



REPUBLIC OF KENYA

SECTOR PLAN FOR HIV AND AIDS

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STATEMENT BY THE CABINET SECRETARY THE NATIONAL TREASURY AND PLANNING

Kenya's long term development blue-print, Kenya Vision 2030, is in its third implementation phase under the Third Medium Term Plan (MTP III) 2018-2022. A total of 28 MTP III Sector Plans have concurrently been prepared through 25 MTP Working Groups and three (3) Thematic Working Groups. The Plans provide in detail policies, programmes and projects to be implemented in each sector for the period 2018-2022. The Plans also incorporate policies, programmes and projects necessary for the effective implementation of the "Big Four" initiatives namely: manufacturing and agro-processing; food and nutrition security; universal health coverage and affordable housing. Ongoing flagship projects and other priority programmes and projects carried forward from the previous Medium Term Plans will also be implemented. The Sector Plans have also mainstreamed key priorities outlined in the Manifesto of the Jubilee Government.

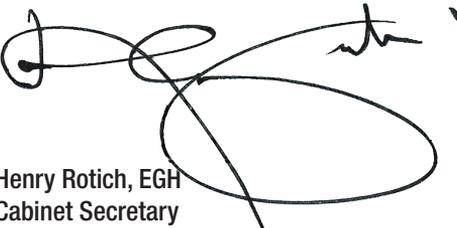
The MTP III and the Sector Plans have been prepared through a participatory and inclusive process involving representatives from the government, development partners, private sector, Civil Society, NGOs, organizations representing vulnerable groups, faith-based organizations and professional associations, among others and in line with the constitutional requirements.

The Sector Plans detail specific programmes and projects for implementation during the plan period, 2018-2022. The programmes and projects outlined in these plans will be implemented in close consultation and collaboration with county governments and in line with the Fourth Schedule of the Constitution. The Public Private Partnerships (PPPs) framework will be the vehicle through which the private sector will contribute to the implementation of programmes and projects highlighted in the plans.

The County Integrated Development Plans, County Spatial Plans and Ministries, Departments and Agencies (MDAs) Strategic Plans (2018-2022) will be aligned to the MTP III and the National Spatial Plan. Implementation of these plans will also be linked to the Results-Based Management Framework through Performance Contracts and Staff Performance Appraisal System.

A robust monitoring and evaluation framework will be put in place. In this regard, National Integrated Monitoring and Evaluation System (NIMES), County Integrated Monitoring and Evaluation System (CIMES) and the electronic Project Monitoring Information System (e-ProMIS) will be fully integrated with other governmental financial systems. This will ensure effective tracking of implementation of programmes and projects and also boost Public Investment Management.

In conclusion, I would like to appreciate the respective Cabinet Secretaries, Chief Administrative Secretaries, Principal Secretaries, staff in the MDAs and all those involved in the preparation of the Sector Plans for their valuable inputs. In addition, I commend staff from State Department for Planning led by Principal Secretary, Planning for the effective coordination of the MTP III preparation process.



Henry Rotich, EGH
Cabinet Secretary
The National Treasury and Planning

FOREWORD

HIV continues to be a major challenge to the achievement of the national development aspirations as reflected in the Kenya Vision 2030. In spite of notable reductions in the number of new HIV infections over the past few years, infections in adolescents and young people (15-24 years) is on the increase. This negatively impacts on the productive capacity of the Kenyan labour force and the ability for Kenya to turn the potential of her youth into a dividend. Human Immuno-Deficiency Virus (HIV) and Acquired Immuno-Deficiency Syndrome (AIDS) is a cross-cutting issue that requires a multi-faceted approach to mitigate its impact and reduce the spread by identifying programmes and projects in all sectors that will be implemented during the MTP III Plan period.

This Thematic Report focuses on effectiveness, efficiency and sustainability of the multi-sectoral HIV response. It emphasizes an equitable HIV response that ensures no one is left behind. This is a priority for Kenya to achieve her Vision 2030 and will facilitate driving of the 'Big 4 initiative' and in particular attainment of Universal Health Coverage (UHC) indicators. Additionally, it takes into consideration the relevant constitutional requirements, Sustainable Development Goals and the Africa's Agenda 2063. It recognizes the centrality of a multi-sectoral response to HIV and outlines roles and expected actions from different sectors and actors.

Increasing domestic and sustainable financing for HIV is a priority for the Government in order to reduce reliance on external funding. In this regard, the Sector will put in place measures to accelerate resource mobilization and innovative financing options from domestic sources. The Sector has prioritized strategic interventions aimed at supporting the achievement of the "Big Four" indicatives particularly Universal Health Coverage. Inclusion of HIV services as part of the Universal Health Coverage for all persons living with HIV covered for ART services and HIV services will go a long way in ensuring a sustainable mechanism for financing HIV and related Non-Communicable Diseases (NCDs).

I thank all our stakeholders including the national and county governments for their collaboration and invaluable input in preparation of this Plan and call on their support towards delivering better health for all on a cost effective and socially inclusive manner.



Sicily K. Kariuki (Mrs), EGH
Cabinet Secretary
Ministry of Health

PREFACE

Performance review of programmes and projects under the Second Medium Term Plan (MTP II) 2013-2017 presented an opportunity for the country to assess the progress made towards the HIV response. Some of the key milestones attained included reduction in new HIV infections among adults and children, reduction in AIDS related deaths, and an increase in the number of people receiving Anti-Retroviral Therapy (ART) treatment.

Despite the progress made, there were a number of emerging issues and challenges which impacted on the smooth implementation of programmes and projects. These included: increase in number of new HIV infections especially, among adolescents and young people (15- 24 years); reduced uptake of HIV testing services; resistance to HIV drugs due to challenges in ART program retention leading to the need to provide costlier second-line ART regimen; the urgent need for enhanced stakeholder coordination and accountability. Domestic financing for the Sector remained low hence the need to scale up innovative and sustainable financing mechanisms.

This Sector Plan covering the period 2018 – 2022 has therefore build on the progress made while taking cognizant of the available opportunities to ensure the targets set are achieved. All this is geared towards the implementation and the realization of the Vision 2030 goals and the constitutional requirement that guarantees every citizen the “right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care”.

The Plan will adopt a multi-sectoral approach to HIV response that prioritizes the implementation of sustainable and high impact interventions. The Sector has thus prioritized the following programmes: Sustainability of the HIV Response Towards Fast Tracking the Ending of AIDS; HIV Prevention; Universal Access to Treatment to Achieve 90- 90 90 Targets; and Strengthening Accountability and Coordination of the HIV Response. This will be achieved through concerted efforts by stakeholders at both national and county levels.



Mr. Peter Tum, OGW
Principal Secretary
Ministry of Health

ACKNOWLEDGEMENT

The preparation of this Sector Plan was highly participatory as enshrined in the Constitution. It brought together the Key stakeholders involved in the HIV response across sectors and the two levels of government (National and County).

The National AIDS Control Council is very grateful to The National Treasury and Ministry of Planning and Council of Governors for the leadership during the process. Appreciation is given to County Government who provided guidance during the review in all the Forty Seven (47) Counties.

The Council wishes to register sincere gratitude to the Thematic Working Group on HIV and AIDS for their invaluable contribution and commitment throughout the review of the MTP II and the development of the Sector Plan for the period 2018-2022.

The NACC further acknowledges the role played by our parent ministry, Ministry of Health, individuals, Development Partners and Stakeholders in Government, Private and Faith Sector, Civil Society at National and County levels including network of People Living with HIV who devotedly participated in the process.

A handwritten signature in black ink, appearing to read 'Nduku Kilonzo', with a long horizontal stroke underneath.

**Dr. Nduku Kilonzo,
Chief Executive Officer, NACC**

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LIST OF ACRONYMS

AIDS	-	Acquired Immuno Deficiency Syndrome
API	-	Application Programming Interface
ART	-	Antiretroviral Treatment/Therapy
ARV	-	Anti-Retro-Viral
CAPR	-	Community AIDS Programme Reporting
CASPs	-	County AIDS Strategic Plans
CHMTs	-	County Health Management Teams
CIDPs	-	County Integrated Development Plans
CSO	-	Civil Society Organization
DHIS	-	District Health Information System
GBV	-	Gender Based Violence
GoK	-	Government of Kenya
HAPCA	-	HIV and AIDS Prevention Control Act
HATWG	-	HIV and AIDS Thematic Working Group
HIV	-	Human Immunodeficiency Virus
HIPORS	-	HIV Implementing Partners Online Reporting System
HTS	-	HIV Testing Services
KASF	-	Kenya AIDS Strategic Framework
KARPR	-	Kenya AIDS Response Progress Report
KEMSA	-	Kenya Medical Supplies Agency
KEPH	-	Kenya Essential Package for Health
KNASA	-	Kenya National AIDS Spending Assessment
KP	-	Key Populations
MDAs	-	Ministries, Departments and Agencies
M&E	-	Monitoring and Evaluation
MoH	-	Ministry of Health
MOT	-	Modes of Transmission
MSM	-	Men who have Sex with Men
NACC	-	National AIDS Control Council
NASCOP	-	National AIDS & STI Control Programme
MDGs	-	Millennium Development Goals
MTP	-	Medium Term Plan
NCDs	-	Non-Communicable Diseases
NGOs	-	Non-Governmental Organizations

PEP	-	Post-Exposure Prophylaxis
PLHIV	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PrEP	-	Pre-Exposure Prophylaxis
PWID	-	People Who Inject Drugs
RH	-	Reproductive Health
SDGs	-	Sustainable Development Goals
SGBV	-	Sexual and Gender-Based Violence
SRH	-	Sexual and Reproductive Health
STIs	-	Sexually Transmitted Infections
SW	-	Sex Workers
TB	-	Tuberculosis
TWG	-	Technical Working Group
UNAIDS	-	UN Joint Programme on HIV and AIDS
VMMC	-	Voluntary Medically Assisted Adult Male Circumcision

EXECUTIVE SUMMARY

The Kenya Vision 2030 recognizes HIV and AIDS as one of the greatest threats to socio economic development in Kenya, which continues to affect the lives of millions of people by imposing a heavy burden on society. The epidemic also continues to pose major challenges in attainment of the goals set out in the Vision including promotion of primary health care services.

During the Second Medium Term Plan (MTP II) 2013-2017 major gains were recorded in health care especially in tackling communicable diseases such as HIV, Tuberculosis (TB) and Malaria. However, HIV and AIDS and related diseases continues to be one of the major causes of death over the period and a lot still needs to be done to improve the overall health care system.

Some of the key milestones attained included: 37% reduction in new HIV infections among adults (15+) from 88,600 in 2013 to 56,100 in 2016; and 53% reduction in new HIV infections among children (less than 14 years) from 12,900 in 2013 to 6,100 in 2016. Further, the number of people receiving ART treatment increased by 55% from 656,400 in 2013 to 1,018,900 in 2016 while, AIDS-related deaths reduced by 38% from 58,000 in 2013 to 36,000 in 2016.

County AIDS Strategic Plans for all the 47 Counties were developed and MAISHA MAARIFA Online Research Hub for HIV, Sexual Reproductive Health and co- morbidities established as a repository and interactive platform (www.maishamaarifa.or.ke). Currently the online platform holds 1083 on-going studies. In addition, an automated Dash Board (Situation Room) was established to provide strategic information for decision making at National and County Levels).

Various challenges were experienced that hindered effective implementation of targeted programmes. Some of these challenges included: increasing number of new HIV infections, especially among adolescents and young people (15- 24) i.e., 46% of new infections in adults (15+) occurred among the youth in 2016); and high level of external funding for HIV programmes and limited coordination across implementers which makes the sector vulnerable to external decisions and poses a risk for Kenya's health security. Stigma and discrimination and Sexual and Gender-Based Violence (SGBV) prevalence remained high particularly among priority populations that include, key populations such as sex workers, persons who inject drugs, men having sex with men and vulnerable populations; adolescents and young people, women and girls, orphans and the mentally challenged.

Under the Third Medium Term Plan (MTP III) 2018-2022, the Sector has prioritized the following programmes: sustainability of the HIV response towards fast tracking the ending of AIDS; HIV prevention; universal access to treatment to achieve 90-90-90 targets; and strengthen accountability and coordination of the HIV response.

A comprehensive implementation matrix has been prepared to align all prioritized programmes with the objectives and resources.

INTRODUCTION

The Constitution guarantees every citizen *“Right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care”*. Provision of health care services is one of the devolved functions and the county governments are responsible for managing health facilities and promotion of primary health care services, including HIV and AIDS. The Sector has prioritized strategic interventions aimed at supporting the achievement of the “Big Four” initiatives namely: increasing the share of manufacturing to 15% of GDP, attainment of food and nutrition security for all, Universal Health Coverage, and affordable and decent housing. The planned programmes and projects are aligned to Sustainable Development Goals (SDGs) and Africa Union Agenda 2063. SDG Number 3 underscores the need to have good health and well-being. This is to ensure that, the people live healthy lives. HIV response is therefore, critical in promoting the well-being for all.

HIV and AIDS is one of the greatest threats to socio economic development that continue to affect the lives of millions of people by imposing a heavy burden on society and slows down economic growth. It continues to pose major challenges in attainment of the goals set out in the Vision. Kenya Vision 2030 calls for a shift from curative to preventive care, to reduce the incidence of HIV, Malaria and Tuberculosis (TB) and lower infant and maternal mortality ratios. The Vision also recognizes the need to expand HIV and AIDS services to the communities.

During the Second Medium Term Plan (MTP II) 2013-2017 major gains were recorded in health care especially in tackling communicable diseases such as HIV, Tuberculosis (TB) and Malaria. However, HIV and AIDS and related diseases remained one of the major causes of death over the period and a lot still needs to be done to improve the overall health care system.

The MTP II targeted to reduce the HIV prevalence from 5.6% in 2012 to 5% and 4% in 2015 and 2017 respectively. Specifically, the plan focused on enhancing the capacity of NACC; improving quality of life of persons infected and the affected by HIV, and establishment of an HIV and AIDS Tribunal. The MTP III Sector Plan builds on the gains made during MTP II to achieve the goals and objectives set in the Kenya AIDS Strategic Framework 2014-2019 and the Vision 2030.

2.0 SITUATIONAL ANALYSIS

During the MTP II period, the country experienced progress in addressing HIV and AIDS. Of critical importance, there was a decline in HIV incidence (new infections) among adults aged 15-49 from 4.48 per 1000 in 2000 to 1.46 per 1000 in 2016 . The new HIV infections among adults and children stood at 56,000 and 6,100 in 2017 respectively. However, much more needs to be done to bring down new infections among all age categories including children, adolescents and adults.

Kenya has also witnessed a stabilizing HIV prevalence which currently stands at 5.9%. However, across the country, the HIV prevalence is heterogeneous, with nine counties having HIV prevalence above the national average namely Homa Bay (26.0%), Siaya (24.8%), Kisumu (19.9%), Migori (14.3%), Mombasa (7.5%), Busia (6.7%), Nyamira (6.4%), Taita/Taveta (6.3%), and Nairobi (6.1%) . Three counties have maintained a HIV prevalence lower than 1%, namely Wajir (0.4%), Mandera (0.8%), and Garissa (0.9%). The remaining 35 counties have HIV prevalence marginally lower than the national average ranging between 1% and 5%. Similarly, there has been geographical heterogeneity in the estimated number of annual new HIV infections in the country. In 2015, five (5) out of the 47 counties contributed to half of the total new HIV infections, namely Homa Bay, Kisumu, Siaya, Migori and Nairobi Counties.

In assessing the progress made, incidence (number of new infections) is a better measure than prevalence which is the total number of people living with HIV in a population over a given period of time. The latter indicator is affected by factors such as reduced mortality rates related to HIV and AIDS - a major impact objective - resulting from scaling up treatment. Due to such factors, prevalence of HIV has stabilized in Kenya.

There have been differentials in new infections among different population groups. Of critical importance is prevention of new infections among adolescents and young people (15-24 years), who are currently disproportionately affected by the epidemic, with 46% (35,776) of all new adult (15+) HIV infections occurring among them in 2016, and two-thirds of these infections occurring among adolescent girls and young women. HIV interventions among key populations (KPs) consisting of Sex Workers (SWs), Men having Sex with Men (MSM) and People Who Inject Drugs (PWID) contribute over 30% to the total number of new HIV infections annually (MoT 2008)³ . According to the Polling Booth Survey by NASCOP 2013, SWs, MSM and PWID have a high HIV prevalence of 29.3%, 18.2% and 18.3% respectively. According to the global targets, by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. However, data on the 90-90-90 cascade of each of the key populations is not available at present.

Major progress was also made in addressing HIV and AIDS related deaths. The annual AIDS related deaths stabilized at approximately 30,000 deaths occurring among adults aged 15 years and older since 2015. About 4,800 deaths related to AIDS among children of less than 14 years occurred in 4,800 in 2016. The stabilization of AIDS related deaths among adults and the significant decline among children was credited to the scale-up of access to Antiretroviral Therapy (ART) in the country. Over time, Kenya has witnessed an increase in treatment needs, due to increased HIV burden, and change in eligibility criteria. The number of people initiated on life-long antiretroviral medication was 1,018,900 (64% of total Population of Persons Living with HIV (PLHIV)). The scale-up of ART since 2013 saved 237,500 lives by averting deaths due to AIDS-related causes. Besides, the scale-up of PMTCT averted 114,300 new infections and 51,400 AIDS-related deaths among children under 5.

³ Kenya HIV Estimates Report 2016 (NACC unpublished Data)

Substantial efforts were made to facilitate an enabling policy environment for PLHIV, Key Populations (KPs) and other priority groups, and address human rights violations. However, stigma & discrimination and Sexual & Gender Based Violence (SGBV) remained high. According to the HIV Stigma Index Report 2014, the overall composite stigma index for Kenya was at a high of 45%. The stigma index varied across counties, with some recording a very high index rating of 60%, namely; Garissa, Mandera and Wajir; while some recorded a moderate index of 35%, namely Homa Bay, Kericho, Kisii, Kisumu, Migori, Nyamira and Siaya.

Total AIDS spending increased by 24% from Ksh.69.0 billion in 2013/14 to Ksh.85.3 billion in 2015/16. There was also an increase in Government Financing for the HIV response by 29% from Ksh.20.4 billion in 2013/14 to Ksh.26.4 billion in 2015/16.

The Kenya AIDS Strategic Framework (KASF) 2014-2019 was developed while 47 Counties developed costed AIDS Strategic Plans (CASPs) in order to promote accountable leadership and coordination of the multi-sectoral HIV response in line with devolution. These interventions strengthened service delivery and contributed to results experienced nationally. The HIV and AIDS Tribunal, which is the only HIV-specific statutory body in the world with the mandate to adjudicate cases relating to violations of HIV-related human rights was operationalized. The Tribunal was established under Section 25 of the HIV Prevention and Control Act of 2006. During this period, 298 cases were filed and adjudicated at the Tribunal.

The country also moved to utilization of one National Commodity Pipeline through Kenya Medical Supplies Authority (KEMSA) and has virtually eliminated commodity stock outs. HIV was retained as an indicator in the Performance Contracting mechanism for Government to which all Ministries, Departments and Agencies (MDAs) report. A certification system, MAISHA certification was implemented to leverage the competencies of public sector to deliver Kenya's targets. To strengthen research and innovation and inform the KASF goals, an online repository- the MAISHA MAARIFA Research Hub was operationalized that captures studies on HIV, Sexual Reproductive Health and co-morbidities for use in programme decision making and currently holds 1083 on-going studies.

In addition, Kenya became the first country to adopt the HIV Situation Room (a computerized dash board that facilitates access to key data for decision making on a timely basis), in close collaboration with the UN Joint Programme on HIV and AIDS (UNAIDS). The Kenya HIV Situation Room is a platform that mines data from the key HIV M&E sub-systems including the Ministry of Health Service Delivery District Health Information (DHIS) system, the KEMSA Logistics Management Information System, the Community AIDS Programme Reporting (CAPR) community data system from NACC and Epi information system of the UNAIDS to present visual information on the status of HIV for timely decision making at National and County Level. The country is now able to identify off-budget resources available for HIV, especially by Non-Governmental Organizations (NGOs) through the HIV Implementing Partners Online Reporting System (HIPORS). In the FY 2016/17, self-reported expenditure by NGOs was Ksh.14 Billion being approximately 20% of the National Ministry of Health budget which stood at Ks.68 Billion. These data sets have informed County planning, prioritization and resource allocation, thus improving efficiency. To enhance service delivery, there were 15,400 Community Based Organizations in 2015 implementing HIV activities³.

² KNASA Preliminary report 2016

³ Kenya HIV Estimates 2016 (Unpublished data)

The following were the key achievements under specific programmes:

HIV Prevention

- There was a 37% reduction in new HIV infections among adults (15+) from 88,600 in 2013 to 56,100 in 2016; and
- New HIV infections among children (less than 14 years) reduced 53% from 12,900 in 2013 to 6,100 in 2016.

Care and Treatment

- The number of people who received ART treatment increased by 55% from 656,400 in 2013 to 1,018,900 in 2016;
- Retention on ART for adults at 60 months increased by 11% (70% in 2013 & 81% in 2016);
- The percentage of people who have suppressed viral load increased by 4% (75% in 2013 & 79% in 2016); and
- AIDS-related deaths reduced by 38% from 58,000 in 2013 to 8,758 in 2017. One National Commodity Pipeline with enhanced planning and reduced stock out was established through KEMSA.

Coordination of the Multi-Sectoral HIV Response

- Kenya AIDS Strategic Framework 2014-2018 and County HIV and AIDS Strategic Plans for the 47 counties were developed and launched;
- There was increased research funding by 1% of AIDS expenditure to strengthen research;
- National AIDS Control Council established Nine Regional Offices to support counties in the coordination of the HIV response;
- The MAISHA MAARIFA Online Research Hub for HIV, Sexual Reproductive Health and co-morbidities was established in 2015 as a repository and interactive platform (www.maishamaarifa.or.ke) and currently holds 1,083 on-going studies;
- Established an automated Dash Board; Situation Room, which provides strategic information for decision making at National and County Level;
- Established HIPORS to enhance NGO reporting on funding across 47 counties;
- There was a 12% increase in domestic financing; from 17% in 2013 to 29% in 2016) of the total HIV and AIDS budget;
- Number of community based organizations that implemented HIV programmes increased from approximately 7,000 in 2013 to 15,400 in 2015; and
- Establishment of a certification system, MAISHA certification to leverage the competencies of public sector to deliver on the country's targets.

3.0 EMERGING ISSUES, CHALLENGES AND LESSONS LEARNT

Emerging Issues

- High numbers of new infections, especially among adolescents and young people (15- 24 years); 46% of new infections in adults (15+) occurred among the youth;
- Increased AIDS related deaths among adolescents and young people;
- New infrastructure projects that have the potential to increase HIV infections among the communities;
- Resistance to HIV drugs due to challenges in ART program retention, leading to the need to provide costlier second-line ART regimens; and
- Declined in the uptake of Voluntary Medical Male Circumcision programmes due to reduced financing which is dominantly supported by Partners and Civil Society Organizations (CSOs).

Challenges

- High stigma towards HIV positive persons which contributes to poor uptake of medication;
- Low levels of comprehensive knowledge about HIV, especially among young people, in spite of many being educated;
- High risk sexual behaviour including multiple partnerships and low condom use and distribution;
- Limited socio-economic empowerment and challenges with retention in education, especially among adolescent girls and young women, which increase HIV risk;
- High level of external funding for HIV programmes and limited coordination across implementers which makes the sector vulnerable to external decisions and poses a risk for Kenya's health security;
- Weak framework to enforce Kenya Essential Package for Health (KEPH) defined HIV services in private facilities and few functional Community Units across counties and uncoordinated response by private sector;
- Limited reporting of community level and non-health sector HIV interventions, limiting the ability of programs to respond appropriately to needs and ad- hoc rather than routine use of data for decision making;
- Poor service coverage among vulnerable and priority populations;
- Poor treatment adherence and management of co-morbidities;
- Inadequately equipped laboratories; and
- Late detection and diagnosis of HIV.

Lessons learnt

- Population and location-based analysis of 90-90-90 (By 2020; 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression) is needed to determine programmatic gaps. In 2016, Kenya's progress towards 90-90-90 stood at 65-63-55 at national level;
- There is need for improved data and information management at all levels to enhance programming for the HIV response e.g., implementing Situation Room in all the 47 counties; and
- Enhanced coordination with the NGO Coordinating Board to increase utilization of the HIPORS among NGOs is necessary for implementing HIV programmes.

Crosscutting Issues

Gender

A breakdown of HIV prevalence data by background characteristics shows disparities in HIV prevalence by gender, with similar pattern observed across the counties. Female have a slightly higher prevalence compared to male (6.3% versus 5.5% respectively), signifying that female are more vulnerable to HIV infection than men in the country (Kenya HIV Estimates 2015). The gender vulnerability is compounded by cultural disposition accessibility to social and economic resources, gender based violence, stigma and discrimination in communities and families. Sexual and gender violence increases biological vulnerability to HIV, reduces ability to negotiate for safer sex with long term psychosocial outcome that impacts on social risk taking behaviour. Gender inequalities and cultural practices including wife inheritance, sexual and gender based violence, early marriages and high attrition in school limit effective HIV prevention. There is also a need for the sector to prioritize interventions to address this disparity as well as disaggregation of data for various indicators by gender in order to measure progress for all the sectors.

Climate Change

There is evidence of increasing loss of livelihoods due to climate-related emergencies and or disasters which put individuals at risk of transactional sex risking infections or disease progression, e.g. the fish-for-sex in Nyanza counties and firewood-for-sex in Kericho phenomenon. A person with reduced immunity, a characteristic of people living with HIV, risk frequent attacks of climate-sensitive diseases such as pneumonia, bronchial infections, diarrhea and hence faster disease progression that usually ends with AIDS and increased mortality. There are resultant vulnerabilities due to internal displacements due to floods and droughts for internal and external refugees who may transact sex for survival in their new settlements after displacement.

The challenge of food insecurity and water scarcity puts individuals (more so the elderly, women and orphans) at a disadvantage of adhering to medication (ARVs) when they are not able to afford a simple balanced diet further worsening their health. There is increasing poverty levels due to loss of agri-based enterprises (farming, small scale traders etc.) due to poor yields which puts persons at risk of resulting to transactional sex, besides the psychological effects that may fuel conflicts, lead to family dysfunctions and hence more vulnerable populations.

Risks and mitigation measures

Programme/ Project	Associated Risk(s) <i>Risk(s) associated with the Project/ Programme/ Broad Intervention</i>	Severity <i>Level of impact (Negligible, Critical, Catastrophic)</i>	Probability <i>The chances of that risk happening (Low, Medium, High)</i>	Method(s) to Manage the Risk
Sustainability of the HIV response towards Fast Tracking the Ending of AIDS	Classification of the country to lower middle income status which attracts less donor support and high cost of credit facilities	Critical	High	Establishment of in-country mechanisms to enhance domestic financing
HIV Prevention Universal Access to Treatment to Achieve 90 90 90 Targets	Strikes by Healthcare workers	Critical	High	Deliberate concerted efforts to engage Health workers on Labour Relations
Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming	Low involvement of society on health issues	Medium	Medium	Provide Technical Assistance and enhanced participatory decision making
Strengthening Accountability and Coordination of the HIV Response	Inadequate support for operationalization of the coordination infrastructures at national and county levels	Critical	High	Deliberate specific budget lines for the County committees and leadership engagement
	Uncoordinated stakeholders leading to duplication of efforts and inefficient resource utilization	Critical	Medium	Scale up partner engagement and reporting through the HIPORS

4.0 PROGRAMMES AND PROJECTS 2018-2022

Flagship Programmes and Projects

1. Reduce the annual new HIV infections among Adolescent and Young People to less than 11,000 and eliminate Mother to Child HIV transmission over the planned period.
2. Establish a Public Private Partnership (PPP) to promote local manufacturing of HIV related commodities to improve access to affordable HIV facilities;
3. Enhance and maintain an integrated HIV and Health data analytics platform (The Kenya HIV Situation Room) for decision making.

Other Priority Programmes and Projects

Sustainability of the HIV Response towards Fast Tracking the Ending of AIDS

- Inclusion of HIV services including HIV testing, anti-retroviral treatment as part of the Universal Health Coverage national benefits cover under the National Health Insurance Fund
- Establish a mechanism and strategies for long term financing for HIV and related Non-Communicable Diseases (NCDs);
- Lobby for increase in HIV budget allocations by Counties to fully fund their deficits
- Create a mechanism to standardize infrastructure resources available for mitigation of HIV in line with national HIV prevention and control priorities;
- Develop routine estimation models and prevention strategies for HIV related co-morbidities including NCDs

Universal Access to Treatment to Achieve 90-90-90 Targets

- Improve ART Coverage to 90% of the Persons Living with HIV by identification of PLHIV through provision of target population-friendly, integrated and quality HIV Testing Services (HTS), linkage and retention in care for persons diagnosed with HIV;
- Establish functional treatment literacy centers; and
- Establish County HIV tribunal hubs and to reduce HIV related stigma.

Strengthening Accountability and Coordination of the HIV Response

- Strengthen stakeholder co-ordination, accountability and reporting structures and mechanisms at all levels (National and County) for optimal impact

5.0 POLICIES, LEGAL AND INSTITUTION REFORMS

The full realization of the constitutionally guaranteed right to health for all citizens is essential in response to HIV and AIDS and critical to ending the stigma, discrimination, and protections of rights of people living with HIV and priority populations. Social determinants of health that drive the HIV and AIDS epidemic in Kenya include; social and institutional stigma and discrimination, violence, poor socio-economic conditions, limited knowledge and information and lack of access to services. To address these challenges, the sector will promote enabling policies and will include: development and implementation of Privacy guidelines in line with the HIV Prevention and Control Act; review HIV AIDS Prevention and Control Act; Review of the legislative instruments of the one coordinating agency, the National AIDS Control Council.

6.0 IMPLEMENTATION MATRIX

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Imple- menting agencies	Time Frame	Source of Funds	Indicative budget (Ksh. Billions)				
							Total	2018/19	2019/20	2020/21	2021/22
Flagship Programmes and Projects											
1. Reduce the annual new HIV infections among Adolescent and Young People to less than 11,000 and eliminate Mother to Child HIV transmission over the planned period.	To eliminate Mother to Child HIV transmission	Increased coverage of MTCT services attained annually for all HIV positive pregnant women	Number of annual new infections from Mother to Child;	NAACC, MoH, County Govern-ments, MDAs	2018-2022	National and County Governments, Private Sector and Development Partners	0.81	0.83	0.86	0.53	0.33
	To reduce number of new adult HIV infections annually	-increased use of protection up to 40 condoms per man per year, up from 14	Level of use of protection (condoms) per man per year	Civil society, private sector, Development partners			1.80	2.05	2.31	2.42	2.54
		Increased coverage of HIV prevention services including HTS and VMMC	Number of new infections per year among adults.					4.75	5.41	5.62	5.85
2. Establish a Public Private Partnership (PPP) to promote local manufacturing of HIV related commodities to improve access to affordable HIV facilities;	To reduce number of new adolescent HIV infections annually	Increased comprehensive knowledge of HIV among adolescents and young people through advocacy campaigns to 80% up from 52%	Number of new HIV infections among adolescents and young people per year.	NAACC, MoH, County Govern-ments, MDAs Civil society, private sector, Development partners	2018-2022	National County Governments, Private Sector and Development Partners	3.24	3.24	3.24	3.24	3.24
		A PPP to promote local manufacturing of HIV related commodities established	Percentage of adolescents and young people with comprehensive knowledge of HIV				1.18	1.36	1.59	1.70	1.82
	Improve access to affordable HIV commodities	A PPP to promote local manufacturing of HIV related commodities established	A PPP to promote local manufacturing of HIV related commodities	NAACC, MoH, County Govern-ments, MDAs Civil society, private sector, Development partners	2018-2022	National County Governments, Private Sector and Development Partners	0.44	0.10	0.11	0.11	0.12

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Source of Funds	Indicative budget (Ksh. Billions)					
							Total	2018/19	2019/20	2020/21	2021/22	2022/23
3. Enhance and maintain an integrated HIV and Health data analytics platform (The Kenya HIV Situation Room) for decision making.	To provide routine surveillance data for decision making at national and county levels	-Enhanced and accessible HIV and health analytics platform (Situation room) Generation and availability of routine data for decision making from community, health and MDA sub-systems	-Bi -ennial County HIV data estimates - Annual HIV estimates - Kenya annual Global AIDS Monitoring system reports	NAACC and Counties	2018 - 2022	National County Governments, Private Sector and Development Partners and	0.26	0.05	0.05	0.05	0.05	0.05
Other Priority Programmes and Projects							213.21	29.94	37.37	44.17	50.69	51.04
Sustainability of the HIV response towards Fast Tracking the Ending of AIDS	Inclusion of HIV services including HIV testing, anti-retroviral treatment as part of the Universal Health Coverage national benefits cover under the National Health Insurance Fund	- HIV services included as part of the UHC/NHF supra cover and all persons living with HIV covered for ART services and HIV services offered as part of NHF package A domestic resource mobilization framework in Place	-Number of PLHIV covered within UHC for ART	Ministry of Health, County Governments, Council of Governors, NAACC.	2018-2022	GoK; (National and County),	213.21	29.94	37.37	44.17	50.69	51.04
	Establish a mechanism and strategies for long term financing for HIV and related Non-Communicable Diseases (NCDs);		A domestic resource mobilization framework				180.06	28.31	31.98	35.83	39.86	44.08
	Lobby for increase in HIV budget allocations by Counties to fully fund their deficits	County HIV budget allocations and government contribution increased	-Percentage contribution of Government to total HIV expenditure				147.69	18.12	22.84	32.64	35.66	38.42

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Source of Funds	Indicative budget (Ksh. Billions)					
							Total	2018/19	2019/20	2020/21	2021/22	2022/23
	<p>Create a mechanism to standardize infrastructure resources available for mitigation of HIV in line with national HIV prevention and control priorities;</p> <p>Develop routine estimation models and prevention strategies for HIV related co-morbidities including NCDs</p>	<p>Increased resources available from various sectors to contribute to long term HIV financing</p> <p>Estimates on HIV related NCD burden</p>	<p>-Percentage of allocations for HIV within infrastructure budgets utilized as per approved plan</p> <p>Mortality due to HIV related NCD</p>									
Universal Access to Treatment to Achieve 90 90 90 Targets	<p>Improve ART Coverage to 90% of the Persons Living with HIV by identification of PLHIV through population -friendly, integrated and quality HIV Testing Services (HTS), linkage and retention in care for persons diagnosed with HIV;</p> <p>Establish functional treatment literacy centers and;</p> <p>Establish County HIV tribal hubs and to reduce HIV related stigma.</p>	<p>Improved ART coverage;</p> <p>Functional treatment literacy centers established;</p> <p>County HIV tribal hubs established;</p>	<p>Number of PLHIV on ARVs, retained and achieved viral suppression -number of literacy centres established;</p> <p>Number of PLHIV accessing justice through the HIV Tribal hubs</p>	MoH, Counties, NAACC, Civil society, private sector, Development partner	2018-2022	National and County Governments, Private Sector and Development Partners	17.26	2.94	3.18	3.43	3.71	4.00
							29.87	8.70	7.06	5.88	4.70	3.53
							122.14	20.06	22.84	24.48	25.94	28.82
							2.17	0.40	0.42	0.43	0.45	0.47

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Imple- menting agencies	Time Frame	Source of Funds	Indicative budget (Ksh. Billions)					
							Total	2018/19	2019/20	2020/21	2021/22	2022/23
Strengthen Accountability and Coordination of the HIV Response	Strengthen stakeholder co-ordination, and accountability and reporting structures and mechanisms at all levels (National and County) for optimal impact	Strengthened Effective and well- functioning stakeholder co- ordination and accountability structures and systems	Percentage of NGOs and CSOs reporting on HIV by county, programmes and resources	MoH, Counties NAACC, Civil society, private sector, Develop- ment partner	2018- 2022	National and County Governments, Private Sector and Development Partners	0.08	0.01	0.01	0.02	0.02	0.02
Total							779.06	120.42	138.85	160.55	174.82	184.44

7.0 MONITORING AND EVALUATION MATRIX

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Source of Funds	Yearly Targets				
							2018/19	2019/20	2020/21	2021/22	2022/23
Flagship Programmes and Projects											
1. Reduce the annual new HIV infections among Adolescent and Young People to less than 11,000 and eliminate Mother to Child HIV transmission over the planned period.	To eliminate Mother to Child HIV transmission	Increased coverage of MTCT s services attained annually for all HIV positive pregnant women	Number of annual new infections from Mother to Child;	NAACC, MoH, County Governments, MDAs Civil society, private sector, Development partners	2018-2022	National and County Governments, Private Sector and Development Partners	8,000	7,000	6,000	5,000	4,000
	To reduce number of new adult HIV infections annually	-increased use of protection up to 40 condoms per man per year, up from 14	Level of use of protection (condoms) per man per year				14	20	30	35	40
	To reduce number of new adolescent HIV infections annually	Increased coverage of HIV prevention services including HTS and VMMC	Number of new infections per year among adults.				45,000	35,000	30,000	25,000	20,000
2. Establish a Public Private Partnership (PPP) to promote local manufacturing of HIV related commodities to improve access to affordable HIV facilities;	To reduce number of new adolescent HIV infections annually	Increased comprehensive knowledge of HIV among adolescents and young people through advocacy campaigns to 80% up from 52%	Number of new HIV infections among adolescents and young people per year.	NAACC, MoH, County Governments, MDAs Civil society, private sector, Development partners	2018-2022	National and County Governments, Private Sector and Development Partners	18,000	16,000	14,000	12,000	10,000
	To improve access to affordable HIV commodities	A PPP to promote local manufacturing of HIV related commodities established	Percentage of adolescents and young people with comprehensive knowledge of HIV				52%	60%	70%	75%	80%
	To improve access to affordable HIV commodities	A PPP to promote local manufacturing of HIV related commodities established	A PPP to promote local manufacturing of HIV related commodities				Yes	Yes			

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Source of Funds	Yearly Targets					
							2018/19	2019/20	2020/21	2021/22	2022/23	
3. Enhance and maintain an integrated HIV and Health data analytics platform (The Kenya HIV Situation Room) for decision making.	To provide routine surveillance data for decision making at national and county levels	-Enhanced and accessible HIV and health analytics platform (Situation room) Generation and availability of routine data for decision making from community, health and MDA sub-systems	-Bi-annual County HIV data estimates - Annual HIV estimates - Kenya annual Global AIDS Monitoring system reports	NACC and Counties	2018-2022	Development Partners	Yes	Yes	yes	yes	yes	yes
Other Priority Programmes and Projects												
Sustainability of the HIV response towards Fast Tracking the Ending of AIDS	Inclusion of HIV services including HIV testing, anti-retroviral treatment as part of the Universal Health Coverage national benefits cover under the National Health Insurance Fund	- HIV services included as part of the UHC/NHIF supra cover and all persons living with HIV covered for ART services and HIV services offered as part of NHIF package A domestic resource mobilization framework in Place	-Number of PLHIV covered within UHC for ART	Ministry of Health, County Governments, Council of Governors, NACC,	2018-2022	Gok; (National and County),	56%	71%	85%	99%	100%	
Establish a mechanism and strategies for long term financing for HIV and related Non-Communicable Diseases (NCDs);		A domestic resource mobilization framework in Place	A domestic resource mobilization framework				63%	70%	78%	88%	98%	

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Source of Funds	Yearly Targets				
							2018/19	2019/20	2020/21	2021/22	2022/23
	Lobby for increase in HIV budget allocations by Counties to fully fund their deficits	County HIV budget allocations and government contribution increased	-Percentage contribution of Government to total HIV expenditure				28%	35%	50%	55%	60%
	Create a mechanism to standardize infrastructure resources available for mitigation of HIV in line with national HIV prevention and control priorities ;	Increased resources available from various sectors to contribute to long term HIV financing	-Percentage of allocations for HIV within infrastructure budgets utilized as per approved plan				100%	100%	100%	100%	100%
Universal Access to Treatment to Achieve 90 90 90 Targets	Develop routine estimation models and prevention strategies for HIV related co-morbidities including NCDs	Estimates on HIV related NCD burden	Mortality due to HIV related NCD				370,000	300,000	250,000	200,000	150,000
	Improve ART Coverage to 90% of the Persons Living with HIV by identification of PLHV through provision of target	Improved ART coverage; Functional treatment literacy centers established;	Percentage of PLHIV on ARVs, retained and achieved viral suppression;	MoH, Counties, NAACC, Civil society, private sector, Development partner	2018-2022	National and County Governments, Private Sector and Development Partners	62%	70%	75%	80%	90%

Programme/ Project	Objective	Output/Outcome	Performance Indicator	Implementing agencies	Time Frame	Sources of Funds	Yearly Targets							
							2018/19	2019/20	2020/21	2021/22	2022/23			
	population - friendly, integrated and quality HIV Testing Services (HTS), linkage and retention in care for persons diagnosed with HIV; Establish functional treatment literacy centers; and ;													
	Establish County HIV tribunals hubs and to reduce HIV related stigma .	County HIV tribunals hubs established.	Number of PLHIV accessing justice through the HIV Tribunals hubs											
Strengthen Accountability and Coordination of the HIV Response	Strengthen stakeholder co-ordination, accountability and reporting structures and mechanisms at all levels (National and County) for optimal impact	Strengthened Effective and well - functioning stakeholder co-ordination and accountability structures and systems	Percentage of NGOs and CSOs reporting on HIV by county, programmes, and resources	MoH Counties NAACC, Civil society, private s ector, Development partner	2018-2022	National and County Governments, Private Sector and Development Partners	40%	50%	60%	70%	80%			

