

Strengthening Community-Led HIV and Advanced HIV Disease Responses for Sustainable Impact in Kenya: Lessons from NEPHAK's HIV and Advanced HIV Disease Program

BACKGROUND / INTRODUCTION

The National Empowerment Network of People Living with HIV in Kenya (NEPHAK), with funding from the Global Network of PLHIV (GNP+) and in partnership with the Ministry of Health/NASCOP, has been working to create demand for HIV prevention and treatment services to reduce and manage the cases of advanced HIV disease (AHD) in Kenya. The initiative, under the Last Mile Initiative, has an advocacy component aimed at ensuring that AHD is prioritized and budgeted for.

ENGAGEMENT ACTIVITIES

Primary data from NEPHAK program data served as the basis for identifying and engaging AHD champions and determining the reach and coverage of individuals sensitized during the AHD awareness activities. Utilizing the AHD Champions, the program focused on the following activities:

1. Advocacy and Policy Influence

The program engaged in evidence-based advocacy to shape policies that improve access to AHD services. It worked with government bodies, policymakers, and development partners to promote rights-based and community centred approaches to reduce stigma and discrimination; and ensure community priorities are reflected in health strategies and budgets. Advocacy efforts aimed to make health systems more inclusive and responsive to needs of people living with HIV (PLHIV) with AHD.

2. AHD Treatment Literacy Education

This area focused on empowering PLHIV and affected communities with accurate, up-to-date knowledge about AHD (**64 Champions trained as ToTs – train the trainer**) using NASCOP approved materials. It included education on what is AHD, who is at risk of AHD, who requires CD4 testing, comprehensive care package for people with AHD, and symptoms, identification, and treatment of common conditions associated with AHD. Through continuous education, the program strengthened AHD literacy and supported early identification of AHD clients at the community.

3. Peer-Led Management, Care, and Referrals

Peer support is central to the program's model. **76 trained AHD champions** provided counseling, treatment follow-up, linkage and referrals to health facilities for comprehensive care for PLHIV with AHD. This approach enhanced trust, improved adherence to medication, and strengthened linkage to care and support service – ensuring that no one is left behind.

4. Media Outreaches and Community Mobilization

Engagement with journalists, technical experts and stakeholder partners on amplifying the plight of PLHIV with AHD. The program raised awareness about AHD identification, common conditions associated with AHD, people at risk of AHD and CD4 testing. Media campaigns highlighted the plight of PLHIV with AHD, success stories, and promoted uptake of AHD services. Community mobilization efforts engaged local leaders, youth, and AHD champions to drive collective action and sustained public dialogue on health and rights for AHD recipients of care.

5. Community-Led Monitoring (CLM), including Access to Quality Laboratory Services

The program empowered communities to monitor the availability, accessibility, and quality of HIV and laboratory services include AHD services. Through structured feedback and data collection, community representatives identified service gaps and advocated for improvements in viral load testing, CD4 monitoring, and other essential diagnostic services. CLM strengthened accountability, enhanced service delivery, and promoted equitable access to quality healthcare.

RESULTS

Activity	Total Reached
AHD Champions Trained (2024)	38
AHD Champions Trained (2025 – Cohort 1)	38
AHD Champions Trained (2025 – Cohort 2)	33
Media Advocacy Reach	38
Treatment Literacy Training	64
Advocacy Planning Meeting (PLHIV Leaders)	31
AYPLHIV Sensitization on AHD	177
SHA Inclusion Advocacy Procession	654

AYPLHIV = adolescents and young people living with HIV
 SHA = Social Health Authority

Data Summary

1. Qualitative Data:

Peer-led interventions (**76 AHD champions trained**) built trust between clients and providers, reduced stigma, and improved treatment adherence. They encouraged openness, service uptake, and consistent engagement in HIV and AHD care.

2. Policy Impact:

Collaboration with MOH, NASCOP, and NSDCC strengthened policy integration of HIV and AHD care into the Social Health Authority (SHA) (**654 PLHIVs participated in SHA inclusion advocacy**) and national health frameworks. This improved alignment and supported sustainable community-informed HIV responses.

3. Recipient of Care Literacy

AHD literacy was spread and is continuously being spread to the local community through peer-led support groups, local gatherings, and various health facilities, following the training of AHD champions (**Nairobi, Nyamira, and Garissa**).

DISCUSSION

Key Takeaways

- **Community-Led Advocacy:** Grassroots voices are shaping policies and demanding accountability for better HIV and AHD care and rights.
- **Peer-Led Interventions:** Peer support continues to build trust, reduce stigma, and improve adherence and retention in care.
- **Integrated, Rights-Based Care:** HIV and AHD services are being linked with broader health systems, ensuring access, equity, and dignity.
- **Collective Impact:** Strong partnerships among communities, government, and partners are driving sustainable health outcomes.

