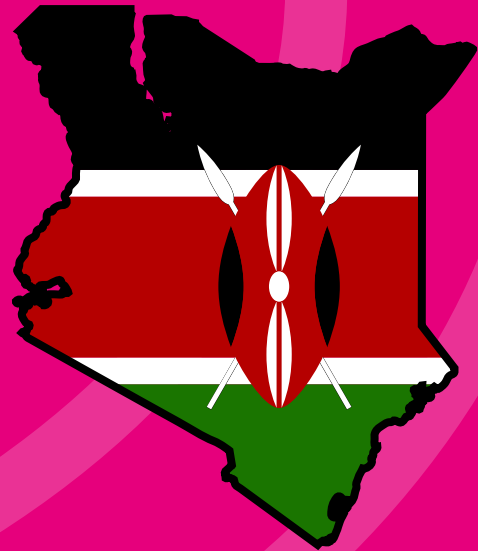
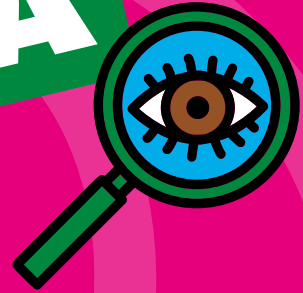


KENYA



**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

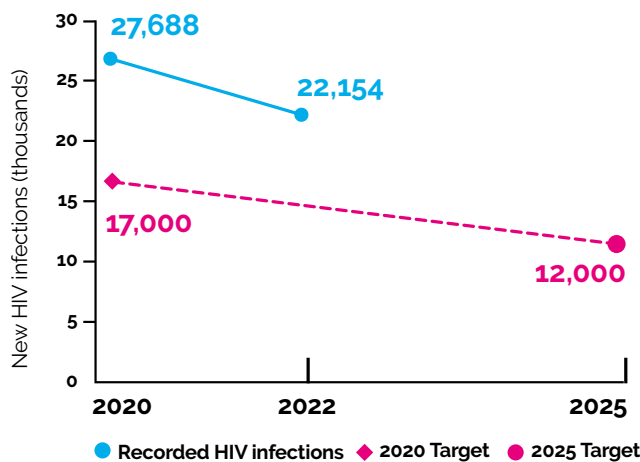
SUMMARY OF CIVIL SOCIETY ANALYSIS

Kenya has recently introduced its eagerly anticipated national HIV Prevention Acceleration Plan, which will guide the nation's trajectory for the next seven years.

This is a really important milestone, given the significant challenges that face Kenya's HIV prevention response. In particular, there is harmful rhetoric from the growing anti-rights movement, which is preventing open conversations on key issues related to HIV prevention, intensifying stigma and discrimination towards some key populations and threatening progress made in the delivery of comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services to young people.

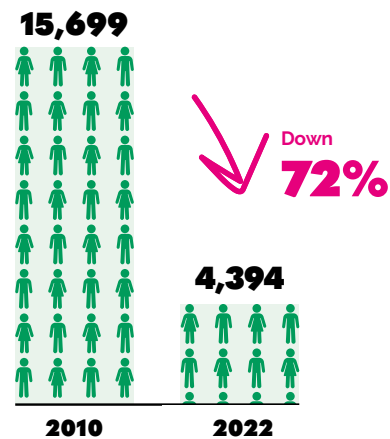
Kenya's continued reliance on donor funding also calls into question the long-term sustainability of the current response.

NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

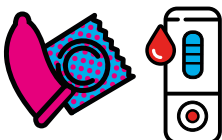


KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate (year)	2020	2019	2020	2021
Estimated HIV prevalence	NO DATA	NO DATA	NO DATA	NO DATA
HIV prevention service coverage	32%	20%	62%	NO DATA
Avoidance of healthcare due to stigma and discrimination	NO DATA	NO DATA	NO DATA	NO DATA

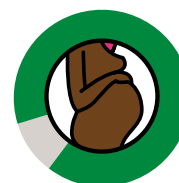
Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

INTEGRATION



Health services delivering integrated services: HIV counselling and testing with SRH
 ✓ Fully integrated in all health facilities

Source: [National Commitments and Policy Instruments Database](#)



90%

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

STRUCTURAL BARRIERS

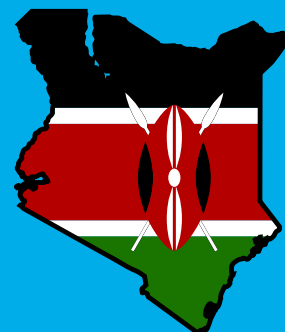


LEGAL ENVIRONMENT

	Criminalised?
Same-sex sexual acts	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	NOT CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

KENYA



GENDER VIOLENCE



25.5%

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

STIGMA



Latest stigma index report conducted in

2021

Source: [Global Network of People Living with HIV \(GNP+\)](#)

FINANCING



15% Abuja Declaration target

11% of government budget to health expenditure



International funding for HIV prevention

66%

Domestic funding for HIV prevention

34%

Sources: [African Institute for Development Policy](#), [UNAIDS Financial Dashboard](#)

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✗ NO for adolescents under 18 years



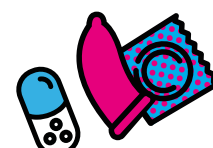
HIV testing without parental consent

✓ For adolescents over 15 years



National CSE curricula in place

✓ Primary & secondary



55.2%

Knowledge of HIV prevention amongst adolescents (aged 15–24)

Sources: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [Kenya Demographic Health Survey](#)



PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS

ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



After more than a decade, Kenya has a new national HIV Prevention Acceleration Plan (2023–2030). It outlines an ambitious agenda, building on areas where the government has traditionally excelled, such as providing antiretroviral treatment, promoting voluntary medical male circumcision, preventing vertical transmission and expanding prevention programmes for adolescent girls and young women and key populations.

However, less attention is given to removing structural barriers – an oversight seen in other strategic documents such as the National AIDS Control Council's Strategic Plan (2021–2027), the Kenya AIDS Strategic Framework (KASF II 2020–2025) in addition to the County AIDS Implementation Plans, which guide service delivery at sub-national level.

Kenya has made significant efforts to improve its data collection. After long delays, results from the 2018 Population-based HIV Impact Assessment survey have now been released. Results from the 2022 Demographic Health Survey (DHS), which covers critical topics including gender-based violence (GBV), family planning and knowledge of HIV prevention, is also now available.

Accurate size estimates exist for all key populations, at both

the national and county level. However, there are still some notable gaps in data for key populations, with the latest Integrated Biological and Behavioural Surveillance (IBBS) survey having taken place in 2012. If undertaken again, there are also concerns over confidentiality and questions around how this data will be used and stored, given the growing opposition towards certain communities.

RECOMMENDATIONS

- ✓ Fully implement the national HIV Prevention Acceleration Plan. This includes developing clear roles and responsibilities and working closely with civil society and communities to ensure that their priorities are addressed.
- ✓ Complete the long-overdue IBBS, covering all key populations to help establish more accurate and timely baseline estimates. Ministry of Health to ensure the meaningful participation of key populations throughout the IBBS
- ✓ Review the IBBS data storage to ensure that data is securely stored and does not pose a threat to communities.

ACTION

2

PRECISION PREVENTION APPROACH



The new Acceleration Plan sets ambitious targets to reduce new HIV infections to around 8,000 annually by 2025. The focus is largely on biomedical and behavioural targets, which are cascaded down to the sub-national level. These targets are based on a robust mapping process, which helps to identify the counties with the highest rates of new infections.

Structural targets that align with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 10-10-10 vision are not well articulated. There are no clear targets on addressing specific laws and policies. Targets focused on reducing stigma and discrimination or ending GBV are also poorly articulated.

Discussions on how best to report on behavioural and structural interventions are continuing. Civil society and

community networks hope to influence these discussions and will be pushing for a greater focus on the behavioural and structural targets that are currently lacking.

However, the majority of HIV prevention programmes in Kenya continue to be donor-funded and targets are largely driven by the donors' requirements. This makes it difficult to develop a unified set of national indicators, which speaks to all elements of the response.

RECOMMENDATIONS

- ✓ **Develop specific targets on structural interventions in line with UNAIDS' 10-10-10 targets, working closely with civil society and communities, and ensure that indicators for measuring and reporting on structural interventions across populations are integrated into the Results Framework for the new Acceleration Plan.**

ACTION

3

COUNTRY INVESTMENT NEEDS



In the 2023–24 financial year, Kenya's Health Ministry received 11% of the government's total annual budget, falling short of the 15% recommended by the Abuja Declaration. Kenya currently faces a shortfall of more than US\$1.8 billion for its HIV response over the next five years.

As a lower middle-income country, Kenya continues to experience a decline in donor funding. However, the country's HIV response continues to remain heavily donor funded at 63.5% in 2021–2022. The United States President's Emergency Plan for AIDS Relief (PEPFAR) is the largest donor, contributing 37% of annual total investments across all HIV programmes.

Kenya's allocation as part of Global Fund co-financing has decreased from US\$26 million in 2019–20 to approximately US\$19 million in 2022–23. The government contribution has not increased sufficiently to make up for the decline in donor funding.

Advocates have expressed disappointment about the reduction in funding for HIV within the new Global Fund grant (GC7), with the estimated allocation for HIV falling from approximately US\$1.7 million in 2020–22 to US\$1.5 million in 2024–26. Despite this decrease, HIV prevention investment within the new country grant is set to increase. PEPFAR's allocation to HIV prevention has also increased between 2021–2023.

HIV prevention currently accounts for approximately 25% of Kenya's total HIV budget. The latest Kenyan National AIDS Spending Assessment Report (KNASA 2022) has not been made public, making it challenging for advocates to identify which pillars or populations are most underserved.

Discussions around increasing domestic financing are also ongoing, with the government aiming to fund 50% of HIV programmes by 2025. However, there is currently no clear strategy available to the public outlining how this will be achieved. Advocates are urging the government to use innovative mechanisms, including establishing an HIV Trust Fund, exploring new public-private partnerships and integrating HIV into other services and commodities available under existing health insurance schemes.

RECOMMENDATIONS

- ✓ **Publish annual budget and accounts in full. This includes HIV prevention budget allocations and spending for each pillar – including key population communities – so that levels of investment can be tracked over time.**
- ✓ **Work with civil society and other relevant stakeholders to develop and implement a comprehensive Domestic Resource Mobilisation strategy for HIV, including prevention.**

ACTION

4

HIV PREVENTION POLITICAL LEADERSHIP



In 2022, the National AIDS Control Council expanded its mandate. It continues to lead the national HIV response as the National Syndemic Disease Control Council (NSDCC).

NSDCC and the National AIDS and STI Control Programme (NAS COP) each coordinate various Technical Working Groups (TWGs) to guide the response. Often these operate in parallel. Inefficient processes and a lack of coordination have undermined the reputation of these institutions.

Other bodies also exist to facilitate greater coordination such as the Inter-Agency Coordinating Committee (ICC), Ministerial AIDS Control Units and the Multi-Sectoral TWG. These platforms are designed to foster more inclusive joined-up ways of working, but do not always follow through on key recommendations.

Civil society and community representatives are invited to join national forums and national TWGs. While some are able to pay for themselves to attend national TWGs, there is less participation from civil society in county TWGs as they are often not invited or do not have sufficient funds to attend. Adolescents are invited to participate, but often feel that they are under- or misrepresented and that their contribution is tokenistic.

NSDCC and the Health Cabinet Secretary stress the need for effective combination prevention, but opposition is

growing, with politicians speaking out against the provision of condoms and pre-exposure prophylaxis (PrEP) to young people. Other anti-rights actors are aggressively pushing for a Family Protection Bill, which will create a more punitive environment for lesbian, gay, bisexual, trans and queer communities (LGBTQ+) and derail efforts to strengthen age-appropriate sexuality education in schools.

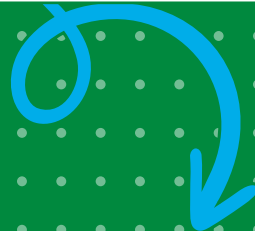
RECOMMENDATIONS

- ✓ Allocate funding to support civil society and community participation in TWGs, particularly adolescents and young people at both the national and county level, and actively ensure that civil society and community inputs are reflected in meeting decisions and action points.
- ✓ Work alongside key ministries and civil society to implement a proactive plan to challenge misinformation and tackle anti-rights activism on key issues impacting on HIV prevention, including constructive engagement with opposition voices, building new alliances to help create a strong counter-voice, and developing new and compelling narratives that reposition HIV prevention as an essential way to protect children and young people, families and African society, countering the false claims that HIV prevention and sexual and reproductive health rights (SRHR) represent a threat.

ACTION

5

COMMUNITY-LED HIV PREVENTION SERVICES



In Kenya, the Ministry of Health and donors are making efforts to strengthen community-led service delivery. A good example is the Centre for Disease Control and Prevention, which has made significant strides, increasing the share of its funding to local partners from 70% in 2021 to 93% in 2022.

Kenya's Ministry of Health and the NSDCC engage civil society as partners in the HIV response. Civil society organisations (CSOs) and community networks are already actively engaged in the HIV response, including research, policy development, data collection, monitoring and evaluation, and overall priority setting.

Many services aimed at key and vulnerable populations are now being delivered by CSOs and community-led networks. A new Legal Framework to support social contracting is also being developed, which should further expand the number of community-led organisations receiving funding.

While the Acceleration Plan makes some reference to the need for technical assistance, there is no formal plan

in place. As a result, capacity building and resources to strengthen CSOs remains particularly limited and is mainly funded through international development partners.

RECOMMENDATIONS

- ✓ Work alongside relevant donors to develop targets that capture civil society's contribution to the HIV Prevention response. Where possible, these should be aligned to UNAIDS' [30-60-80](#) targets.
- ✓ Finalise the Legal Framework for social contracting and fast-track the development of new funding mechanisms specifically for community-led organisations.
- ✓ Develop a clear, unified technical assistance (TA) plan with support from civil society, donors and core TA providers and increased advocacy with the Global Fund and PEPFAR for increased TA.
- ✓ Ensure PEPFAR and the Global Fund are increasing the share of funding for community-led organisations and community systems to meet resource needs identified for HIV prevention.

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



Key populations, including LGBTQ+ people, have a notable presence in national policy-making discussions. A recent Supreme Court ruling has allowed LGBTQ+ organisations to register, triggering significant backlash. The growth of the anti-rights movement in Kenya can be seen through the above-mentioned Family Protection Bill. However, there are promising developments too. In October 2023, the Chief Justice proposed the decriminalisation of sex work in Kenya.

Reporting on human rights violations sits largely within donor-funded programmes. Violations may also be reported to the Kenyan National Commission for Human Rights and HIV Tribunal, but are often not reported due to stigma. Cases are also reviewed by a sub-committee of the TWG on Key Populations, but there is still no centralised database.

There is increased awareness and reporting of GBV, especially since the COVID-19 pandemic. Training curriculum and guidelines have been updated to improve the management of GBV within clinical settings. CSOs are also working with the police and other law enforcement officials to improve their support for survivors.

Stigma against key populations continues to be tracked through programmes, but this could be improved. The last HIV Stigma Index reported a rate of 23.28% but did not capture stigma directed toward key populations. However, advocates are hopeful the current index will address these gaps. Sensitisation trainings for providers are conducted, but not at scale.

The NSDCC is currently reviewing the HIV and AIDS Prevention and Control Act. Civil society would like to secure clarity on age of consent for HIV care and treatment. (age of consent for HIV testing is clear at 15 years of age, but is not for care and treatment). Advocates are also keen to see the HIV Tribunal's jurisdiction expanded to include

HIV prevention services.

Adolescents' sexual and reproductive health remains a highly contentious issue. In May 2023, Kenya officially withdrew its support for the Eastern and Southern African Ministerial Commitment on comprehensive sexuality education (CSE), following a major misinformation campaign claiming that this would sexualise children and threaten African values. The new Reproductive Health Policy (2022-2032) fails to address young people's sexual and reproductive rights.

However, there are some small signs for optimism. In July 2023, Members of Parliament introduced a parliamentary motion asking the government to introduce CSE as a "core subject" in schools. The new Global Fund grant (GC7) also includes a commitment to review the HIV curriculum for tertiary institutions, stressing the need to include other prevention methods beyond abstinence.

RECOMMENDATIONS

- ✓ **Work with the Ministry of Justice and parliamentarians and the Cabinet to halt the approval of the Family Protection Bill.**
- ✓ **Work alongside the Chief Justice to accelerate the decriminalisation of sex work.**
- ✓ **Work with the Ministries of Justice, Health, Education, and Gender and Youth to develop a clear legal framework for under 18s seeking to access SRH services, and leverage commitments in the new Global Fund grant to expand access to evidence-based, age appropriate CSE.**
- ✓ **Increased advocacy by civil society for the finalisation of the HIV and AIDS Prevention and Control Act.**
- ✓ **Develop a central database for documenting human rights violations across the country.**



ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



A fully costed minimum service package is in place for all key populations, except prisoners. Differentiated service delivery models at community and facility levels include multi-month dispensing and community distribution of key commodities, along with support groups.

The Ministry of Health is actively working to expand and integrate services for key populations, emphasising non-judgemental care. However, advocates are concerned about a push towards greater integration, given the growing hostility towards key populations and an uncertain legal landscape.

The HIV/SRH integration strategy ended in 2022, and a new one is still pending. PrEP integration into family planning is ongoing but not yet fully optimised, partly due to the fact that PrEP was introduced and delivered at Comprehensive Care Clinics.

HIV prevention services for adolescent girls have expanded to cover all high-priority districts. However, there are questions about the long-term sustainability of these donor-funded programmes. The focus on high-incidence settings also means marginalised girls in lower-prevalence areas are not accessing services.

Boys and young men are consistently not reached. Additional funding has been allocated within the new Global Fund grant (GC7) to define and implement targeted interventions for this group.

Viral load testing has become more accessible and NASCOP is actively promoting the Undetectable=Untransmissible ([U=U](#)) campaign. However, there is still insufficient community awareness about this.

Condoms and lubricants remain essential in HIV prevention, but chronic shortages persist due to high import taxes and reduced donor funding.

RECOMMENDATIONS

- ✓ Develop a new HIV/SRH Integration Strategy that prioritises non-discriminatory and accessible services and responds to the evolving healthcare landscape.
- ✓ Address chronic shortages of condoms and lubricants by reviewing import taxes and seeking additional donor support.
- ✓ Develop a sustainability plan for donor-funded programmes, including PEPFAR's [DREAMS](#).



ACTION

8

NEW HIV PREVENTION TECHNOLOGIES



The process of approving Cabotegravir Long-Acting Injectable PrEP (CAB-LA) is facing significant delays and civil society is unsure what is causing these delays. Efforts to leverage support from NASCOP, which is mandated to support the process, has not yielded any significant results to date. There is currently around US\$3 million budgeted in Global Fund matching funds for CAB-LA, but it cannot be spent unless the commodity is approved.

The Dapivirine Vaginal Ring (DVR) was approved in 2021 with an implementation science study (Catalyzing Access to New Prevention Products to Stop HIV – CATALYST), which seeks to generate more evidence to support the rollout of this new technology, alongside CAB-LA. The study is now underway and plans to enrol 1,100 women, including adolescent girls and young women, female sex workers and trans and gender diverse people by 2025. The implementation study includes a robust community engagement pillar.

Policy guidelines are supportive of these new products and

are being reviewed as they become available. Funding for their rollout remains the most significant barrier, as domestic financing is currently unavailable, with discussions ongoing with PEPFAR and the Global Fund to support the new technologies beyond the life-cycle of the study.

Other emerging opportunities include availability through private pharmacies for those who may be able to pay. COVID-19 funds from the Global Fund and other donors have supported the scale-up of other innovations, including multi-month dispensing and digital health platforms.

RECOMMENDATIONS

- ✓ Urgently approve CAB-LA in order to pave the way for additional evidence that will guide rollout and delivery of this essential technology.
- ✓ Accelerate conversations with donors and developers to increase affordability and ensure availability of new HIV prevention technologies.

ACTION

9

REAL-TIME PREVENTION PROGRAMME MONITORING



Regular stock-taking meetings occur at the Inter-Agency Coordinating Committee (ICC), with strong participation from civil society. The NSDCC produces an annual progress report, which is shared with the relevant TWGs and the national media, but this has not been published online recently.

A monitoring and evaluation framework for the KASF II was developed with support from civil society but has not yet been published online either. Only CSOs who attend the ICC or contribute towards regular reporting efforts are aware of the specific indicators being tracked. The Monitoring and Evaluation (M&E) Framework for the new Acceleration Plan is also still in the process of finalisation.

Data is entered into the Kenya Health Information System by all government health facilities, faith-based and civil society facilities on a monthly basis. CSOs report to NSDCC using a range of online tools, but some struggle to complete these tools as technical support is not routinely provided.

Data is generally accessible and disaggregated by age, sex and key population but gaps still exist, including data on

people with disabilities and data around HIV and SRH integration.

Both the Global Fund and PEPFAR continue to support community-led monitoring efforts but the lack of harmonised tools or a centralised place to upload these reports has been a challenge.

RECOMMENDATIONS

- ✓ Ensure the timely publication of the annual HIV progress report.
- ✓ Finalise the M&E Framework for the National Acceleration Plan and ensure that this aligns with the KASF II and is also expanded to include indicators on structural barriers.
- ✓ Strengthen the capacity of CSOs to report using the online tools developed by NSDCC.
- ✓ Build the capacity of civil society to report using community led monitoring validated platforms, for example: imonitor.



ACTION

ACCOUNTABILITY FOR HIV PREVENTION

10

The Kenyan government continues to show strong leadership within the Global HIV Prevention Coalition (GPC) and continues to coordinate the National AIDS Council (NAC) Manager's Forum. The government has finally developed a national HIV Acceleration Plan, which identifies national milestones and priorities.

Civil society continues to play a watch-dog role and both the Global Fund and PEPFAR support community-led monitoring efforts. However, as mentioned above, the challenge has been the lack of harmonised tools or a centralised place to upload these reports.

There are other areas where transparency and collaboration could be improved. Civil society is not routinely engaged in the Global AIDS Monitoring (GAM) data

validation process. The results of the Annual Global HIV Prevention Coalition survey are also not validated by civil society, or even widely shared.

CSOs and community networks have limited opportunities to review or question the annual progress report, with many relying on UNAIDS' annual progress report and scorecards for critical information. This highlights the need for more meaningful engagement.

RECOMMENDATIONS

- ✓ **Actively involve communities and civil society in the validation of GAM data and ensure that they have the opportunity to review the annual GPC survey data, including the progress report on national milestones.**



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: sincere thanks to the country coalition partners and the coordinating partner for Kenya, LVCT Health.

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Design: Fruit Design.

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