

Country Update - Kenya

Dr. Caroline Mwangi

HIV Care and Treatment Section Lead

Kenya MOH NASCOP



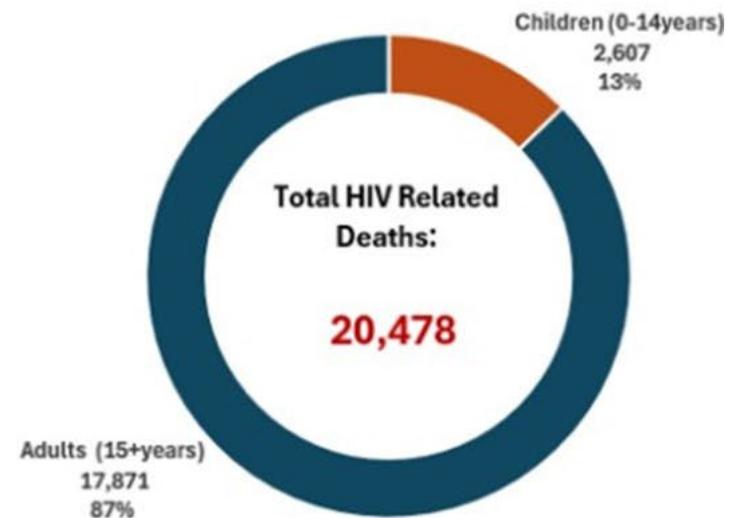
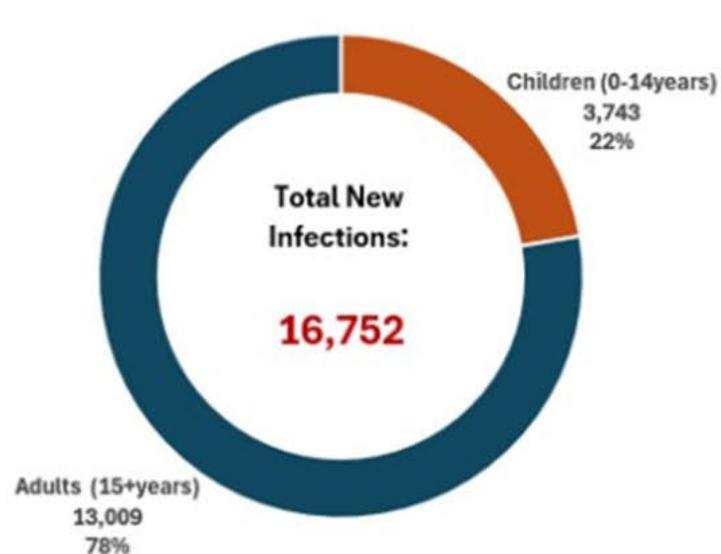
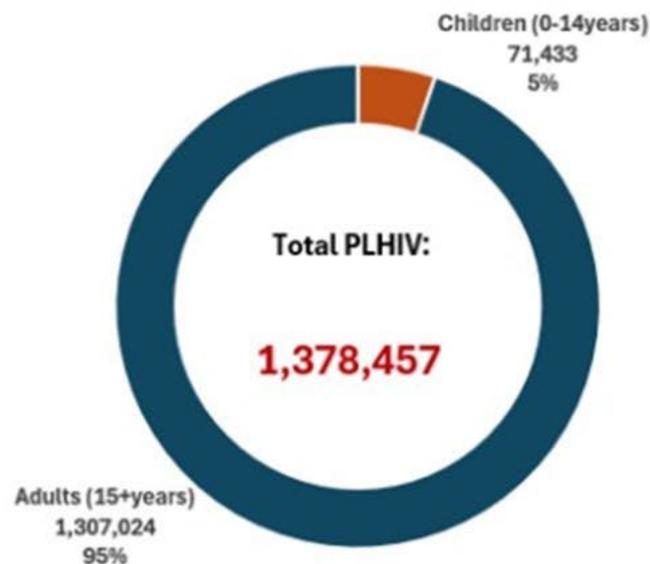
Presentation Outline

- Country Epidemic Overview
- Funding Shifts and Programmatic Realignment
- Summary of Prioritized HIV Services and System Adaptations
- M&E System Adaptations, Key Trends and Implications
- Community Engagement
- Lessons Learnt
- Next Steps



Country Epidemic Overview

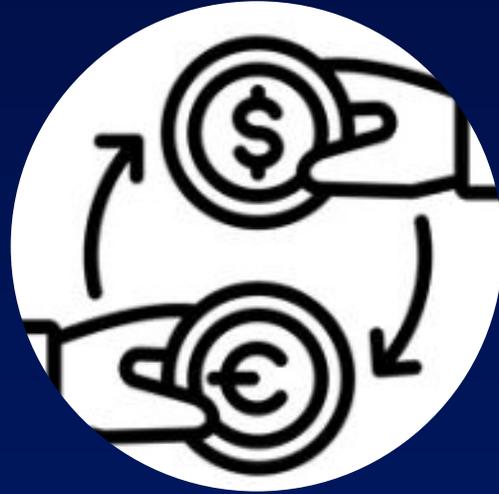
KENYA AT A GLANCE



PREVALENCE RATE:
3.3%

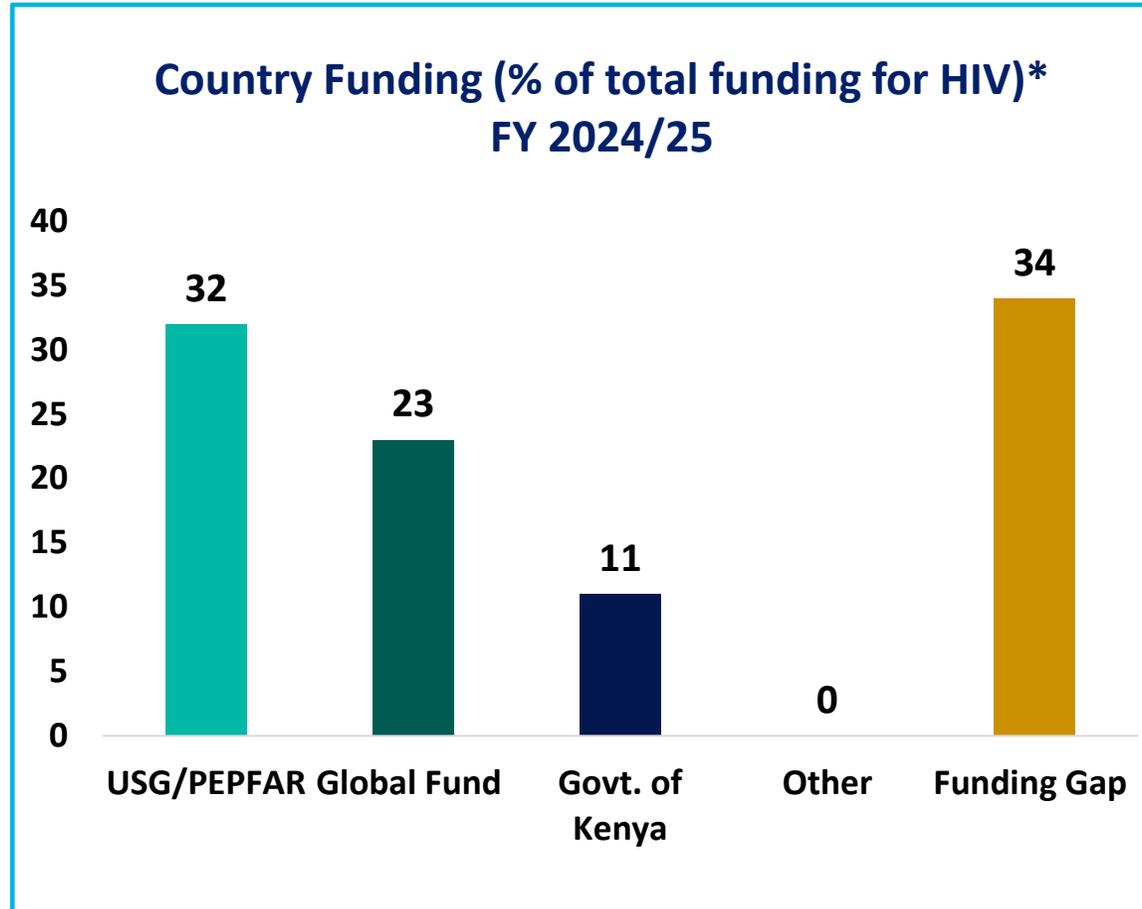
PMTCT COVERAGE **94.2%**

MTCT RATE **7.3%**



Funding Shifts and Programmatic Realignment

HIV Funding Shifts - Kenya



**HIV Commodity Funding Used as Proxy*

- **FY 2025/26 - Global Fund:** USD 32M (14%) reduction in funding following GC7 reprioritization process
- **FY 2025/26 - USG PEPFAR:** USG-GoK Bilateral Agreement/MoU discussions started; (indicative) increment in commodity funding by USD 29.3M (48%)

Programmatic Realignment Following Funding Shifts

Commodity Security & Financing

- Revision of Social Health Authority (SHA) benefits package to include HIV and TB treatment and care
- Integration of HIV funding within Primary Health Care (PHC) and Chronic & Critical Illness Funds

HRH

- Workforce integration to allow task shifting
- Use virtual platforms to fast-track capacity building (MoH Virtual Academy)

Service Integration

- MoH finalizing a Blueprint for HIV, STI, and Hepatitis Service Integration adaptable to county contexts
- Blueprint to define models of care, minimum packages, and referral pathways

Strategic Direction

- Strengthen domestic financing and coordination mechanisms
- Creation of a fund to ringfence finances for HIV response

Summary of Prioritized HIV Services and System Adaptations

National Prioritized HIV Services



- Prioritization process for M&E and service delivery done with a national TWG setting
- Alignment with the revised Kenya Integrated Guidelines for HIV, STI and Viral Hepatitis guidelines
- 50% funding scenario used by country
- Data and decisions used to inform the Global Fund GC7 reprioritization process and the ongoing USG/Kenya MOH bilateral discussions

National Prioritized Prevention and Testing Services

Prevention Services			Testing Services			Testing Services		
Component	Intervention	KEN	Component	Intervention	KEN	Component	Intervention	KEN
Infant prophylaxis	Infant PEP HR 0-6w	Green	Blood products	Blood product screening	Green	Community-based (virtual and in-person)	CB HIVST points >15	Green
	Infant PEP HR 6-12w	Green		Symptomatic testing (entry)	Red		CB HIVST points 95-gap	Light Green
	Infant PEP LR	Green	ANC first test	Grey	CB HIVST points KP		Red	
PEP	Facility PEP (guidelines)	Light Green	ANC late retest	Green	HIVST digital outreach		Green	
	Community PEP (GBV/KP)	Green	Postnatal PBFW 6-monthly	Green	KP high-volume outreach		Green	
Condoms	Facility condoms/lube	Green	HEI 6w/6-9-18m EPI	Grey	KP all outreach sites		Red	
	KP condom points	Green	HEI birth test	Green	AGYW targeted outreach		Grey	
	Community condom points	Green	TB clients (newly diagnosed)	Grey	Men targeted outreach		Green	
PrEP continuation	Facility PrEP KP 3MMD/6m	Green	TB clients (presumptive TB)	Grey	Men workplace testing		Green	
	Facility PrEP PBFW 3MMD/6m	Grey	STI clients (new STI)	Grey	Children targeted outreach		Green	
	Facility PrEP others 3MMD/6m	Green	Hep B/C (new)	Green	Prisoners: On entry/discharge		Red	
	Annual PrEP review	Grey	Inpatient (new admission)	Red	Prisoners entry/annual		Light Green	
	PrEP review 6-monthly	Green	Children in malnutrition clinics	Red	ABYM targeted outreach	Light Green		
	Facility PrEP DSD-indiv	Green	EPI child post-screen	Green	Recency testing	Red		
	Out-facility PrEP DSD	Green	FP initiation clients	Green				
	Virtual PrEP refills	Grey	FP <25 init+annual	Grey				
	Adherence/risk counselling	Green	FP init+biennial+change	Grey				
	Continue DVR PrEP	Green	FP init+annual	Grey				
	Continue LAI PrEP	Green	Self-initiated HIVST (annual)	Light Green				
	PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	Green	VCT/HIVST any frequency	Green			
Start PrEP PBFW at-risk		Green	PrEP users 1m+6m	Grey				
Start PrEP KP		Green	PrEP users 1m+3m	Green				
Start PrEP AGYW self-ID		Green	VMMC clients	Grey				
Start PrEP others self-ID		Grey	Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	Light Green			
Test post-start 1-3m		Green		PN APN +FBT (virtual)	Green			
PrEP demand creation		Grey		PN APN +community test	Green			
Continue DVR PrEP		Green		Female index: child FBT/HIVST	Green			
Continue LAI PrEP		Green		Female index: child CBT	Green			
PrEP start education		Light Green		PN EPN +HIVST (VL>1000)	Green			
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	Green		PN EPN +HIVST FP/ANC<25	Green			
	Community NSP+naloxone	Grey		PN EPN +HIVST (FP/ANC)	Light Green			
	Continue OAMT refills (PWID)	Green		KP SNT +HIVST	Green			
	Initiate/continue OAMT (PWID)	Red		AGYW SNT +HIVST	Green			
VMMC	Targeted VMMC scale-up	Red	PN EPN +HIVST (95s STI-neg)	Green				
			PN EPN +HIVST (STI-neg)	Green				
			PN APN +FBT (STI-neg)	Light Green				

Deprioritized M&E in a 50% external funding scenario:

- No. people received condoms this month (disaggregated by HIV status)

Dropped M&E in a 50% external funding scenario:

- CB HIV Self Testing for KP
- KP Outreach Testing
- Recency Testing
- VMMC

Green	Keep (No Change)
Light Green	Keep (Modify)
Red	Drop
Grey	Not applicable
White	Missing Data

National Prioritized Treatment Services

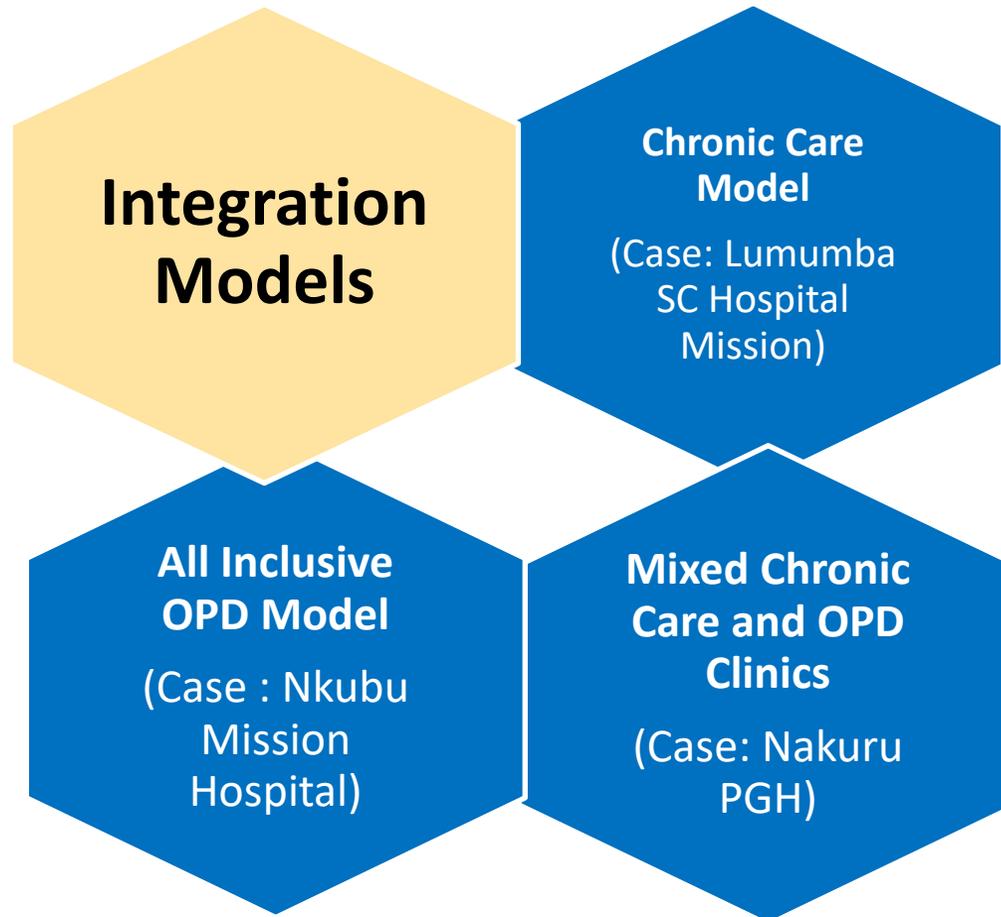
Component	Intervention	KEN
ART continuity	Uninterrupted ART for all	Keep (No Change)
	MMD 3–6 months	Keep (No Change)
	Annual clinical review	Keep (No Change)
	Enroll less-intensive DSD	Not applicable
	Maintain facility DSD-indiv	Keep (No Change)
	Maintain community DSD-indiv	Keep (No Change)
	KP	Keep (No Change)
	Maintain client-managed groups	Keep (No Change)
	Maintain adolescent groups (HCW)	Keep (No Change)
	Maintain community DSD-indiv	Keep (No Change)
Continuity OI prophylaxis	Maintain DSD groups (HCW)	Keep (No Change)
	Active transfer same-day 3MMD	Keep (No Change)
	CTX adults S3/4/CD4<350	Keep (No Change)
	CTX adults high-risk	Keep (No Change)
	CTX for HIV/TB	Keep (No Change)
	CTX for CLHIV	Keep (No Change)
ART initiation (and re-initiation)	CTX for HEI	Keep (No Change)
	Fluconazole secondary proph	Keep (No Change)
	Initiate <5 years	Keep (No Change)
	Initiate PBFW	Keep (No Change)
	Initiate symptomatic/AHD	Keep (No Change)
	Initiate all positives	Keep (No Change)
Viral load monitoring	Initiate stage3/4 or CD4 low	Keep (No Change)
	Initiate stage1/2 (CD4 high)	Keep (No Change)
	VL for suspected failure	Keep (No Change)
	Repeat VL at 3m	Keep (No Change)
	First VL by 6m	Not applicable
	First VL (no prior)	Keep (No Change)
	Pregnant: VL at ANC/3m	Keep (Modify)
	Pregnant: VL 34–36w	Not applicable
	Breastfeeding: VL 3m+6mly	Keep (Modify)
	LLV: repeat VL 3m	Keep (Modify)
VL annually if suppressed	Keep (No Change)	
VL q2–3y post-2x	Keep (No Change)	
Resistance test per guidelines	Not applicable	

Component	Intervention	KEN
OI management	TB Xpert for symptomatic	Keep (No Change)
	TB treatment	Keep (No Change)
	TPT per regimen	Keep (No Change)
	CRAG for symptomatic	Keep (No Change)
	Cryptococcal treatment	Keep (No Change)
AHD package	LAM S3/4 seriously ill	Keep (Modify)
	CRAG S3/4 IPD	Keep (Modify)
	CD4 S3/4 new or >90d	Keep (Modify)
	CD4 S1/2 new or >90d	Keep (No Change)
	LAM S1/2 CD4<200	Keep (No Change)
	CRAG S1/2 CD4<200	Keep (No Change)
	Fluconazole pre-emptive	Keep (No Change)
Integration	PAP smear never-screened	Keep (No Change)
	HPV screen never-screened	Keep (No Change)
	Hypertension integration	Keep (No Change)
	Diabetes integration	Keep (No Change)
	Family planning integration	Keep (No Change)
	VIAC annually WLHIV	Keep (No Change)
	Confirm contacts each visit	Keep (No Change)
Tracking and tracing	Phone trace abnormal labs	Keep (No Change)
	Phone trace high-risk	Keep (Modify)
	Phone trace >28d missed	Keep (Modify)
	Home trace abnormal labs	Keep (No Change)
	Home trace high-risk	Keep (Modify)
	Home trace >28d missed	Not applicable
	ART start literacy	Keep (Modify)
Psychosocial support/ Counselling	Adherence assessment visits	Keep (No Change)
	VL and DSD prep	Keep (No Change)
	EAC for high VL	Keep (No Change)
	Child disclosure support	Drop
	MH screening at start	Keep (No Change)
	MH screening high VL	Keep (No Change)
	MH screening all visits	Keep (No Change)

- Most indicators retained as services
- Modified/reduced intensity:
 - Phone/home tracing
 - ART start literacy
 - Follow up AHD after initial visit
 - Follow up for low level viremia

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Missing Data

Service Delivery Models & Scale Up



- Integration led by National MOH; National Guidance through the Integration Blueprint
- Contextualization and adoption of models by the counties
- Development of simplified job aids
- Capacity building using Kenya virtual MoH virtual academy/ECHO
- Continuous County-led HCW TA/mentorship for the
- National integrated SQA to ensure fidelity
- Anchoring in national UHC agenda

HIV Service Quality Assessment – Integration, Transition & Sustainability

MOH Led Reviews

- Quarterly performance review meeting now fully GoK - Transitioned to bi-annual reviews

Sustainable Funding

- QA and DQA routinized within county structures with costs embedded in county AWP's reducing partner dependency

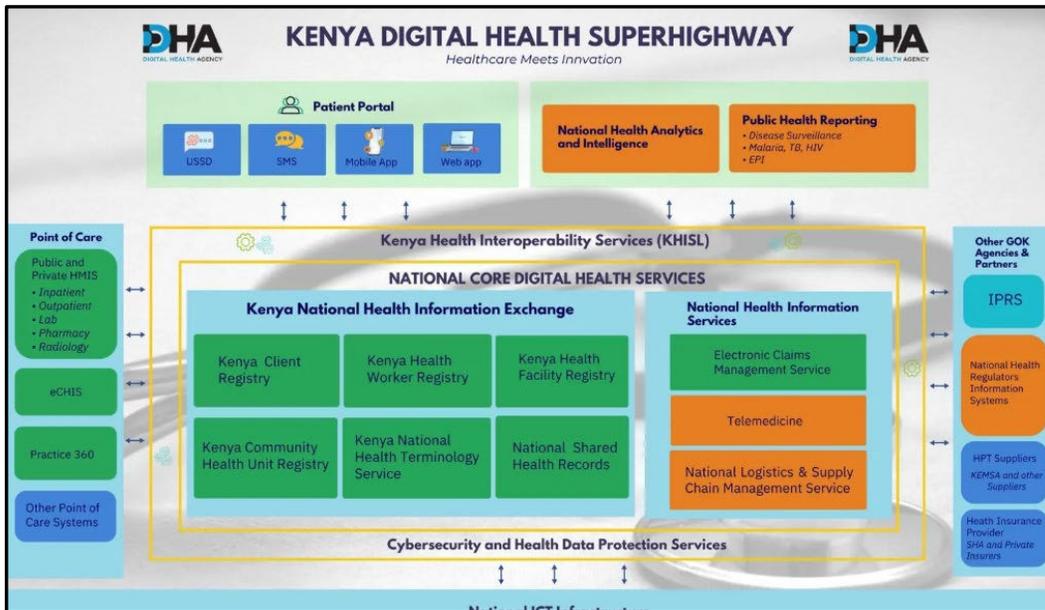
Digital Standardization

- Electronic QA tool aligned with KQMH standardizes assessment across service delivery points

Unified Assessments

- SQA merged with DQA for comprehensive review service delivery and data integrity

System Adaptations to Support Priorities - M&E



- Kenya is currently rolling out the **digital health super-highway** - a Government led initiative through the Digital Health Agency (DHA)
- Kenya EMR (previously an HIV alone) has been expanded to cover hospital wide services as one of the digital platforms under DHA
- The scale up of **facility wide EMRs** allowing for documentation of integration of HIV with other services both at out and in-patient settings/all service delivery points

M&E System Adaptations, Key Indicator Trends and Implications

M&E Indicator Prioritization

#	Program Area	Indicator	Kenya
			50%
1	VTP	1st ANC attendance	Keep (No Change)
2		1st ANC testing	Keep (No Change)
3		1st ANC HIV+	Keep (No Change)
4		1st ANC Known HIV+	Keep (No Change)
5		HEI 1st EID	Keep (No Change)
6		HEI Final outcome	Keep (No Change)
7		HEI ARV prophylaxis	Keep (No Change)
8	HTS	HTS_TST	Keep (No Change)
9		HTS_POS	Keep (No Change)
10		HTS_TST by modality	Drop
11		HTS_POS by modality	Drop
12	ART	TX_NEW	Keep (No Change)
13		TX_NEW by CD4 count	Keep (No Change)
14		TX_CURR by MMD	Keep (No Change)
15		IIT	Keep (No Change)
16		AIDS-related mortality	Not applicable
17	VL	VL results received	Not applicable
18		VL <1,000 C/ml	Keep (No Change)
19	TB	TB diagnosis	Keep (No Change)
20		Initiated on TPT	Keep (No Change)
21		Completed TPT	Drop
22	HIV Prevention	PrEP_NEW	Keep (No Change)
23		Receiving PEP	Keep (No Change)
24		Receiving PrEP	Keep (No Change)
25		Receiving condoms	Not applicable

Dark Green	Keep (No Change)
Light Green	Keep (Modify)
Red	Drop
Grey	Not applicable

- Majority of indicators retained - leveraging on reporting through national EMR
- Alignment with service delivery
- Dropped indicators:
 - HTS testing and pos by modality
 - TPT completion (to be tracked through routine SQA)

M&E Systems Assessment Over Time

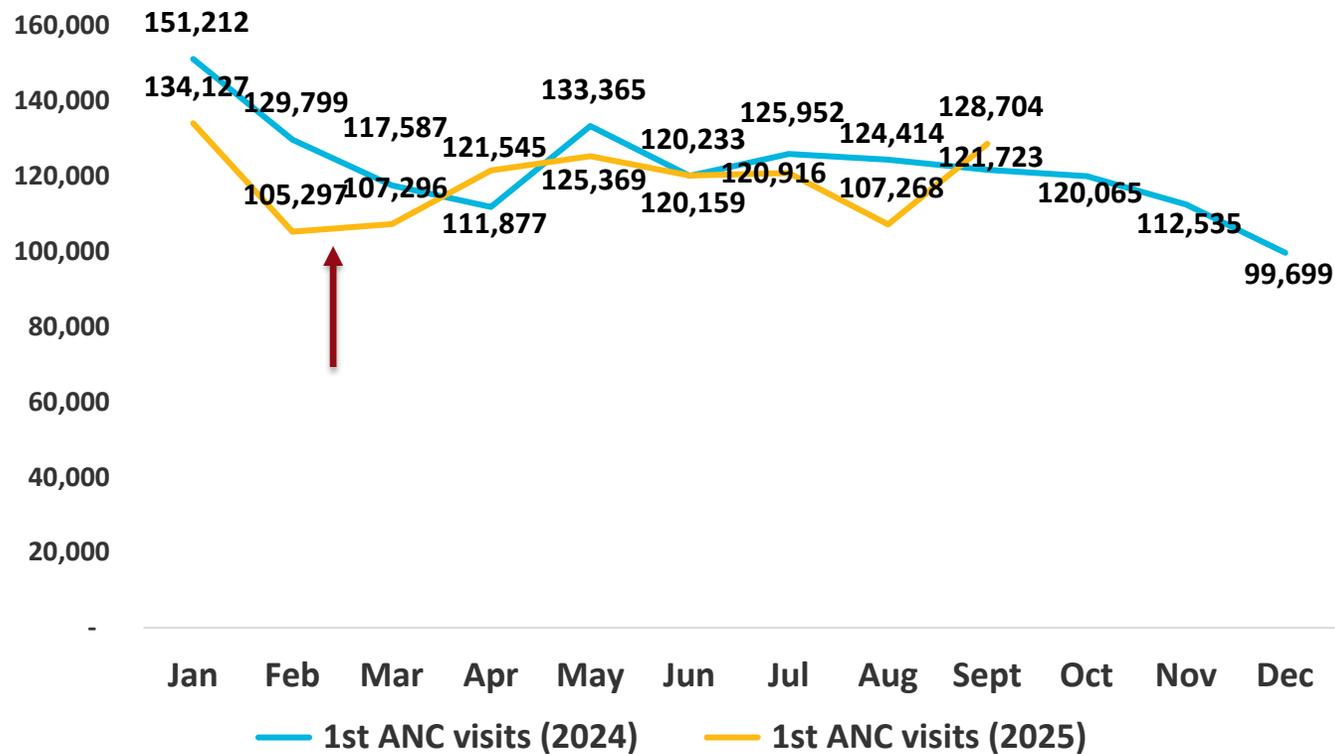
	Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)			
Domain	Functionality	Kenya		
		Feb-25	May-25	Sep-25
Data collection	M&E Tools Availability	Yellow	Yellow	Yellow
	Data Quality and Completeness	Red	Yellow	Yellow
	Community Based Monitoring	Red	Yellow	Yellow
	Retention Monitoring and Follow Up	Red	Yellow	Yellow
	Commodity Tracking Systems	Red	Yellow	Yellow
Databases, reporting, and use	HMIS reporting	Red	Yellow	Yellow
	EMR Functionality	Red	Yellow	Yellow
	Site Level Monitoring and Supervision	Red	Yellow	Yellow
	Data Dissemination and Data Use	Red	Yellow	Yellow
HRH capacity	M&E HRH Capacity	Red	Yellow	Yellow
	Supervision and Mentorship for HRH	Red	Yellow	Yellow
	Capacity Building for M&E Staff	Red	Yellow	Yellow

Key- Impact of SWO			
None	Partial	High	No data

- HMIS reporting was affected greatly immediately, HRH strain
- Slow, partial rebound but recovery remains incomplete due to resources
- Prior to SWO, Kenya was already operating at 80 - 90% functionality

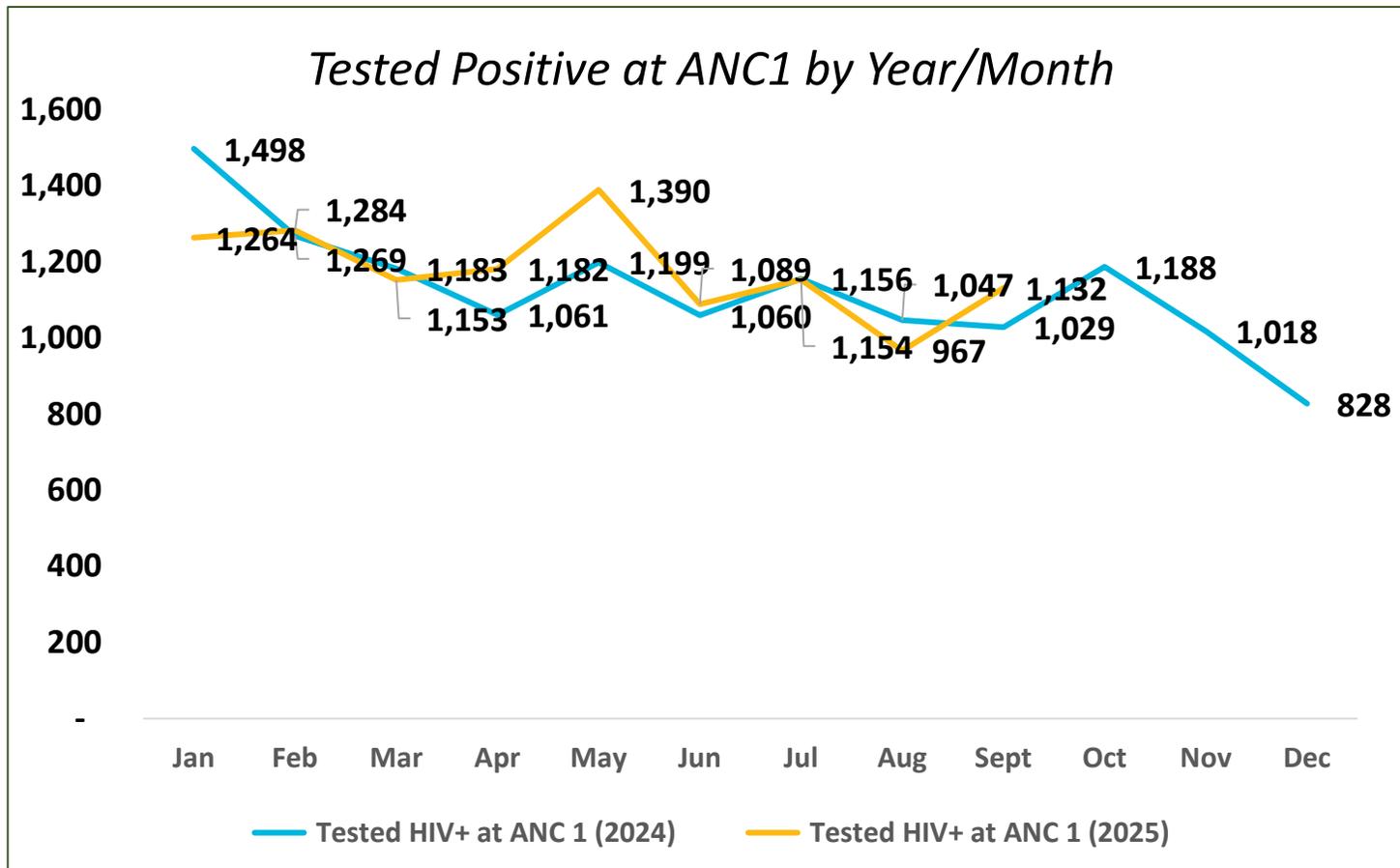
Trends in Monthly HIV Testing at ANC1 and Implications

Tested for HIV at ANC1 by Year/Month



- **Service disruption** ANC1 testing in period of Feb- Mar 2025; national SWO for PEPFAR HCWs
- **Under-reporting** and delayed DHIS2 entries noted during high-volume months
- **Seasonal fluctuations** with periods of recovery followed by gradual declines; attendance and service delivery dynamics
- Commodity availability remained largely stable
- **Program targeted support supervision** and TA visits, and community sensitization efforts

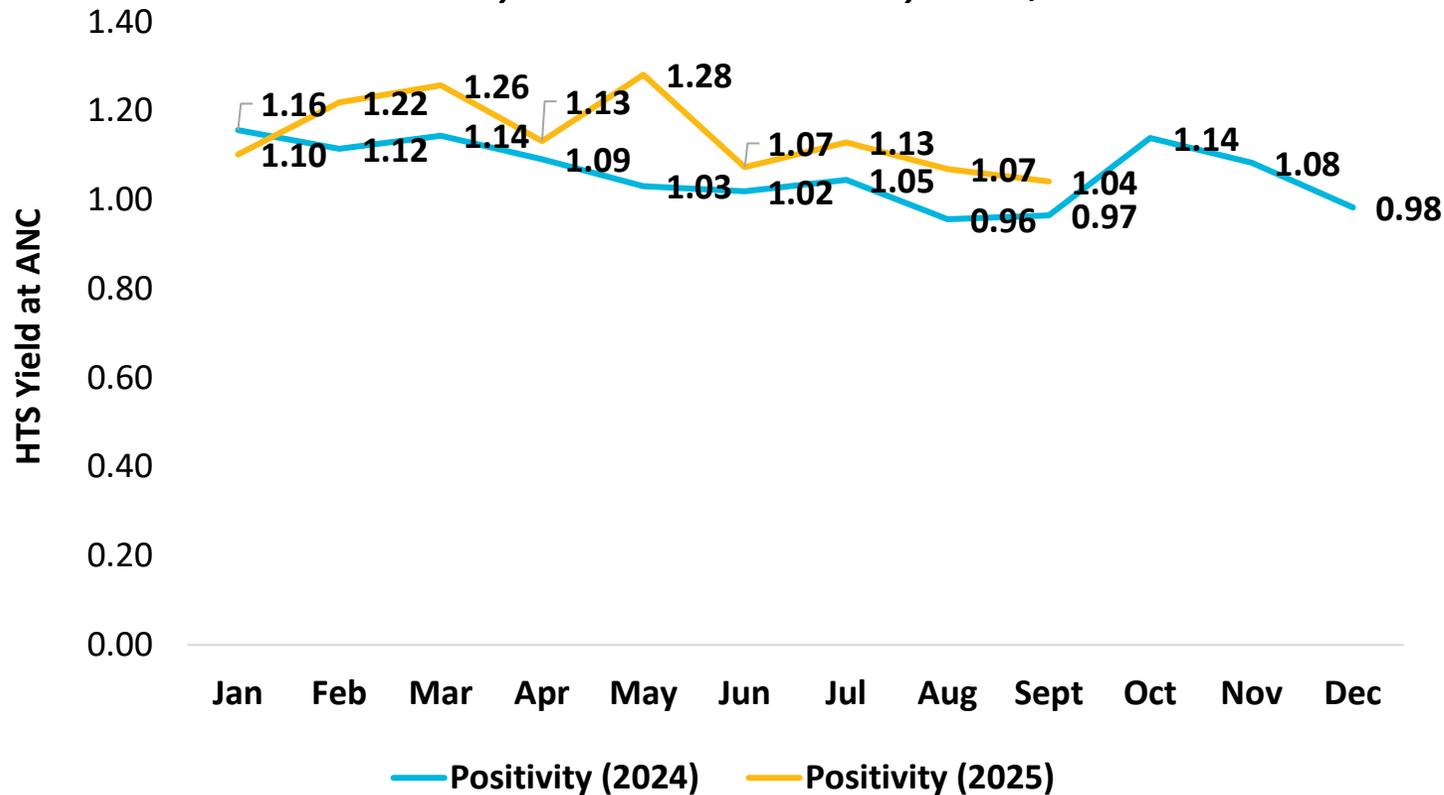
Trends in Monthly Testing HIV+ at ANC1 & Implications



- **Gradual decline in identified positives** - suggesting reduced incidence and/or improved pre-conception HIV prevention
- **Sustained interventions including integration of HIV prevention in ANC and community sensitization** may be contributing to the observed decrease
- Continued **focus** needed on **re-testing in later ANC visits** and early partner testing, to avoid missed seroconversions

Trends in Monthly HIV Positivity at ANC1 and Implications

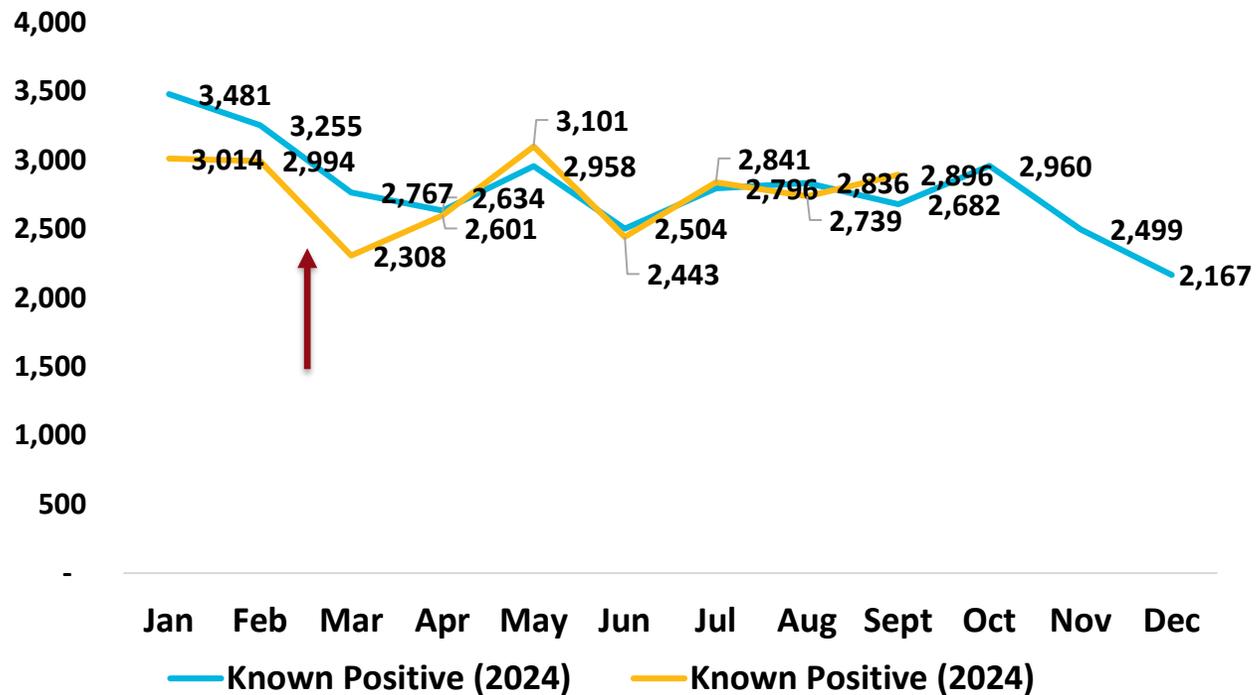
HIV Positivity Trends at ANC1 by Year/Month



- **Positivity remains low** reflecting stable epidemic control in the ANC population
- Minor fluctuations likely linked to service access patterns rather than commodity or quality issues
- Ongoing monitoring important to detect any resurgence, especially in high-burden counties and adolescent/young women subgroups

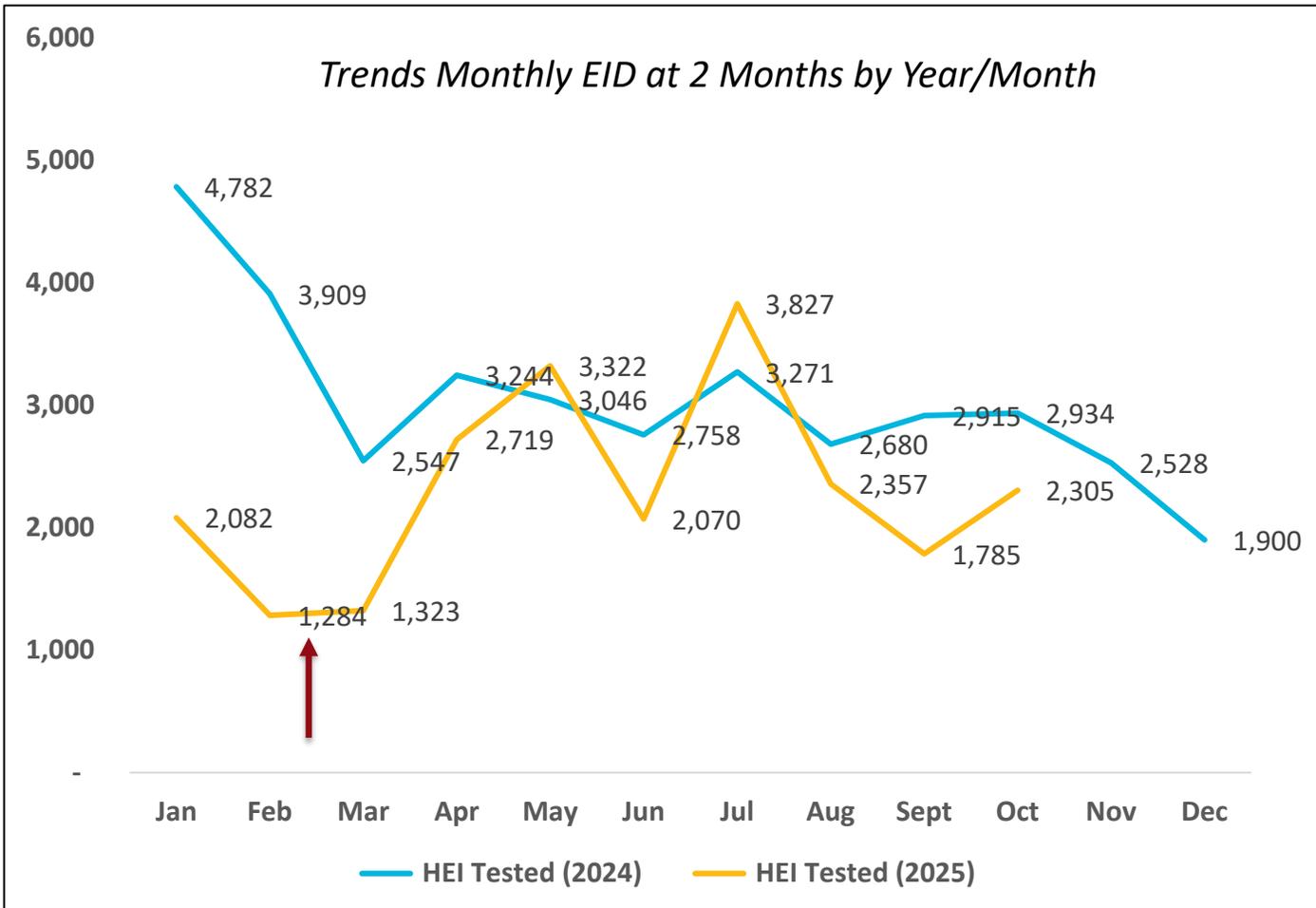
Trends in Monthly Known HIV+ at ANC1 and Implications

Trends of Known HIV+ at ANC1 by Year/Month



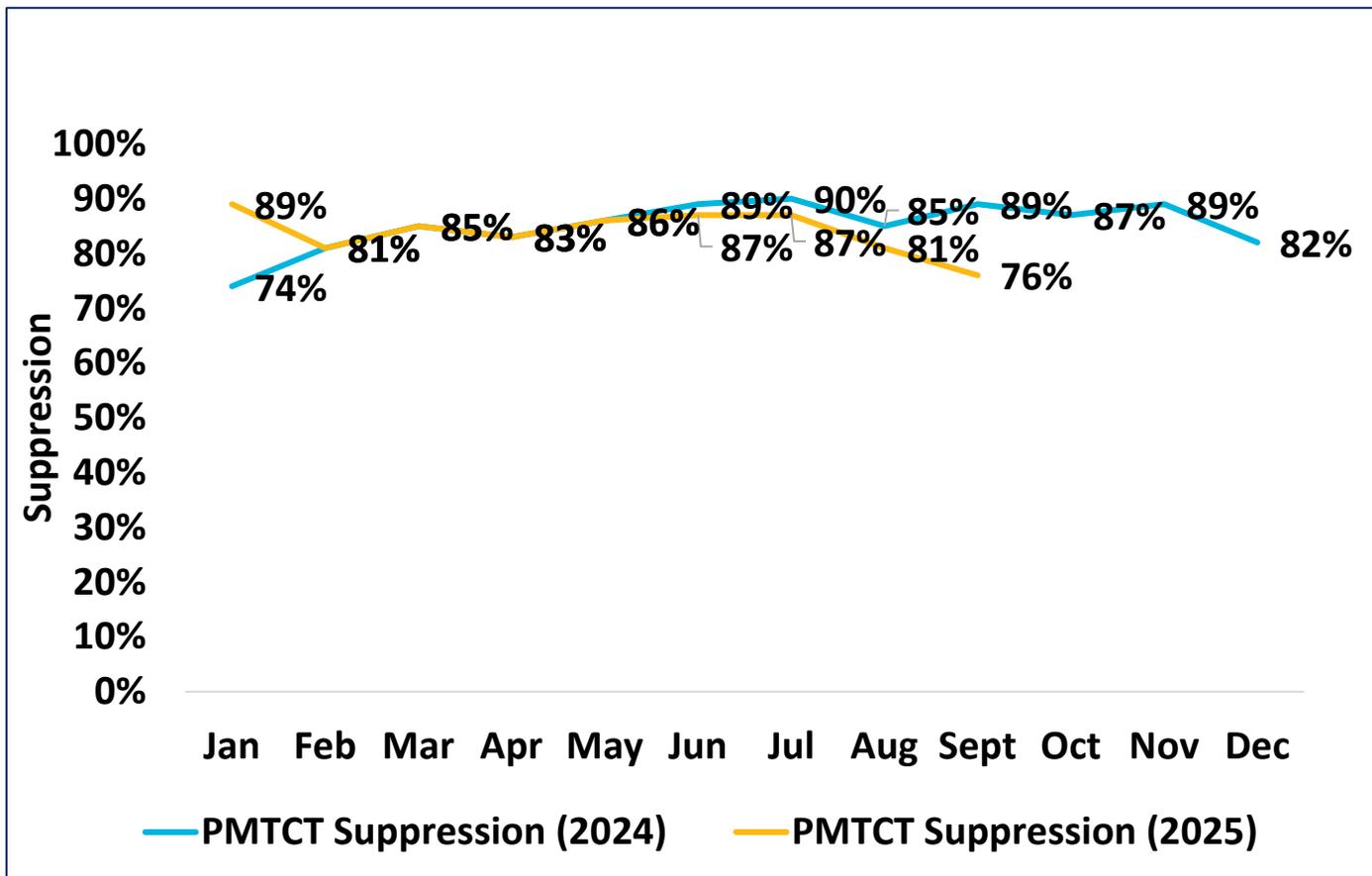
- Gradual decline through 2024 suggests fewer women entering pregnancy already diagnosed HIV-positive
- **‘Dip’ in the number known positive entering ANC in Feb-Mar 2025** could be attributed to both service delivery interruption and under reporting
- Known positives remain the larger share of total ANC positives, reflecting **improved long-term ART access, retention, and viral suppression among women of reproductive age**

Trends in Monthly EID at 2 months and Implications



- **Sharp drop in Feb-Mar 2025**, closely aligning with the health worker stop-work order, which disrupted early infant follow-up, testing scheduling, and sample transport
- **Apr-Jul 2025 recovery** suggests system resilience and catch-up testing, though inconsistent rebounds point to ongoing operational instability, including EID commodity stockouts in FY25

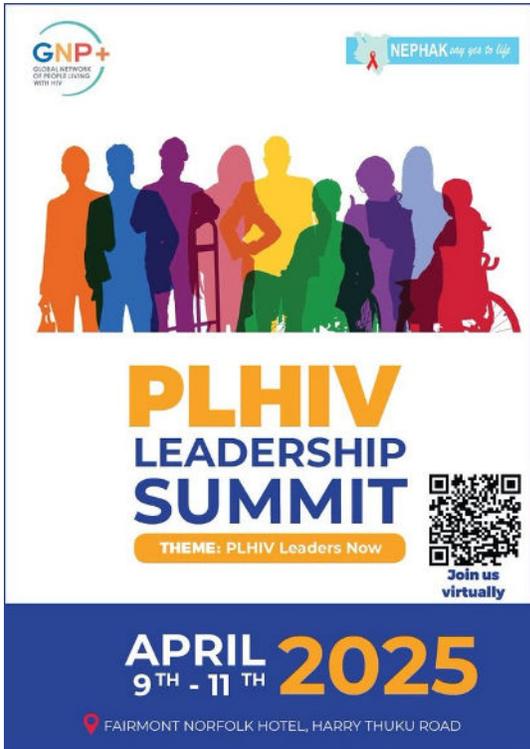
PMTCT VL Suppression Monthly Trends and Implications - 7



- Viral suppression amongst Pregnant Women and Breastfeeding Mothers Living with HIV remains sub-optimal
- Program implementing targeted interventions with additional including adherence support, mentor mother

Community Engagement

Community Engagement



- **Funding Reductions:** loss of budget for advocacy and engagement, including shutdown of CLM, layoff of staff and loss of allies which has weakened partnership
- **Joint MOH/NASCOP & Communities Assessment and Dialogue:** Integration of HIV routine health care, scaling up DSD models that empower PLHIV, including MMD and Community Pharmacy Model dispensing
- **ROC are advancing selfcare as strategy:** through the promotion of adherence, U=U and stigma reduction messages
- **Rapid Assessments by Volunteer ROC:** replaced CLM to provide feedback to MOH and partners on how to improve quality of care during integration of HIV services
- **Intensification of advocacy and communications:** for increased domestic financing for health and the inclusion of HIV in the UHC/SHA drive

Challenges and Lessons Learnt



- Need to leverage and build on the resilient health systems over the year through the HIV program
- MOH led all stakeholder process is critical to guide integration, sustainability process for HIV services
- Leveraging on technology/digitization is a cost-effective measure for HRH capacity building, mentorship/TA in resource declining environment

Next Steps

- Update and implement the minimum package of HIV services to ensure RoCs access HIV / integrated services
- Institutionalize domestic financing by embedding HIV commodities and services within SHA/UHC budgets, while ring-fencing county allocations to reduce donor dependency
- Finalize and implement the USG/MoH bilateral agreement discussions
- Strengthen laboratory integration through expansion of multi-disease molecular diagnostics, scale-up of POC technologies
- Build sustainable HRH capacity via mentorship, virtual platforms (ECHO, MoH Academy), etc.
- Enhance community engagement and partnerships

Acknowledgments

MOH-NASCOP

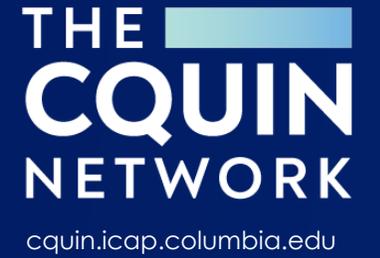
Council of Governors Kenya

USG PEPFAR

Global Fund

CQUIN

NEPHAK



Thank you!

