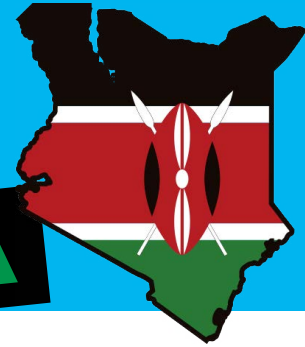


UNITED FOR PREVENTION

KENYA



United for Prevention (U4P) was a Frontline AIDS project which ran from April 2023 to September 2024.

It supported civil society and community coalitions in seven African countries to hold their national governments accountable for implementing the commitments outlined in the [Global HIV Prevention 2025 Road Map](#). The participating coalitions were located in Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zimbabwe.

In this profile we share highlights from the implementation of the U4P project in Kenya, which was led by LVCT Health.

“ THIS PROJECT SHOWS THE VALUE OF HAVING AN EVIDENCE BASE. THE HIV PREVENTION AND ACCOUNTABILITY REPORT IS SOMETHING THAT WE WILL ADD TO OUR TOOLKIT.”

(SSI, U4P Coalition, Kenya)

U4P Coalition in numbers



17 coalition members*



9 significant moments of change recorded in the project advocacy log



5 advocacy asks



13 HIV prevention spaces in which U4P members participated**

*LVCT Health (Coalition Lead) together with KELIN, NextGen Lawyers, Activate Action, Y+ Kenya, KANCO, AOY, MESHA, AYARHEP, HENNET, Stardy Kenya Community Based Organization, AMREF, ICW-K, BHESP, BLAST, NEPHAK, Masculinity Institute

**Key population TWG, Meaningful Involvement of People with HIV/AIDS (MIPA), HIV Interagency Coordinating Committee (ICC), Joint ICC (HIV/TB/Malaria), Human rights TWG, Adolescent and Young People (AYP) TWG, Social health insurance fund (SHIF) taskforce, PrEP/HTS TWG, Care and Treatment TWG, National Multisectoral HIV Prevention Steering committee, Reproductive Health TWG, Community Strategy TWG, Gender-Based Violence (GBV) TWG

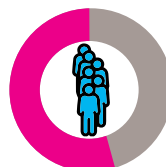
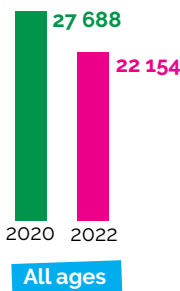


COUNTRY OVERVIEW

The U4P coalition in Kenya conducted a PESTLE¹ analysis, which was also later validated and updated following the development of an **HIV Prevention and Accountability** report. Key findings from their analysis and Accountability Report that informed their advocacy strategy are highlighted below.



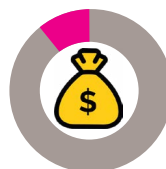
Kenya has experienced **good success in achieving HIV targets**, however, there is no recent data on the rate of HIV amongst key populations².



Only **55%** of **young people** (aged 15–24) have comprehensive knowledge of HIV
(Sources: UNAIDS Laws and Policies Analytics, UNESCO, Kenya Demographic Health Survey)



The National AIDS and STI Control Programme (NAS COP) in the Ministry of Health (MOH) and the National Syndemic Diseases Control Council (NDS CC) lead the implementation of the Kenya AIDS Strategic Framework



Between 2016–2020, the Kenyan MoH spent about **9%** of its **HIV budget** on prevention services. Considering the decline in available international donor funding, a key KASF target is to increase domestic financing for the national HIV response (from 32%) to 50% by 2024.

In 2023, Kenya introduced its eagerly anticipated **national HIV Prevention Acceleration Plan**, a strategy that will guide the country's HIV prevention efforts for the next seven years.

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 Human Sexuality Education and sexual and reproductive health (SRH) services to young people.



Despite criminalisation in some areas, there have been some **supportive measures for key populations**, including legal reforms that reduce arbitrary arrests of drug users and the approval of the National Strategic Plan (NSP) for People Who Inject Drugs (PWID).

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

¹ A PESTLE analysis investigates the political, economic, social, technological, legal and environmental context.

² UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. [Sourced here.](#)

ADVOCACY STRATEGIES, ADVOCACY ASKS AND PROGRESS MADE



Alignment to action in the Global HIV Prevention Road Map	Advocacy asks	Progress achieved	Progress status
Action 1: HIV Programmes in Kenya serving key populations (KPs) and Priority Populations is based on the most recent data	NASCOP to conduct Integrated Biological and Behavioural Surveillance (IBBS) survey with the involvement of KPs. NASCOP to publish and disseminate the IBBS by June 2024 so that Civil Society Organisations (CSOs) and other stakeholders can use it in their programming.	Members of the Key Population Consortium and other KP groups were invited to participate in the planning, piloting and rolling out of the IBBS process. All data was collected by August 2024 and dissemination planned for November 2024, with active participation from key populations.	Medium
Action 6: Opposers of CSE agree to meet CSO coalition for dialogue	Multiple stakeholders, including the Ministry of Education, Ministry of Health and faith leaders agree to attend two meetings to dialogue on CSE with CSOs.	On 30 May 2024, UNESCO and UNFPA were engaged to understand progress in negotiating with the government on CSE curriculum implementation in Kenya. A meeting was held with religious leaders and NSDCC in Q3, 2024. The religious leaders advised that the human sexuality education content can be drafted focusing on agreed topics. They advised for further engagements on contentious topics until consensus is reached before they can be added to the curriculum.	High
Action 6: Kenya prioritises the introduction and use of new prevention technologies	Pharmacy and Poisons Board (PPB) to approve and register CAB-LA by August 2024. (CAB-LA = long-acting [LA] injectable cabotegravir [CAB], an injectable HIV prevention product)	The Pharmacy and Poisons Board approved CAB-LA and issued the registration certificate in August 2024. NASCOP is leading the development of the HIV Prevention manual to include CAB-LA for launch and dissemination by December 2024. This will be followed by guidelines to be launched in February 2025.	Achieved
Action 10: The government is accountable for the implementation of the HIV acceleration plan	NSDCC to ensure that progress reports on the 10-point plan are shared and discussed at each quarterly meeting of the National HIV Interagency Coordinating Committee (HIV-ICC).	NSDCC has publicly called duty bearers in the HIV space, including NASCOP officials, to take action on the road map report. On 5 February 2024, coalition partners (LVCT Health, KP Consortium and Nephak) are members of the National Multisectoral HIV Prevention Steering Committee, Thus ongoing engagement has been achieved. The progress on implementation of the Acceleration plan is provided at this meeting quarterly.	Achieved
	Community-led Monitoring (CLM) multi-stakeholder committee agrees to support and advocate for a central community-led database on all CLM initiatives.	Issues around data protection of a potential central database have been identified, and while no agreement has yet been reached, the KP Consortium and NEPHAK are actively working with the CLM Committee, UNAIDS and PEPFAR to reach consensus on the best approach for the database.	Low

OUTCOME STORY

ADVANCING HIV PREVENTION: KENYA'S MILESTONE APPROVAL OF CAB-LA



Outcome: In August 2024, Kenya's Pharmacy and Poisons Board approved registration of CAB-LA, leading to the Kenya Directorate of Health Products and Technologies including CAB-LA and the Dapivirine PrEP Vaginal Ring in Kenya's National Essential Medicines List. This followed a positive recommendation in July and marks a significant step in expanding HIV prevention options, addressing urgent needs for more diverse and accessible prevention technologies in Kenya. This milestone will support product introduction of these new HIV prevention technologies into the market and spearhead conversations around advocating for expedited Cabotegravir Injectable approval in the country.



Contribution: LVCT Health, working with HIV prevention advocates in the country that include young people, female sex workers, AVAC fellows among others, advocated for the approval for CAB-LA. They engaged in high-level advocacy with key decision-makers, including the Permanent Secretary for Public Health at the Ministry of Health (MoH), Head of NASCOP, USAID, UNAIDS, and the Pharmacy and Poisons Board (PPB). The coalition, led by LVCT Health, held several meetings between June 2023 and August 2024 with communities of adolescents and young people, HIV prevention researchers, and implementing partners to sensitize them on CAB-LA. LVCT Health were effective in putting pressure on key decision makers specifically NASCOP, NSDCC, and the Permanent Secretary of Public Health to reach out to the regulatory authority and leadership in the MoH, include CAB-LA in the National Essential Medicines List and speed up the process of approving CAB-LA.



Significance: The inclusion of CAB-LA in Kenya's Essential Medicines List and its subsequent approval is very significant as it is the first step to getting CAB-LA to those that need it most. "Approval of CAB-LA provides an opportunity for Kenya to include CAB-LA for PrEP choice. Having CAB-LA in the medicines list and the guideline will enable Kenya to negotiate and access funding support to introduce CAB-LA."

The coalition's role in this work has been integral as the approval process was facing huge delays and civil society/communities were unsure as to what the reasons for delays were. Prior to this, efforts by civil society to leverage support from NASCOP yielded limited results. The approval unlocks approximately US\$3 million in Global Fund matching funds for PrEP, which could not be spent on CAB-LA without approval. This financial incentive will positively affect the work of civil society in the implementation of HIV prevention work. Moreover, the approval provides a solid foundation for further advocacy and implementation efforts.

Next steps: The next steps aim to facilitate the smooth introduction and widespread adoption of CAB-LA in Kenya's HIV prevention efforts, and include:

- Continued advocacy to address concerns about CAB-LA pricing and uptake.
- Engagement with youth activists to generate demand.
- Leveraging media coverage to maintain momentum.
- Including CAB-LA in various funding proposals.



**WE
APPRECIATE THE
COLLABORATION
BETWEEN NASCOP,
LVCT AND ALL
OTHER CSOS IN
PUSHING FOR
APPROVAL OF NEW
HIV PREVENTION
TECHNOLOGIES."**

Ssi, U4p Coalition, Kenya

TIMELINE OF OUTCOME STORY

2023



April

Launch of the U4P coalition in Kenya



September

PESTLE analysis completed



December

The Kenya Directorate of Health Products and Technologies include the PrEP ring and CAB PrEP into the national essential Medicines List



Kenya HIV Prevention and Accountability report showcased at the ICASA conference

2024



January

National launch of [HIV Prevention and Accountability](#) report



February

LVCT Health, KP Consortium and Nephak are invited to be a part of the National HIV Prevention Steering Committee



June

CAB-LA recommended for approval



July

CAB-LA approved by the Pharmacy and Poisons Board (PPB)



August

Expected issuance of CAB-LA approval certificate by the regulatory body



September

Planned finalisation and launch of comprehensive CAB-LA guidelines

“**APPROVAL OF CAB-LA PROVIDES AN OPPORTUNITY FOR KENYA TO INCLUDE CAB-LA FOR PREP CHOICE. HAVING CAB-LA IN THE MEDICINES LIST AND THE GUIDELINE WILL ENABLE KENYA TO NEGOTIATE AND ACCESS FUNDING SUPPORT TO INTRODUCE CAB-LA.**”

PROMISING PRACTICES



Using established networks to support ongoing advocacy activities strengthens the sustainability of advocacy efforts. Aligning closely with existing CSO forums and national HIV programmes integrates the programme's activities into broader initiatives, which is critical for maintaining momentum beyond the project's lifespan.



Applying a decentralised model of implementation at the coalition level tends to reduce the dependence on individual leads or dominant organisations and fostered the distribution of knowledge and capacity across the coalition.



Using data from ongoing trials and implementation research to advocate for improvements within national HIV prevention responses. In Kenya this included the use of evidence to influence formulation of positive policies to support HIV prevention efforts.

KEY LESSONS LEARNT



Coalition forming can be challenging, especially when there is significant diversity in interests and experience. An experienced coalition leader can put mechanisms in place to support coalition members to deliver and grow.

Sources:

The U4P coalition in Kenya has done incredible work in providing data for this profile, as identified from the following sources:

- Kenya U4P Monthly MEL Meeting Tracker
- U4P Quarterly Narrative Report - Kenya
- Kenya Coalition Accountability Strategy
- Kenya HIV Prevention and Accountability Report
- Kenya PESTLE analysis
- U4P advocacy log
- Mid-term review of U4P, conducted by Hemisphere, 2024



This profile was written by Elena Mancebo Masa, Zimingtonaphakade Sigenu and Dena Lomofsky on behalf of Southern Hemisphere Consultants, with editorial input from Casey Davison O'Brien, Leora Pillay and Libby van Zee of Frontline AIDS, Janet Mugambi Patricia Jeckonia of LVCT Kenya. Design by Jaywalk Design for Change. The Outcome Story was substantiated by officials in the Ministry of Health, Kenya.