KENYA STATEMENT
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DURING
THE HIGH-LEVEL MEETING OF THE GLOBAL HIV PREVENTION COALITION

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NAIROBI
Hon Ministers, Excellences, Distinguished guests, Ladies and Gentlemen,

I am pleased to take this opportunity to present Kenya’s progress report. Since 2015, we implemented the innovative and bold population-location approach outlined in our prevention revolution roadmap that is now become the global standard for HIV programming and resources allocation. With this approach, Kenya has registered more than 51% reduction in new infections from 100,000 per annum in 2013 to less than 50,000 with a HIV incidence currently at 1.8%. We are therefore on track in our contribution towards less than 500,000 new infections globally by 2020.

Kenya has 1.2 million Kenyans on life-long ARV medication. In 5 years, we have experienced a 52% reduction in AIDS mortality across all age groups, thus attaining the Country’s target of reducing AIDS related deaths by 25% by 2020 ahead of schedule. We are aware that sustained viral suppression will contribute to reduced incidence.

Strategies that Kenya has rolled out have included HIV pre-exposure prophylaxis with almost 50,000 people initiated across 1,498 health facilities and drop in centers for key and vulnerable populations. We have invested in the development of a national condom strategy that is anchored on access to quality condoms in social and public places, monitoring and tracking programme performance.

Ladies and gentlemen,

I am convinced that community action is the key not only to HIV prevention, but prevention of all illhealth. The HIV response has taught us the power of collective action and clear goals such as those outlined in the Prevention 2020 roadmap. It has also taught us that multi-sector and multi-disciplinary action is the key to sustainable disease prevention and to developing an effective response to behavioural and structural barriers.
to health. It is for this reason, that we have made primary health care the focus of Universal Health Coverage in Kenya.

The communities of people living with HIV have demonstrated the power of community engagement and advocacy and we see it with our young people here today. Such multi-sector and community action to address HIV has been steered by AIDS Commissions in our countries, but must now go beyond the narrow focus on HIV to include other disease areas. I call on all Ministers of Health here to consider how we can leverage these existing institutions and infrastructure to accelerate attainment of UHC and make HIV prevention central to these efforts. With this, we will attain our Prevention 2020 targets.

As I conclude the Kenya statement, I have to note that our HIV programmes are still largely externally resourced. We need to change this. In Kenya we have increased our resource allocation to health to match our intentions. A 30% increase in health budgets to a US$1 billion investment between the financial years 2018 and 2020 will go a long way in pushing us towards our HIV and other disease prevention targets.

I now invite xxxxx to make the next statement