Ministry of Health

KENYA WORLD AIDS DAY

PROGRESS REPORT 2013 - 2021

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End Teenage Pregnancy

Towards eliminating inequalities and new HIV infections

 # Komesha Mimba za utotoni

maisha!
National AIDS Control Council
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NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT
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NASCOP

Foreword

Sen. Mutahi Kagwe, EGH
Cabinet Secretary, Ministry of Health

Since 1984 when the first HIV case was officially documented in Kenya, the country has made tremendous progress towards ending the epidemic as a public health threat. The World AIDS Day 2021 reviews the progress made in the HIV response over the last eight years and highlights key successes of the national response to the epidemic.

Kenya has, since 2013 progressively increased the proportion of domestic resources to prevent and manage HIV from 18% to 32% in 2021. The significant investments in HIV prevention have clearly borne fruit. The robust HIV response has helped to reduce AIDS related deaths by 67% from 58,446 in 2013 to 19,486 in 2021. This reduction is attributed to an increase in the number of people on lifesaving antiretroviral treatment which has gone up by 83%, from 656,369 in 2013 to 1,199,101 in 2021. New HIV infections have reduced by 68.4%, from 101,448 in 2013 to 32,027 in 2021, hence lowering the HIV prevalence rate from 6.04% to 4.25% during the same period. The rate of HIV transmission from mother child, albeit high, has reduced from 13.9% in 2013 to 9.7% in 2021. It is estimated that the country averted more 65,000 new HIV infections among children due to HIV between 2013 and 2020.

Although these successes are greatly acknowledged, this report points out to a growing epidemic among children, adolescents, and young people. While the cases of mother to child transmission of HIV have significantly declined, the target to reach less than 5% transmission rate remains elusive. In 2020, for example, an estimated 5,294 children acquired HIV during pregnancy and breastfeeding periods.

Kenya is committed to eliminate new HIV infections among children. The introduction of the user free *Linda Mama* maternity programme serves as a platform to increase access to HIV diagnostics, prevention and treatment services. The programme increased skilled birth deliveries from 57% in 2015 to 78% in 2020, with ante-natal clinic attendance as a pre-requisite for HIV diagnosis during pregnancy increasing by 18%.

The commitment to end new HIV infections among children and adolescents will require an end to all forms of violence against children and adolescents. This will include an end to sexual violence and teenage pregnancies. Teenage mothers are at risk of poor health outcomes such as premature birth, low birth weight and perinatal death.

As a country, we must tailor our investments to the population in need of services. Since 2015, more than 8,000 people who inject drugs, and at high risk of HIV and hepatitis C have been provided with opiate substitution therapy to support their recovery process. Such population-focused and evidence-based interventions will need to be adopted to scale to set Kenya on the path to end AIDS.

Cognisant of the challenge of managing HIV in the context of COVID-19 and transition of donor funding, this report points out the need for localised solutions to funding the HIV response. I call upon all stakeholders to remain resilient in their efforts to effectively prevent and manage HIV in Kenya.

Preface

Ms Angeline Siparo
Chairperson, National AIDS Control Council

The 2013-2021 HIV progress report presents a scorecard for us to evaluate our progress and examine the gaps to sustain the gains made in the HIV response.

The report, developed by stakeholders in the HIV response, has signalled hope that we can finally end AIDS in Kenya. While challenges such as persistent high related stigma exist, the Policy environment remains critical in ensuring effective response to HIV. Inequalities to access services among sub-populations such as adolescents and key populations will require our concerted efforts to eliminate barriers that stand in their way to access services.

HIV continues to pose both health and developmental challenges. the National AIDS Control Council underscores the need to re-invigorate an integrated approach to providing HIV education within sectoral interventions. There will be need for enhanced coordination of the multisectoral partnerships and accountability of available resources at all levels. The NACC will enhance synergies among partners and increase accountability for results across the programme.

Together we will set Kenya on the right path to ending AIDS as a public health threat while eliminating inequalities.

Acknowledgement

Dr. Ruth Laibon-Masha
Chief Executive Officer
National AIDS Control Council

On behalf of National AIDS Control Council, I take this opportunity to acknowledge the contributions of multi-sectoral coordination committee members responsible for management of strategic information and financial skills to compile the data used to develop this report. The partners include National AIDS and STI Programme, National Council for Population and Development, Council of Governors and National Network of People Living with HIV and AIDS in Kenya, among others.

Sincere gratitude to the County Government officials who diligently collect and compile data that support the monitoring of outcomes of the HIV response.

Special thanks to Clinton Health Access Initiative - Davis Karambi, John Mungai, Brandwell Mwangi, Gladys Kerubo, the Bill and Melinda Gates Foundation through the University of Manitoba - Prof. Parinita Bhattacharjee for their technical and financial support. Special thanks to NASCOP - Dr. Violet Oramisi and Faith Ngari for their technical support. Thanks to acting deputy director policy monitoring and Research, National AIDS Control Council Joshua Gitonga for providing leadership in developing this report.

We are also grateful to Abuta Ogeto, Kagweni Micheni and Dr. Samuel Siringi for their editorial input.

Contents

Executive Summary

The Kenya World AIDS Day Progress Report 2013 - 2021 details the tremendous progress in the national response to the epidemic; outlining the successes, challenges and lessons learnt through this period. This report focuses on Kenya's goal of ending the AIDS epidemic as a public health threat by 2030, and is aligned to Kenya's Vision 2030, the Sustainable Development Goals and other global and regional health commitments.

The report calls for courageous, bold and accountable leadership to address the triple threat facing adolescents and young women in the country. Teenage pregnancies, HIV, gender and sexual based violence. Further, the report acknowledges the need for resilient programmes that can withstand especially in the context of Covid-19 global pandemic.

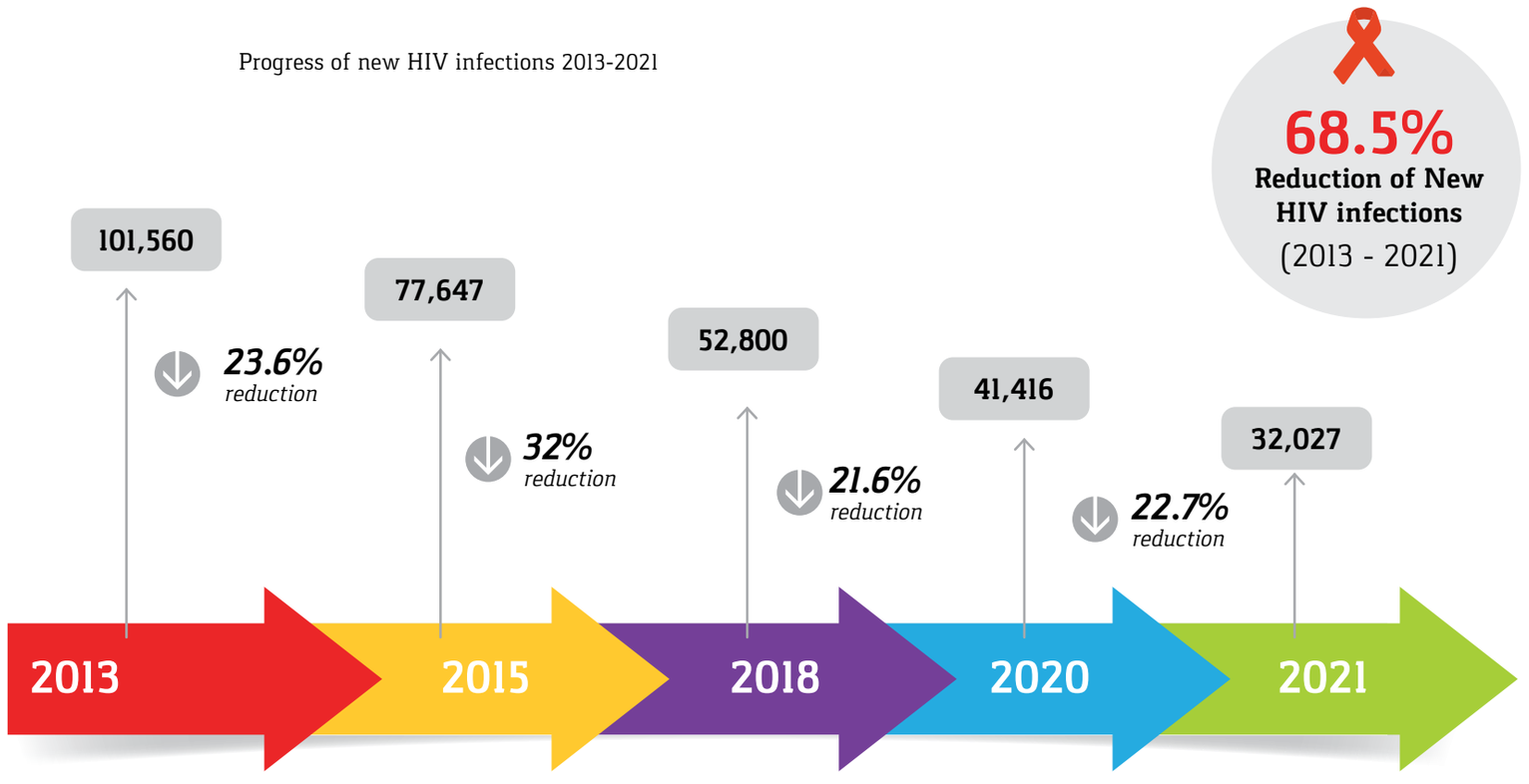
Together we can end HIV-related stigma and discrimination

His Excellency Uhuru Kenyatta
President of the Republic of Kenya

Kenya has never been closer than now to ending AIDS as a public health threat by 2030. This goal remains important and achievable

Over the years, Kenya has made tremendous strides towards alleviating the HIV epidemic resulting in 68.5% Reduction of New HIV infections between 2013 and 2021.

Progress of new HIV infections 2013-2021



Source: HIV Estimates, 2013-2021

Fifteen counties met global and national targets of reducing new HIV infection by 75% between 2013 and 2021

Forward gear New Infections Reduction by ≥75%	Parking gear Minimal Reduction 0-74%		Reverse gear New Infections Increased
Muranga	Bomet	Kajiado	Nairobi
Nyamira	Narok	Elgeyo Marakwet	Kakamega
Turkana	Isiolo	Meru	Bungoma
Nyandarua	Tharaka Nithi	Kwale	Vihiga
Homa Bay	Baringo	Mombasa	Busia
Siaya	Trans Nzoia	Kericho	
Nyeri	Embu	Uasin Gishu	
Migori	Makueni	Marsabit	
Samburu	Nandi	Lamu	
Kirinyaga	Nakuru	Wajir	
West Pokot	Laikipia	Kilifi	
Kisii	Mandera	Tana River	
Kisumu	Taita Taveta		
Garissa	Machakos		
Kiambu	Kitui		

HIV Burden in Kenya

1.43 million

Kenyans were living with HIV in 2021

78,465

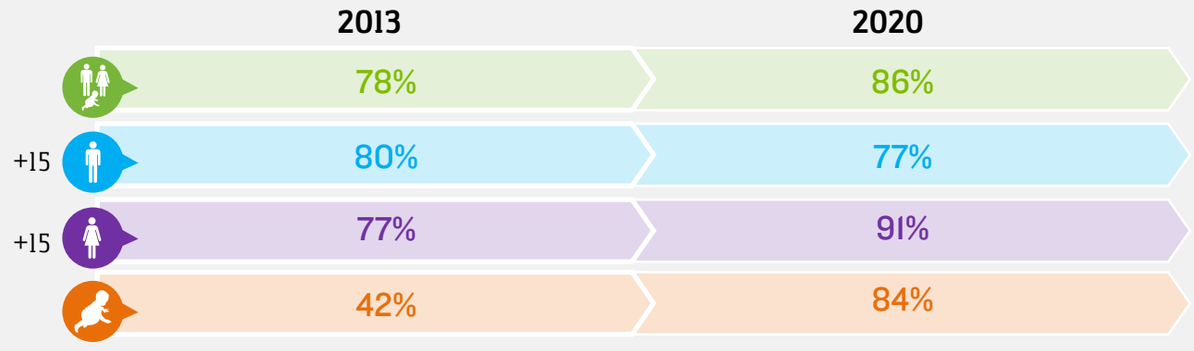
Children (0-14 years) were living with HIV in 2021

National HIV Prevalence is 4.3%

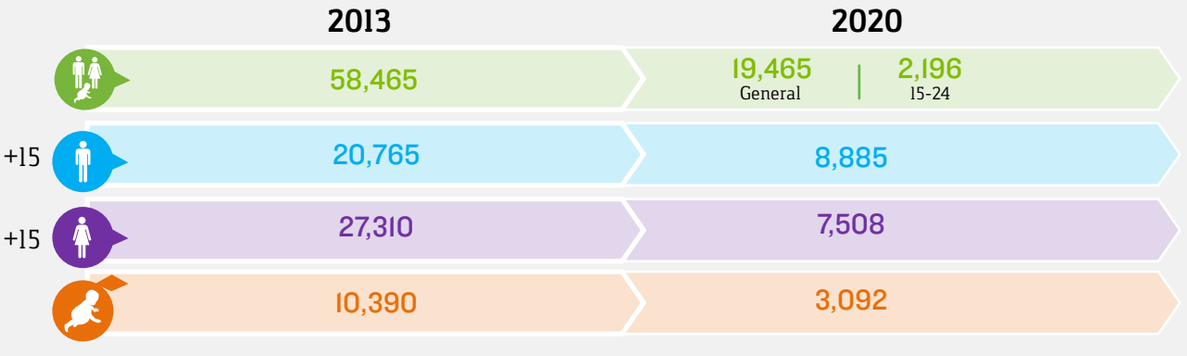
2.9% | 5.5%

Kenya registered 43% reduction in AIDS-related deaths among adolescents and young people between the 2015 and 2021 period.

TREATMENT COVERAGE



AIDS RELATED DEATHS



Sources: Kenya HIV Estimates Technical Report 2013-2021
NASCOP Key Population Estimates Concensus Report 2012


SHE TURNS 12
SHE ENTERS THE LABOR MARKET
ECONOMIC GAINS MULTIPLYING ACROSS ECONOMIES
Reproductive Health
Education
Supportive Environment
Financial Assets
Inspiration
GIRL IS BORN
SCHOOL DROP-OUT
CHILD MARRIAGE
EARLY PREGNANCY
THREATS

HIV, teenage pregnancies and sexual and gender based violence are Triple threat among Adolescents and young adults in Kenya

1,465,537
New ANC clients

38,585
Deliveries from HIV positive Women

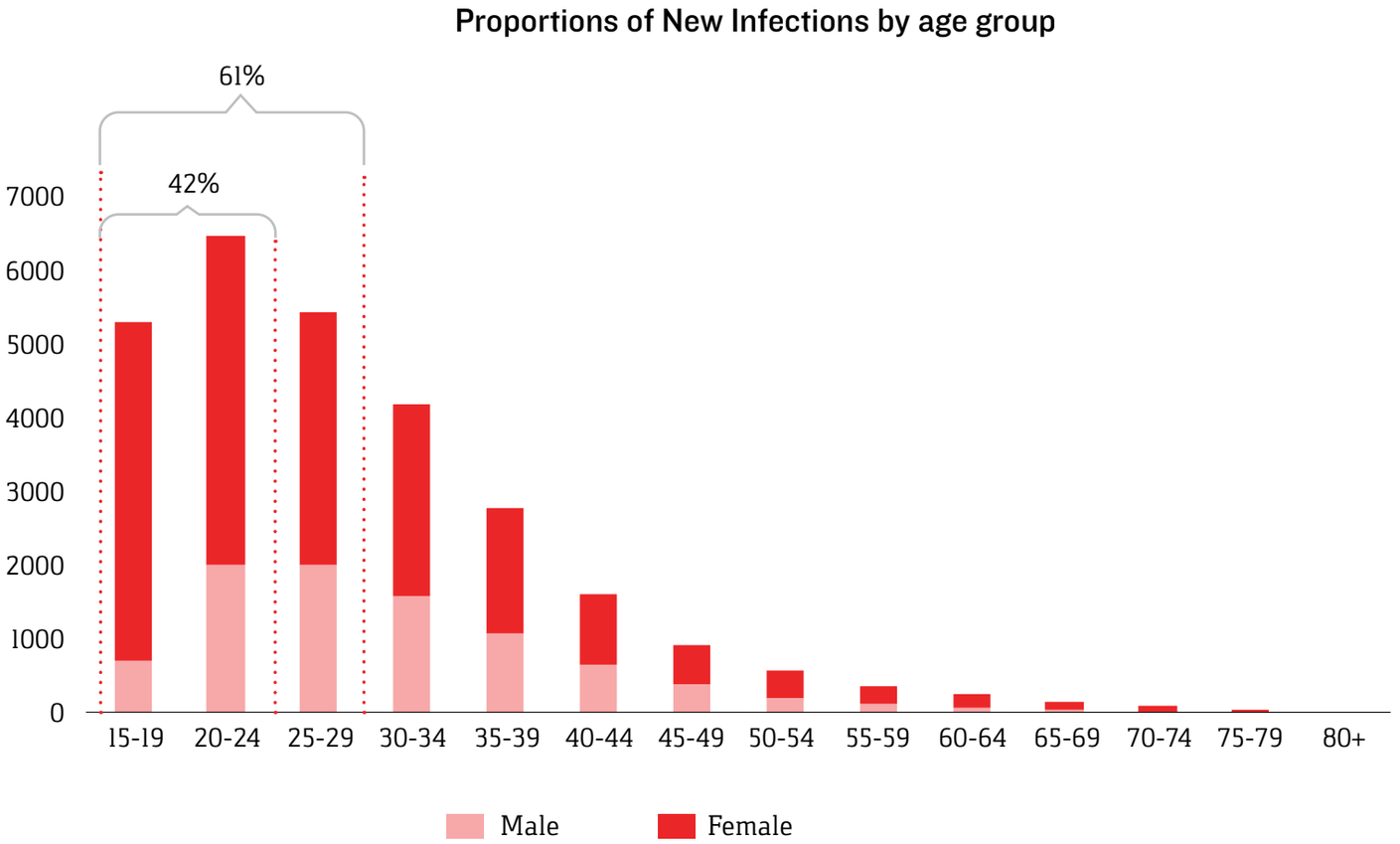
16,957
No. Adolescents (10-14 years) Presenting With Pregnancy at 1st ANC Visit

31,4621
No. Adolescents (15-19 years) Presenting With Pregnancy at 1st ANC Visit

331,578
Total adolescent pregnacies

22.6%
Proportion of adolescents attending 1st ANC

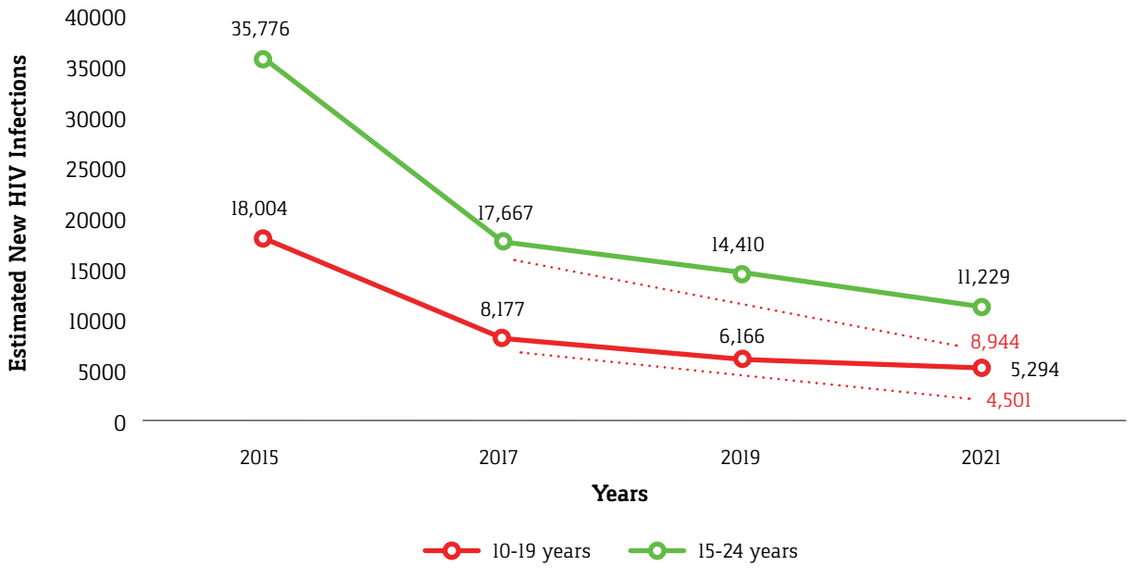
We must end new HIV infections among adolescents and younger adults (15-29) who contribute to 61% of all adult new HIV infections in 2020



Kenya has a predominantly young population, with 67% aged 29 years and below. Despite the significant reduction in the number of new HIV infections among adolescents and young people, the country did not meet the target of 75% reduction. Approximately, 42% of new adult HIV infections are amongst adolescents and young people (15-24 years). Nairobi, HomaBay, Uasin Gishu and Meru counties had the highest number of new HIV infections among young people.

The number of new HIV infections among young people aged 15-24 years declined by 69% from 35,776 in 2015 to 11,229 in 2021

Trends and proportion of new HIV infections among adolescents and young people (10-24 years)



Kenya has a predominantly young population, with 67% of the population aged 29 years and below

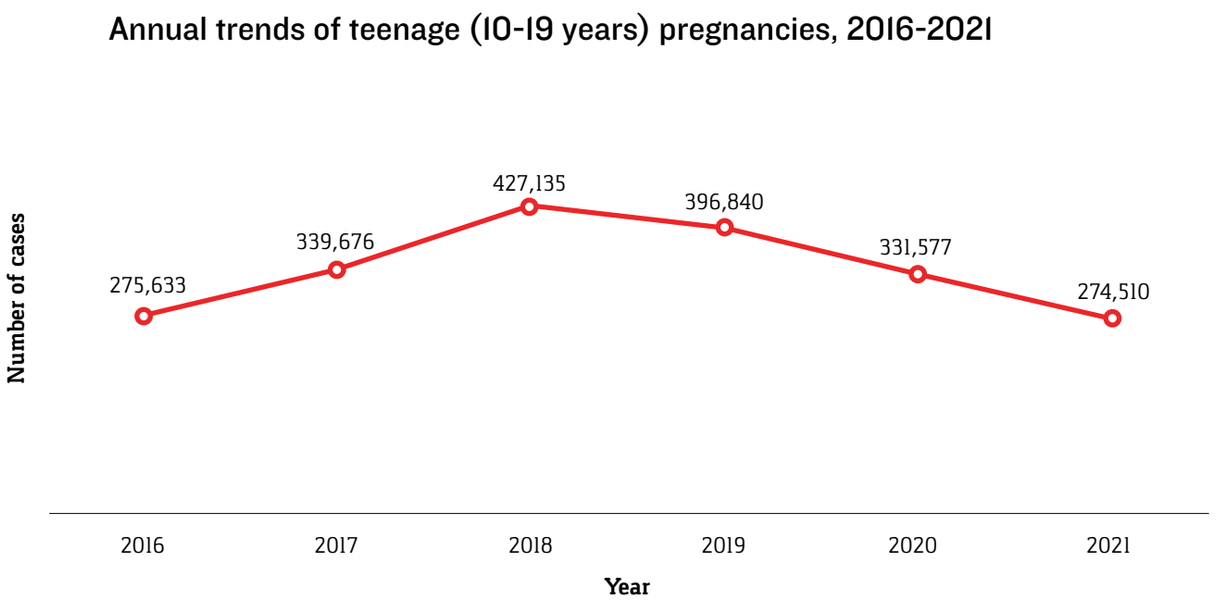
The 2021 World AIDS report demonstrates successes resulting from strong collaboration and partnership of state and non-state actors. Civil Society Organization remain committed to work with all partners to achieve the 2030 goal of ending AIDS as a public health threat in Kenya. To achieve this, it is paramount we focus on HIV prevention interventions targeting the vulnerable and marginalized populations. These include adolescent girls and young women in Kenya who are faced with triple threats of violence, unintended pregnancy, and HIV infections. We support implementation of innovative models and embrace new HIV prevention technologies while meaningfully engaging communities"

Dr Lilian Otiso
Executive Director, LVCT Health

"Against the colliding pandemics of HIV and COVID-19, Kenya has ensured acceleration of the 95.95.95 targets with the aim of ending AIDS as a public health threat by 2030. Communities congratulate the Ministry of Health and partners for sustaining over one million people living with HIV on treatment in the first year of COVID-19 pandemic. Recently, the country witnessed systemic challenges related to procurement and supply chain management and which has been compounded by the negative impacts of COVID-19 making the gains ytHIV response fragile. The country needs a renewed commitment to sustain the momentum. Communities want HIV – sensitive universal health coverage. People living with HIV should be empowered through HIV-sensitive national social protection programs, including cash transfers. Future AIDS Program Progress Reports should include data and information gathered through community led monitoring"

Nelson J. Otwoma
Executive Director, NEPHAK

Between the month of January and October 2021, there were 274,510 adolescent (10-19 years) pregnancies recorded, of which 5.1% occurred among adolescents aged 10-14 years



Source: Kenya Health Information System

Despite Kenya's efforts to curb teenage pregnancies, the number remains relatively high.

Overall, in Kenya, one in five girls is likely to bear a child before their 19th birthday. Between 2016 and 2021, a total of 2,045,371 adolescent pregnancies were recorded among adolescents aged 10-19 years. The five counties that contributed the highest to this number are Nairobi, Bungoma, Meru, Nakuru, and Narok, which accounted for 23% (461,265) of the cases reported. Mandera, Kakamega, Trans Nzoia, Marsabit and Vihiga counties recorded an increase in teenage pregnancies. However, interventions to reduce teenage pregnancies have brought about a decline in the number of teenage pregnancies reported in Mombasa, Kisumu, Busia, Migori and Kilifi counties.

Teenage pregnancy is a proxy indicator of early sexual debut, which has been attributed to sexual and gender-based violence thereby increasing the risk of HIV infection.

In 2020, approximately 54% of all sexual violence cases reported were among adolescent girls aged 12-17 years

More boys (52%) reported cases of physical violence compared to 39% of girls in 2020 (Programme data KHIS). The challenge of sexual and gender-based violence among adolescent and young people increases their vulnerability to HIV and reduced their ability to negotiate for safer sex with long-term psychosocial outcomes.

Stringent enforcement of laws and implementation of policies can protect girls and boys from gender-based violence and harmful practices. In 2020, a total of 5,009 cases were recorded through the National Gender Based Violence **toll-free helpline 1195**, showing an increase of 1,411 (36%) reported cases from 2019. Nairobi, Kakamega, Kisumu, Nakuru and Kiambu Counties reported the highest cases through the toll-free helpline.

Addressing drug use and sexual exploitation among adolescents

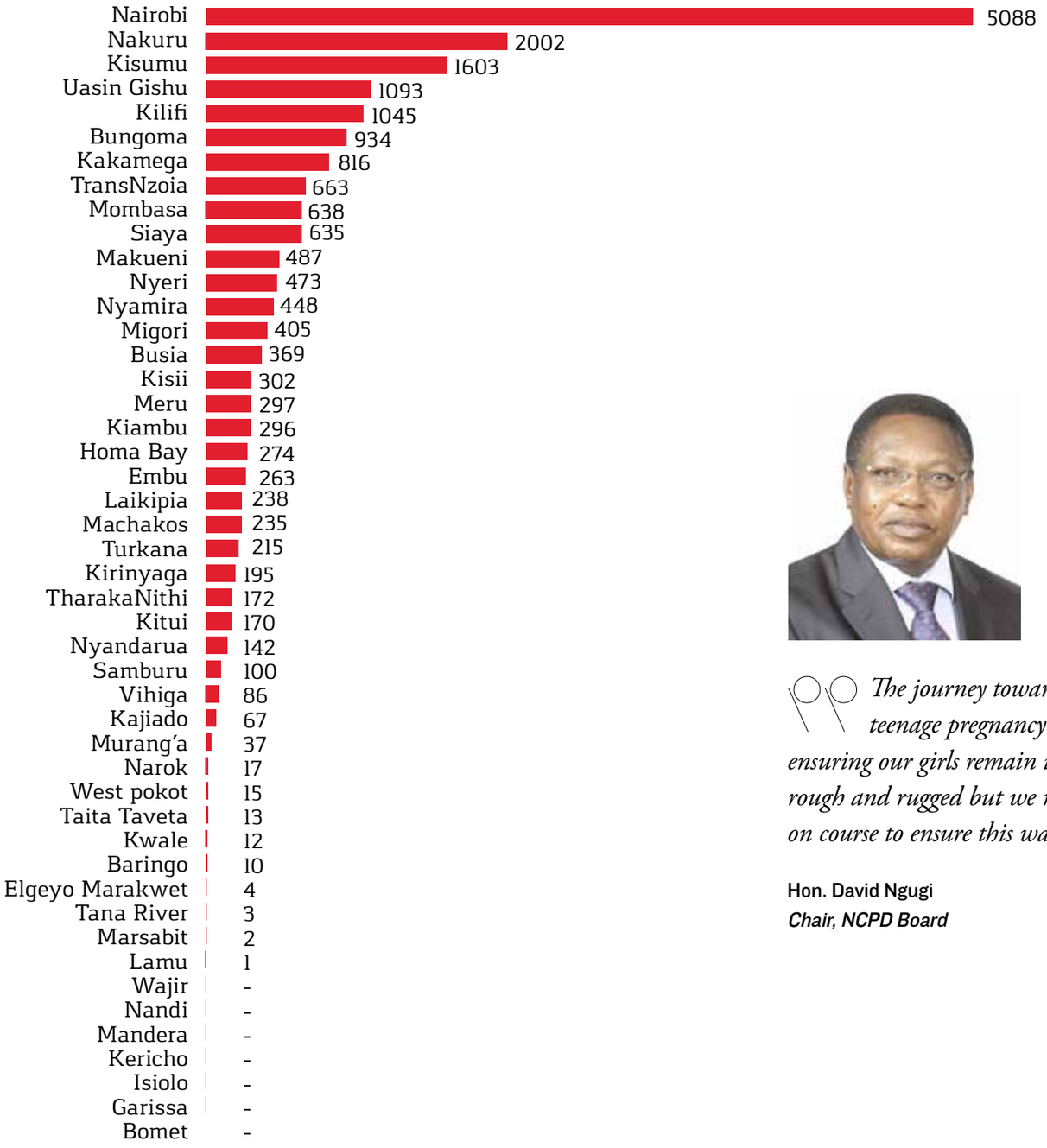
An estimated 14,809 girls below 18 years sell sex with Nairobi County having the largest share, followed by Turkana, Nakuru, and Mombasa Counties. About 2,949 boys below 18 years of age sell sex across the country with Mombasa having the highest number, followed by Nairobi and Bungoma counties. Estimates of young people who inject drugs (below 18 years) is 1,839 with Nairobi having the largest share (23%), followed by Turkana (10%), Nakuru (8%) and Mombasa (7%).

These young people experience high HIV risk and vulnerability with low access to services.

"We must as a society stop treating teenage pregnancies as normal. We must realise that cannot achieve elimination of mother to child transmission of HIV if the number of teenage pregnancies remain high. Teenage mothers delay pregnancy and HIV diagnosis making it difficult to provide effective HIV prevention services. It is important to involve all stakeholders and create awareness through churches, schools, and all forms of media. The role of men and boys is key to ending retrogressive cultural practices that affect teenagers"

Joseph N Mbai
CEC Health & Sanitation, Murang'a County

Number of Sexual and Gender-based Violence Cases Reported per County - 2020



The journey towards ending teenage pregnancy and ensuring our girls remain in school is rough and rugged but we must stay on course to ensure this war is won.

Hon. David Ngugi
Chair, NCPD Board

Key interventions for addressing Gender Based Violence

i. Toll-free hotlines which include the National Gender Based Violence Helpline (**1195)**

ii. Establishment of prevention and response structures through County GBV working groups

iii. Establishment of **Rescue Centres for GBV** in West Pokot, Bungoma, Vihiga, Meru and Migori counties.

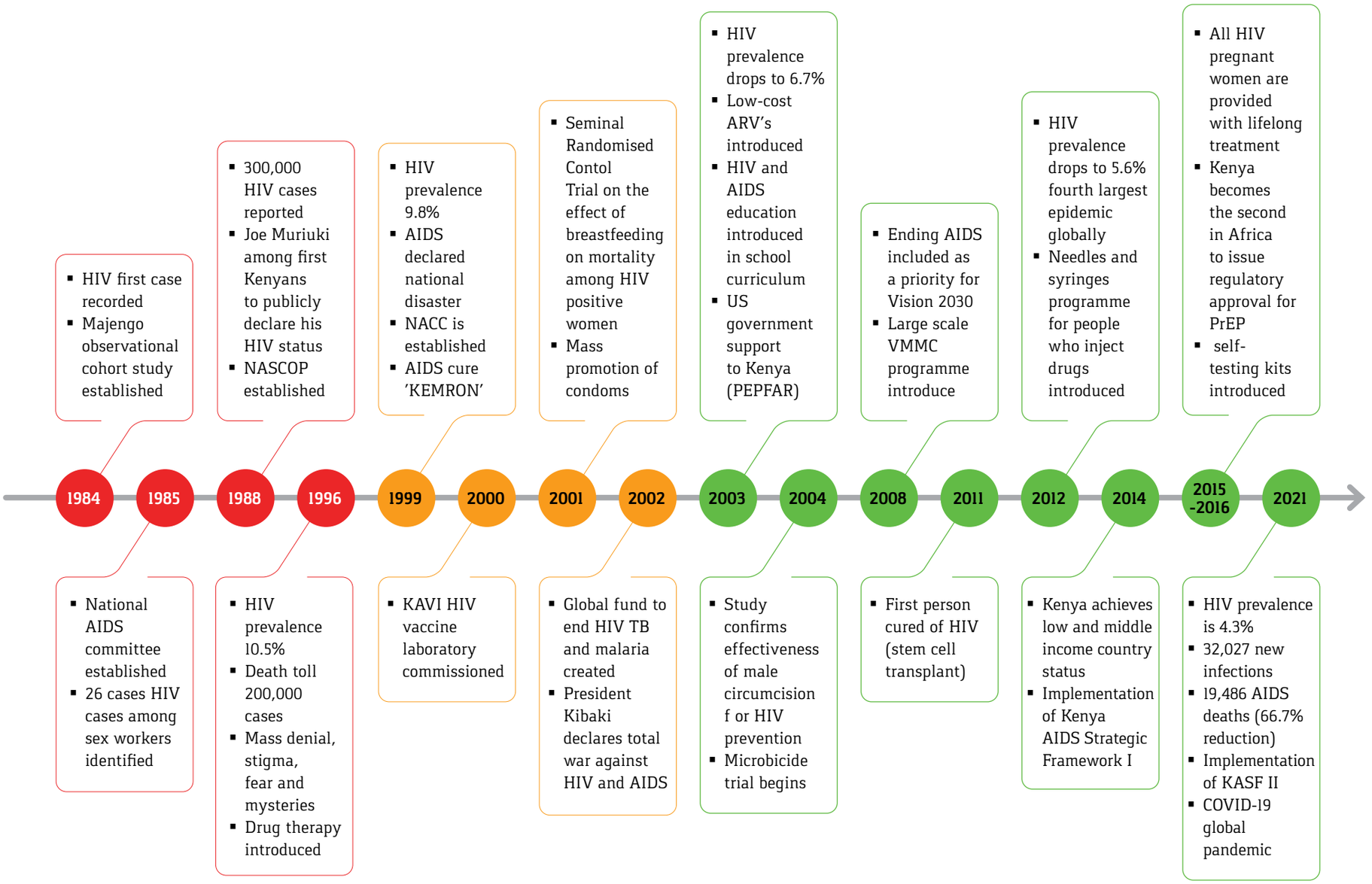
iv. 36 shelters operated by Civil Society Organisations in 13 Counties of Nairobi, Kisumu, Mombasa, Kwale, Samburu, Kajiado, Murang'a, Laikipia, Kiambu, Nyeri, Meru, Machakos, and Makueni.

v. National and regional media **sensitisation and awareness** within the established National Government Administration Officers in partnership with other stakeholders.

There has been tremendous progress in the fight against HIV and AIDS through collective action. We have come this far courtesy of strong partnerships we have forged between National and County governments, development and implementing partners, civil society groups, individuals and Persons living with HIV. There remains challenges toward achieving a HIV free world amplified by COVID 19 pandemic especially in socioeconomic aspects of communities and disruptions in the supply chain. Inequalities in progress among children, adolescents and young people is of utmost concern. Building on what we have learnt and put in place so far, we will work collectively to get to our destination while leaving no one behind. NASCOP commits to providing the conducive environment for technical leadership and collaboration in finding solutions to the pressing needs affecting the HIV epidemic control in Kenya. I Am Because We Are!

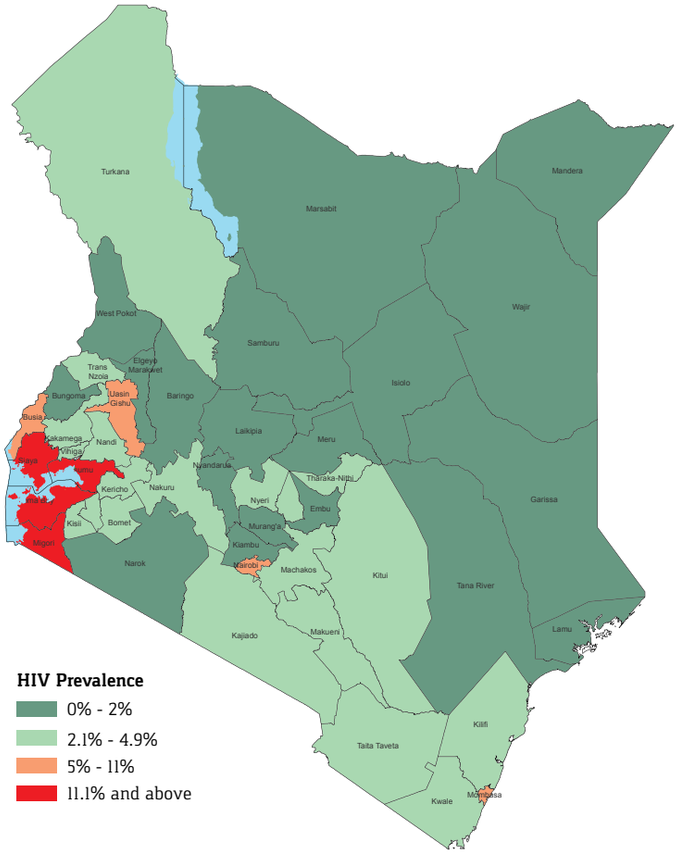
Dr. Rose Wafula,
Head, National AIDS and STI Control Programme

Thirty-Seven years of resilience, commitment and hope to End AIDS in Kenya



Generation of Granular data has resulted in better focus on Counties and sub-populations with the highest needs of HIV services

The epidemic analysis of the HIV in the country shows geographical diversity, with HIV prevalence ranging from 20.1% in Homa Bay County to a low of 0.2% in Mandera and Wajir counties. The analysis of new infections in 2020 shows that thirteen counties with more than 1,000 new infections accounted for 72% of new infections in Kenya.

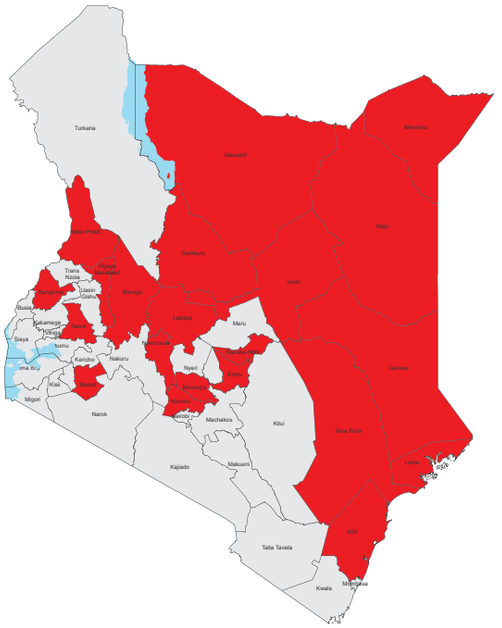


More than half (57%) of all new HIV infections come from eight high burden counties namely Kisumu, Nairobi, Siaya, Homa Bay, Migori, Nakuru, Mombasa, and Kisii.

The shift in County HIV epidemic typology from generalised to concentrated and mixed patterns

Concentrated epidemic in twenty-one counties

Geographies with a concentrated epidemic had a relatively large size of one or more key population (KPs) groups, a high prevalence of HIV in KPs, and a low prevalence in the general population. HIV prevalence among Key Population varied between 18-22%.

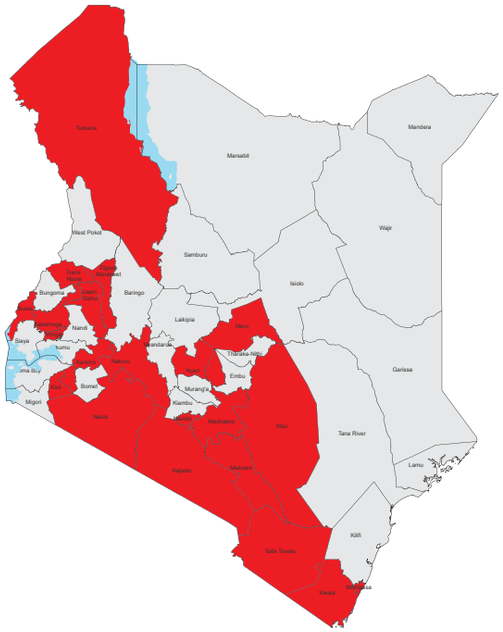


Generalised epidemic in four counties

Four counties reflected a generalising epidemic, where HIV prevalence among general population was more than 10%. They have low numbers of key population.

Mixed epidemic in Twenty- two counties

These counties display a mixed epidemic pattern with relatively high HIV prevalence in KPs and the general population. HIV prevalence varied between 3% - 10% among GPs. Key population has a high prevvalence of 23-30%.



Key population refers to sex workes, men who have sex with men, transgender and people who inject drugs

Linda Mama Programme, introduced in 2017, significantly contributed to increased access to prevention of mother to child transmission services.

We must provide effective interventions for pregnant, breastfeeding women and their male partners to end HIV infection among children

*Atleast **94%** of pregnant women attend atleast one ANC clinic*

***9** out of **10** pregnant women are tested for HIV*

***8** out of **10** pregnant women are screened for syphylis*

***9** out of **10** pregnant women testing HIV positive are on highly effective antiretroviral therapy*

***8** out of **10** infants born of HIV positive mothers are on HIV prophylaxis*

***6** out of **10** HIV exposed infants get their first early infant diagnosis test at 2 months*

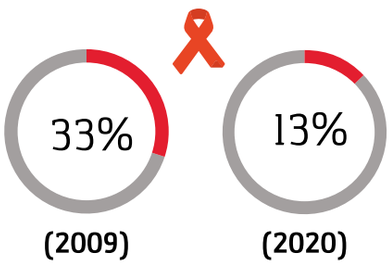

ADOLESCENTS &
YOUNG PEOPLE
HIV RESPONSE
mai!sha!

Twenty-one counties have large cohorts of key populations that require focused intervention

Despite the existence of criminal laws and stigma against female sex workers, men who have sex with men, people who inject drugs and transgender people, the HIV epidemic in twenty-one counties is driven by relatively large sizes of one or more of these key population groups. These groups have a high (18-29%) prevalence of HIV as compared to 4.3% prevalence in the general population. Key populations bear a disproportionate burden of HIV along with several structural barriers to access services.

HIV among key polpulation

Contribution to new infections



HIV prevalence

Female Sex Worker
29.3%

Men who have Sex with Men
18.2%

People Who Inject Drugs
18.7%

General Population
4.3%

Population size estimates

Female Sex Worker

2012 133,675
2020 197,096

Men who have Sex with Men

2012 18,460
2020 61,650

People Who Inject Drugs

2012 18,327
2020 26,673

Transgender

2012 –
2020 4,370

Since 2015, more than 6,000 people who inject drugs have been enrolled in Medically Assisted Therapy programme.

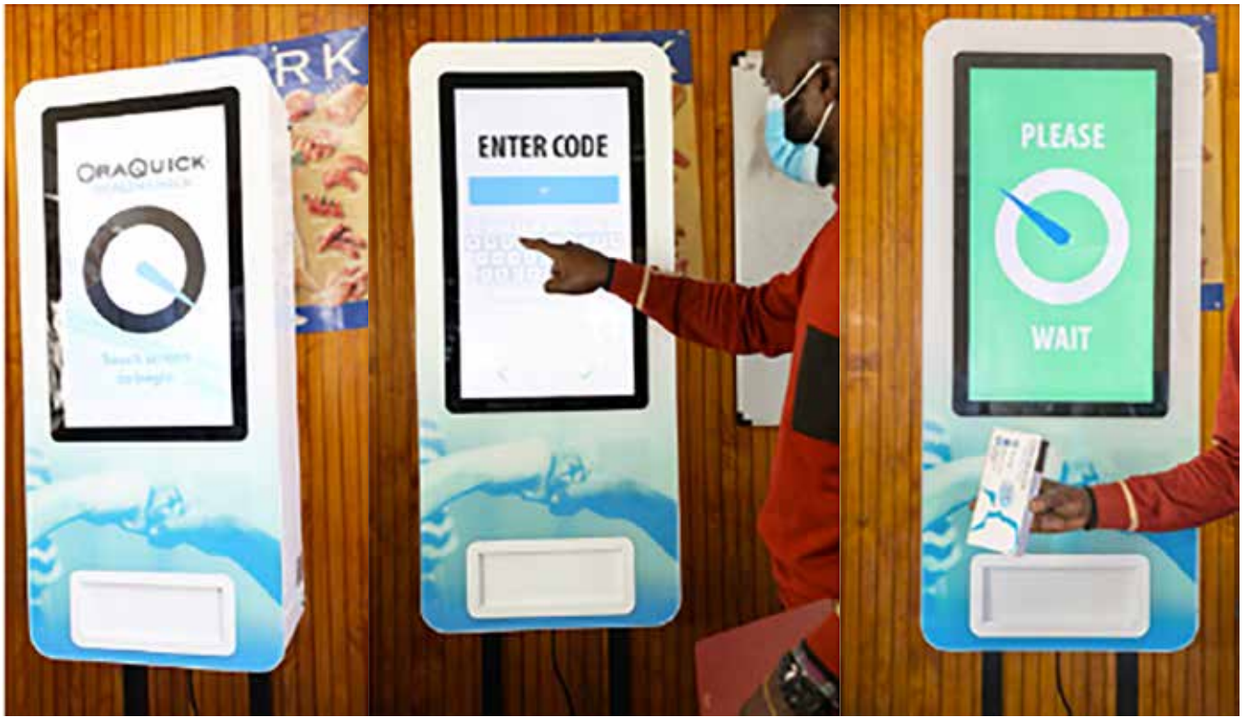
The Ministry of Health led by National STIs and AIDs Control Program in collaboration with NACC Division of Mental Health, Pharmacy and Poisons Board, National Authority for Campaign Against Alcohol and Drug Abuse and community led organisations, spearheaded a programme to provide Medically Assisted Therapy for people who inject drugs in 2015. The goal of the program is to reduce or end opioid use in order to eliminate new HIV infections, Hepatitis C and other harms associated with illicit injecting practices.

Medically Assisted Therapy, endorsed as a best practice by the World Health Organization is a component of a comprehensive approach to address illicit drug us. The programme aim to reach a least 50% of the people who inject drugs, and at heightened risk of HIV.

There programme has established Medically Assisted Therapy static sites in Mathare, Ngara, Karuri, in Nairobi County, Jaramogi Odinga Teaching and Referral Hospital in Kisumu County, Kisauni, Shimo la Tewa, Kombani in Mombasa County , Malindi, and Lamu Counties. The programme has also invested in a mobile clinic through the support of Kenya Redcross Society that serves clients within Nairobi and Kiambu Counties.

There is need to develop and implement interventions to engage the stable clients on Medically Assisted Therapy on income generating activities

HIV self-testing is a process whereby individuals conduct their own HIV test using a simple oral or blood-based test. The uptake of self-test kits has increased over the years in both the public and private sectors.



Kenya moves towards ensuring 95% of all people living with HIV are aware of their HIV status and are on optimal treatment regimens and achieve viral load suppression

The reduction of HIV related stigma and innovative testing strategies has resulted in many more Kenyans being aware of their HIV status compared to the initial days of the epidemic. Several innovative approaches have been developed to improve the efficiency and yield of testing by bringing HTS into community-based settings. Kenya has adopted these approaches to reach individuals who experience difficulty accessing facility-based testing or are unaware of the availability and benefits of testing.

- Mobile testing in the community
- A "one-stop model" that integrates HTS with other needed services
- Workplace testing
- Partner and family testing
- Social network testing
- Home-based testing
- HIV self testing

Kenya was among the first countries in Africa to scale up the use of antiretroviral prophylaxis as an HIV prevention option

The reduction of new HIV infections in Kenya can be attributed to swift adoption of emerging products and technology. In 2016, Kenya rolled out the provision of Pre-exposure prophylaxis for all eligible clients at a substantial ongoing risk of acquiring HIV infections.

The number of health facilities offering PrEP has steadily increased from 107 at initiation in 2017 to 1,376 in 2020. More than 100,000 clients have accessed pre-exposure prophylaxis since its introduction

Kenya plans to roll out new products such as long-acting injectables.

The number of people living with HIV on optimal treatment options doubled

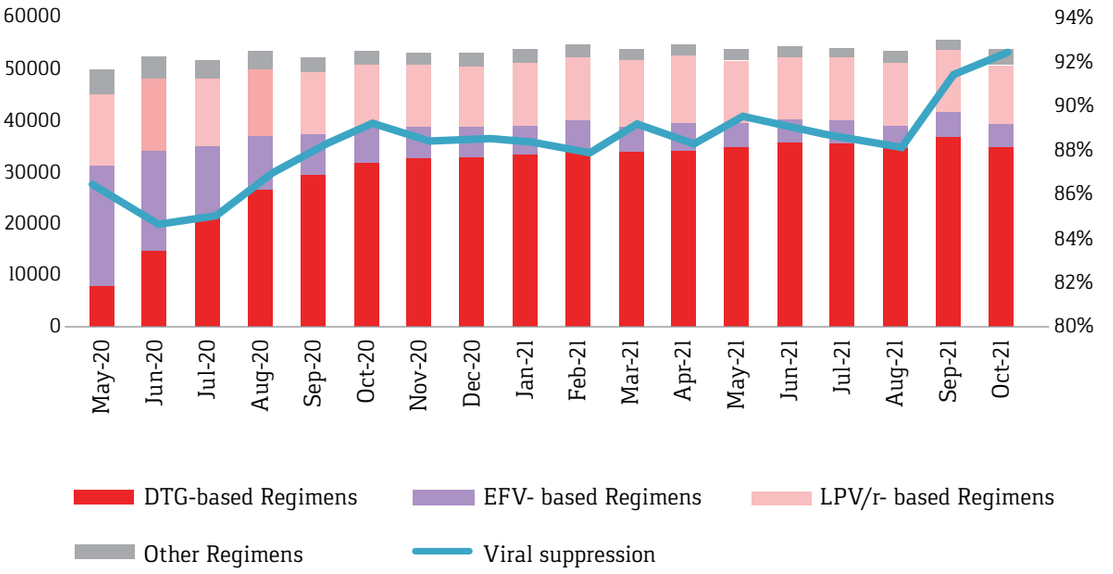
Kenya was amongst the first countries in Africa to introduce and ensure accessibility of Dolutegravir (DTG) based regimens. Dolutegravir is known to be better tolerated, has high potency and has a high genetic barrier to HIV drug resistance. This has improved treatment adherence, better viral suppression as well as reduced AIDS related morbidity and mortality.

The viral load suppression amongst children and adolescents remains low as compared to that of adults. This is majorly attributable to inadequate optimal regimens for children. In 2018, the World Health Organization (WHO) published new antiretroviral (ARV) recommendations for treating and preventing HIV infection. These guidelines recommend a Dolutegravir (DTG)-based regimen as the preferred first-line regimen for all children for whom approved DTG dosing is available. Through implementation of these guidelines, there has been a rapid phase out of efavirenz based and Lopinavir/Ritonavir-based regimen and transition to optimised ART regimens with notable improvement of viral load suppression.

Between 2015 and 2020, the number of people living with HIV on ART increased by 82% from 656,369 in 2013 to 1,199,101 in 2020

Year	Adults On ART	Children On ART	Adults Coverage	Children Coverage	Total on ART
2013	596,228	60141	66%	42%	656,369
2015	826,097	71547	66%	77%	897,644
2018	1,035,618	86325	75%	82%	1,121,943
2020	1,087,511	72968	80%	70%	1,160,479
2021	1,130,513	68588	87%	85%	1,199,101

Improved Treatment Outcomes for Children Living with HIV (0-14yrs), May 2020- Oct 2021



Kenya expands access to legal redress through HIV Tribunal

Kenya has a HIV and AIDS Tribunal that forms a critical pillar for access to justice and protection against stigma and discrimination. In 2020, the tribunal expanded access to legal services through satellite sites in Nairobi, Kisumu, Nyeri, Mombasa, and Meru counties.

The triple threat of new HIV infections, Sexual Based Gender Violence and Teenage Pregnancy. Addressing this triple threat is more urgent than ever. The first ICPD25 commitment speaks to this and Country it is for this reason that we have joined NACC and our partners to say; End the Triple Threats Now! End Teenage Pregnancies! End HIV and STIs! End Gender-Based Violence!

Dr. Mohamed A. Sheikh
DIRECTOR GENERAL NCPD

Health system strengthening are key in delivery of people-centred services

Kenya has invested in robust, reliable and expanded health system infrastructure to deliver HIV services through strong supply chain, commodity management and pharmacovigilance systems.

Progress 2013-2020

- ✓ 1,500 out of 3,500 sites were utilising Electronic Medical Records for HIV services as of 2021.
- ✓ Number of HIV testing Sites increased from 1,200 in 2013 to more than 8,000 in 2021.
- ✓ Capacity to process 1,801,440 viral load tests per year through 8 conventional and 33 point of care platforms.
- ✓ Capacity to link and visualise HIV data through the Kenya HIV and Health Situation Room rolled out in 47 counties.
- ✓ Expansion of HIV central laboratories service areas from 25 in 2014 to 52 in 2020.
- ✓ Management of health commodities follows a well-organized system that can be viewed as a cycle of selection, procurement, distribution and use

The introduction of Point of Care has reduced the waiting time for viral load results for early infant diagnosis

The National HIV Reference Laboratory was the first government laboratory to be accredited in the country in 2012, under ISO 15189:2012; now ISO accredited under 17043:20 for viral load and early infant diagnosis. In 2021, the National HIV Reference Laboratory was the first public health laboratory to attain World Health Organisation HIV Drug Resistance Accreditation.

The country's national testing capacity is 1,801,440 tests per year being provided through 52 Conventional and Point of Care platforms, (10-ROCHE C6800/8800, 14 ROCHE CAPCTM, 22-ABBOTT M2000, 6- Hologic Panther,) and 30 Point of Care; Gene Xpert and Alere Q/ M-Pima. To complement the conventional methods, point-of-care viral load and early infant diagnosis testing have been implemented in 25 sites and 33 sites.

To maintain a healthy supply chain, every year, Kenya requires 25.4 billion KShs to procure essential commodities for HIV prevention and treatment

Cost of HIV Commodities and Financial Gaps (Financial Year 2021/2022)

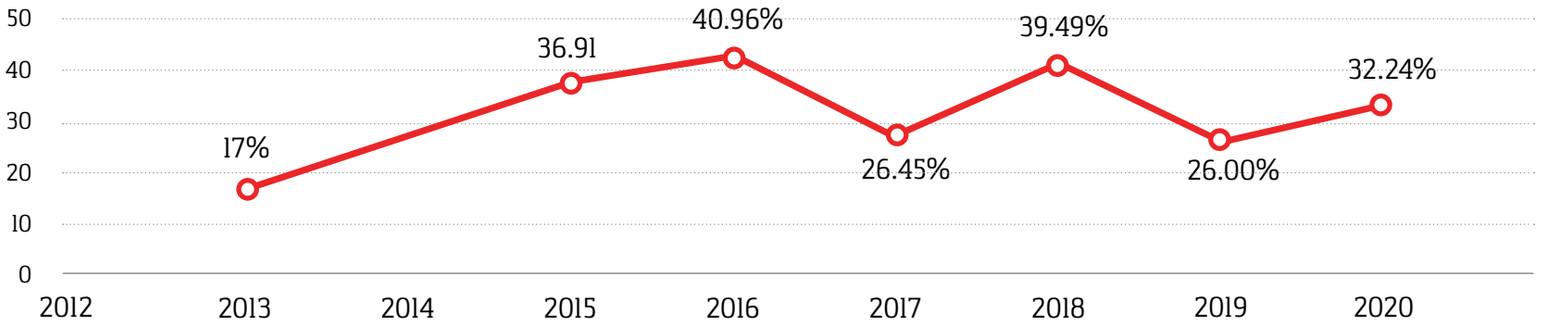
	Commodity category	Costs (Quantity to procure with a 9-month buffer) (USD) for FY 2021/22	Financial Gap USD
1	ARV medicines (for ART, PMTCT, PrEP, PEP)	12,0,40,0,92,8.00	47,984,986.00
2	Medicines for OIs	12,441,679.26	7,107,536.94
3	Nutrition Products	16,106,943.75	16,106,943.75
4	Laboratory	52,451,409.28	47,496,559.96
5	Condoms (male and female), condom lubricants and dispensers	23,299,368.00	15,577,574.00
6	Other commodities for Key populations	9,174,805.00	7,018,661.00
7	Voluntary Medical Male circumcision	1,200,680.00	1,200,680.00
	Total	235,075,813.29	142,492,941.29
	Add 8% Procurement and Supply Management (PSM) Costs	18,806,065.06	11,399,435.28
	Total Commodity Financial Gap (Costs + PSM Costs)	25,3,88,1,87,8.35	53,892,376.24

The rapid growth and rebasing of the Kenyan economy from a low income country to a low medium income country is likely to lead to decline in donor funding for HIV programming.

Kenya's HIV response has over the years been heavily dependent on external resources. Cognisant of this and the disruption of the global health landscape by the COVID-19 pandemic, the HIV programme is focused on efficiency gains of the available grants and domestic resources. National and County governments have to make commitments to increase allocation of resources to safeguard the gains made, bridge the gaps and accelerate progress.

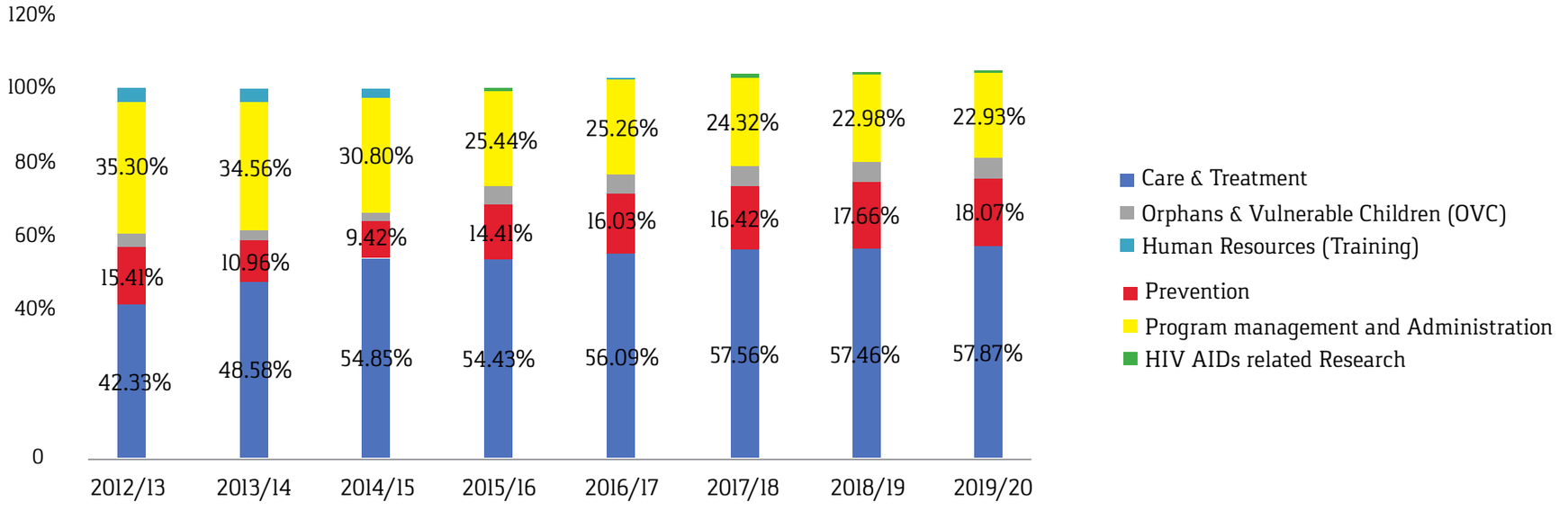
In 2020, government contribution towards HIV programming was 32% of the total amount of resources expended on HIV programming. This represented a 15% increase in the domestically sourced resources expended on HIV programming from compared with 2013, but was still less than the target of 50%.

Government contribution to the HIV program



An effective HIV prevention response should focus on preventing the transmission of HIV through a complementary combination of behavioural, biomedical and structural strategies. The country allocated partly less than 20 percent of the limited resources for prevention which is core in "closing the tap" for new infections.

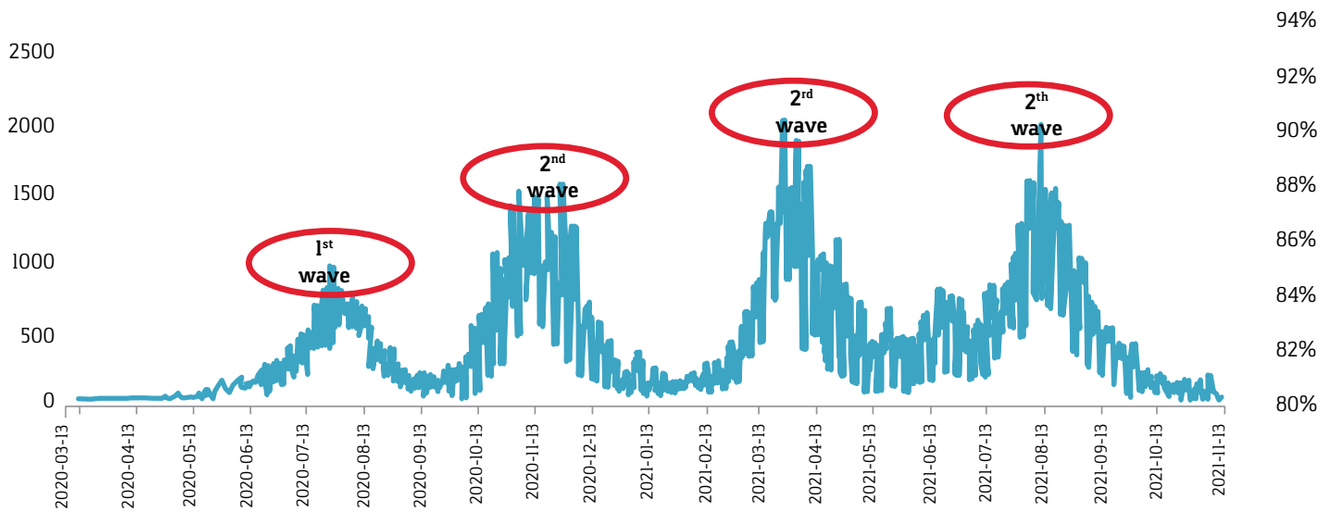
Expenditure per intervention area



Swift action taken for continued HIV services in the context of COVID-19 Pandemic

According to the World Health Organization (WHO), people living with HIV who contract COVID-19 are at increased risk of developing severe illness. There is mounting evidence that the risk of death from COVID-19 among people with HIV could be as much as twice that of the general population. By November 2021, Kenya had experienced four significant waves of COVID-19.

COVID-19 Incidence Waves 2020 -2021



Kenya was among the first countries to develop guidelines on management of HIV in the context of COVID-19 related disruptions. The treatment programme began to provide people living with HIV with multiple months-(3-6 month drug prescriptions) to ensure that their drug supply was not interrupted. The HIV laboratory infrastructure built over the years provided the much needed support for the COVID-19 emergency response. Further, the country through its vibrant devolved structures mapped out vulnerable households and linked them to the national COVID-19 relief to help mitigate effects of COVID-19 on Persons Living with HIV (PLHIV), including orphans and vulnerable children. Further, the country mobilized stakeholders to procure and distribute COVID-19 personal protective equipment, care packs comprising of sanitary products, toiletries and masks for vulnerable groups in the 290 constituencies.

With all these guidelines put in place, The country has managed to maintain delivery of HIV services with minimal disruptions

Kenya will invest in building an enabling and conducive environment ensuring everyone has access to high quality HIV prevention and treatment services

A fast translation of scientific knowledge into policy scaled up programmes will be fundamental in ensuring sustained HIV response programmes. The country will continue working with partners through its decentralised structures in ensuring continuity of HIV services including condom distribution in non-health facilities such as Huduma Centres, *boda boda* sheds, market places, *matatu* termini, and lodgings, among others. Following the deployment of COVID-19 vaccine programme, Kenya will continue to utilise its platform for community education on the benefits of COVID-19 vaccines.

More importantly. the country will continue increasing use of digitalised communication and social media as platforms to reach communities whose interventions are scaled down as a result of COVID 19 restrictions.

To further enhance the response, the sector will continue to:

- Explore local manufacturing of strategic commodities as a channel for mobilising resources through efficiency gains and realise other key benefits
- Enhance efficiency by shortening the cycle of procurement, increase the speed to market for the finished health commodities.
- Include HIV services in NHIF essential benefits package to progressively increase coverage of treatment.
- Support pharmaceutical manufacturers in accreditation and certification by World Health Organisation, Food and Drugs Administration, European Union, and others to catalyze local manufacturing and exports of key strategic commodities.
- Expand Public Private Partnerships and leverage on private sector models of service delivery
- Ensure counties ringfence budgets for allocation to key HIV prevention, treatment and support programmes.

Key actions

i. Provide effective leadership to address challenges commodity security.

ii. Strengthen meaningful engagement of people living with HIV and those affeceted during planning and implementation of interventions.

iii. Put in place an effective and multi-sectoral HIV prevention program for Adolescent and young people.

iv. Maintain and strengthen the use of epidemic analysis for focused interventions.

v. Integrate voluntary male medical circumcision within essential packages of care.

vi. Allocate sufficient domestic resource for procurement of distribution of male and female condoms.

Male and female condoms are the only available prevention options that protect against HIV, sexually transmitted infections and unintended pregnancy

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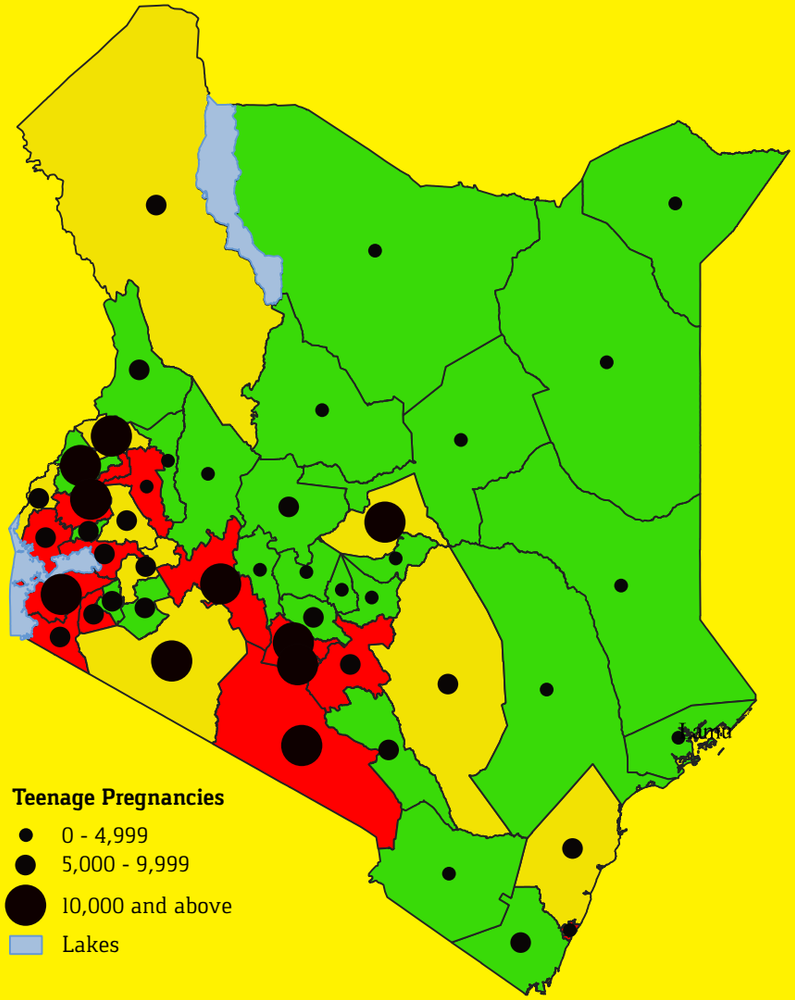
Coverage and Outcomes of the Kenya Key Populations Programme

Coverage	Progress as on June 2021
1. Female Sex Workers (FSW)	
1.2 Number of FSWs reached with 2 services in past 3 months[c]	133,033 (67%)
2. Men who have sex with Men (MSM)	
2.2 Number of MSM reached with 2 services in past 3 monthxx`s[c]	52706 (85%)
3. People who inject drugs (PWID)	
3.2 Number of PWID reached with 2 services in past 3 months (Opioid Substitution Therapy not included)[c]	13375 (50%)
3.3 PWID who receive Opioid Substitution Therapy [c]	6119 (23%)
4. Transgender People	
4.2 Number of transgender people reached by programmes in the past 3 monthsc	889 (20%)
Outcomes	**Progress as on June 2021**
1. Female Sex Workers (FSW)	
1.1 FSW living with HIV who know their status[c]	58%
1.2 FSW living with HIV who know their status and are on HIV treatment[c]	72%
1.3 FSW on HIV treatment who are virally suppressed (among those who are eligible and took a viral load test)[c]	79%
1.4 FSWs who used a condom with last client[d]	92%
1.5 FSW who experienced police violence in the last 6 month[d]	48%
2. Men who have sex with Men (MSM)	
2.1 MSM living with HIV who know their status[c]	42%
2.2 MSM living with HIV who know their status and are on HIV treatment[c]	76%
2.3 MSM on HIV treatment who are virally suppressed (among those who are eligible and took a viral load test)[c]	79%
2.4 MSM who used a condom at last anal sex[d]	79%
2.5 MSM who experienced police violence in the last 6 months[d]	20%
3. People who inject drugs	
3.1 PWID living with HIV who know their status	29%
3.2 PWID living with HIV who know their status and are on HIV treatment[c]	65%
3.3 PWID on HIV treatment who are virally suppressed (among those who are eligible and took a viral load test)[c]	54%
3.4 PWID who used safe injecting equipment during last injection[d]	88%
3.5 PWID who experienced drug overdose in the last 6 months[d]	40%
3.6 PWID who experienced police violence in last 6 months[d]	44%

[c] *Data from reports submitted by all implementing partners to NASCOP on a quarterly basis for the quarter June 2021*

[d] *Data from annual population based behavioural survey conducted by NASCOP using polling booth survey methods. The last survey was conducted in 2017.*



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