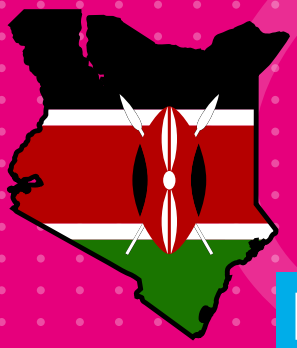


FRONTLINE AIDS

AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN KENYA

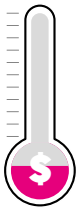
IMPACT AT A GLANCE

Kenya's HIV response is at a crossroads: one in 31 adults is living with HIV, and prevention and treatment are now off track following the US funding withdrawal. Once a global leader in PrEP, Kenya has seen drops in uptake and clinic disruptions. To protect progress, it must fast-track social contracting and domestic resource mobilisation to sustain community-led services and train healthcare providers to deliver stigma-free care.

This year, the funding landscape for Kenya's HIV response has changed dramatically

26% of Kenya's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

The **Global Fund** remains a key donor, but the current grant has also been **cut by 13.5%**.



While the **domestic health budget allocation** has increased to **3.3%**, it remains well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, Parliament of Kenya

As a result, vital programmes for key populations and adolescents have been scaled back or shut down

Approximately **417,000** people from key populations could **lose access to tailored HIV prevention services**.

PEPFAR-funded DREAMS programme, providing services to **young people has completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies

Around **89% of people living with HIV are on treatment** with direct or indirect support from PEPFAR.

The number of people newly accessing oral PrEP services has been **reduced by almost half**.

Studies to support the roll-out of new technologies **have stopped**, further limiting the options available to communities.

Sources: amFAR, PrEPWatch

STATE OF THE HIV RESPONSE: A COMMUNITY ANALYSIS

After years of progress, sudden cuts to US government funding, which previously accounted for 26% of Kenya's HIV budget, have had devastating consequences, disrupting around 40% of healthcare facilities and triggering a healthcare workforce crisis. In 2024, new HIV infections increased sharply by 24,000, signalling the reversal of a three-year downward trend.[1] Without urgent action, as many as 60,000 new HIV infections could occur by 2030, putting thousands of lives at risk.[2]

The impact on marginalised communities has been particularly severe. Programmes serving key populations[3] have been hugely impacted, with an estimated 417,000 people losing access to tailored services. Drop-in centres for key populations have closed, and stigma and discrimination in public health facilities is on the rise. The DREAMS programme, which provided critical prevention support for adolescent girls and young women, has also experienced major disruptions, reducing access to vital services.[4] Children affected by AIDS, including orphans and those from key populations, are also losing critical support, including HIV treatment, education and basic healthcare, as funding for these services has been cut. These challenges are made worse by the rising nurse-to-patient ratio in disrupted facilities, making it much harder to provide the tailored care that marginalised populations need.

Essential commodities are running low in facilities affected by US funding cuts. Many are facing HIV test kit shortages, while cotrimaxazole, an antibiotic, is unavailable in about a third of the disrupted clinics.[5] Healthcare services have also been severely disrupted, with more than half of the facilities impacted unable to continue HIV testing and counselling, and a similar proportion struggling to provide antiretrovirals (ARVs).

The number of people starting oral pre-exposure prophylaxis (PrEP) has declined by 49% between the first quarters of 2024 and 2025. The availability of condoms is still limited, forcing people who already face financial hardship to either buy them, or go without. The roll-out of new prevention technologies– including through the Catalysing Access to New Prevention Products to Stop HIV (CATALYST) study for the dapivirine vaginal ring – only completed stage one; and a critical study on long-acting cabotegravir (CAB-LA) was abruptly halted.Even at the discounted price of $160 per dose, CAB-LA represents a significant investment for Kenya's Ministry of Health, making support from the Global Fund critical to getting these transformative technologies to people who need them. Kenya has also been preparing to introduce lenacapavir, another long-acting HIV prevention option.[6] However, this will be reliant on international funding.

The Global Fund remains a key partner but is currently reviewing its priorities, with cuts of 13.5% across the current grant. The government has worked closely with Country Coordination Mechanism[7] members to safeguard community-led interventions, but there will be reductions in funding for HIV, tuberculosis and malaria programmes. Community-led monitoring, which is now solely funded by the Global Fund following the US aid funding freeze, could be at risk. These programmes are essential to delivering quality, accessible services to those who need them most.

[1] Kenya has witnessed a sharp rise in new HIV infections in 2024, marking a reversal of a three-year downward trend, according to data released by the National Syndemic Disease Control Council (NSDCC)

[2] Data presented by Health Cabinet Secretary Deborah Barasa at the Health Summit, Nairobi, February 2025.

[3] 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.

[4] The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

[5] Cotrimoxazole is a low-cost antibiotic used to prevent and treat opportunistic infections in people living with HIV. It plays a critical role in HIV care by reducing the risk of pneumonia, diarrhea, malaria and other infections that can be life-threatening for those with weakened immune systems.

[6] Lenacapavir, cabotegravir and the dapivirine vaginal ring are long-acting HIV prevention options, giving people safer, easier protection without the need for daily pills.

[7] The Global Fund requires each country to establish a Country Coordinating Mechanism (CCM), a national multi-stakeholder committee that develops funding requests, oversees grant implementation and ensures the meaningful participation of civil society and key populations.

Domestic financing is not closing the gaps quickly enough. The health budget for 2025/26 represented 3.3% of total government spending, up slightly from the 2024/25 allocation. However, this is still far below the Abuja Declaration's 15% target.[9] At the same time, debt repayments are taking a big chunk of government revenue at 28.7% in 2024 and an expected 21.4% in 2025, leaving even less money for health expenditure. While the Social Health Insurance Fund is being expanded, it still does not cover HIV prevention and treatment.[10]

Securing sustainable funding remains a major challenge. Kenya has no clear strategy for HIV financing. The social contracting framework is still incomplete, and there is still no mechanism for domestic funds to reach community-led organisations. The lack of updated National AIDS Spending Assessments since 2019/20 makes it harder to advocate for sustained investment.

The Kenyan government is actively working to safeguard HIV services, bringing together county governors, the parliamentary health committee, development partners and communities in the wake of funding cuts. However, several strategies need urgent review. The HIV Prevention Acceleration Plan (2023–2030), Kenya AIDS Strategic Framework II (2020–2025) and County AIDS Implementation Plans make bold prevention commitments, but all these plans must be updated to reflect the current funding reality. The UNAIDS-led Sustainability Roadmap and Transformation Plan, which has been especially developed to support sustainability in the wake of the cuts, has also stalled. While National Technical Working Groups continue to meet, reduced funding has limited civil society and community engagement, weakening accountability.

Alongside financial challenges, Kenya's legal and policy environment is becoming increasingly hostile to an evidence- and rights-based HIV response. The anti-rights movement is lobbying conservative politicians and organisations, framing HIV prevention and LGBTQ+[11] individuals as "anti-African" and pushing the Family Protection Bill,[12] which will limit HIV service access for key populations. If approved it would drive stigma, discrimination and human rights violations. Worryingly, Kenya was also the host of the anti-rights movement Pan-African Conference on Family Values in 2025. This movement has also stalled progress on comprehensive sexuality education. The review of the HIV and AIDS Prevention and Control Act, first enacted in 2006, remains unfinished, leaving the criminalisation of HIV transmission in place.[13]

Despite this, the Ministry of Health is pushing for HIV service integration. Guidance on HIV integration and guidelines on HIV, sexually transmitted infections and hepatitis are under development. It is critical that community-led HIV prevention services and integration are based on strong data and strong referral systems, but disruptions are undermining these efforts. The US stop-work order disrupted access to Kenya's electronic medical records system for two months, causing significant data loss that may never be fully recovered. The US-funded Integrated Bio-Behavioural Survey in 2024 has not yet been published, limiting the availability of up-to-date evidence to guide decisions and resource allocation.

[9] Under the 2001 Abuja Declaration, African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems at a time when global funding has been dramatically reduced.

[10] The Social Health Insurance Fund (SHIF) is a statutory scheme established under the Social Health Insurance Act (2023), replacing Kenya's National Health Insurance Fund. It is intentionally structured to contribute to universal health coverage, by improving access to essential and affordable healthcare, particularly for underserved and informal sector populations.

[11] LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

[12] The Family Protection Bill (2023) is a pending legislative proposal in Kenya that seeks to criminalise homosexuality, same-sex marriage and related activities; it has not yet been enacted into law.

[13] The HIV and AIDS Prevention and Control Act (2006) has been criticised for provisions that criminalise HIV transmission. In 2015, the High Court found the Act to be unconstitutional, violating fundamental human rights.

COMMUNITY IMPACT

At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships that were built up over many years.

Marginalised communities across Kenya, including key populations and young people, have had safe spaces ripped away, and the community members who supported and understood them have suddenly been removed from their positions. Hundreds of community members employed by US-funded programmes now have no income and civil society organisations are now dependent on volunteers to continue. Communities have been left in panic due to a lack of clear information about which services were ending, why they were being cut or where people could go for help.

In the LGBTQ+ community, a decrease in community engagement, peer-led interventions and counselling has limited access to tailored HIV prevention services. In a context where same-sex relationships are criminalised, men who have sex with men and transgender individuals are experiencing rising stigma and discrimination due to anti-rights mobilisation. It is unrealistic to expect health workers, who have never been trained and who may hold discriminatory attitudes themselves, to support these communities.

Sex workers, who also face high levels of stigma and discrimination, are facing rising human rights violations, jeopardising access to services and treatment adherence. People who use drugs, also impacted by stigma, have access to fewer harm reduction services, increasing the risk of acquiring blood-borne infections or overdosing.

> *When the stop-work order came, we were told that key populations must access services from government facilities. This has been difficult since most of us were used to getting services from safe spaces.* ***We did not even know where to start, which facilities to go to and stigma towards us is still high."***
>
> **LGBTQ+ community member**

> *The loss of funding has shaken us to the core – not just as an organisation, but as a community. Every day, I see people who used to come to our drop-in centre now roaming with nowhere to go. Trans women who once felt safe, heard and respected now fear walking into public clinics where they are mocked or ignored. Sex workers who relied on us for condoms, lubricants and HIV tests are now exposed, vulnerable and unsupported.* ***It feels like the system has abandoned us... It feels like we're being erased."***
>
> **Civil society implementer**

The integration of services into public clinics has also resulted in longer waiting times, shortages of condoms and lubricants, and the fear of being stigmatised or turned away. There is also serious concern amongst the community of people living with HIV, as there is a lack of laboratory commodities for viral load and CD4 testing. This could result in people needing to pay to access these essential tests, which will not be possible for most.

Adolescents and youth have also felt the impact, as many young people have had to access services in government facilities that are not youth-friendly. This has caused significant discomfort, as well as increasing self-stigma. Incidents of non-disclosure have been reported and misinformation through social media has exacerbated stigma and discrimination. Psychosocial support groups have closed suddenly, with cases of anxiety, depression and suicidal ideation rising amongst young people, due to a lack of access to care and job losses.

The full impact on communities in Kenya is hard to measure because no one is tracking how many people are being left behind, or from which communities. The data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable.

What is certain, however, is that recent cuts have significantly reduced the number of tailored, community-led services available across the country. The impact of these cuts for key and vulnerable populations is absolutely devastating.

Kenya is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

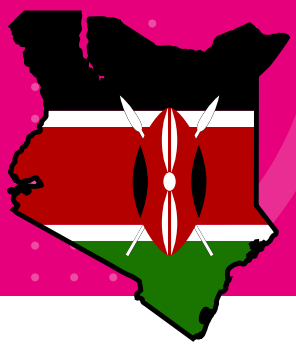
EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.

> ***Since the stop-work order, we do not have access to clean needles and syringes in government facilities.*** *We are expected to buy them, but we cannot afford them. We are now sharing needles again. When we go to government facilities, we are treated like thugs. But no one is listening to us now. It feels like we are not important anymore."*
>
> **Person who uses drugs**

> *We were used to services that were tailored to meet our needs. We had providers that we were used to, and they understood us. After the stop-work orders, no one prepared us for the transition to government facilities.* ***We are struggling to queue for long hours to get services."***
>
> **Adolescent**

KENYA RECOMMENDATIONS



These recommendations were developed by a coalition of 19 civil society organisations, community networks and diverse affected populations across Kenya, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Kenya, including the Ministry of Health, Ministry of Finance, the National AIDS and STI Control Programme (NASCOP), and the National Syndemic Diseases Control Council (NSDCC).

To effectively support and strengthen Kenya's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY

1. Review and update the HIV Prevention Acceleration Plan to reflect the current funding landscape, integration priorities and sustainability goals, and complete the Sustainability Roadmap and Transformation Plan to support Kenya's approach moving forward.
2. Ensure the meaningful involvement of key populations and civil society in all transition, integration and financing decisions to keep the HIV response inclusive and effective.

FINANCIAL SUSTAINABILITY

3. Continue to increase domestic health spending towards the Abuja Declaration target of 15% of the national budget – through the development of innovative financing mechanisms for domestic resource mobilisation, such as earmarked taxes.
4. Finalise and implement the social contracting framework, enabling the government to directly fund community-led providers in order to fill critical gaps in services left by the US cuts.
5. Develop a comprehensive resource mobilisation strategy to close HIV financing gaps, backed up with strong commitments from the Global Fund and bilateral donors, and a willingness to address critical barriers to sustainable health financing, in particularly Kenya's debt burden.

ENABLING ENVIRONMENT

6. Complete the ongoing review and reform of the HIV and AIDS Prevention and Control Act, to remove the criminalisation of HIV transmission.
7. Enforce and expand anti-discrimination protections and train healthcare workers to deliver stigma-free, rights-based services for all key and vulnerable populations.

SERVICE DELIVERY

8. Safeguard the training and expertise developed in long-acting PrEP study sites and secure funding for the implementation of new and existing prevention products.

9. Guarantee funding for community-led interventions through Global Fund grants and other national and international financing mechanisms, including community-led monitoring.

RESEARCH AND DATA

10. Publish the results of the Integrated Bio-Behavioural Survey without delay and invest in strengthening surveillance systems to guide evidence-based decision-making.

11. Finalise the Community-Led Monitoring (CLM) framework, using feedback from peer monitors and roll out this framework nationally. This should include positioning CLM as a vehicle for efficient, equitable and sustainable service delivery, especially in a context of limited funding.

INTEGRATION

12. Ensure that HIV prevention, treatment and care services are fully included in the Social Health Insurance Fund essential package.

13. Acknowledge the barriers to fully integrating services for marginalised populations into government health systems, and actively address these in integration guidance on HIV, sexual and reproductive health and primary healthcare services. This includes embedding clear protocols and guidelines to eliminate stigma, discrimination and breaches of confidentiality, as well as nurturing approaches that allow community-led services to be funded by and operated as part of government health systems.

BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 and progress towards these goals in Kenya is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems, and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS, together with advocates and civil society partners across Kenya, reviewed national policy documents and strategies, and consulted government officials, civil society leaders, and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

The report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and support the development of a more resilient and sustainable health system in Kenya.

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OUR PARTNERS

Not all organisations and networks that contributed to this report are represented in the logos displayed above.

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