention in eight counties, the Champions then reached out to fellow youth in their regions. As a result of technical and financial support, 3.2 million (36% female) social media users were reached between July and September 2020 and improved their knowledge around HIV, SRH, and COVID-19 prevention, care, and support services. In addition, the 'Leveraging on HIV Systems to Respond to COVID-19 Pandemics in Kenya' initiative led by the NGO LVCT Health reached an estimated 83 000 adolescents and young people via virtual sessions focused on awareness, self-protection, and life skills around HIV, SRH and GBV.

An estimated 12 240 people living with HIV, key and vulnerable population, adolescent and young people and people affected with TB received food baskets, personal protective equipment, and hygiene kits in more than nine counties. Dignity packs containing menstrual and personal hygiene products and information materials on SRH, HIV and GBV and personal hygiene were also distributed to 1200 adolescent girls and young women in Migori, Isiolo, Wajir, Mandera, Marsabit, and Lamu during the COVID-19 pandemic.

Engagement with 60 civil society organizations, networks of people living with HIV, and women's and human rights sectors to discuss their experiences of the COVID-19 pandemic, resulted in the release of an advisory note calling for a rights-based response to the pandemic. The advisory note was disseminated to government authorities, development partners and the media. The consortium of civil society organizations also issued an open letter to the Government of Kenya, asking for a focus on community engagement and effective HIV prevention and treatment programmes. The letter further recommended that the COVID-19 response should put communities at the centre and respects the rights and dignity of all. The Joint Team also supported civil society organizations and community networks to identify the impacts of COVID-19 on communities and advocate for right-based and transparent COVID-19 response.

#### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

In partnership with the Kenya Institute of Curriculum Development, digital health literacy materials for grade 4-8 students were developed and installed in 35 pilot schools to reach over 10 000 students and other audiences. Around 215 teachers from these schools were also trained on the digital materials to increase their capacity to assist their students.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic has gravely affected HIV service provision and programme implementation activities in Kenya. People living with HIV, vulnerable and marginalized populations have been reporting loss of income and food insecurity due to the COVID-19 pandemic, which could have a long-term impact on their overall health and HIV treatment outcomes.</p>	<p>Support the implementation of the UN system COVID-19 Economic Recovery Plan to complement the three-year COVID-19 Socio-economic Recovery Strategy 2020-2022.</p> <p>Support implementation of the Global Fund grant to mitigate impact of the pandemic on HIV, TB, and malaria responses and to strengthen health and community systems.</p> <p>Provide advocacy and technical support for the implementation of the Universal Health Coverage to increase access and quality of healthcare services for people living with HIV, vulnerable and marginalized populations across Kenya.</p>
<p>Declining external funding, competing international development priorities, and strained domestic resources mobilization threaten service delivery and the overall sustainability of the national HIV response.</p>	<p>Continue advocacy with national and county government authorities to sustain the HIV response as part of the development agenda in Kenya.</p> <p>Support advocacy efforts for increased domestic resource and integration of HIV services to ensure sustainability of the national response.</p>
<p>Poor quality of data and lack of timely data reporting present challenges in the national HIV programme design and implementation.</p>	<p>Provide technical support to ensure quality of data reporting on the District Health Information Software 2 (DHIS2)—the open-source health management data platform rolled out in 2011 for aggregation of health data in Kenya.</p> <p>Support the rollout of electronic medical records in the Arid and Semi-Arid Lands (ASAL) counties and the development of a roadmap to ensure data quality at grass root level.</p>
<p>At 10.8%, Kenya has a high prevalence of mother-to-child transmission of HIV and majority of new child infections are attributed to transmission from pregnant women who did not receive ART (10%), infected during pregnancy and breastfeeding (23%), and discontinue treatment during pregnancy and breastfeeding periods (47%) (Kenya HIV Estimates, 2020).</p>	<p>Support implementation of innovative community-based PMTCT interventions to complement the current health facility-based programmes.</p>
<p>Stigma and discrimination continue to impede uptake of HIV services among adolescents, young people, and key populations.</p>	<p>Provide technical support to finalize the Stigma Index 2.0 by June 2021 with funding from the Global Fund and ensure effective dissemination and use of its findings.</p> <p>Support the finalization and implementation of the Global Fund-financed three-year action plan which aims to remove human rights barriers preventing scale up of HIV, TB, and malaria services.</p>

Although uptake of HIV prevention and treatment services among the general population has increased in Kenya, uptake of HIV testing services is low among men, and a higher AIDS-related death rate is recorded among this group.

Strengthen community-based HIV response and reinvigorate active male participation to improve uptake of HIV services among men through awareness creation, and capacity building of male champions.

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