Kenya Country Operational Plan (COP/ROP)

2023

Strategic Direction Summary

May 19, 2023

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Executive Summary

As the President's Emergency Plan for AIDS Relief (PEPFAR) celebrates 20 years in Kenya, the PEPFAR Kenya program is working to reach 95-95-95 and ensuring access to quality care for all ages, genders, and sub-populations while strengthening partnerships with national and county governments. In collaboration with its partners, PEPFAR Kenya will continue to define the pathway to sustainability as the Government of Kenya (GoK) continues to foster greater political, programmatic, and financial responsibility for the response. In the Country Operational Plan 2023 (COP23), PEPFAR Kenya will work with GoK to address gaps in access, quality, and outcome of HIV services with pediatric patients, mother-infant pairs (MIP), adolescent girls and young women (AGYW), and other key and vulnerable populations. PEPFAR Kenya's COP23 is closely aligned to the five pillars and three enablers of the new 5-year PEPFAR strategy. The new GoK vision for primary health care (PHC) represents a unique opportunity to integrate the HIV response and to transition PEPFAR activities gradually and sustainably to the GoK. COP23 will serve to help set the stage for that longer-term vision while also focusing efforts to close the remaining gaps impeding HIV epidemic control.

Kenya has struggled with identification and retention of pediatric patients living with HIV disease as is exemplified by current estimates of children living with HIV (CLHIV) that indicates 74% of those under 15 years know their HIV status, 74% are on antiretroviral treatment, and 64% are virally suppressed. As one of the first twelve countries to join the Global Alliance to End AIDS in Children by 2030, Kenya has developed a country road map to focus interventions on pregnant and breastfeeding women (PBFW), children, and adolescents. PEPFAR Kenya will maximize testing coverage of biological children of people living with HIV disease (PLHIV), offer caregiver assisted HIV self-testing (HIVST) to improve pediatric HIV case identification, and scale up tailored differentiated service delivery (DSD) models to improve retention. PEPFAR Kenya will complete pediatric transition to dolutegravir (DTG) based regimens (currently at 92%) and use both proactive recall of recipients in care and targeted case management for children to improve viral coverage and suppression. PEPFAR Kenya will also focus on advanced HIV disease (AHD) management to minimize HIV related mortality among CLHIV.

To address lingering high vertical transmission from mother to infant, PEPFAR Kenya will support the country to achieve a 50% reduction of mother-to-child-transmission (MTCT), from its current 8.6% to <5% by 2025. PEPFAR Kenya will prioritize increased maternal and infant case finding through providing HIV testing to 100% of mothers and retest HIV negative women in late pregnancy, labor and delivery, and post-natal visits (post-ANC1 retesting). Additionally, routine screening of HIV exposed infants (HEI) at child welfare/immunization clinics. The maternal neonatal child health (MNCH) electronic medical record (EMR) module for clinical

care, and the Ushauri electronic appointment and defaulter management platform will be used to improve retention of MIP in care for at least 24 months before transitioning to comprehensive antiretroviral therapy (ART) clinic care. PEPFAR Kenya will also work with the GoK to build the capacity of community health volunteers (CHVs) to improve identification, linkage, and retention of PBFW. and bi-directional referral between the facility and the community.

PEPFAR Kenya will contribute to the national vision of reducing HIV related stigma, discrimination, and gender-based violence by addressing the triple threat of early pregnancy, new infection, and sexual violence among women and girls. Its objective is to improve gender-based violence (GBV) disclosure through scale up of health care worker training, service integration, and provision of first line support. PEPFAR Kenya will scale up GBV screening, management, and referrals for medical legal support. All HIV negative high risk pregnant and breastfeeding adolescents and young women will be offered pre-exposure prophylaxis (PrEP) with bidirectional linkages to community programs. In addition, PEPFAR will support capacity building for youth ambassadors, faith-based organizations (FBO) and civil society organizations (CSO) leaders among others to integrate GBV and stigma/discrimination.

AGYW are disproportionately vulnerable to HIV. They have had persistent gaps in knowledge of HIV status and limited understanding of associated risks. In Kenya, knowledge of HIV prevention is lowest among 15-17-year-old (44%) (Kenya Demographic Health Survey (KDHS) 2022). Young people (15-24 years) contribute 42% of all new HIV infections in the 15+ population in the country, with 70% of those new infections in females (Kenya Population-based HIV Indicator Assessment, KENPHIA 2018). In COP23, the PEPFAR Kenya team will scale up impactful HIV prevention interventions using innovative approaches that include improved case management and differentiated services for AGYW. A *Determined, Resilient, Empowered, AIDS-free, Mentored and Safe* (DREAMS) dashboard will be deployed as a surveillance system to track HIV prevention outcomes. The team will strengthen GBV activities to improve monitoring systems and address social barriers. It will also collaborate with GoK and other stakeholders to address policy and legal barriers that limit timely uptake of post-violence care services. Finally, the team will actively engage AGYW in co-creating, implementing, monitoring, and evaluating the program for impactful results.

PEPFAR Kenya will continue to strengthen child-centered, family-focused service delivery for orphans and vulnerable children (OVC) through case management approaches. The program will continue to identify, assess, and offer opportunity for enrolment to: CLHIV (<18 years), HIV positive pregnant and breastfeeding adolescents, young mother and at risk HEIs (PLHIV with treatment interruptions, high viral load (VL) and adherence challenges among others), children of key populations, children who have experienced any form of sexual violence and children of HIV positive vulnerable caregivers into the OVC comprehensive program. Additionally, the

program will continue to support integration (DREAMS/PMTCT/key populations (KP) programs) to reach at-risk adolescents below 18 years with OVC preventive services.

PEPFAR Kenya will continue to address programmatic gaps in the prevention and clinical cascade among KP. It will continue to provide a comprehensive package of biomedical, behavioral, and structural interventions for female sex workers (FSW) and men who have sex with men (MSM) in 24 counties and for people who inject drugs (PWID) and transgender people (TP) in three counties. The program will complete the Integrated Biological and Behavioral Surveillance (IBBS) in COP23 and will use findings to strengthen prevention and care treatment services for HIV and other sexually transmitted infections. Through innovative approaches, PEPFAR Kenya will, in fiscal year FY24, target the virtual spaces and networks of KP with a differentiated service package to address the population's unique health needs.

PEPFAR Kenya has made progress in tuberculosis (TB) case finding with 90,841 TB cases reported in 2022. Still, there remains room for improvement to bridge a 32% TB treatment coverage gap among the estimated 133,000 incident TB cases and the 47% of HIVTB coinfected cases. In 2022, compared to 2021, there was only a modest (12.3%) increase in number of notified coinfected TB cases mainly due to the erratic supply of HIV testing commodities. To further increase case finding, the PEPFAR Kenya team will revise the TB screening and diagnosis algorithm to include digital chest Xray with Computer Aided Diagnosis (dCXR+CAD) as a TB screening tool, prioritizing PLHIV among other sub-populations including people with TB related comorbidities. In addition, the team will utilize testing of stool samples for TB via the GeneXpert molecular TB test. Specifically, for CLHIV, the team will continue to test urine samples for TB via the use of lateral flow urine assay lipoarabinomannan (LF-LAM). PEPFAR Kenya aims to reduce the mortality rate of people living with HIV/TB to five percent.

The GoK's PHC strategy represents an excellent opportunity for PEPFAR Kenya to work with the government towards long-term sustainability of the HIV response. This includes the provision of a comprehensive package of health services that integrates HIV prevention, care, and treatment into PHC at county-level and sub-county level clinics throughout the country. As the Ministry of Health (MOH) plans to strengthen and increase its community health workforce, PEPFAR Kenya will work to ensure PEPFAR supported volunteers are integrated into the government scheme of service. At the same time, the MOH is seeking to improve accessibility to health insurance through the creation of a social insurance scheme within the National Health Insurance Fund (NHIF). PEPFAR Kenya is advocating that NHIF include the registration and coverage of all PLHIV and for the scheme to include comprehensive HIV services in its essential benefits package.

In 2022, the PEPFAR Kenya program supported the ART verification process which assigns patients a national unique personal identifier (NUPI) that enables an accurate counting of the

number of patients receiving ART across the country. This addition of unique identifier builds on the deployment of digital systems in almost 2,000 facilities which account for ~90% of people living with HIV receiving ART. The digital systems assist in clinical management of patients, transmission of lab requests, and retrieval of lab results from reference testing labs. During COP23, the individual-level data in these digital systems will be systematically used for program monitoring and case surveillance (including recent HIV-infection surveillance) at sub-national and national levels and public health response. Taking advantage of a functional NUPI, digital systems will also be expanded to accommodate other comorbidities and conditions for holistic public health response. In COP23, the PEPFAR Kenya team will initiate a new KENPHIA. This initiative will find the National Public Health Institute (NPHI) performing a central survey coordination role while PEPFAR Kenya provides technical support.

Summary of COP23 HTS Strategies			
Age Group / Population Type	**NEW**	**Maintained**	**Adapted**
Children (<15)	Not applicable	Facility PITC, Index testing Community testing through index testing	OVC clinical collaboration
Adolescents & Young People (15 – 24)	Not applicable	Facility PITC, ICT, SNS, HIVST and Targeted outreach Community Testing in safe spaces Optimize Recency testing in the 5 counties.	Not applicable
Adults (25+)	Not applicable	Facility PITC, index testing SNS and distribution of HIVST Leverage on FCI to increase access to HTS and strengthen linkage	Not applicable

Pregnant & Breastfeeding Women	Distribution of HIVST by CHVs to PBFW	Facility PITC while aligning to national recommendation. Community ICT and HIVST targeting sexual partners	Distribution of HIVST by CHVs
Key Populations	Hot spot-based outreaches	PITC in facility and community and safe spaces SNS and HIVST distribution	Hotspot based outreach
Priority Populations	Distribution of HIVST to peers and SNS referrals by peers	Facility PITC and community Mobile outreaches SNS HIVST distribution by peers or network members Risk based testing informed by eligibility screening	Not applicable
Policies	HIVST for children, through care givers	Not applicable	Not applicable

Summary of COP23 Interruption to Treatment Strategies			
Age Group / Population Type	NEW	**Maintained**	**Adapted**

High IIT rates among new clients at 14% Seasonal spikes in ITT in holiday months	Front loading drugs before 'risky' time periods Implement 'Smart scheduling' of appointments Use of NUPI to flag out recycling clients already on treatment	Case management of all new clients DSD including MMD especially for busy and far residing clients	Retention reporting and tracking from national retention/ HIFADHI dashboards Implement a return to care welcome back package
Highest IIT among the 20–39-year-old Higher IIT among males	Develop a life-stage transition management manual /SOP Structured engagement of males to understand what they need	Treatment adherence support including use of treatment buddies	Engagement of male peers for treatment adherence support Root cause analysis/CQI approach as strategy to understand gaps Expansion of DSD models to serve the young mobile population

Table 1.1 95-95-95 Cascade: HIV Diagnosis, Treatment, and Viral Suppression

Table 1.1 95-95-95 Cascade: HIV diagnosis, treatment, and viral suppression*										
	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV Diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	52,235,031	2.64%	1,379,099	Not applicable	1,350,358	98%	95%	5,739,174	60,246	63,564
Population <15 years	19,843,29	0.32%	58,275	Not applicable	69,594	119	95%	245,177	4,160	4,368
Men 15-24 years	51,90,670	0.76%	39,365	Not applicable	34,064	87%	95%	134,919	1,502	1,587
Men 25+ years	10,778,78	3.76%	405,908	Not applicable	377,006	93%	95%	1,159,453	16,417	17,327
Women 15-24 years	5,249,786	1.44%	73,369	Not applicable	75,616	103%	95%	1,108,408	3,310	3,493
Women 25+ years	11,172,49	7.10%	802,182	Not applicable	794,078	99%	95%	3,091,217	34,857	36,789
MSM	Not applicable	Not applicable	Not applicable	Not applicable	4,417	Not applicable	95%	57,537	420	446
FSW	Not applicable	Not applicable	Not applicable	Not applicable	15,611	Not applicable	95%	203,427	1,485	1,562
PWID	Not applicable	Not applicable	Not applicable	Not applicable	314	Not applicable	95%	3,973	29	31
Priority Pop (People in enclosed settings)	Not applicable	Not applicable	Not applicable	Not applicable	4,210	Not applicable	95%	54,660	399	422

Figure 1.1 compares the burden of HIV disease in 2022 to HIV treatment coverage and viral load suppression coverage by county. Burden (panel **a**) and treatment coverage (panel **b**) demonstrate close geographic alignment. However, some sub national units (SNUs) have sub-optimal treatment coverage compared to the estimated PLHIV burden (Turkana, Kajiado, Nakuru, and Kiambu). An excellent geographic alignment of high viral load coverage (panel **c**) with HIV burden (panel **a**) could lead to lower PLHIV burden, particularly in Elgeyo-Marakwet, Nandi, Vihiga, Uasin Gishu, Nyandarua, Nyeri, Kirinyaga and Narok counties.

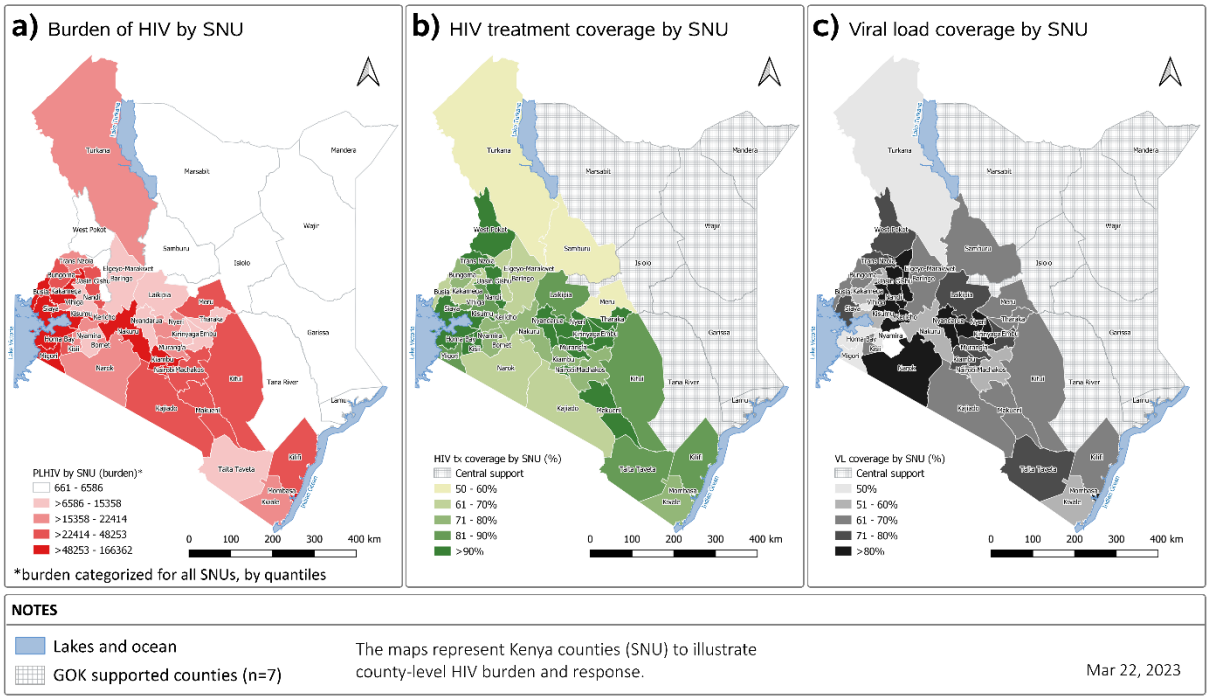


Figure 1.1 Burden of HIV by SNU

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP23**	**# Current on ART (FY22)**	**# of SNU COP22 (FY23)**	**# of SNU COP23 (FY24)**
Attained	Not applicable	Not applicable	Not applicable	Not applicable
Scale-up: Saturation	766,448 (97%)	741,607	751,998	794,209
Scale-up: Aggressive	433,087 (94%)	407,083	428,190	431,908
Sustained	165,530 (86%)	141,565	162,226	165,276
Central Support	14,034 (45%)	7,604	10,146	13,966
No Prioritization	Not applicable	Not applicable	Not applicable	Not applicable
Total National	**1,379,099 (94%)**	**1,297,859**	**1,352,560**	**1,405,359**

Table 1.2 Current Status of ART Saturation.

Pillar 1: Health Equity for Priority Populations

Services for Pregnant and Breast-Feeding Women

COP23 Vision: PEPFAR will support the country to achieve a 50% reduction of MTCT, from its current 8.6% to <5% by 2025.

Gaps	NEW	Maintained	Adapted
Missed ANC 1 testing Low coverage for testing	**Community**: community sensitization Support Community PMTCT TOT training, Engagement of CHVs in identification and referrals of new ANC & missed opportunities. Work with prevention team to promote HIVST distr. by CHVs **HF:** Mandatory/Routine reporting of Post ANC1 in DATIM.	**HF:** Routine maternal testing and tracking of missed opportunities Test all Post ANC1	**HF:** Post ANC1 re-testing & tracking (proxy ANC1 negative and monitoring outcomes). **HF:** Scale up MNCH/EMR module
Low Uptake for PrEP High positivity at Post-ANC1: New infections at Post ANC1 contribute to 22% MTCT rates.	**Community**: Demand creation by CHVs, Capacity build CHVs to distribute PrEP commodities. **HF:** Risk categorization and implement new case management and DSD models to improve PrEP adherence and retention. **HF:** Scale up GBV screening within MNCH	**HF:** Routine integration & provision of PrEP in MCH departments. **HF/Community:** Bidirectional referrals for prevention services (including DREAMS.)	**HF**: Scale up & support routine ANC risk screening (RAST) to identify at risk PBFW and initiate on PrEP. **HF:** Scaling up PBF AGYW friendly corners, special days, and support groups **HF:** Sensitivity training for HCW

Low retention among PBFW: MTCT Rates are due to PBFW dropping off treatment (32%)	**HF:** Longitudinal MIP follow up: Expand EMR & Ushauri **Community**: Support, launch, and orientate Trainer of Trainees (TOT) on community PMTCT curriculum. Support CHVs to complement mentor mother roles at community level. Establish county EMTCT task force	**HF:** Mentor mother, Appointment and retention systems, DSD	**HF**: Increase # Adolescent led mentors **HF:** Case management models for PBFW
Low coverage for EID Testing @ 2 months	**HF:** Initiate structured and regular; HF, county and national level Strengthen laboratory-clinical interface to improve efficiencies around commodity security. **Community**: Case identification & defaulter tracking by CHVs and OVC Case workers **HF:** Longitudinal MIP follow up via EMR systems	**HF:** Routine EID testing	**HF:** Expanded HEI screening in Child welfare clinics, IPD & NBU beyond immunization.

Country Context

The KDHS, 2022 reports high antenatal care (ANC) attendance (98%) and skilled deliveries (89%), presenting an opportunity to close the gaps hindering elimination of MTCT and to accelerate Kenya's efforts to end AIDS in children by 2030. In FY22, 83% of women attending ANC had a known HIV status. Approximately 158,000 PBFW did not receive HIV testing due to national commodity stock outs in most facilities including PEPFAR supported sites. PEPFAR Kenya convened data calls with its implementing partners (IPs) to facilitate disaggregation of initial and repeat testing among PBFW at postANC1 for the period of FY22Q4 and FY23Q1. Analysis of 127,373 PBFW tested in post-ANC1 revealed 31% had only initial tests, indicating

missed opportunities for repeat testing. A high HIV positivity rate (1.2%) among post-ANC1 initial testers compared to 0.5% among post-ANC1 retesters revealed missed opportunities for timely ART initiation. According to a data call and analysis performed on Post ANC1 for the period FY22Q4 and FY23Q1, high positive numbers among initial testers suggested missed testing and delayed ART initiation. The current UNAIDS spectrum report for Kenya confirmed that most MTCT are due to new maternal infection (22%) in pregnancy and the postnatal period. The report indicates 32% of PBFW drop out of treatment.

In FY22Q4, PEPFAR data showed that pregnant AGYW in the age range of 10 to 24 years old. accounted for 45% of all reported pregnancies. AGYW in the age range of 10 to 14 years old accounted for 13% of reported pregnancies. During the same period, HIV positivity among AGYW at ANC1 was 38% and at post-ANC1 35 percent. This data affirms AGYW risk and vulnerability to HIV acquisition and transmission. Additionally, pregnant adolescents ranging in age from 10 to 19 years old are at increased risk of poor maternal and infant outcomes, including maternal mortality, obstetric complications, stillbirth, and poor growth and development. Focused and age-appropriate interventions are therefore urgently required to address these disparities.

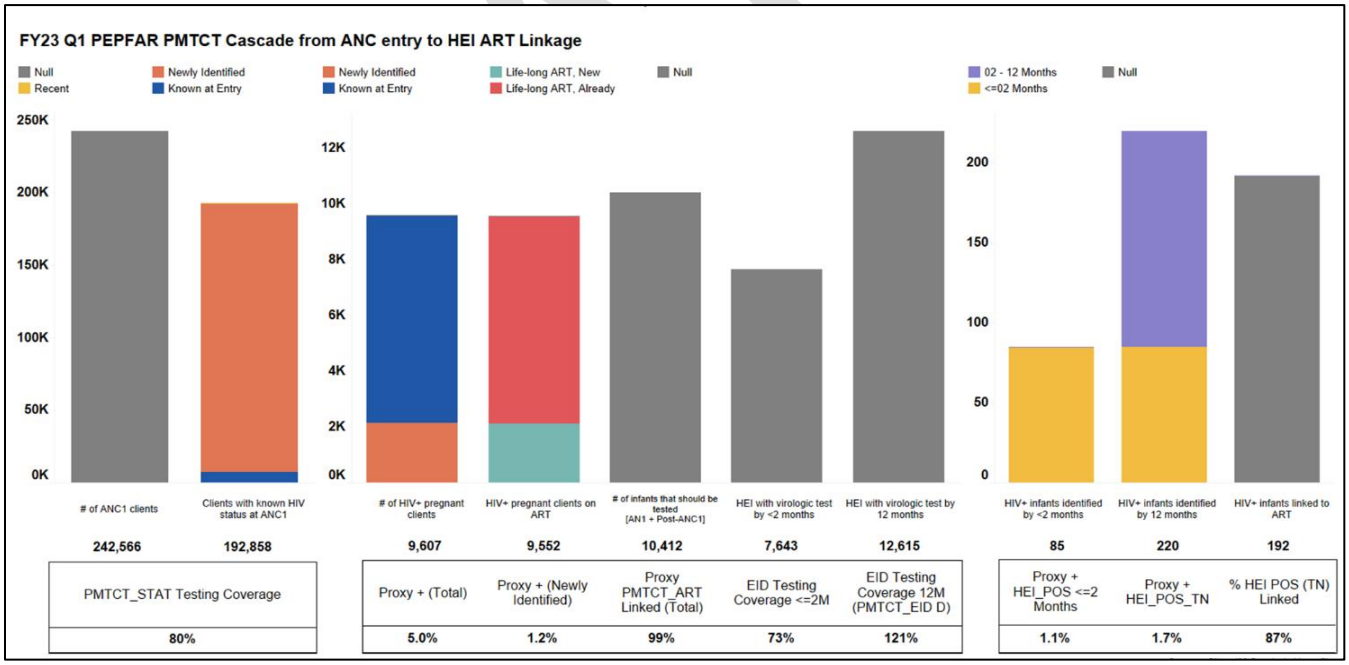


Figure 2. FY23Q1 PEPFAR PMTCT Cascade: from ANC entry to HEI ART Linkage

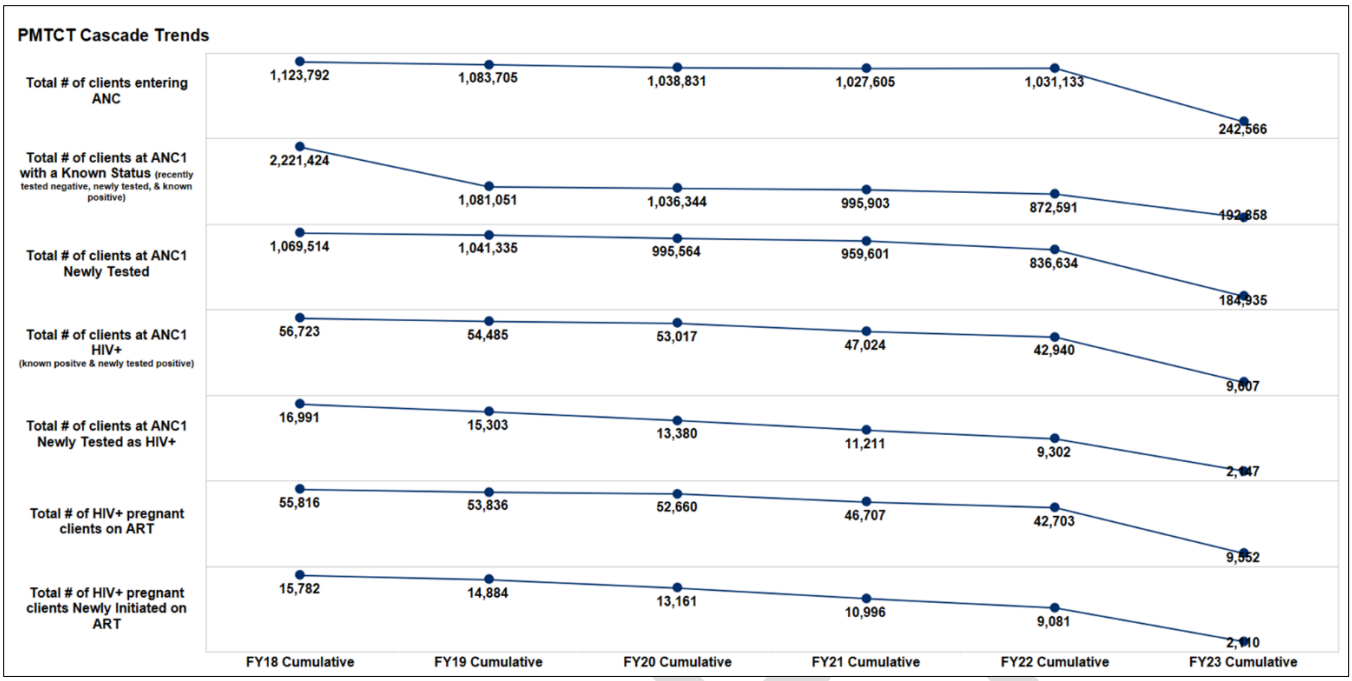


Figure 3. PMTCT Cascade Trends: FY18 to FY23Q1

Preventing New HIV Infections, Addressing SGBV and Improving Coverage of PMTCT Services

In COP23, the PEPFAR Kenya program, in collaboration with the MOH will support 100% knowledge of HIV status among pregnant women attending ANC1 in PEPFAR supported sites by ensuring all ANC clients have access to HIV testing. All pregnant women who test HIV negative at ANC1 will be retested as per the Kenyan national guidelines. PEPFAR Kenya's IPs will ensure that supported sites have accurate reporting on post-ANC1 in the PEPFAR Data for Accountability, Transparency and Impact Monitoring (DATIM) database. All PBFW diagnosed HIV positive will continue to be enrolled and initiated on an ART regimen of tenofovir disoproxil, lamivudine, and dolutegravir (TLD).

To reduce new infections among PBFW, PEPFAR Kenya, in line with MOH's PrEP guidelines will:

- Support routine ANC risk screening using the MOH HIV/GBV Risk Assessment Tool (RAST), to identify and initiate eligible PBFW on PrEP.
- Increase PrEP uptake through demand creation by offering targeted PrEP health education sessions and by optimizing PrEP adherence and retention via implementing case management and DSD models.
- Sustain human resources for health (HRH) capacity building to offer combination prevention, undertake client risk and barrier analysis, support accurate disaggregation

of MNCH PrEP data, and undertake bidirectional referrals for other prevention services including DREAMS.

- Improve male involvement in the welfare of the PMTCT clients and their HEI through couples counseling and testing within maternal and child health (MCH) programs including HIVST distribution, offering flexible hours, providing referrals for voluntary medical male circumcision (VMMC), providing non-communicable disease (NCD) checkups (e.g., including body mass index or "BMI", blood pressure or "BP", and diabetes mellitus or "DM" assessments).

To address sexual and gender-based violence (SGBV) among PBFW and AGYW, MCH staff will be sensitized on comprehensive post violence care and taught to administer RAST screening. Standard operating procedures (SOPs) will be developed to guide healthcare workers (HCWs) on SGBV management and SGBV tools will be integrated into the existing MNCH EMR module. PMTCT clients identified as survivors of SGBV will continue to be linked to legal and community care. In addition, PEPFAR Kenya will collaborate with the MOH and other stakeholders to implement Kenya's Plan to End AIDS in Children by 2030 and eliminate teenage pregnancies, new HIV infections, and SGBV among adolescents.

Working with MOH, PEPFAR Kenya will strengthen services for PBFW and AGYW by:

- Strengthening GBV screening and PrEP eligibility, providing comprehensive post violence care and crisis counseling, thus facilitating access to PMTCT services and improving retention in care.
- Sustaining breastfeeding counseling to reduce the risk of MTCT through mixed feeding methods.
- Offering sexual reproductive health education and birth planning to enhance HIV prevention.
- Enhancing retention in care and promoting adherence through mental health assessment and support, bidirectional referrals between OVC and DREAMS, dedicated MCH clinic days, and peer led support groups.
- IPs will develop the capacity of County Health Management Teams (CHMT) to form county elimination of mother-to-child transmission (eMTCT) task forces to conduct data deep dives on service coverage, identification of service inequities, establishment of local context solutions, and tracking key priorities.

Pediatrics

COP23 Vision: PEPFAR will support the country to close the gap in pediatric HIV case identification with immediate linkage to durable ART regimens, minimize treatment

interruptions, improve viral load coverage and suppression to 95% as well reduce HIV-related mortality by:

- NEW: Hold IPs accountable for pediatric activities and expenditures through a designated budget line.
- NEW: Improving elicitation and target 95% testing coverage of biological children of PLHIV currently enrolled in treatment and offering caregiver assisted HIVST to improve pediatric HIV case identification
- Scale up tailored differentiated service delivery models to include children living with HIV to reduce treatment interruption.
- Proactive recall of recipients in care and targeted case management for children with high viral load to improve viral coverage and suppression.
- Roll out a package of AHD management to minimize HIV-related mortality among children living with HIV

Country Context

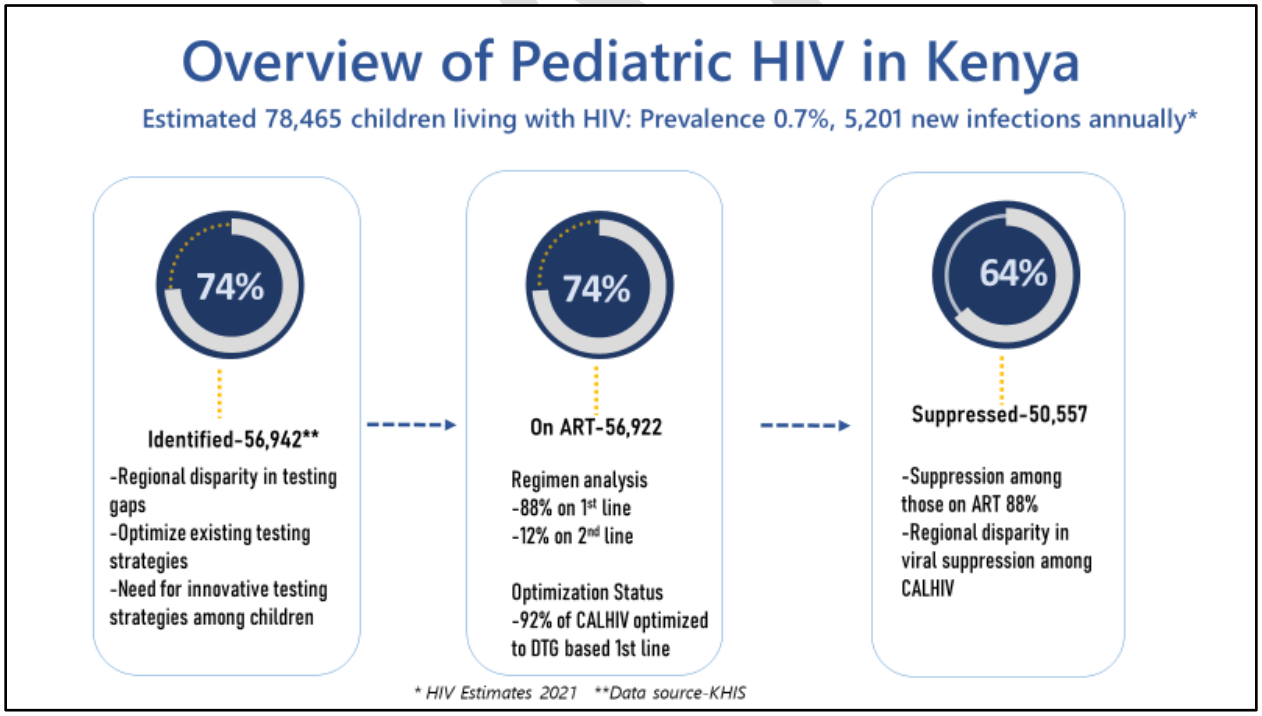


Figure 4. Overview of Pediatric HIV in Kenya

In 2021, an estimated 78,465 children were living with HIV in Kenya. Of these, approximately 5,201 were new pediatric HIV infections [HIV estimates, 2021]. Kenya's progress in preventing vertical transmission has flatlined at a rate of ~8%, and the program continues to face

challenges in quality of care. Across the HIV treatment cascade, results for children under 15 years are suboptimal with an estimate of 74% with known HIV status, 74% on treatment, and 64% virally suppressed. In FY22, out of 146,437 children tested, 3,415 (2.3%) tested HIV positive. Of these, 45.7% and 38.3% were from index and other provider-initiated testing and counseling (PITC) modalities respectively. Linkage of HIV positive children to treatment was 107% for age 1- 4 years, 90% for age 5 – 9 years, and 83% for age 10 – 14 years.

Continuity of care is critical to children living with HIV (CLHIV) who remain vulnerable to early mortality, especially for those under five years. Interruption in treatment is highest among the 5-9 and 10-14 age bands. Remarkable progress has been realized in transitioning children on first-line ART to optimal regimens with 92% percent on Dolutegravir based regimen by December 2022. Overall, 40% of children were on three to five months multi month dispensing at FY23Q1. Viral load testing coverage was significantly affected in FY22 by commodity stock-outs and was at its lowest in FY22Q2 at 39 percent. This has since improved and in FY23Q1, coverage was 65%, 79%, and 82% for age 1 – 4 years, 5 –9 years, and 10 – 14 years respectively.

The proportion of children aged 1 – 4 years who achieved viral suppression improved from 76% in FY22Q1 to 80% in FY23Q1 while the proportion of those aged 5 – 9 years and 10 – 14 years remained steady at ~90 percent. Mortality among CLHIV, especially those less than 5 years, remains significant. The proportion of those current on treatment reported as dead was higher at 0.42%, 0.08%, and 0.06% for age 1 – 4 years, 5 –9 years, and 10 – 14 years respectively compared to the operating unit (OU) average of 0.21% for FY23Q1. This high mortality among children indicates possible challenges along the continuum of care including problems with timely diagnosis and management of children with advanced HIV disease and with appropriate management of children with virologic failure.

Closing the Gaps in the Pediatric Cascade

To close the pediatric equity gap in COP23, PEPFAR Kenya will earmark resources within the country budget to be used to identify new cases of pediatric HIV infection, decrease treatment interruption, ensure durable viral suppression, and prevent and treat comorbidities, including tuberculosis. Kenya is one of the first twelve countries to join the Global Alliance to end AIDS in Children by 2030. Consequently, a country road map with five strategic areas has been developed. It focuses on children, adolescents, and PBFW. The first pillar of the country road map focuses on early testing and optimized, comprehensive, high-quality treatment and care for infants, children, and adolescents living with HIV to achieve universal coverage of ART and viral suppression. Kenya's COP23 activities are aligned with the country's road map to ending AIDS in children by 2030.

Closing the Gaps in Pediatric Case Finding

In COP23, PEPFAR Kenya will work with the GoK to address gaps in elicitation and testing of biological children of PLHIV and siblings of CLHIV who are enrolled or newly enrolled in care. This will be done by:

- Listing missing children of PLHIV and siblings of CLHIV currently enrolled on treatment and newly diagnosed PLHIV.
- Offering testing to all children who missed tests due to commodity stock outs.
- Targeting community testing to those not able to bring children to facilities.
- Collaborating with OVC and other community programs to identify and refer eligible children to facilities for testing.
- Updating facility recording tools to correctly document services offered to children.

In COP23, the PEPFAR Kenya team will continue to utilize the risk screening tool to screen children for testing at the outpatient department. The team will collaborate with GoK to develop a policy that allows the use of HIVST for children through their caregivers. This policy will improve access to testing for children below 15 years who cannot come to the facility.

In COP23, HIV testing will be offered to all children with unknown HIV status diagnosed with TB and presumptive TB. Similarly, PEPFAR Kenya will continue to offer HIV testing in all hospital departments receiving sick children by ensuring the availability of testing personnel, national guidelines and job aids, refresher training for staff, availability of commodities, supervision and mentorship, availability of recording and reporting tools at all service delivery points, and quality improvement initiatives to address identified gaps.

At the community level, community literacy on the importance of HIV testing, especially in households with HIV positive parents, including those diagnosed with TB, will be emphasized. The PEPFAR Kenya team will accomplish this by expanding the utilization of community resource cadres such as mentor mothers, community health volunteers and PLHIV support groups. The team will continue to leverage community programs supporting OVC in the 25 PEPFAR supported counties. The objective being to sensitize caregivers, facilitate early infant diagnosis and referral for HIV exposed infants, and refer biological children of HIV positive index clients for HIV testing.

In COP23, PEPFAR Kenya IPs will review the HIV EID dashboard on a weekly basis with CHMT to track tests and test results to facilitate immediate recall of mothers of HIV positive infants and link those infants to ART. PEPFAR will work with registered community groups of PLHIV, mentor mothers and other community resource cadres, to actively track all parents who have not brought their infants back for either EID or treatment.

Closing the Gaps in Pediatric Treatment Continuity

Continued engagement with care, treatment, and psychosocial support services is critical to the survival of children living with HIV as they are vulnerable to early mortality, especially those under five years. In COP23, to mitigate interruption in treatment, the following strategies will be employed:

- Case management for all CLHIV with standardized documentation of locator information in the facility records.
- Customized facility-specific client-centered packages will be developed and implemented in consultation with caregivers,
- Structured caregiver literacy on assisted disclosure and ART adherence using the revised National AIDS and STI Control Programme (NASCOP) pediatric toolkit will be strengthened.

PEPFAR Kenya will continue to work with GoK in providing policy guidance on multi-month dispensing for children. IPs will also support enrollment of CLHIV into community ART groups and decentralization of drug distribution (DDD) to improve retention outcomes, quality of care, and financial burden on CLHIV and caregivers.

mHealth innovations, including use of the Ushauri platform for appointment reminders and the PSurvey for health worker initiated anonymous client feedback to identify underlying issues for those Returning to Treatment (RTT), will be expanded to additional sites. Improving the existing pediatric friendly clinics by strengthening health care worker competency will also help to provide a supportive environment to address high treatment interruptions among CLHIV.

Improving Pediatric Viral Load Testing Coverage and Suppression

In COP23, PEPFAR Kenya will work with GoK to transition the remaining 8% of children who are on lopinavir/ritonavir (LPV/r) or efavirenz (EFV) regimens to Dolutegravir-based regimens (DTG). It will support the transition of stable children on second-line protease inhibitors and other non-standard regimens to DTG-based regimens. PEPFAR Kenya will continue to advocate to change the NASCOP requirement for viral load testing prior to switching regimens to adhere to World Health Organization (WHO) guidelines.

PEPFAR Kenya will target specific interventions to the needs of pediatric populations, including appointment time flexibility around the school calendar and scale-up of family care-centered models such as PAMA care and Jua Mtoto Wako. Caregiver-assisted disclosure, treatment literacy, and linkage to social safety nets will be prioritized especially for children with high viral load. Continuous quality improvement (CQI) initiatives will continue to be supported to address gaps identified at facility and program level. In PEPFAR Kenya supported areas, children at risk of virologic failure and those who are not suppressed will be prioritized for OVC enrollment and

adherence support at the community level. PEPFAR Kenya will collaborate with community stakeholders including faith-based organizations and departments of child services to provide additional support to CLHIVs. PEPFAR will also work to improve viral load coverage for children via active recall of clients for sample collection and working with IPs to both reduce the turnaround time for viral load results and ensure documentation of results.

Reducing Pediatric HIV-related Mortality

To address high pediatric mortality, the PEPFAR Kenya program will develop health care worker competencies by offering a health education package for advanced HIV disease. The package will include information on screening, prevention, diagnosis, and treatment of advanced HIV disease in children and Screening, Prevention, Optimization, and Treatment (SPOT) CQI to minimize mortality and improve retention and viral load suppression. Pediatric HIV treatment will be integrated into primary healthcare, linking these CLHIV with broad child survival interventions such as immunization, growth monitoring, and nutritional support.

TB continues to be one of the leading causes of death in CLHIV. Our TB prevention efforts will focus on routine contact tracing and screening at every clinic visit. Of the 98% of children <15 years of age screened for TB in FY22, 1.6% screened positive for presumptive TB. During the same period, the TB Preventive Therapy (TPT) completion rate for children was 84 percentage. TB in children is challenging to diagnose, and more than half of the cases may be missed due to failure to produce a sputum specimen for laboratory testing and low bacillary load to support a positive diagnosis. PEPFAR Kenya, in collaboration with GoK will:

- Support the roll out of the pediatric TB diagnosis algorithm in support of clinical diagnosis of TB and improved pediatric TB case identification via health care worker training, and community sensitization and mobilization by using targeted mass media.
- Support networking and laboratory diagnosis of TB using sputum sample collection for older children.
- Scale up use of TB LAM antigen testing to support TB diagnosis in children with advanced HIV disease in more counties and sites according to national guidelines.
- Continue promotion of the use of lessons learned from TB mortality audits to improve TB/HIV case management.

Services to Support AGYW

COP23 Vision: ***Reduce new HIV infections among AGYW through implementation of comprehensive, evidence-informed interventions that help build empowered and resilient AGYW.***

- The core DREAMS package will be aimed at addressing persistent gaps in AGYW HIV incidence by implementing and tracking completion of comprehensive, layered HIV/violence prevention services for vulnerable AGYW (biomedical, behavioral, and structural components). Other services include:

- In sub-SNUs with moderate AGYW incidence, burden, and persistent gaps in AGYW incidence, PEPFAR will roll out DREAMS components that reduce risk of sex partners by engaging adolescent boys and young men (ABYM) in prevention and treatment.
- The program will engage with health and non-health stakeholders including the ministries of health; youth, gender; agriculture; trade and industrialization; and the private sector etc. to support enabling DREAMS approaches at regional and national levels to benefit both AGYW and ABYM.

Country Context

AGYW and, to a lesser extent ABYM, disproportionately suffer from HIV compared to adults. AGYW vulnerability is compounded by persistent gaps in knowledge of HIV status, deep-rooted structural factors, (e.g., early marriage and GBV) and power inequities due to gender and/or limited financial resources. The KDHS, 2022 indicates knowledge of HIV prevention was lowest among adolescents aged 15–17 (44%) and those who had never had sex. The survey suggests 34% of sexually active adolescents and young people (AYP) had unprotected sex and, of these, 63.2% specifically did not use a condom (KDHS 2022). Forty-seven percent of all new HIV infections among females 15+ years of age were among those aged 15 -24 years. Thus, this age group contributed approximately 9,290 new HIV infections. Further, HIV prevalence was generally higher among older adolescent girls (aged 15-19 years) and young women (aged 20-24 years) at 2.2% (95% CI: 1.7%-2.8%) than among older adolescent boys and young men, at 0.6% (95% CI: 0.3%-0.8%) (KDHS, 2022).

Whereas the average age of sexual debut occurs during mid-adolescence, adolescents under 18 years are not able to consent for healthcare services including sexual and reproductive health (SRH), HIV prevention/testing/treatment, and GBV. Therefore, particular attention to AGYW remains a tenable rationale for continuation of core DREAMS initiatives in SNUs with moderate incidence, and/or substantial burden, and persistent inequities between AGYW and ABYM. Finally, addressing structural barriers to health care access for this sub-population remains a priority.

PEPFAR Kenya will analyze epidemiological data, including HIV incidence and prevalence across all SNUs and continue to deliver critical programs to vulnerable AGYW. Interventions will include implementing core DREAMS package services in the seven counties with the highest HIV burden. The goal is to reduce the risk of HIV infection and address challenging harmful cultural norms associated with gender-based violence. PEPFAR Kenya will focus on saturating current DREAMS SNUs with the core DREAMS package to ensure all vulnerable AGYW are reached and will not expand core DREAMS package initiatives to new SNUs in COP23.

Core DREAMS Package

PEPFAR Kenya will continue to implement the DREAMS core package of services in the following seven SNUs: Kiambu, Kisumu, Homa Bay, Migori, Mombasa, Nairobi and Siaya counties. These are SNUs with moderate incidence and/or substantial burden and persistent inequities between AGYW and ABYM. The core DREAMS package will track completion of comprehensive, layered HIV and violence prevention services for vulnerable AGYW. The services will incorporate biomedical, behavioral, and structural components. In COP23, PEPFAR Kenya will implement the following age-appropriate primary interventions:

- HIV and sexually transmitted infection (STI) screening, testing, and counseling
- School and community-based HIV and violence prevention programs
- GBV screening and post-violence care for survivors of GBV
- PrEP education
- Condom promotion and provision for sexually active AGYW and their partners
- Improved access to youth friendly sexual and reproductive health care and a full range of contraceptive methods

PEPFAR Kenya will also provide secondary and contextual services that address other critical vulnerabilities associated with HIV risk, including:

- Parenting/caregiver programs
- Community mobilization and norms change programs
- Education subsidies
- Comprehensive economic strengthening
- PrEP

Specifically, for ABYM PEPFAR Kenya will engage in prevention and treatment through:

- Implementation of single community/school-based HIV and violence prevention intervention for boys 10-24 years via scale up of Coaching Boys into Men (CBIM) and/or implementation of other approved evidence informed interventions (EBIs).
- Prioritization of male sexual partner characterization (MSP) among newly enrolled AGYW to accurately identify their ABYM sexual partners and offer them HIV services (e.g., HTS, VMMC, PrEP, etc.).
- Expansion of coverage of norms change activities to address harmful gender norms and track progress and disclosure of GBV.
- Facilitation of an environment conducive to expanding opportunities for AGYW to invite their sexual partners for HIV/GBV prevention services.

Currently, the DREAMS database only tracks service layering for unique AGYW enrolled in DREAMS. In COP23, the program will incorporate dashboards to track non-DREAMS

beneficiaries such as ABYM receiving community/school-based HIV and violence prevention intervention. PEPFAR Kenya will progressively study epidemiological data and country context to engage with beneficiaries and inform program streamlining as per NextGen DREAMS guidance. DREAMS NextGen encourages a more nuanced approach to AGYW and ABYM that is adaptive and responsive to current contextual issues specific to each country.

As HIV incidence declines to very low levels, PEPFAR Kenya will reduce some components of the core DREAMS services that are concurrently being implemented with fidelity in other programs or government departments.

Systematically, PEPFAR Kenya will analyze epidemiological data and program outcomes, and engage stakeholders, including IPs and program beneficiaries, to determine options for a streamlined DREAMS package. The team aims to reduce direct implementation costs and strategically increase support for national and subnational DREAMS-related activities. This effort will support the eventual transition of HIV programming to GoK.

Enabling DREAMS and Non-DREAMS AGYW

In COP23, NextGen DREAMS guidance has provided increased flexibilities for reaching AGYW outside of the traditional DREAMS core package implemented in 7 counties to create a supportive environment to thrive – this is known as *Enabling DREAMS*. The program will engage with health and non-health stakeholders including GoK ministries (i.e., health, youth, gender, agriculture, trade and industrialization) and the private sector to support *Enabling DREAMS* approaches at regional and national levels to benefit both AGYW and ABYM. Key interventions will include:

- Supporting national and sub-national systems in enhancing school retention via participation in technical working groups that review guidelines and standardize tools for HIV education in schools
- Building capacity by training guidance and counseling teachers as facilitators of evidence informed school HIV and violence prevention interventions.
- Collaborating and coordinating with MOH and stakeholders to harmonize AYP guidelines and disseminate the guidelines to enable strengthening of youth friendly health services at both community and facility level
- Expanding PrEP service delivery models to include post exposure prophylaxis (PEP) uptake as entry point for PrEP initiation, PrEP initiation and refill at both facility and community based on AGYW preference, and monitoring of risk reduction as a key reason for discontinuation
- Using digital technology as a scalable model for reaching AGYW regionally and nationally with HIV prevention messages and tracking created demand for HIV, GBV, and SRH service uptake

Work with DREAMS IPs to document lessons learned in PrEP implementation and use information generated for targeted demand creation and programming.

Gaps	NEW	Maintained	Adapted
Negative cohort growth	**HF/ Community**: Create digital platforms for beneficiary feedback at Agency level	**HF:** Engagement of AYLHIV Peer navigators Training and mentorship for HCWs on client-centered and friendly care. Multi-month Dispensing and Facility DSD e.g., fast track models CQI to monitor IIT and RTT and adapt new ideas for change. **Community:** Clinical-OVC collaboration	**HF:** Transition management Leverage digital technology for connectedness and PSS. **Community**: Expansion of Differentiated Service Delivery (DSD) models (Community based peer support)
Low VLC and VLS	**HF/Community:** Develop mental health package to support AYLHIV.	**HF:** RRI to increase VL Uptake Comprehensive health literacy (PHDP and U=U messaging) Case management e.g., JMW Collaboration with MOEST to support learners living with HIV **Community:** Clinical-OVC collaboration	**HF:** Expansion of the Peer-led asset-based approach (OTZ)

HIV Prevention and treatment Services for Men

COP23 Vision: Bridge HIV prevention and treatment gaps for men to equitably achieve 95% target for MC coverage, knowledge of HIV status, ART coverage and viral suppression.

Increase MC coverage equitably to 95% among men 15 years or older while integrating PrEP into available services to increase its uptake

- Refocus VMMC service delivery geographically, by age and by sub-populations.
- Increase uptake of VMMC by older men 25+ by refocusing demand creation to reach them where they congregate.
- Increase VMMC program reach to men at higher risk of HIV e.g., fisherfolk through targeted demand creation and outreach.
- Continue progressive transition of VMMC to county governments by building capacity of MOH staff in VMMC and expanding service delivery scope for county MOHs for sustainability.
- NEW: Roll out integration of PrEP into VMMC to expand prevention interventions for men
- NEW: Use finer MC coverage estimates by age and sub national units from KENPHIA 2024 to guide accurate target setting as population coverage approaches 95% saturation
- NEW: Expand choices of VMMC methods by roll out of Shang Ring to increase uptake by men who are averse to conventional surgery.

Increase the rate of identification, ART coverage and viral suppression among men to 95%

- Improve treatment continuity through interventions and data processes, quality and systems tailored to the patient
- Developing tools to track treatment interruption and leveraging on technology
- Addressing root causes of IIT through CQI approaches
- NEW: Engage male peers in the clinic for treatment adherence support
- NEW: Implementation of integrated chronic care models; HIV and NCDs and other age-related ailments

Strategies to Address the Gaps in Prevention and treatment Services for Men

Bridging gaps in HIV Prevention for Men 15-49 years

In COP23, Kenya will prioritize interventions to bridge gaps in coverage, uptake and outcomes of HIV prevention and treatment services for men. According to KDHS, 2022, the general population of men aged 15- 49 years lag behind women in terms knowledge of HIV status (72% vs 85%) and the uptake of HIV testing within 12 months prior KDHS 2022 was 39% in men compared to 47% in women. A higher proportion of men (15%) than women (4%) also reported

having two or more sexual partners in the 12 months prior to the survey. Instances of casual sex (sex with someone other than a regular or live in partner) were also reported more often by men (37%) than women (19%). Condom use at last sex among men with multiple sex partners was 45% compared to 68% for men engaging in casual sex, which points to variation in risk perception across different groups. But regardless risk perception level, all men with multiple sexual partners and inconsistent condom use may benefit from PrEP. Consequently, COP23 activities will include deliberate efforts to bridge the current gap in coverage and uptake of PrEP among men.

Prevention messages that educate men to minimize sexual risky behaviors and address specific barriers that inhibit them from being tested for HIV, taking up VMMC, PrEP and other prevention services will be prioritized in COP23. In brief, PEPFAR resources will support prevention services for men by rolling out the use of PrEP as a component of ongoing combination prevention package that includes VMMC, post-exposure prophylaxis (PEP), risk reduction education, harm reduction, and appropriate structural interventions that reduce their vulnerability to HIV. PrEP will primarily be rolled out for men though its integration into VMMC and other ongoing male dominated services in health facility and community settings. Where feasible, resources for ongoing programs will be leveraged for PrEP role out.

Specifically, VMMC will be supported as a component of primary HIV prevention service and as a platform for providing other health services for men. As in the previous years, VMMC will be provided as a standard package of services including HTS, risk reduction counseling screening, treatment of STIs, and vaccination against tetanus thereby bridging men's gap in access to these services. Other prevention services for men that logically fit within the VMMC platform include education and self-efficacy training, condom and lubricant distribution, and PrEP.

With the available evidence that conventional surgical circumcision among boys aged <15 years is associated with a higher risk of glans injuries, urethral fistula, and other adverse events, PEPFAR-supported VMMC services are now limited to men aged 15 years or older. COP23 will continue providing direct service for men 15 years and above, with a focus on the 15–29-year-old male populations. Counties of focus will include the five traditionally non-circumcising counties and two culturally circumcising counties which house large populations of migrant non-circumcising groups (Migori, Homa Bay, Kisumu, Siaya, Turkana, Nairobi, and Nandi).

Above site technical assistance (TA) will be provided for three counties which were transitioned in COP20 and COP21 (Busia, Nakuru and Kericho). All other counties traditionally circumcise and have male circumcision rates >80%. The program continues to record good performance against targets with 103% achievement in FY22 and 53% annual achievement at FY23Q1. Ongoing progressive transfer of leadership and service delivery responsibility over VMMC to the county governments will continue in COP23. The number of county health facilities providing VMMC

independently without support of implementing partners will increase in COP23. It is envisaged that KENPHIA 2024 will provide granular estimates of male circumcision coverage by subcounty and finer age bands to facilitate more precise target setting by geography and age bands to achieve and sustain saturation equitably.

Services for Men

Gaps	NEW Strategies	Maintained	Adapted
Men lag in Knowledge of HIV status	Community: Increase HIVST kit availability to men through community distribution – Train CHVs to link men with positive self-test results to facility confirmatory testing.	Community: Targeted messaging to encourage HTS uptake by men Targeted HTS for men with active linkage to prevention	HF/Community: Provide appropriate mix of HIV prevention services for men to minimize missed opportunities
Men in non-circumcising communities have gaps in coverage and uptake of VMMC	HF/Community: Roll out of Shang Ring as an alternative conventional surgery HF/Community: Train VMMC service providers on PrEP Routinely screen VMMC clients for PrEP enrolment	Community: Demand creation for VMMC in geographies and age bands with greatest gaps HF/Community: VMMC service provision though static and outreach models	HF/Community: Routinely link men testing HIV negative to VMMC HF/Community: Integrate education and self-efficacy training plus other services into VMMC HF: Transition VMMC service delivery to County governments
Men lag in coverage and uptake of PrEP	HF/Community: Integrate PrEP into VMMC and other male-dominated services to increase access for men Integrate PrEP education and service delivery in community programs for men.	Community: Targeted PrEP awareness campaigns for men	Support PrEP continuation for enrolled men at ongoing risk of HIV Leverage ANC/PMTCT to provide HTS and PrEP to men their spouses.

	Promote Event driven PrEP as an alternative to daily oral PrEP for men.		
Men have lower ART coverage compared to females; 93 vs 96%	Status neutral testing from prevention	HF: PITC, Index testing, SNS, HIVST Optimize recency testing and use of the data to inform HTS Community: Index, OVC-clinical collaboration, SNS, HIVST, outreaches especially for men in places of congregation Leverage on faith and communities to increase access to HTS especially through HIVST and strengthen linkage to treatment and prevention.	HF: Expand and optimize implementation of machine learning for case-finding and prevention Engaging males to expand knowledge on HIV prevention and HIV status
Young males 20-39 years experience higher IIT rates ~4% compared to the older males	HF: Using root cause analysis to understand gaps in the male cascade and respond accordingly Use of national IIT and appointment keeping dashboards to inform strategy Use of NUPI to flag out 'false LTFU'	HF: Proactive active appointment management Case management Community: Prompt tracking missed appointments	HF: Involve more male peers for treatment adherence support Implementation of project HIFADHI Implementation of the return to care package Community: Expand client led DSD models including drug pick up

	Machine learning to predict high risk clients and offer targeted support		points in strategic locations, courier delivery
Males have not achieved the 3rd 95 with a population level VLS at 94%	HF: Use of machine learning as a predictive tool for VLS	HF: Viremia clinics Adherence support at facility level National VL dashboards Community: Psychosocial support by male peers	HF: Monitoring ADR and drug-drug interaction for those with comorbidities

Bridging gaps in Treatment Services for Men 15-49 years

Bridging treatment gaps for men in COP23 will require interventions across the entire cascade from identification of men living with HIV, through linkage to ART; retention on treatment and sustained viral suppression. Treatment gaps to be addressed for men in 2023 include.

- Lower rate of HIV status knowledge among and uptake of HIV testing among men than women, 72% vs 85%. (KDHS 2022)
- Lower rate of viral suppression in men than women, 93% vs 96%. (2023 HIV Estimates from Spectrum) Gaps in adherence for men. Male to Female IIT ratio of 14:10 (FY23Q1: Program Data)

OVC

COP23 Vision: Improve the well-being and mitigate the impact of HIV/AIDS and violence on children and families.

- NEW: Collaborate beyond the health sector (e.g., education, justice system, community, faith-based structures etc.) to expand access to:
    - Primary HIV and violence prevention interventions targeting 10-17-year-olds.

    - Support and monitor adherence for school going CLHIV and facilitate cross referrals.
- Strengthen child centered and family focused service delivery through case management approaches (skills for case workers, case plans and graduation benchmark monitoring).
- Align child protection responses to the National Prevention and Response Plan Priorities (NPRP) at county and community levels through capacity building (e.g., training, mentorship and awareness creation).
- Link OVC households to existing social protection schemes (e.g., cash transfers, NHIF, universal health care (UHC), bursaries etc.) at the national and county levels through partnerships with GoK and non-state actors to build resilience of OVC households.
- Strengthen community structures and systems including the CPIMS interoperability with relevant information systems/databases and use data for advocacy and resource allocation for OVC programming.

In COP23, the PEPFAR Kenya OVC program continues to align with the HIV burden while also responding to the unmet need in 25 counties. In COP23, the program will support 507,154 OVC of which 282,172 OVC comprehensive, 47,010 OVC Preventive and 177,972 adolescent girls (DREAMS beneficiaries ages 10 – 14 years). As at FY22Q4, the OVC program had enrolled 59,509 (81%) CLHIV in 25 counties with a gap of 13,974 (19%) persons <18 years on ART.

Strategies to address the gap in reaching CLHIV with OVC Services

The PEPFAR Kenya program will continue to identify, assess, and use family centered case management approaches to offer an opportunity for enrollment to eligible persons in the community. Those eligible for the OVC comprehensive program include CLHIV (<18 years), HIV positive pregnant and breastfeeding adolescents, young mothers and at risk HEIs (PLHIV with treatment interruptions, high VL and adherence challenges among others), children of key populations, children who have experienced any form of sexual violence and children of HIV positive vulnerable caregivers.

To bridge the gap in reaching eligible CLHIV, the OVC and clinical program will continue to carry out joint comprehensive case management, joint multi-disciplinary team meetings and ensure complete referrals by both the community and facility teams while updating the memoranda of understanding (MoUs) and partnership agreements between the OVC and health facilities. PEPFAR will work collaboratively with health facilities and the Directorate of Children Services (DCS) to enhance identification and monitor referrals of biological children of PLHIV and biological siblings of CLHIV.

All OVC and PMTCT teams will continue to use SOP and tools to guide facility and community linkage, collaboration and service delivery to the pregnant, breastfeeding adolescents, young women, and HEIs. PEPFAR Kenya will continue to have structured joint data review, supportive field supervision visits and progress review meetings. With increasing identification of newly infected PMTCT clients, the program will continue with identification, assessment, and bi-directional referral to increase case identification, HEI follow up, increase of VL coverage and suppression among the OVC eligible HIV positive pregnant and breastfeeding adolescents. The program will consistently track OVC enrollment and comprehensive service delivery for this sub-population.

PEPFAR Kenya will continue its implementation of the OVC preventive model using approved age-appropriate group-based evidence informed curricula such as Coaching Boys to Men, Family Matter! Program, and Health Choices for a Better Future. This will be offered as a single intervention to reach both boys and girls ages 10-14, their caregivers and community members. Caregivers and community members will be supported to increase their knowledge and skills on how to support adolescents under their care. In the 7 counties where DREAMS is being implemented, the OVC and DREAMS (core DREAMS pathway) programs will enhance integration and referrals in expectation of increasing the proportion of boys and girls at risk of contracting HIV to complete an approved EBI.

Working with the DCS to provide leadership and direction to the OVC Program, PEPFAR will continue its participation alongside the Social Protection Secretariat, development partners, and county governments in technical working groups to support co-creation, co-implementation, co-monitoring and joint review of workplans with beneficiaries and relevant county stakeholders. The OVC program will leverage other social services and social protection schemes at the national and county levels to build the resilience of vulnerable households with the long-term plan of being able to transition beneficiaries who meet graduation benchmarks. Program co-creation and joint monitoring process continues to enhance transparency, accountability and leveraging of human and financial resources. This continued collaboration will strengthen advocacy for increased financial resources from both the national and county governments, civil society and faith-based organizations and private sector.

Continuous training of program staff and case workers on child safeguarding will be sustained in COP23. Mandatory reporting of cases of violence against children will continue to be streamlined to the children's department with consistent follow up to ensure required services are received. The program will continue to scale up appropriate messaging that addresses and improves reporting of any violence against children aligned to the implementation of the NPRP.

During COP22, the case management tools were reviewed and revised. Through leadership from the DCS, all OVC IPs will continue to roll out these tools by increasing the number of

households with active case plans. In addition, dashboards have been developed to track progress and these will be used to enhance reporting and monitoring. Data interoperability between CPMIS and DREAMS database had been initiated. Progress will be monitored to ensure that the two databases are integrated for seamless data exchange between OVC and DREAMS technical areas to meet broad -based users' needs.

Gaps	NEW	Maintained	Adapted
Case Identification. **86%** OVC with known HIV status (0-17 years). **81%** of CLHIV on TX-CURR offered opportunity in the comprehensive OVC program (APR 22 data). Viral Suppression among children and adolescents. **89%** of OVC < 0-17 years are virally suppressed. **Adherence** challenges for CLHIV on ART treatment (Program data)	Routine CLHIV enrolment trends analysis and addressing barriers. Clinical Partners provide treatment literacy to OVC staff & case workers on fundamentals of ART/optimization & new regimens.	Routine healthcare providers orientation on the OVC package Same day clinic appointment (parent/guardian and child) 90% CLHIV offered opportunity in the OVC comprehensive program. Track bi-directional community-facility referrals. Station Link desk coordinators (rotational basis) in high volume health facilities. Joint health and community/OVC home visits. Link caregivers to community economic strengthening groups including savings groups. Direct observation of drug storage, pill count and pill ingestion by case workers.	Case Identification. **86%** OVC with known HIV status (0-17 years). **81%** of CLHIV on TX-CURR offered opportunity in the comprehensive OVC program (APR 22 data). Viral Suppression among children and adolescents. **89%** of OVC < 0-17 years are virally suppressed. **Adherence** challenges for CLHIV on ART treatment (Program data)

Plan for AYP Treatment Services

COP23 Vision: PEPFAR will support the country to close the gaps in in the 95-95-95 cascade for AYP by increasing case finding for AYP, continuity of treatment and improve viral load suppression to 95%.

- Increase uptake of services and retention in care across the HIV continuum for AYP by strengthening meaningful engagement of AYP in programming.

- Increase awareness of HIV status among AYP through scale up of distribution of HIVST kits and implementation of Social Network Testing in health facility and community settings.
- Increase case finding for AYP by expanding role of AYP peers to include demand creation for HIV testing services.
- Scale up tailored Differentiated Service Delivery models for AYP to reduce treatment interruptions.
- Scale up screening, treatment and referral for mental health and substance abuse disorders across the cascade of care to improve continuity of treatment.
- Reduce treatment interruption among AYP through scaling up use of innovative digital approaches.

Country Context

Adolescents (10-19 years) and young people (15-24 years) are disproportionately affected by HIV in Kenya. Compared to adults, adolescents, and young people (AYP) contribute to a higher proportion of new infections annually, have suboptimal access to HIV testing services (HTS), linkage to treatment, retention and viral suppression. This is depicted in the 95-95-95 cascade with lower AYP achievement compared to that of adults at 97-81-89 for adolescents and 93-63-92 for young people as at FY23Q1. This is further highlighted by the KDHS, 2022 report indicating low knowledge of HIV status among 15-24 years. Overall, the AYP population has unique challenges which contribute to low uptake of HIV testing services, linkage to treatment, disengagement from treatment and non-suppression, including developmental changes that occur during adolescence, inadequate psychosocial support, limited peer support, mental health challenges, experience of gender-based violence and other socio-economic challenges. There are also gaps in managing the transition process from adolescent to adult HIV care and treatment, the educational system and other life stages. At FY23Q1, 1,253 (15-19 years old) and 3,387 (20-24 years old) were reported as having interrupted treatment. Majority of the clients with no contact outcome had been on treatment for more than 6 months. 111 deaths were also reported in the same period accounting for 7% of the losses.

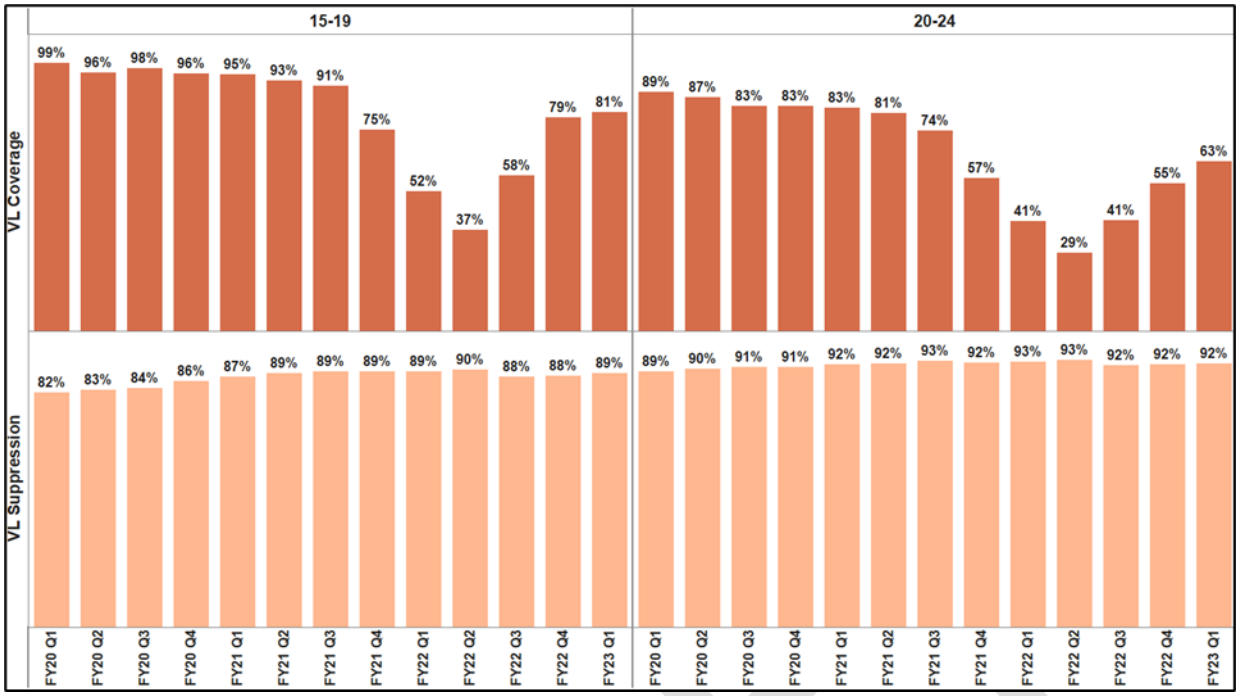


Figure 5. Trends in VL Coverage and VL Suppression (15-24 years old

Data Source: Panorama

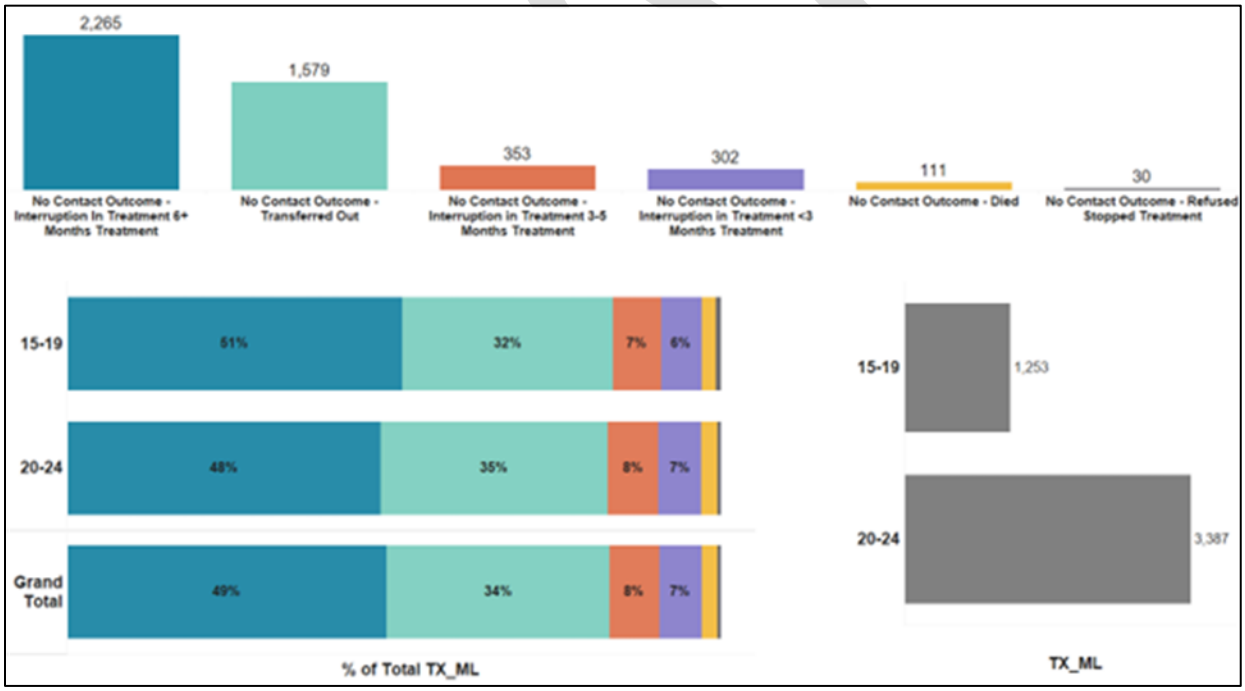


Figure 6. FY23Q1 Causes of Client Losses (15-24 years old)

Data Source: Panorama

Strategic Direction

PEPFAR Kenya recognizes that AYP have the capacity to identify approaches and solutions that best respond to their needs, making programs more effective and helping to ensure increased uptake of services and better outcomes. In COP23, PEPFAR will, where feasible, continue to provide opportunities for active engagement of AYPs in programming. This will include engagement of AYP champions as peer mentors in HIV care and treatment including PMTCT settings. They will be trained and supported to deliver services, conduct advocacy, and serve as a source of positive pressure for their peers. They will be involved at all levels of program implementation cycle to ensure program responsiveness to their needs and preferences. Implementation models will include physical and digital youth-friendly safe spaces where AYP can share their thoughts, wishes and feedback on the program to guide quality improvement.

For HIV testing, a mixture of approaches will be used in both facility and community settings: index testing to reach sexual partners and biological children of AYP; social network testing to reach AYP who may not access health facilities; distribution of HIVST kits for primary use by AYP or secondary distribution to their sexual partners; and voluntary counselling and testing for AYP who voluntarily ask testing. AYPs accessing services at health facilities will be screened for HIV testing eligibility and those diagnosed with HIV initiated on treatment while those testing negative will be linked to age/gender-appropriate prevention services based on their preferences. For self-testing, a toll-free number will be available for clients to call for counselling support before or after testing (https://lvcthealth.org/adolescent-young-people-one2one/)). If positive, they will be guided to visit a facility of their choice for confirmatory testing.

To strengthen linkage and continuity of treatment for HIV positive AYP, health workers will be trained and mentored to foster continuity of treatment and smooth transition for eligible AYP into adult and treatment in line with adolescent Package of Care (APOC) guidance. Digital/virtual platforms will be used to provide health communication, peer support and continuous youth-provider engagement for continuity of treatment. AYP-friendly service delivery models including adolescent-specific days of operation and peer led psychosocial support groups will be implemented. Furthermore, comprehensive health literacy with emphasis on positive health, dignity and prevention (PHDP) and mental health, *Jua Mtoto Wako* (JMW), Operation Triple Zero (OTZ) and Undetectable=Untransmittable (U=U) messaging will be strengthened for all AYP sub-populations. Community access to ART for this population will be expanded through DSD models aligned to their unique needs to reduce frequency of clinic visits and to increase opportunities for community-based peer-support. Mental health conditions which are an emerging problem among AYP will be addressed by training health workers to screen, treat and refer clients appropriately.

TB HIV Services

COP23 Vision: To increase TB case finding by 20% and reduce HIV-related TB mortality by 50% (12%-6%)

- NEW: Increase drug sensitive and drug resistant TB case finding by scaling up new screening and diagnostic tools, strengthening active case finding and implementing the enhanced pediatric TB clinical diagnostic algorithm
- NEW: Build country capacity to manage TB and other comorbidities to reduce mortality
- NEW: Phase-in shorter TB treatment regimens along with the required lab support capacity
- Scaleup TPT uptake to 95% across all SNUs and completion to at least 90%
- Institutionalize lab and clinical quality management system initiatives across all supported sites.

Gaps	NEW	Maintained	Adapted
Low TB case finding All forms of TB TB/HIV, TB in children, DR TB Reducing HTS among TB clients Erratic Xpert cartridge supply	Use of dCXR(+AI) in routine screening for TB Adopt the enhanced clinical peds screening/ diagnosis alog TrueNat& dCXR to ease pressure on Xpert Leverage GoK's community health strategy for TB	Prioritization of HTS among TB patients Use of LF-LAM Stool testing using Xpert	Routine screening for TB at every clinic, & other SDP (MCH, CWC, Nutrition clinics) RTK security working with the other teams Enhance DNO and equipment multiplexing Optimize clinic-lab interphase
Suboptimal Cure High TB/HIV Mortality Poor integration with NCD programs	Introduce shorter treatment regimen (DS TB, DR TB, peds) Integration, assessment and Mx of NCDs (DM, MH, CaLung, PTLD)	Not applicable	Increase enrolment into EQA for all TB diagnostics Decentralized TB treatment options

	Inclusion of TB, TBHIV in NHIF's EBP		Optimize TB culture and DST, including 2nd line DST (& of newer molecules)
Suboptimal TB prevention Low TPT uptake and completion	Integrating contingency planning in the country's NSP	Prioritization of PLHIV for TPT Use of shorter TPT(3HP) regimens Maintain support to IPC, including C-19	Optimize documentation (of TPT completion data) Scale-up TPT DSD models, including at community levels
Cross-cutting gaps	Not applicable	Integration with GF, MoH and WHO teams (planning and GC7 writing, NSP drafting, implementation, reporting)	Strengthen commodity security for TB commodities (GX, TrueNat, LF-LAM, TPT, TB meds, B6)

Context

Achieving an AIDS-free generation is impossible without adequately addressing the TB epidemic. The TB program has made recovery from the negative impact of COVID-19. In 2022, 90,841 TB cases were reported, a 17.4% increase in notification relative to 77,854 cases in 2021. The increase in case notification signifies the country program's resilience as it records its second year-on-year increase in TB case finding on its journey towards pre-COVID-19 levels. Among TBHIV cases there was a modest (12.3%) increase in notifications from 18,203 in 2021 to 20,442 in 2022 due to the erratic supply of HIV testing commodities that resulted in a decline in knowledge of HIV status among TB clients from 98% to 93%. Despite these gains there remain opportunities in bridging the 32% TB treatment coverage gap among the estimated 133,000 incident TB cases and the 47% gap among the HIVTB coinfected patients. While there has been progress in reducing TBHIV case fatality from 13% to the 11% pre-COVID-19 levels, this mortality rate remains high and deliberate efforts will be taken to substantially reduce mortality. These efforts will include optimizing the quality of TB care and TB prevention. Towards this end, 15% of the HIV treatment budget has been earmarked to support TBHIV activities.

Addressing the Gaps in TB Case Finding

To further increase case finding, PEPFAR will support the GoK to prioritize implementation of the revised TB screening and diagnosis algorithms that include more sensitive tools. The MOH will be supported to adopt, procure, and roll out the more sensitive digital dCXR+CAD, prioritizing PLHIV. PEPFAR will work with Kenya's MOH and other donors to invest in these technologies to ease the reliance on the less sensitive WHO 4-symptom screen, with a sensitivity of only 53% among outpatient ART clients.

Alongside strategic investments in dCXR as a TB screening tool, stakeholders will advocate for the inclusion of CXR in the enhanced benefit package of the National Health Insurance Fund (NHIF) for the PLHIV to ensure increased access to free diagnostic services. Molecular WHO-recommended rapid diagnostic tests (mWRDs) will continue to be the first diagnostic tests for presumptive TB in Kenya. PEPFAR will continue to support the commodity streams for these tools to ensure adequate uptake. Working with GoK and Global Fund, PEPFAR Kenya will ensure more mWRDs are available in-country. Emphasis will be put on strengthening the integrated sample referral and diagnostic network, including equipment multiplexing, to ensure all patients with presumptive TB are able to access these tools. PEPFAR will also continue to support the concurrent wide-scale continuous quality improvement to support the clinic-laboratory interface to increase demand for TB testing of eligible PLHIV using LF-LAM and molecular tests recommended by WHO. PEPFAR will integrate LF-LAM testing into RTCQI to strengthen the quality of the testing practices and external quality assurance. Further, PEPFAR will continue to work with other stakeholders to optimize the country's MDR-TB surveillance, support TB DRS culture, and DST to ensure timely diagnosis and management of drug resistant TB while strengthening laboratory testing quality assurance programs and enrollment into TB proficiency panel testing. To optimize case-finding among children, PEPFAR will work with the MOH to support the roll out of the enhanced clinical diagnostic algorithms, in line with the latest WHO guidance. Collection of stool samplesfor testing using Gene Xpert and use of LF-LAM among children living with HIV will continue to be a priority.

PLHIV with TB are at least three times more likely to die from TB when compared to the HIV negative patient with TB. To improve survival of PLHIV with TB, the country’s programs will continue to prioritize HTS among TB clients for timely diagnosis of TB and HIV coinfection and ensure initiation of appropriate treatment. In addition, the country is rolling out a comprehensive AHD package that includes screening, diagnosis, treatment, and prevention of TB among PLHIV and their contacts. To further improve on the quality of TBHIV care, PEPFAR will prioritize supporting the MOH in the adoption of the shorter pediatric and adult treatment regimens, including the use of BPaLM among multidrug resistant cases in line with latest WHO

guidelines. PEPFAR will also leverage on UHC and the GoK's community systems to enhance the quality of HIVTB prevention and care programs.

PEPFAR Kenya will look to build on progress to scale up TPT among PLHIV and to achieve at least 90% coverage in COP23. PEPFAR will also build on the COVID-19 IPC gains to by capacity building of health staff, improving the environments in and around facilities, population awareness and supporting provision of relevant PPE as part of emerging and re-emerging pandemic preparedness. PEPFAR will promote routine TB risk assessments within the outpatient and inpatient space as well as in the laboratories and ensure active facility-level infection prevention committees including workplans for continuous facility safety improvement. PEPFAR will collaborate with National and County governments to ensure certification of biosafety cabinets/TB hoods used as safety equipment for TB diagnosis.

Key and Priority Population Services

COP23 Vision: Reduce incidence of HIV infections among key and priority by implementing data driven comprehensive biomedical, behavioral, and structural interventions.

- NEW: Through SNS implementation, snowballing, use of virtual platforms and engagement with KP led organizations increase program coverage for unreached and hidden key populations by 20% above hotspot estimates.
- NEW: Increase access for mental health services for KPs through operationalizing the new national mental health guidelines for key populations
- NEW: Strengthen comprehensive prevention and treatment services for priority populations (fisherfolk, military, prisoners) through operationalization of the new vulnerable population guidelines for Kenya
- NEW: Conduct IBBS for key populations to estimate HIV incidence, prevalence, status of the 95-95-95, prevalence of STIs and assess service uptake to inform programming
- Strengthen peer-led model to provide person-centered combination prevention and interventions to reach all KPs.
- Strengthen innovative HIV case finding strategies such SNS, ethical index testing and HIVST distribution among new KPs and high risk KPs to increase HIV case identification.
- Reduce treatment interruption and improve viral suppression of KPLHIV by strengthening appointment management, use of case management teams and monitoring outcomes of KPs in the DICE and other facilities.
- To conduct KP- sensitivity/ friendly training, strengthen stakeholder engagements and KP CSO involvement to address structural barriers to access to quality health care for key populations such as stigma and discrimination.

Country Context

In Kenya the following populations are considered KPs: FSWs, MSMs, PWID and TG persons and priority populations/vulnerable populations include people in prisons, fisherfolk, and the military population. In line with Pillar I of PEPFAR's 5x3 strategy to ensure Health Equity for Priority Populations, PEPFAR Kenya will continue addressing key programmatic gaps in the prevention and clinical cascade among Key and Priority Populations in the context of achieving HIV epidemic control, strengthening the national sustainability profile, and leveraging the transformative health systems investments made by PEPFAR for the past twenty years in Kenya.

Target Key and Priority Populations for Prevention Interventions to Facilitate Epidemic Control		
Target Populations	**Population Size Estimate*** **(SNUs)**	**COP23 Target**
FSWs	197,096 (152,970-240,270)	176,074
MSM	51,100 (38,917-61,650)	97,806
PWID	35,784 (26,673-46,945) (Kisumu, Nairobi and Kiambu only)	3797
Fisher Folk	268,517	123,065
Military	Undisclosed	61,776
People in Prison and other enclosed settings	Unknown	64,800
TOTAL	Not applicable	**527,318**

Strategies for Key Populations

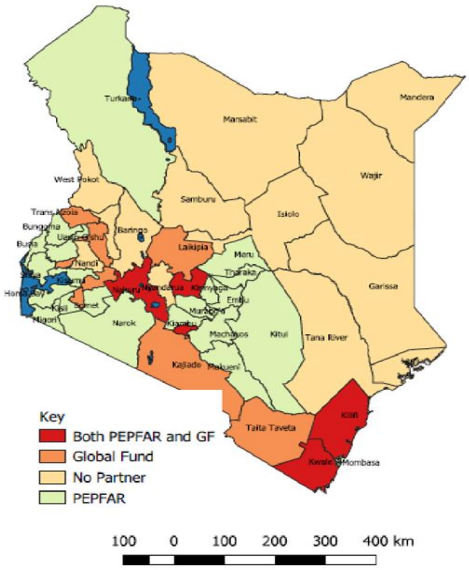


Figure 7. Map of Kenya's HIV partners by county

PEPFAR's KP programming is aligned to the Kenya AIDS Strategic Framework II (KASF II) and is implemented following the National Guidelines for HIV/STI programming with KP. A comprehensive package of biomedical, behavioral, and structural interventions is offered to KP as per the national guidelines and policies for KP programming.

In COP 2023, FSW, MSM, PWID and TG based on the latest National Key Population Size Estimate (KPSE 2 Consensus Report) will be offered KP friendly services in a total of 24 counties for FSW and MSM and 3 counties for PWID and TG. These are counties largely categorized as high and medium burden based on the Spectrum HIV Estimates 2022 and as per national NASCOP-led geographic rationalization of PEPFAR support.

The COP23 KP program will focus on optimizing population coverage, and monitoring performance for the full prevention and treatment cascade with a special attention to reaching the hidden, unreached populations. Through innovative approaches PEPFAR Kenya will in FY24, target the virtual spaces and networks of key populations with the differentiated service package to address the population's unique health needs. With technical assistance from the Office of the Global AIDS Coordinator (OGAC) in consultation with the MOH in Kenya, the KP community and implementing partners redesigned key population program with focus on optimizing coverage, improving program quality, closing leakages in prevention and treatment cascades, and improving viral suppression of KP on treatment.

In COP23 PEPFAR Kenya will continue to offer the core package of services as per national guidelines which include: condom and lubricant demonstration, distribution and promotion; HTS for prevention and case finding; linkage and timely initiation on ART for those testing positive; implementing approaches that foster retention on ART towards attaining U=U; TB screening and treatment; provision of PrEP and PEP for all eligible KP; provision of methadone maintenance therapy (MAT), screening and treatment for STI; peer education and outreach; risk reduction behavioral interventions; violence prevention and post violence care; alcohol and substance abuse counseling; PHDP; and structural interventions that foster an enabling environment to access health services.

Preventing New HIV infections among KP in COP23 will include:

The goal of KASF II is to reduce new infections by 75% and key populations are key to achieving this. In COP23, PEPFAR Kenya will optimize high impact HIV prevention interventions such as scaled uptake and retention of KP through event-driven PrEP for MSMs, strengthening access to condoms through demand creation using peer educators who access at facility and community distribution channels, and U=U messaging among KP living with HIV, in addition to broad-based KP-friendly SRH services (e.g. STI screening and treatment, family planning provision). PWID MAT services will be scaled up by adopting a mobile outreach model to increase access to high-risk injecting users unable to access the established static sites. PEPFAR will continue discussion with the MOH and other stakeholders to address structural barriers to MAT such as distance, lack of facilities for reintegration of recovered addicts into to the community, and criminalization of drug users.

For the 1st 95, the following strategies will continue in COP23:

- Improve testing uptake among newly enrolled KPs who have higher positivity than those already in the program through innovative approaches such as promotion of HIVST using virtual networks and peer-to-peer approaches, minimizing missed opportunities by expanding efforts to reach and test through social networks (SNS) and optimizing hotspots-based outreach.

For the 2nd 95, strategies that will be continue in COP23 include:

- Community ART initiation through integrated outreaches that ensures that services for testing and ART initiation are offered in a one stop shop, same day ART initiation, and capacity building of case management teams to improve case management and focus on integrated data systems and data sharing for all KPLHIV and their outcomes between facility and community partners to account for all KPLHIV.
- The program will focus on tracking retention on treatment and address gaps in interruption in treatment and improve re-engagement to care for KPLHIV by

implementing appointment reminders through SMS and phone calls, defaulter tracing using peer educators and adherence messaging during visits.
- Program will use the NASCOP KPLHIV tool to improve monitoring of outcomes of KPs receiving services at the drop in centers (DICE)s and in other facilities

For the 3rd 95, strategies for COP23 will include:

- Line-listing and recalling clients due for VL tests addressing structural barriers such as stigma and discrimination, migratory nature of KPs by targeted adherence counselling, client empowerment and continued community engagement through peers and implementation DSD models for migratory.
- Scale up of U=U messaging for KPs by distribution of Information, education and communication (IEC) materials for U=U.
- Continue comprehensive case management both at facility and community level by case management teams.
- Focus on addressing opportunistic infections (OIs), especially TB by strengthening TB screening among KPLHIV, investigate all presumptive cases as per the national guidelines, and initiate those found positive on treatment. For individuals screened negative for presumptive TB, TPT eligibility will be assessed, and those eligible will be initiated on TPT.

Clinical interventions alone are inadequate if social and legal barriers go unaddressed and gaps remain in addressing stigma, discrimination, and violence against KPs in Kenya. According to the 2023 People's COP, "KPs are faced with many additional daily barriers when accessing services, including fears of arrest due to criminalization and blackmail. The program will coordinate with the KP community and offer health care worker sensitization at KP selected referral public health facilities to provide friendly and dignified integrated KP services." PEPFAR Kenya also commits to working with the MOH and other stakeholders to ensure KPs right to health is protected and jointly develop KP-focused mental health intervention(s) in COP23.

To increase service uptake and build on the remarkable growth in the number of local KP-led CSOs working directly with PEPFAR implementing mechanisms through sub-awards, or direct service-level agreements over the past three years, more KP led organizations will be strengthened and supported through capacity building of needs based on the results obtained from organizational capacity assessments (OCA) to expand community led KP service provision. In COP23 PEPFAR Kenya will continue building strong partnerships with the KP Consortium and other KP-led CSOs to ensure the KP program is led by KP to ensure person-centered approaches are implemented and to accelerate achievement of epidemic control.

Real time use of robust and accurate data for decision making will be required to ensure that programs are appropriately responded to. The program will continue to work together with the MOH through the NASCOP KP technical support unit and other key stakeholders such as Global Fund and UNAIDS to continuously improve quality and performance of the program through participation in the national KP technical working group. In COP23, PEPFAR Kenya aims to improve from 50% to 90% utilization of the KP-EMR module in the Kenya-EMR for all reporting and focus on data concordance across all systems. And in COP23, PEPFAR Kenya will invest in the IBBS (last conducted in 2011) to ascertain HIV incidence and prevalence data for KP. The IBBS is planned to be conducted across nine counties and will include all KP typologies.

Strategies for Priority Populations

In Kenya, implementation for priority/vulnerable populations (fisherfolk, military and prisoners) programs uses the National Key Population Guidelines for provision of prevention and treatment interventions. In COP23 PEPFAR Kenya will work with NASCOP in finalization and operationalization of the Vulnerable Population Guidelines to strengthen implementation for these populations through dissemination and training of service providers.

Programming for people in prisons and enclosed settings will be strengthened to ensure that persons under incarceration receive optimal, comprehensive HIV prevention and care services. In COP23, the PEPFAR Kenya aims to reach 64,800 people in prisons with comprehensive HIV prevention, treatment, and support services. To address the dual burden of HIV and TB in prisons, PEPFAR Kenya will engage prison authorities in the screening, prevention and treatment of HIV and TB and support development of service quality package and referral documentation during transfers. To address service disruption and stigma and discrimination in the military PEPFAR Kenya will continue to work with the military leadership to strengthen continuity of prevention and treatment services and implement U=U messaging to reduce stigma and discrimination.

To achieve HIV epidemic control in Kenya, fisherfolk remain a high priority population. According to the qualitative study done by NASCOP to assess attitudes and perceptions towards HIV, there was a high level of knowledge of HIV prevention measures and treatment for HIV infected. However, knowledge did not equate to practicing protective behaviors like condom use, getting HIV testing, or adhering to ART. From the fisherfolk IBBS study done in 2018, HIV prevalence was high at 31% with females disproportionately affected. There are practices that put women at higher risk including transactional sex “fish for sex,” low condom uses and GBV. Knowledge of HIV positive status was low resulting in low population ART coverage and viral suppression. Additionally, the study identified CLHIV among the fisherfolk highlighting the need for comprehensive services for this population. In COP23, PEPFAR Kenya will work collaboratively with the Beach Management Units for targeted reach and follow up of up to 123,000 fisherfolk. The program will work with health facilities near the fish landing beaches

that have an integrated service delivery approach that addresses the unique SRH needs of fisherfolk including provision of family planning services, STI screening and management, and active screening for PrEP eligibility and provisions of PrEP services. Adaptive behavioral, structural, and biomedical interventions will be key for fisherfolk. Differentiated behavioral interventions for male vs female fisherfolk as seen from the differences in prevalence and behaviors will be important and working with NASCOP and other donors to improve reach for non-targeted fisherfolk. To improve case finding and ART initiation in COP23 PEPFAR Kenya will promote innovative DSD approaches such as community ART initiation and mobile ART to address migratory patterns and isolated islands, characterization of high and low risk beaches for targeted outreach will be key for this COP.

PrEP Among Vulnerable Populations

COP23 Vision: Increase PrEP service uptake among the populations at increased risk of HIV from an average of 40- 50% to 70% uptake among those eligible for PrEP COP23 Key priorities and strategies for PrEP.

- NEW: Expand Community models of PrEP delivery to include Youth friendly service outlets, build capacity of AGYW to reach and offer demand creation and appropriate counseling to peers for increased PrEP uptake
- NEW: Incorporate and scale up PrEP education, messages into digital platforms for demand creation and messaging through social media platforms (Facebook, Twitter, TikTok, Instagram, chatbot) by the youth for the youth to increase their uptake of PrEP
- NEW: Support the planned implementation science projects on new PrEP products (Dapivirine ring and CAB-LA) and learn lessons with an aim of increasing choice to clients.
- Public education and targeted demand creation to increase uptake of PrEP by populations at elevated risk of HIV including discordant couples, KP, PP, PBFW, and AGYW.
- Targeted education and psychosocial support to beneficiaries on the importance of continuing PrEP using various channels of communication.
- Scale up integration of PrEP services into existing service delivery points in facilities and communities to increase access for all populations at increased risk of HIV including PBFW by expanding capacity to provide PrEP in service outlets where they are served.
- NEW: Integrate of PrEP into male-dominated services such as VMMC to bridge access and uptake gaps for men.

Country Context

PEPFAR Kenya has aligned the implementation of comprehensive HIV prevention strategies with national policies and the Kenya AIDS Strategic Framework 2020/21- 2024/25 (KASF II), and uses national guidelines, tools and systems for data capture and reporting.

The Kenya national program has adopted a precision combination prevention approach and holistic access (enabling access to multiple prevention options) to person-centered prevention service provision offered in facilities and community outlets. The combination prevention includes biomedical, behavioral, and structural interventions tailored to the needs of specific populations; for example, 10-14 year-old adolescents may benefit from life skills and interventions to be empowered to make healthy choices, while KP from biomedical and structural interventions. The interventions are further person-centered, ensuring client's needs, values, preferences, and circumstances are catered for, in order to increase uptake. The core biomedical prevention package includes PrEP, in addition to PEP, VMMC, condoms and lubricants, and ART.

Kenya has made considerable progress in PrEP scale up. In FY22, PEPFAR Kenya achieved 100,450 (100% of target) clients initiated and 65,158 continued PrEP. Despite these achievements, there continues to be an unmet need for PrEP among at risk AGYW who continue to have high incident infections of ~0.2% (2020 UNAIDS estimate); PBFW among whom new infections contribute one-third of MTCT; young men; and the general population.

Strategic Direction

In COP23, the PEPFAR Kenya program plans to expand PrEP by strengthening provision by integration into existing services in health facility settings, and further expand differentiated and community models. At health facilities, the following components will be monitored for fidelity: client screening and identification of those at HIV-risk, linkage to PrEP, and PrEP continuation. PrEP initiation and refill will be further offered at community-level for easy and friendly access, through provision at pharmacies, safe spaces for AGYW, and outreaches for men, young people, and the general population. Prevention services will be provided to all clients at risk of HIV, particular focus will be on priority populations including AGYW, KP, PBFW, and other vulnerable populations in Kenya like fisherfolk.

In COP23, networks of AYP, AGYW ambassadors, KP organizations and peers, PBFW champions and mentors, PrEP ambassadors and male peers will be trained to lead PrEP demand creation, encourage acceptance and continuation, and engage with peers to identify and address any client-specific barriers and escalate challenges to program staff for mitigation. Current programs reaching young people through technology and social media to disseminate information, generate demand, and those offering counseling and support have proven successful and will be scaled up in COP23. PrEP integration will be strengthened at health

facilities as follows: by conducting HIV-risk screening and linkage to PrEP during provision of HTS and VMMC services; and including risk screening and PrEP provision in the OPD and MNCH settings. The HTS platform will additionally be used as an entry point to PrEP services. PrEP adherence and continuation will be supported through a robust counseling and appointment tracking system, SMS and WhatsApp reminders, peer outreach and home visits where applicable, and community-based support groups. A wide range of services including sexual and reproductive health, family planning, and health promotion will be provided as enablers to PrEP uptake. PEPFAR Kenya's package of PrEP provision already includes routine screening for gender-based and intimate-partner violence (IPV); and appropriate referrals and management of any GBV or IPV cases identified.

To scale up use and promote choice, the 2022 Kenya national guidelines have adopted and included new PrEP products, including event-driven PrEP, Dapivirine ring and CAB-LA. Event-driven PrEP is being provided to clients who choose this option and is accompanied by appropriate client education, information, and counseling. The Dapivirine ring is approved for use in the country, while CAB-LA has been submitted for regulatory approval to the Pharmacy and Poisons Board. In COP22 and COP23, detailed operational guidelines for these new products will be developed as they become available and approved for use. Additionally, in COP23, PEPFAR Kenya will work closely with the Ministry of Health to explore development of policies to normalize PrEP implementation through de-medicalization, where PrEP can be provided widely outside medical centered approach to improve access and uptake.

Current implementation science projects underway are exploring provision of PrEP through pharmacy models and online platforms, and assessing the feasibility, uptake, and barriers of new PrEP products implementation. In COP23, PEPFAR Kenya will learn from these projects to further inform scale up new products as they become available. Kenya will work closely with other donors like the Global fund and Bill and Melinda Gates foundation to explore any additional funding to make the new PrEP product commodities available in country.

Addressing Hypertension

COP23 Vision: Reduce premature deaths from NCDs among older recipients of care by a third

- Screen all recipients of care (RoC) for HT and document screening and outcomes to improve proportion screened from 37% to 100%
- Integrate HIV/HTN management to improve RoC access to NCD care
- NEW: Standardize treatment protocols to improve HT management
- NEW: Improve access to essential medicines though multisectoral collaboration

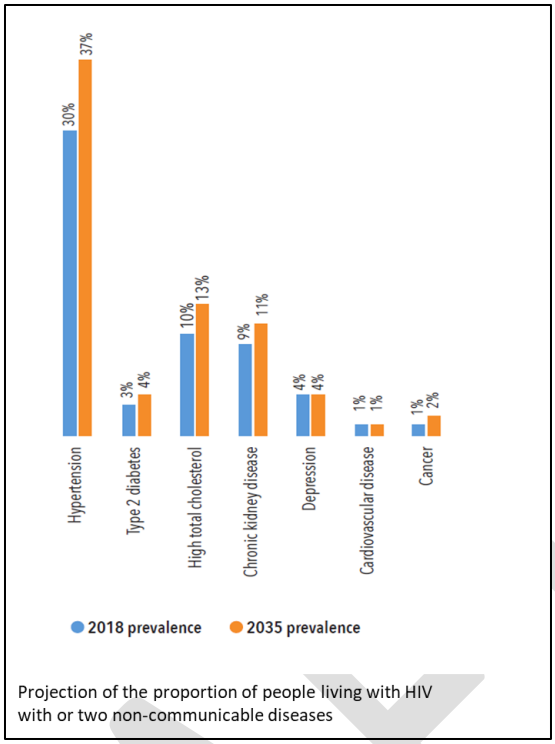


Figure 8. Projection of proportion of PLHIV with other non-communicable diseases

Non communicable diseases are increasingly coming to the fore as a concern as Kenya attains epidemic control and the current population on treatment continues to age. Adults aged 50 and above account for 25% of the population. Most have been on ART for a long time and are more at risk of having NCDs compared to the general population. NCDs of concern are hypertension, diabetes, renal disease, mental health, and cancers. In COP23, PEPFAR will focus on hypertension as a segway to improve management of NCDs among PLHIV. The aging population is at higher risk of cardiovascular disease (CVD) than HIV-negative adults, owing to higher prevalence of traditional CVD risk factors, adverse effects of some ART medications, and HIV-related chronic inflammation. Data from the NDWH showed that BP monitoring among PLHIV is suboptimal. Only 37% of adults were screened once in the last 3 visits for hypertension and 19% had BPs of >140/>90. Global data shows that only 1 in 7 of clients with hypertension have controlled blood pressure worldwide. There are no clear guidelines on the management of these clients with lack of a simple algorithm for their management. Hypertension medication is not free leading to many not being able to afford medication. Clients with hypertension require regular lab checkups which many cannot afford, and care is fragmented, with many being required to visit two different clinics, one for HIV and the other for hypertension. Despite these challenges, PEPFAR will can learn from and expand effective models of integration. In COP23, PEPFAR will do the following to strengthen management of NCDs among our RoC:

- Ensure all RoC have hypertension screening during all clinical encounters.

- Improve documentation and follow up of BPs by integrating the NCD module into the EMR.
- Routine reporting of the HT cascade.
- Integrate HIV and NCD management. PEPFAR will work with MoH to identify the most ideal model of integration.
- Increase enrollment of ROC to social insurance to enable them afford purchase of NCD medication and the regular lab tests needed.
- Improve client education on the various NCDs including primary prevention strategies such as lifestyle modification to reduce risk of cardiac disease.
- Training of HCWs on diagnosis and management of NCDs leveraging online platforms.
- Work with the MoH NCD department to develop a simplified algorithm on management of hypertension.
- Integrating HT management into client centered DSD services.
- Leveraging on community structures to support client education on HT, identification, referral, and management of HT cases.
- Improved collaboration with physicians on management of complicated HT cases.

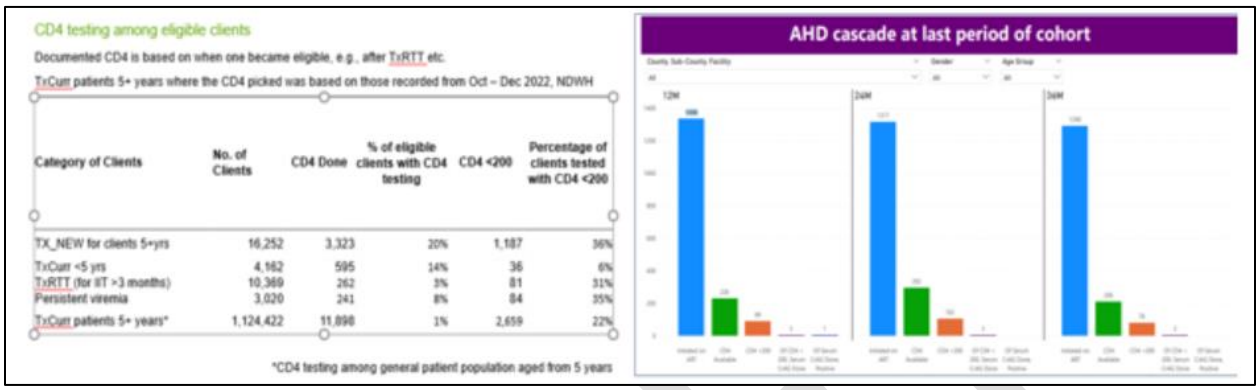
ADVANCED HIV DISEASE MANAGEMENT

COP23 Vision: To reduce mortalities related to AHD among the PLHIV in Kenya by 50%.

- Screen all new clients, clients returning after interrupting treatment for >3 months, and the suspected treatment failure clients of AHD
- Plan forecast and avail commodities for prevention, screening, and treatment of AHD
- NEW: Monitor and evaluate the AHD cascades for both TB and cryptococcal meningitis
- NEW: Standardize practice by providing SOPs and job aids to all facilities through the implementing partners
- Standardize treatment protocols by working with NASCOP
- NEW: Implement mortality audits for all PLHIV mortalities

Advanced HIV disease has become a priority for both PEPFAR as well as the MOH Kenya due to the high prevalence in recent years. Data shows that at entry, about 30% of the Tx New have CD4 <200 cells/ml. In addition, a significant number of these present with clinical disease in the WHO stage 3 and 4. The most common presentation is TB followed by cryptococcal meningitis for adults while children present with TB and severe bacterial infections. Kenya faces challenges in screening for AHD with less than 20% uptake among the eligible populations despite a high prevalence of AHD among those tested. This was mainly due to CD4 testing commodity stock

out in the country and the possibility of program related gaps due to CD4 having been dropped in the priority scale as a treatment monitoring test in favor of viral load. Data shows gaps in the AHD cascade especially for cryptococcal meningitis with low reflex CRAG testing for those with CD4 <200. This is likely a combination of program gaps as well as low commodity stock status.



CD4 testing among eligible clients

Documented CD4 is based on when one became eligible, e.g., after TxRTT etc.

TxCurr patients 5+ years where the CD4 picked was based on those recorded from Oct – Dec 2022, NDWH

Category of Clients	No. of Clients	CD4 Done	% of eligible clients with CD4 testing	CD4 <200	Percentage of clients tested with CD4 <200
TX_NEW for clients 5+yrs	16,252	3,323	20%	1,187	36%
TxCurr <5 yrs	4,162	595	14%	36	6%
TxRTT (for IIT >3 months)	10,369	262	3%	81	31%
Persistent viremia	3,020	241	8%	84	35%
TxCurr patients 5+ years*	1,124,422	11,898	1%	2,659	22%

*CD4 testing among general patient population aged from 5 years

Figure 9.Advanced HIV Disease and CD4 testing among elible PLHIV

The consequences of AHD are many including risk of incomplete immune reconstitution, higher viral reservoirs, higher inflammation, increased risk of AIDS-related and non-AIDS-related comorbidities, use of more health-care services and more frequent monitoring needs.

In COP23, PEPFAR and GF will work with MOH to properly plan, forecast and quantify commodities for screening, diagnosis, and treatment of AHD. Mapping of available conventional CD4 platforms has been done, Kenya will leverage on diagnostic network optimization to ensure access. However, where conventional platforms are not accessible, point of care platforms such as VISITECT will be used. This will be supported by GF and MOH. Kenya will utilize data-based newer tools to help in accurate quantification of diagnostic and treatment commodities.

PEPFAR will work with our partners to build the capacity of the HCWs to diagnose and treat AHD. The country has adopted the use of liposomal amphotericin B and flucytosine for treatment of cryptococcal meningitis. Recognizing this as a more potent combination, PEPFAR commits to procure these drugs due to the high mortality associated with cryptococcal meningitis. To improve TB case detection, PEPFAR will work with MOH and GF to avail new diagnostics including LAM, CAD, and others as they come into the market. PEPFAR will work on the diagnostic networks to do mapping and ensure all facilities are connected to a lab providing AHD screening and diagnostics. PEPFAR will also focus on AHD prevention by provision of cotrimoxazole to those eligible per the guidelines, TPT, fluconazole preemptive therapy and screening and early treatment of cervical cancer lesions.

Mental Health

The Kenya program recognizes the complex relationship between mental health and HIV. This has been a growing area of concern in Kenya, as it is at the global level with recent evidence suggesting that the burden of mental illness in Kenya is high and increasing. The Kenya Mental Health Policy estimates that the burden of mental illness is 25% among outpatients and 40% among inpatients. The prevalence of mental health disorders among people with HIV is higher than among the general population. PLHIV are susceptible to psychological disturbances due to HIV itself and perceptions regarding HIV in their environment. Given the linkage between mental health and poorer HIV-related outcomes, screening for and treatment of mental health and substance use disorders for people accessing HIV prevention or treatment services has been implemented. The Kenya HIV prevention and treatment guidelines, 2022 recommend that all PLHIV and caregivers should receive basic screening for depression and anxiety as well as alcohol and substance use before initiating ART, and annually thereafter, and whenever there is a clinical suspicion. The guidelines recommend the use of CRAFFT screening tool for adolescents and the CAGE-AID screening tool for adults to screen for alcohol and drug use disorders and PHQ-2; PHQ-9 for depression; GAD-7 for anxiety and PC-PTSD-5 for post-traumatic stress disorder (PTSD). Those that screen positive are linked to support structures to maintain general well-being addressing issues that could affect their mental health.

PEPFAR Kenya will continue to strengthen mental health activities at the national and county levels. At the national level, mental health tools and IEC materials target various population groups, while at the county wellness activities target both healthcare workers and patients.

In COP23, PEPFAR will support the following to scale up screening and treatment of mental health disorders: coordination with MOH and other key stakeholders and the county mental health councils; supporting implementation of the workplace mental wellness programs; task sharing to non-mental health specialists such as general clinicians, social workers, case managers, and community health workers, including adherence counselors; and collaborative care to integrate mental health care into routine healthcare as well as continued psychosocial support and behavioral interventions.

Addressing Stigma, Discrimination, Human Rights, & Structural Barriers in Kenya

COP23 Vision: PEPFAR will contribute to the national vision to reduce HIV related stigma, discrimination, and gender-based violence to less than 25% by 2030.

- Work with GoK, donors, private, NGOs, CBOs/FBOs and other community structures through technical working groups and ad hoc committee meetings to address gaps in early case identification (HIV/GBV), reporting, management and improving access to health, justice, and other social services.

- Improve GBV disclosure by providing first line support and package of post violence care to eligible survivors in health facilities that meet WHO minimum requirements.
- Capacity building of service providers for quality client centered GBV care in facility and community:
    - Train health care providers on LIVES/LOVE to increase HIV/GBV disclosure.
    - Uphold confidentiality and privacy while providing services.
- NEW: Sensitize communities and PLHIV on the existing legal framework and institutions that promote access to social justice and utilize community structures to increase referrals and linkages to the HIV tribunal services.

In COP23, the PEPFAR Kenya program will provide comprehensive quality client-centered care to 332,990 GBV survivors. PEPFAR will contribute to the national vision of reducing HIV related stigma, discrimination, and gender-based violence by increasing access to quality HIV prevention, treatment, and care services for all people living with HIV especially AYP, PWD, AGYW, and KP.

Despite gains in the reduction of new HIV infections in Kenya, HIV-related stigma and discrimination persist. The situation is compounded by national policies that hinder easy access to HIV/GBV and reproductive health services by marginalized populations. Barriers such as addressing HIV status disclosure without consent, and stigma among health workers remain a concern.

In COP23, the PEPFAR Kenya program will address the following strategies and priorities:

- Address the triple threat (early pregnancy, new infection and sexual violence among women and girls) through training of health care workers on management of disclosure processes through client centered approaches that strengthen health equity and increase access to life saving health services among girls and women.
- Dismantle structural barriers and harmful cultural practices (e.g., wife inheritance, early marriage) through change interventions (rites of passage) that challenge harmful norms that devalue women and AGYW, sanction gender-based violence (GBV/VAC), encourage risky behavior, poor health seeking behavior, and are barriers to economic empowerment.
- Strengthen health and social systems to respond to HIV-related stigma and discrimination by reviewing the national GBV guidelines (2014) and address intimate partner violence and gender inequality through expanded capacities that enable disclosure of violence (LOVE/LIVES training and integration in all PEPFAR supported health facilities).

- Improve linkages through tri-directional referral between community-based HIV, GBV prevention interventions and clinical post-GBV care services.
- Train service providers on SGBV revised reporting tools for improved monitoring of GBV prevention, case identification, monitoring and response activities.
- Monitor progress on GEND_GBV reporting and provide technical support to PEPFAR implementing partners.

The 2021 PLHIV Stigma Index 2.0 notes that Kenya has made tremendous progress towards reducing new HIV infections and the general prevalence. However, HIV related stigma and discrimination remain a major challenge in the response to HIV due to persistent negative attitudes towards people living with, at risk of and affected by HIV despite decades of public information campaigns and other awareness-raising efforts. This report makes specific recommendations on tackling internalized stigma by the PLHIV and building the capacity of PLHIV on HIV disclosure with special attention to parent-child disclosure and communication that PEPFAR Kenya will incorporate into programming.

1. Creating awareness (through community forums e.g., chiefs *barazas'* etc.) of existence of legal frameworks and institutions that promote access to social justice for PLHIV in Kenya such as the HIV/AIDS Tribunal and the provisions of the Data Protection Act and HIV Prevention and Control Act (HAPCA) that govern privacy, confidentiality, and consent.
2. Prioritize implementation of Families Matter! Program to improve assisted disclosure of HIV status among children/adolescents enrolled in the OVC program.
3. Implement evidence informed interventions that emphasize on HIV and violence prevention thus challenging myths and misconceptions among young people.
4. Training care providers on child safeguarding to help address ethical issues affecting children and adolescents living with HIV.
5. Engaging opinion leaders and other public personalities to champion anti-HIV stigma.

PEPFAR will utilize Community Led Monitoring (CLM) to obtain information on stigma and discrimination from clients that persists in communities where programs are implemented. The program utilizing existing structures address them through awareness creation and education.

Pillar 2: Sustaining the Response

Transition, Leadership, Governance and Partnerships

COP23 Vision: **Transition of the HIV/TB response to the GoK guided by a measurable sustainability roadmap.**

- Building political advocacy and goodwill for a sustainability agenda for management and leadership of the HIV/TB programs in Kenya through development of applicable policies, budgetary and legislative frameworks for necessary authorities at national and county levels
- Support capacity building for effective coordination and leadership by the national and county governments to get the policies and legislative frameworks incorporated by their legislative authorities (e.g., county assemblies, senate and parliament) thereby resulting in policy and legislative decision-making that achieves transition and sustainability of the HIV/TB programs.
- Collaborate to support a GoK-led and GoK-driven HIV/TB Measurable Sustainability roadmaps where GoK leaders will join with communities and civil society, bilateral and multilateral partners, global and regional bodies, essential to the HIV response, to define a specific set of milestones to transition country programs. This will increase GoK's ownership and leadership of a sustainable HIV/TB response.

The Constitution of Kenya, 2010, devolved government functions between the national and county governments. In the health sector, services are devolved to county governments while the national government retains national referral health facilities and develops health policy. The complexity of sharing responsibilities and resources between the two levels of governments creates ongoing challenges to ensure coordinated delivery of health services. In addition, challenges of developing the capacity of counties to successfully support HIV/TB services while managing the intergovernmental coordination roles between the two levels of government abound. However, the national government is committed to streamlining functions and providing coordinated oversight between the two levels while restructuring the health sector's leadership and governance systems to achieve Universal Health Coverage for Kenya's citizens.

The MOH has noted the reality of donor transition and has developed a transition roadmap (2022-2030). The roadmap recognizes the need to ensure long-term sustainability of the country's health programs, for both programmatic and budgetary sustainability, including those focused on HIV and TB, by articulating a comprehensive plan that will guide Kenya's shift from donor financing towards a domestically funded and sustainable health system. The national roadmap is divided into three phases: planning, pilot, and transition. The planning phase has been delayed but stakeholder engagement continues towards validating and operationalizing this plan.

Support for this endeavor requires concerted effort by all donors. Donors, including United States Government agencies (the Centers for Disease Control and Prevention (CDC), the United States Agency for International Development (USAID), the United States Department of Defense (DoD), and The Peace Corps, PEPFAR Coordinating Office (PCO) and Department of State, National AIDS & STI Control Program (NASCOP), National Syndemic Disease Control Center (NSDCC), Kenya National Public Health Institute (NPHI), National Public Health Laboratory (NPHL), and the relevant MOH and Government of Kenya entities will coordinate their efforts to build capacity of the national and county government to support the transition effort to avoid duplication of resources. Additionally, this effort will include County health ministers, known as Executive Committee Members for Health (CEC Health) or their designees and the Kenyan Council of Governors so that information sharing, and capacity building includes county level decision makers.

PEPFAR proposes to be proactively engaged in the process by supporting the development of sustainable transition roadmaps at county and national levels as part of the USG county transition strategy. PEPFAR support will include joint planning and identification of capacity strengthening needs to increase stakeholder engagement in counties. These efforts complement the national government's plans as outlined in the Kenya Health Sector Transition Roadmap (2022 – 2030) and ensure alignment of transition interventions at both the national and county levels.

PEPFAR proposes to work with the national and county governments to continue building the capacity of local implementing partners while gradually transitioning agreed functions to the county governments. This process will include engaging stakeholders in planning processes at the national and county level to align roles and resources with other donors (e.g., Global Fund or "GF", the Joint United Nations Program on HIV/AIDS or "UNAIDS").

PEPFAR proposes to strengthen inclusive monitoring of the transition process of the HIV/TB activities that includes sharing of best practices and lessons learned to harmonize and create efficiencies in the transition process. Review of progress in transition will be inclusive, ensuring engagement of CSOs, multilateral organizations such as the Global Fund, UNAIDS, and policy institutions such as Kenya Institute for Policy Research and Analysis are engaged to inform practice and policy. In addition, the Development Partners for Health in Kenya (DPHK) can be a forum to discuss synergies, especially in the building of political will and advocacy and leveraging of investments towards GoK's sustainability agenda.

Health Financing for Sustainable Health Services

COP23 Vision: Health financing interventions for COP23 address the challenge of inadequate domestic resources for health for a sustained host country response to maintaining HIV/AIDS epidemic control. Interventions include:

a. Strengthen capacity of public institutions, policy think tanks and the academia on the generation, analysis, and use of data to inform budget advocacy, policy practice, and efficiency in in the national HIV response.
b. Support expert-led capacity enhancement sessions for national and county stakeholders on public finance management (PFM) functions for increased Government funding for HRH absorption and procurement of HIV commodities.
a. Facilitate the creation of conducive policy and regulatory environment for private sector players to expand their role in financing and delivery of integrated quality HIV/AIDS and TB services (including faith-based, health, and non-health players)
b. Collaborate with the Government and stakeholders to strengthen social protection systems for health for improved access to quality HIV and TB services by PEPFAR priority populations. Engagement with NHIF to ensure PEPFAR supported services, NCDs and people living with HIV are covered.

President Ruto has committed to eliminating HIV as a public health threat by 2027. It aims to do so by making strategic investments in health and increasing domestic resources to sustain the national HIV/AIDS response. Evidence of the GoK's commitment can be found in its prioritization of affordable healthcare for all under its universal health care agenda. The healthcare plan seeks to ensure equitable and affordable access to quality essential health services for all, but particularly for the vulnerable populations, including people living with or affected by HIV.

Kenya's current finance landscape indicates improvement in national and county government financing for the health sector. The proportion of total government budget allocated for health at national and county levels stands at 11.6% in Kenya fiscal year (FY) 2021/2022. This accounts for approximately 2.2% of Kenya's Gross Domestic Product (GDP). after decreasing significantly from 7.8% before devolution in 2012/13. However, households' direct out-of-pocket spending remains high, accounting for approximately 27% of health expenditures in KFY2018/2019. The high out-of-pocket costs places vulnerable households at greater risk of incurring catastrophic health expenditures (estimated at 4.9% in 2018 down from 6.3% in 2013).

Health insurance coverage in Kenya is limited with less than a quarter of the population (24%) covered by the National Health Insurance Fund (NHIF). Private health insurance coverage also remains low at 2% (KDHS 2022).

Wages for healthcare workers accounts for 70% of the total health budget for the nation, leaving few resources for other critical inputs (e.g., medical supplies). Though GoK health sector funding has incrementally increased, it remains inadequate. Factors such as a large proportion of government revenue used to finance debts and wages, slow economic growth, adverse weather conditions, and demand from competing government sectors limits the

expansion of the resource envelope for health. The circumstance is exacerbated by low budget absorption (about 70 percent for GoK- CPF for Global Fund).

The HIV/AIDS sector remains heavily donor funded at 83.9% in 2019/2020, but this level of funding has been declining without significant government offset. To illustrate, PEPFAR remains the largest contributor to the Kenyan HIV response, but its support has declined from 66% in KFY 2020/2021 to 48% in KFY 2022/2023. Global Fund contributions declined from 40% in KFY 2021/2022 to the current rate of 33%. Simultaneously, the GoK, through counterpart funding, only finances antiretroviral procurements at a current rate of 19%.

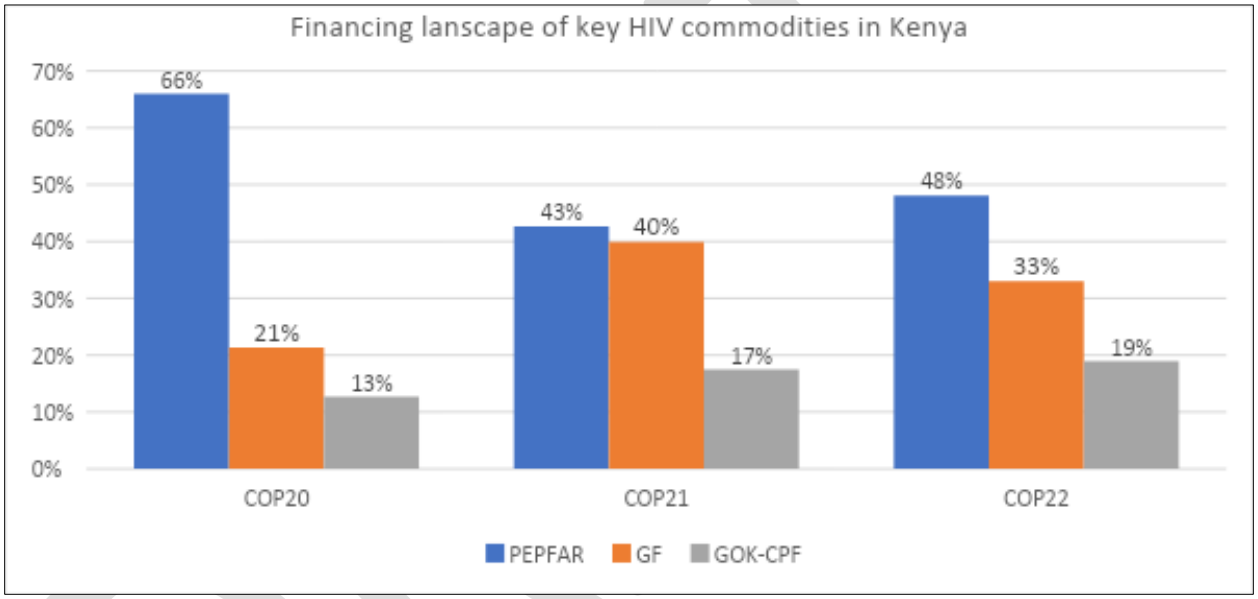


Figure 10. Financing landscape of HIV key commodities in Kenya

The GoK recognizes the need to increase its ownership of the HIV response and has identified transitioning of donor supported programs as a flagship project in the MTP IV for the health sector. In COP23, PEPFAR will deepen engagements with the GoK to foster local ownership of PEPFAR supported programs. Initial engagement will focus on HIV commodities and HRH. Supportive engagement will gradually encompass local ownership of integrated planning aimed at mainstreaming PEPFAR and GF programs into the government Medium Term Expenditure (MTEF) budget making process. This activity is crucial to ensuring health sector activities remain at the forefront of government fiscal planning.

PEPFAR support will also seek to build capacity to facilitate local production of health products (e.g., HIV commodities) and expand the exploration of market-based solutions to complement

country response (e.g., role of the private sector in financing delivery of HIV services via government incentives).

Financing a sustainable transition of HIV services to the GoK will require a holistic approach. Increasing government health sector financing in an environment incapable of absorbing the necessary support structures (e.g., improved access to affordable quality care for all) to ensure monetary resources are accurately accounted for, justly distributed to counties, and efficiently used to the best effect is counterproductive. Efforts to increase the fiscal space for health must be accompanied by measures to address inefficiencies in the entire public health system, including strengthening advocacy for recurring health-specific budget and stringent government fiscal management.

Engaging in Integrated National Planning

In COP23, PEPFAR will strategically reposition its engagements in integrated national planning to maximize on both capabilities and resources from GoK and development partners that prioritize investments in health systems such as HIS, HRH, Financing, Commodities and PHC systems. Integrated national planning activities are developed at the Interagency Coordination Committees (ICCs) and national Technical Working Groups (TWGs). This will ensure that PEPFAR's 5 x 3 strategy directions are fully aligned with the country's visions and strategic directions on all key health systems necessary to support and sustain past PEPFAR's investments.

Integrated planning will also include building political advocacy and goodwill for an HIV program sustainability agenda. The agenda will include the development of applicable policies and legislative frameworks at both national and county levels to ensure inclusivity, accountability, evidence-based decision making.

Building Capacity of Local and Regional Institutions

COP23 Vision: PEPFAR aims to build capacity of local and regional institutions responsible for health through government to government (G2G) partnerships.

- Increased GoK HIV program ownership via a systematic increase in transference of responsibility of HIV program elements
- Increased capacity of local and regional institutions' ability to deliver consistently valid and reliable technical results while absorbing increasing responsibility for HIV program services
- Formulation of a private sector engagement strategy to leverage their expertise and resources in providing fiscally efficient, quality controlled, and just HIV service

In COP23, PEPFAR Kenya will continue to work with county governments and local partners to implement a sustainable and integrated HIV program in Kenya. The interagency space allows the PEPFAR Kenya team to bring the specialized expertise of the interagency team to the forefront to benefit the transition process. Together the PEPFAR Kenya team is utilizing the knowledge, partnerships, and cultural competency gain from past country operational plans to strengthen the policy and legislative environment in which PEPFAR programs are implemented. Simultaneously, it is working with the GoK to identify areas in need of capacity development to affect a beneficial and sustainable transition of HIV services to the GoK.

The PEPFAR Kenya team remains steadfast in its support of national institutions. For example, it continues to provide support to the Pharmacy and Poisons Board and the National Quality Control Laboratory (NQCL) to further the goal of local manufacturing of vaccines. Another example is its ongoing implementation of the PEPFAR/CoG transition strategy which identified high-level buy-in, formation of one coordination structure i.e., the county transition team , periodic evaluation of the program, G2G support, joint planning, and joint implementation as its key components for a successful transition of a sustainable HIV program.

Pillar 3: Public Health Systems and Security

COP23 Vision: Strengthening public health systems for sustainable HIV programming as well as support in pandemic preparedness and response.

Laboratory systems

- Adopt multiplexing for expanded testing support for all pathogens of public health importance in all PEPFAR supported reference and point of care labs for expanded access to diagnostic services.
- Enhance the diagnostic network optimization to support expanded sample referral and networking to link all health facilities to available diagnostic services.
- Expand existing EQA platforms to support diagnostic services for pathogens of public health importance.

HRH

- Provide PEPFAR HRH with basic and advanced trainings on pandemic preparedness and response to PEPFAR HRH leveraging on other USG funds.
- Train PEPFAR and non-PEPFAR staff on infection prevention as key step towards preventing spread of pandemic prone diseases in healthcare settings.
- Provide training on data driven public health response to benefit HIV and the broader health sector.
- Support the Field Epidemiology Training Program (FELTP) program to design and deploy short courses on data driven outbreak detection and response.

NPHI

- Capacity build NPHI to coordinate health sector surveys, disease control and public health response leveraging on PHIA funds.

Information systems

- Expand existing digital platforms to support electronic data capture and transmission for all pathogens of public health importance for improved clinical care and for case surveillance and reporting.
- Enhance lab clinical interface within the digital systems for faster submission of lab requests and return of results for quicker case detection and response.
- Modify data flow processes from EMRs to National Data Warehouse through DWAPI to improve quicker availability of disease surveillance data to inform public health response.

Laboratory Support

Kenya has taken a county-led sustainable planning and implementation approach for laboratory activities. The COP23 activities will focus on implementation of strategies that are aligned to MOH perspectives, derived from MOH and CSOs engagements. The MOH, through NPHL, NASCOP and stakeholders will be responsible for drafting the Sustainability Vision, Roadmap, and implementation through a consultative and consensus building process.

In line with GHSA effort to strengthen the world's ability to prevent, detect, and respond to infectious disease threats, the PEPFAR Kenya lab program has supported the development of the previous and current national Biosafety and Biosecurity one health curriculum, training of 120 Biosafety Trainer of Trainers (TOTs) on the current MOH one health curriculum and subsequent step-down training of 760 of laboratory personnel. Refresher virtual training for 1752 laboratory personnel has also been provided through PEPFAR support targeting all 47 counties.

PEPFAR supported the establishment of the national calibration center, training of 90 MOH Biomedical engineers as well as the procurement and calibration of equipment for certification. These trained and certified biomedical engineers have been maintaining and certifying biosafety cabinets and other auxiliary equipment core to the laboratory functions nationally. The national equipment calibration center has become a regional training hub for other countries in the region with the support of Global Fund, World Bank and other organizations.

Strengthening of quality management systems at respective laboratories continue to be supported with around one hundred laboratories having acquired the ISO 15189 accreditation. Some of these accredited laboratories have supported other partners in antimicrobial resistance surveillance. All the national referral laboratories and most of the county referral

hospitals (CRH) are among the accredited laboratories and are well placed for provided testing services for the emergency disease threats.

PEPFAR will implement multi-disease testing in both high through and low (POC) through put platforms and with strategic placement, improved capacity and flexibility Kenya will use molecular labs and the proposed decentralization of some national molecular testing will further strengthen the CRH. Kenya will continue to work on integrated specimen referral that will serve all the targeted specimens.

Support for human resources and capacity development efforts through HRH training in TB/HIV program and disease surveillance and response through the FELTP program has improved the HRH capacity in Kenya to effectively support the global health security agenda. PEPFAR will continue to work with the national and county level epidemiologists and surveillance officers in coordinating public health response and capacity building and deploy epidemiologists to areas of potential outbreak. The engagement with the epidemiology and surveillance team at the national and county level will help serve as a link to global health security activities being supported by other entities. The goal is to have an integrated diseases response program including for HIV/TB both at the county and national level for sustainability. Community level workforce has continued to be the greatest asset as they are in the front line in early disease detection, response and during rehabilitation phases. The training in these aspects has continued to ensure effective epidemic control even in the wake of emerging threats. Training and mentorship of community level workforce will align with the GoK's plan to provide integrated services and the PHC agenda.

PEPFAR Kenya will continue to provide technical assistance toward the transitioning of VL/EID/TB testing laboratories to the MOH regional laboratories. This will align with the GoK strategy to devolve health services and PEPFAR's goal towards sustainability. This will further align with the continued efforts in Kenya to strengthen and optimize the diagnostic networks. The MoH targets decentralizing HIV-1 quantitative viral load testing to the (10) public health laboratories, of which PEPFAR will support four and ensure that services are taken closer to the people, improve population coverage and uptake of ART treatment. Strategic decentralization will increase access to patient-centered molecular testing while deploying multi-disease testing approaches, optimizing the existing diagnostic network, and incorporating point-of-care testing technologies to complement the existing conventional systems and infrastructure.

PEPFAR supports ten POC sites that will add up to 24% of the total EID tests when fully optimized and significantly contribute to eMTCT. To further enhance country ownership and sustainability, PEPFAR will support counties to develop integrated sample referral systems. Other areas of importance will include strengthening the lab-clinical interface, configuring ICT/LIS and strategic information to improve access to results. Further implementation of

monitoring tests like CD4 and use of CRAG for those below 200c/mL., among other tests used for screening for opportunistic infections and responding to advanced HIV disease (AHD).

To ensure the quality of HIV/TB-related testing, PEPFAR will continue to support the National Public Health Laboratory (NPHL) to coordinate an integrated external quality assessment (EQA) for HIV/TB diagnostics including GeneXpert Ultra for over 250 sites, TB LAM (300 sites), sputum smear microscopy (1000 sites), EQA for Trunat and TB LAMP, RHT (20,000 testers), RTRI (150 sites) VL (10 laboratories) and EID (9 laboratories). The quality of HIV testing will be ensured through use of standardized testing algorithms, training, technical assistance/mentorship, HIV panel testing EQA schemes coupled to strategic interventions for weak testing areas and rapid testing CQI programs and Laboratory Continuous Quality Improvement (LCQI) over 140 county level laboratories). VL/EID testing laboratories (10) will be supported to maintain ISO 15189 Accreditation status. Additionally, essential in vitro diagnostic products will be provided, training given on new technologies/equipment. Essential equipment will be serviced and calibrated with metrological traceability to SI units which is essential to provision of quality results and uninterrupted testing. This will be achieved through ensuring harmony across all stakeholders (e.g., World Bank, Ministry of Health, and the private sector).

PEPFAR will explore ways to strengthen health technologies & products and ensure commodity security, through strategic equipment acquisition and placement, local production (test kits, PT panels & quality control materials), by establishment of strategic partnerships. This will ensure that systems are in place to provide much needed diagnostic reagents and associated testing commodities to eventually guarantee uninterrupted testing services.

PEPFAR will support capacity building on new technologies, policy, sustainability (cost-recovery creating an enabling environment that will strengthen laboratory leadership and governance through policy changes in support and reviews to update new information on technologies), directly strengthening lab capacity within the MOH and the counties for governance, stewardship, and capacity building. Enabling local and regional laboratory institutions for diagnostic capabilities, support integration of HIV lab services into the broader public health system. Supporting cost effective and efficient laboratory systems activities such as, all-inclusive pricing for diagnostic platforms and cost recovery model for equipment maintenance to improve lab financial planning with other donors and government actors.

PEPFAR Kenya will provide technical assistance toward establishing a national Guanidinium Thiocyanate (GTC) waste management system for waste emanating from VL/EID molecular testing and GeneXpert cartridges. This will include mapping of incinerators, waste pooling and network systems to incinerators with required capacity (>1000C incinerators) and support of MOH on the implementation of these waste disposal network. Working with the equipment/reagents vendors, waste calculation at the source equipment (within the VL labs)

will continue and subsequently be able to provide cost estimates for planning. The need for biosafety and IPC training has gained more prominence since the onset of COVID 19. PEPFAR will provide wide coverage through on-line training models ensuring that all frontline health care workers are reached and that PLHIV are protected.

Strengthening NPHI

Through the implementation of the KENPHIA survey, the NPHI in Kenya will be supported to perform a central survey coordination role. The implementing partner supporting the survey will be co-housed with NPHI to co-implement the survey in a see one, do one, teach one model. NPHI may also manage the daily data reviews of survey quality and progress as well as the management of data for dissemination. Beyond their role in the PHIA survey, NPHI's surveillance function will also be strengthened to play coordinating and, subsequently, a leading role in investigating areas of concern for HIV / health at large, driven by surveillance and programmatic data.

Support will be provided to NPHI, NASCOP, and MOH at large to refine the national HIV and broader disease surveillance strategy with local capacity and sustainability as core objectives. The most current surveillance and survey data will be used to guide the immediate-term and long-term surveillance strategies for the country. In addition to capacity building through participation in surveys, targeted technical assistance to build NPHI's capacity will be provided. This may entail didactic modules-based training and joint scientific product development and dissemination engagement.

Information Systems

The PEPFAR program has supported the development and deployment of digital systems in almost 2000 high volume facilities in the country. These deployment form part of the approved digital eco system in Kenya. These systems assist in clinical management of patients, transmission of lab requests and eventual pulling of lab results from the reference testing labs, mobile applications for patient empowerment and health worker surveillance, providing a national case-level national data repositories for clinical and laboratory data with inbuilt deduplication based on the national unique identifier among others. In COP23 these systems will be further enhanced to get them ready to support pandemic surveillance and response not only for PLHIVs, but all clients seen and managed where these platforms are deployed. The PEPFAR team will work with MOH to make these surveillance functions be part of shared health services for all digital systems forming part of the digital eco-system in Kenya.

Surveillance Systems

The PEPFAR program has invested in building individual-level clinical data collection at the facility level. These data are available at the national level through the national data warehouse (NDWH). Kenya's HIV case-based surveillance (CBS) system uses data from NDWH for public

health action. The integration of recency and HIV drug resistance surveillance into CBS will create synergies and add to the robustness of individual-level HIV data. To measure excess mortality due to HIV/AIDS and the impact of the HIV treatment program, Kenya has established sentinel HIV-associated mortality surveillance in 8 sampled counties. Population-based HIV impact assessment is a household-based survey that will contribute valuable data to inform HIV programming in the country and measure the HIV program gaps and impact. The key populations and fisherfolk IBBS around Lake Victoria will enhance information for the KP program in Kenya. Cumulatively, these surveillance systems contribute to capacity building at the counties and the local institutions such as NPHI to conduct surveys and surveillance and consume data for public health response.

Approach to Quality Management

Quality management for HIV testing services

To ensure quality of HIV testing, PEPFAR will continue supporting the implementation of quality assurance in all aspects of HTS including testing, counselling, management of commodities, human resource, and data management.

The quality of HIV testing will be ensured through use of approved guidelines/algorithm, standardized register (both electronic and paper), SOPs, and job aid to promote implementation of internal quality assurance at service delivery points. Experienced HTS providers and technical persons will provide biannual refresher hands on training, technical assistance and mentorship using approved national tools to ensure HTS providers competency and enable them focus on the core principals of HTS package also known as the 6 C's: Consent, Confidentiality, Counselling, Correct results, Connection-linkage and Creating an enabling environment.

PEPFAR will conduct on-site quality management assessment (site visits) and service quality audit to identify gaps/deficiencies, institute corrective interventions, collect information for planning/implementation, monitoring and continuous improvement. PEPFAR will offer a comprehensive package of quality assurance and improvement activities in HIV testing sites by implementing HIV Rapid Test-Continuous Quality Improvement (RT-CQI) to increase implementation of best practices at the site level using Stepwise Process for Improving the Quality of HIV Rapid Testing (SPI-RT) checklist. PEPFAR will conduct quarterly assessments and aggregate percentage scores to provide a level-rating (Figure 1), this will help identify gaps and institute corrective actions in sites which need improvement. This will also assess the sites' readiness for national certification coordinated by National public health Laboratories (NPHL).

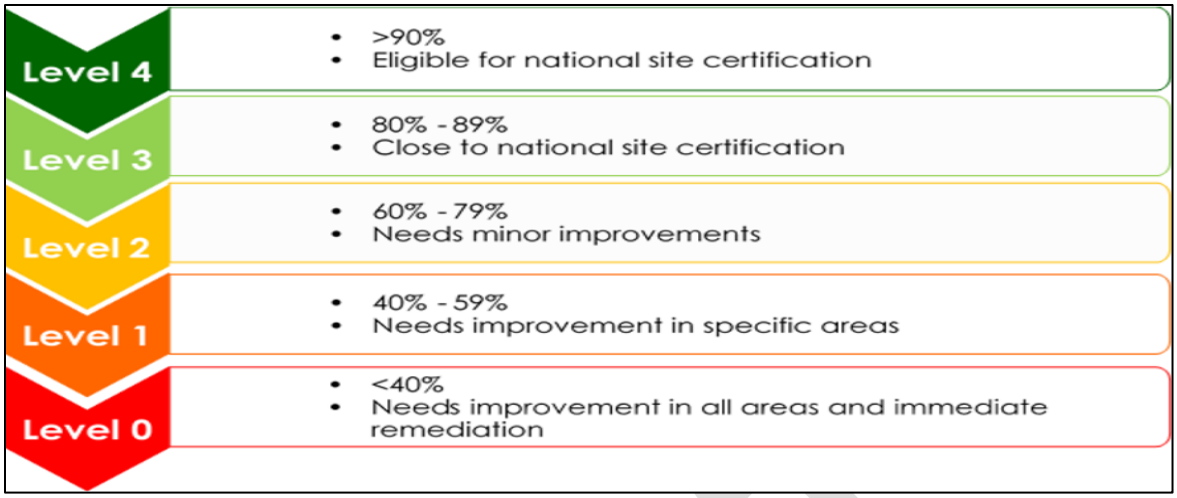


Figure 11. SPI-RT Assessments Pre-certification Levels for Testing Sites

To ensure quality of counselling PEPFAR will conduct counselling support supervision/debriefing, counselling self-assessment, counselor observed practice and client satisfaction survey to help in preventing counselors burn out, maintain high quality communication between providers/clients, monitor quality of service provision over time and gauge the quality-of-service delivery from the client's perspective.

In collaboration NPHL through Kenya National External Quality Assurance Service (KNEQAS) individual HTS providers will be enrolled and participate in HIV rapid proficiency testing panels (HIV PT). Through the counties, sub counties and facilities HTS personnel performance on PT will be evaluated and provision of technical guidance on corrective interventions conducted for providers achieving unsatisfactory scores. The testing sites will perform proactive post market surveillance of kits (Lot testing, evaluation of EQA and QC data) to identify any problem with testing commodity before use.

Supply Chain Modernization and Adequate Forecasting

COP23 Vision: Strengthen the HIV commodity supply chain system for a secure and stable commodity situation in Kenya.

- Support towards integrated and interoperable electronic logistic management information systems including product traceability towards achievement of end-to-end visibility of health products.
- Support for forecasting and quantification process with an automated tool including enhanced analytics.
- Decentralized support for data driven supportive supervision and CQI for supply chain.
- Leveraging on other funding streams to support a well-integrated supply chain system in Kenya.

In COP23, the PEPFAR team will support the use and enhancement of an integrated platform with enhanced data analytics for national forecasting, supply planning, and procurement monitoring to improve the forecast accuracy, effectively manage optimization from single molecules and suboptimal regimens from the procurement plan and address current inefficiencies of the forecasting and supply planning processes.

Despite increasing resources for commodity procurement, the country experiences limited visibility of point of use stock availability and on hand inventory, which affects stakeholders' ability to respond in a timely manner to avert supply chain crises that occur from time to time, and to prevent, detect and respond to the distinct risk of theft of health products. PEPFAR will leverage other U.S. Government investments (US President Malaria Initiative) and work closely with key donors through transformative and strategic partnerships including Global Fund, Bill and Melinda Gates Foundation and UN agencies to address suboptimal in-country supply chain processes and towards integrated supply chain supporting PHC delivery at county level.

Building on current MOH investments on Health Management Information System (HMIS), PEPFAR will support the MOH towards an integrated logistics management information system and enhanced decision-making, including traceability to enable supply chain efficiency and transparency and conduct analytics to facilitate data use in tactical commodity management decisions.

Following past COP investments in setting up health products and technologies units (HPTUs) within 47 counties, in COP23 PEPFAR will strengthen local commodity security mechanisms in priority counties expanding the HPTUs to oversee supply chain processes and leveraging service delivery partners presence and investments. Linked to the governance efforts, PEPFAR will support selected counties to ensure continued accuracy of stock management, timely ordering and reliable data reporting through data-driven supportive supervision and continuous quality improvement to address human resources for supply chain issues and improve the accuracy in stock recordkeeping of health facilities. These investments will be completed with regular supply chain audits and spot checks conducted by a third-party monitoring mechanism to improve accountability, transparency, and oversight of health commodities.

Primary Healthcare and Integration

During COP23 implementation the PEPFAR Kenya team will engage the various stakeholders in identification of best approaches towards integration of HIV services with the rest of services mainly at levels 1-4 of service delivery at both public and non-public facilities. Efforts will be focused on development of policies, guidelines, and standards of integration of HIV services under the Primary Care Networks (PCNs) and support the roll out of the same in various PEPFAR counties. Engagements with NHIF team will be supported toward ensuing inclusion of the

various HIV services into the NHIF package of care. There will be interventions to ensure all the PEPFAR supported PLHIV are included, registered for NHIF, and retained in the register to enable them to benefit from the services covered by the insurance and hence minimize catastrophic expenditure and in alignment with PHC agenda. A phased approach will be applied in the integration of services, cohorts, and populations to ensure both quality and continuity of services during the process.

PEPFAR support to PHC will be at national and selected counties level in the following way.

a. **Support PHC Policy and guidelines** review and sensitization at national and COG level (involving the GoK and non-GoK players)
b. **Support in collaboration with GoK and other players the roll out of PCN** at levels 1-4 in the counties that PEPFAR support.
c. **Engagements with GoK and other players in identification and implementation** of the PHC roll **integration of PEPFAR supported** services in alignment with PHC.

Human Resources for Health (HRH)

COP23 Vision: Strengthened HRH management systems for a productive and responsive health workforce with a transition plan of PEPFAR supported workforce of 40% by 2025 for sustained epidemic control.

- Increase number of PEPFAR supported counties with integrated HRH management (identification of staffing needs, hiring process, performance mgt) to 40%.
- Support county HRH management systems by operationalizing 80% of HRH units in the PEPFAR supported counties.
- Support development /review of standards and guidelines on HRH alignment to GoK's PHC agenda at the national and county levels.
- Align PEPFAR funded lay cadres to GoK schemes of service (alignment in cadre naming, pay scale, qualifications and hiring processes by counties).
- Increase utilization of workforce data to inform HRH needs both at national and county level.
- Working with county lead IPs, two-fold support for training, mentorship, and support supervision in alignment with PHC/UHC and a focus on NCDs and AHD management and ultimate service integration to MOH systems.

The FY22 HRH Inventory indicated that GoK supports close to 70% of the clinical cadres that support HIV services in PEPFAR supported sites. It is therefore essential to ensure that HRH management systems at the county are supported to ensure the workforce is motivated, retained, productive and with minimal labor disputes that disrupt service delivery. In COP23 PEPFAR Kenya will support county HRH management units/departments for enhanced productivity of both PEPFAR and non-PEPFAR funded health workforce for sustained, quality HIV epidemic response. Interventions will be focused on strengthening the HRH management systems to enhance efficiency, productivity, and work environment improvement (including mental health).

The HRH Inventory further indicated that PEPFAR supports more that 90% of community and lay cadres that provide HIV services in facility and community levels. This workforce is essential for the HIV prevention program, adherence support, community differentiated care models and reduction of loss to follow. Unfortunately, these cadres are not recognized within the GoK schemes of service, hence this becomes a barrier when it comes to their absorption and ownership by county governments. The COP23 interventions will seek to align PEPFAR funded community and lay cadres to GoK schemes of service for an integrated, sustainable HIV prevention, care, and treatment programs.

PEPFAR Kenya, based on HRH inventory spends close to 50% of the annual budget in health workforce remuneration for partner staff and technical assistance, clinical cadres, and community/ lay cadres. With a decline in PEPFAR funding, it is necessary to have a transition plan in place and a clear, budgeted road map to ensure PEPFAR funded workforce is absorbed by the county governments. COP23 resources will be used to support the development and implementation of transition plans and roadmap that will see to it that annually, at least 20% of PEPFAR Funded workforce in 40 PEPFAR supported counties are included in county government's payroll. This will in turn reduce the high dependency over time, for a sustained HIV workforce. (*Note: HRH and health financing programs will collaborate to ensure resource allocation to absorb the workforce).*

For sustainable HRH for HIV program, PEPFAR will continue to engage with MOH at national and county level, public service department/ commission, the faith-based organizations (FBOs), private sector, CSOs and other key stakeholders on creating health workforce efficiencies through integration of HRH management systems at national, county and facility levels, through strengthening of HRH systems to retain GoK funded staff, and eventual transition of donor supported workforce to reduce donor dependency.

The current Kenya government has PHC as its priority health agenda under UHC. COP23 investments will support development and review of standards, guidelines, training curricula and support supervision materials for effective HIV service delivery, and workforce alignment to PHC/UHC agenda at the national and county levels, for a responsive sustainable HIV program in Kenya. Through engagement of the NHIF and health financing and service delivery mechanisms, interventions will be focused towards identifying HIV services for inclusion into the insurance cover as well as enrollment and retention of PLHIV to enhance their access to services beyond what PEPFAR provides.

PEPFAR Kenya has supported the National integrated Human Resources for Health Information System (iHRIS). The challenge has been incompleteness of the data updates especially for non PEPFAR supported counties and sub-optimal use of the data for HRH planning in some counties. The GoK under its digitization of public services, has initiated an intervention to take over the support of iHRIS from PEPFAR, as this will ensure all counties are incorporated. The WHO, USG and other stakeholders have engaged in a process to conduct Workload Indicators for Staffing Needs (WISN) in various counties. In COP23 interventions will be geared towards collaboration with GoK and other stakeholders to ensure optimum use of HRH information systems. In addition, PEPFAR will work with the national and county government, WHO and other stakeholders conducted WISN Survey which is useful in defining individual County HRH needs and gaps overall, not just for HIV program. In COP23, Kenya will review the available overall WISN data and HRIS for decision making on HRH deployment and skill mix.

Pillar 4: Transformative Partnerships

To achieve its objectives for COP23, PEPFAR Kenya will continue to strengthen partnerships with the GoK, at the national and county levels, civil society, private sector, and other key stakeholders. Stronger partnerships are expected to result in development of implementation models that enhance efficiency and optimize use of available resources to end AIDS as a public health threat by 2030. As Kenya reaches HIV epidemic control, it will be critical that all stakeholders are unified in supporting the vision to transition HIV service delivery to the leadership of the GoK. Such support will include leveraging opportunities with both the private and faith-based sectors to ensure priority population have access to services.

In Kenya, the health sector is devolved, meaning the county governments are responsible for health service delivery. As such, the PEPFAR Kenya team will ensure investments at the county level are aligned with both a county's burden of HIV and a county's governance and financial plans. To be successful, the team will ensure objectives are implemented in collaboration with county governments. PEPFAR Kenya aims to do this by continuing to build the capacity of counties and the Council of Governors as the lead entity responsible for coordinating health sector priorities across Kenyan counties. In addition, the team will continue to work at the

national level with the MOH, NASCOP, and the NSDCC on issues related to HIV policy, multi-stakeholder coordination of the response, and procurement of HIV-related commodities. Finally, members of the PEPFAR Kenya team will work to ensure alignment with the Global Fund including participation in drafting the new Global Fund grant.

In developing COP23 plans, PEPFAR Kenya worked to increase more meaningful and frequent engagement with civil society representatives from a breadth of stakeholders including those representing faith-based leadership, PLHIV, KP, youth, and the LGBTQ+ community. PEPFAR Kenya will continue to build off this momentum throughout the implementation of COP23 by jointly and regularly reviewing implementation of agreed upon approaches while being guided by PEPFAR strategic direction imperatives. At the county level, PEPFAR Kenya will work directly with the county governments and advocate for greater inclusion of civil society in implementation partners' plans. It will also leverage the influence of local leadership in advancing HIV/TB prevention and treatment objectives.

PEPFAR Kenya will work to strengthen other key government ministries and public health initiatives. The establishment and operationalization of the Kenya NPHI within the primary health care framework is one such initiative. In COP23, the NPHI is proposed to play a key role in implementing the next KENPHIA study and in supporting HIV and TB surveillance activities.

The PEPFAR Kenya team will also work to leverage opportunities with the private sector to ensure service delivery and to identify innovative financing opportunities. One key priority for private sector partnership is enhancing Kenya's ability to locally manufacture HIV and other essential medicines and commodities. Local manufacturing has the potential to guarantee the availability of health products at competitive prices and save on transaction costs for warehousing and freight. According to the WHO, there has been poor medicine availability, particularly in the public sector of developing countries. Kenya has mostly depended on pharmaceutical products from India and China. These products are generally generic medicines whose prices are affordable, thanks to the Trade-Related Aspects of Intellectual Property Rights Agreement (TRIPS Agreement). The TRIPS Agreement has continuously evolved and is currently focused on protecting the least developed countries. With the rebasing of Kenya's economy, PEPFAR may not enjoy the privilege of compulsory licenses or parallel importation of these products. Even so, depending on another country's industrial and legal framework puts Kenya in a vulnerable position.

Achievement of this objective will be a game changer as it will increase access to supplies for both Kenya and the surrounding region consistent with the World Health Assembly Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH) recommendation. In collaboration with the USAID Office of Economic Growth, the United States Trade and Development Agency, other agencies, donors, and industry players, PEPFAR Kenya will work to

strengthening the regulatory capacity of the GoK to ensure quality standards and good manufacturing standards. The team will also facilitate acquisition of quality certifications and standards by advocating for local, regional, and international collaboration. Finally, PEPFAR Kenya will work with the government, industry players, and other stakeholders to address key policy, regulatory, and operational barriers hindering production of HIV-related medical supply production and to create an enabling environment for local manufacturing.

Pillar 5: Follow the Science

COP23 Vision: Increased availability of high-quality, comprehensive HIV surveillance data to inform targeted HIV response strategies for sustained HIV epidemic control.

- Conduct Kenya's National Population-based HIV Impact Assessment (KENPHIA 2023/24) to measure the impact of HIV response in the general population.
- Support NPHI in a survey coordination role during the KENPHIA and other disease investigations and/or public health response activities
- Implement key populations biobehavioral survey to measure the impact of HIV programming in these populations.
- Integrate recent infection surveillance with enhanced case-level data to improve the robustness of data for targeted HIV response.
- Focus surveillance for recent HIV infections in five high HIV-burden counties.
- Integrate mortality surveillance activities in Kenya, including capture of causes of death among PLHIV, and facility-based surveillance, using the existing PEPFAR-supported laboratories.

Context

The PEPFAR program plans to align surveillance, research, and evaluation (SRE) activities contributing to science with strategic development of the body of knowledge, evaluation of programmatic gaps, and data dissemination. Through PEPFAR Kenya support, IPs will be held accountable for producing informative, evidence-informed dissemination products (e.g., abstracts, reports, and manuscripts) for PEPFAR-supported evaluations, surveys, and surveillance activities. To create synergies across activities, prioritize resources, and provide robust HIV programming data, the PEPFAR Kenya program will:

a) Embark on systematic inclusion of HIV recency and HIV drug resistance (HIVDR) surveillance in the HIV CBS system

b) Leverage well-established HIV case-based surveillance to identify program gaps and generate public health response activities and continuous quality improvement of the HIV program.
c) Conduct KP IBBS to inform programming gaps for these vulnerable populations.
d) Support local institutions (e.g., NPHI) in building disease surveillance capacity.
e) Conduct evaluations to help monitor the HIV epidemic in vulnerable sub-groups, and
f) Support the health demographic surveillance system for monitoring achievement of the 95-95-95 targets and assessment of population-level mortality.

The comprehensive surveillance strategies supported by the PEPFAR Kenya program will help in determining if Kenya is on the trajectory to ending HIV/AIDS as a public health threat by 2027. The PEPFAR team will continue to support a comprehensive range of surveillance activities with a deliberate focus on strengthening local institutions, including the NPHI. The team will also continue supporting the FELTP, one of the channels through which epidemiological capacity is built for MOH staff.

During COP23, the PEPFAR Kenya program will continue to support the implementation of AFRICOS, a longitudinal cohort study following HIV and other health outcomes for participants enrolled at twelve HIV care and treatment sites in five Military HIV Research programs (MHRP) across Uganda, Kenya, Tanzania, and Nigeria. AFRICOS began in January 2013 and engages primarily PLHIV, but also a small cohort of those without HIV. Recently, it has focused on enrolling youth aged 15-24. The protocol addresses key priorities and has continued to provide critical data to answer key programmatic questions, with sufficient flexibility to incorporate emerging priorities. Recent AFRICOS analyses have focused on major PEPFAR initiatives and focus populations, including data on: (i) NCD prevalence, (ii) Tenofovir/lamivudine/dolutegravir (TLD) associated weight gain and impacts on adherence and viral load suppression (VLS), (iii) HIV outcomes in the youth cohort, and (iv) PrEP practices and beliefs. AFRICOS findings have impacted international programs, policies, and clinical guidelines.

As Kenya's response to HIV shifts from a disease control program to one focused on ending HIV/AIDS as a public health threat by 2027, the emphasis on strong case surveillance will be necessary to ensure this goal is achieved. Over 90% of PLHIV in Kenya now receive HIV services at sites with electronic medical record systems, thereby capturing individual-level data at the facility level and in a NDW. These data include information on HIV testing (including data on HIV-negative individuals such as those that are on PrEP, and those with recent HIV infections), linkage to care, HIV care and treatment data (including lab data – viral load, early infant diagnosis (EID) results, and soon to be added drug resistance results), and death status. HIV-positive pregnant or postpartum women and their infants are also captured at the facility level and in the NDW.

Strengthening the utilization of routine case-level data for comprehensive case surveillance, and improving data quality, will enable the identification of areas of concern, such as clusters of recent HIV infections and new diagnoses. It will also aid in revealing programmatic gaps, such as weakness in prevention services, or weakness in retention on ART. High-quality and complete longitudinal data on HIV-positive women from pregnancy to end of breastfeeding, or final HIV status determination of an HIV-exposed infant, will provide reliable national estimates of MTCT of HIV. It will also identify areas to target for interventions. Further, these data can help identify gaps in the retention of women in pre- and postnatal care, as well as delays in EID of HIV and initiating optimal treatment for the infant.

Enhancing data protection for key and vulnerable populations will ensure equitable representation of all individuals seeking HIV services. Implementing a NUPI across all HIV case management and wider healthcare systems, will facilitate accurate, comprehensive health data collection, enabling effective disease surveillance and response to future health threats.

Identifying Recent HIV Infections

Following the guidance from the recent HIV infection surveillance scientific advisory board and OGAC, recent HIV infection surveillance will be focused on five high HIV-burden counties in Kenya: Homa bay, Kisumu, Mombasa, Nairobi, and Siaya. In these counties, the FY23Q1 data (Figure 1 below) shows 40 - 60% of new HIV diagnoses received a rapid test for recent infection, followed by a viral load test for confirmation of the recent infection status. For improved accuracy in determining if these new diagnoses are recent (acquired within the past year) versus long-term infections, viral load testing of samples using rapid tests for recent infections (RTRI) will be initiated. Integrating recency testing into HIV testing services can provide important information on transmission chains and help to prioritize clients for partner testing. Integration of recent HIV infection surveillance data with the rest of case-level data at the NDW ensures client protection as these data will not rest at the facility-level EMRs while enabling in-depth case surveillance.

In the remaining 35 counties currently implementing recent HIV infection testing in a few high HIV-positive yield facilities, the implementation will be stopped. This is due to the recognition that data from a few facilities in a county accounting for <30% of new HIV diagnoses may not provide informative data for decision-making. Stopping implementation at these few facilities will also prevent the expenditure of the substantial resources needed to maintain recent HIV infection testing with quality and fidelity.

The primary objectives of the recent HIV infection surveillance system are to inform enhancements to HIV testing and prevention services, address gaps in healthcare provision, and combat the spread of HIV in the five focus counties named above. To achieve these objectives, PEPFAR have identified three key areas of focus:

1) Reaching 90% of new HIV-positive individuals receiving a test for recent infection with a viral load confirmation of the recent HIV Infection status,
2) Identifying gaps in HIV testing and prevention services and areas of concern through identifying clusters of new and recent infections via the use of data from recent HIV infection surveillance along with the rest of the comprehensive case surveillance data and programmatic data.
3) Using recent HIV infection surveillance as a tool to document and disseminate best practices for achieving the goal of ending HIV/AIDS as a public health threat by 2027. These efforts will also enable real-time program improvement for Kenyan counties beyond the five focus counties.

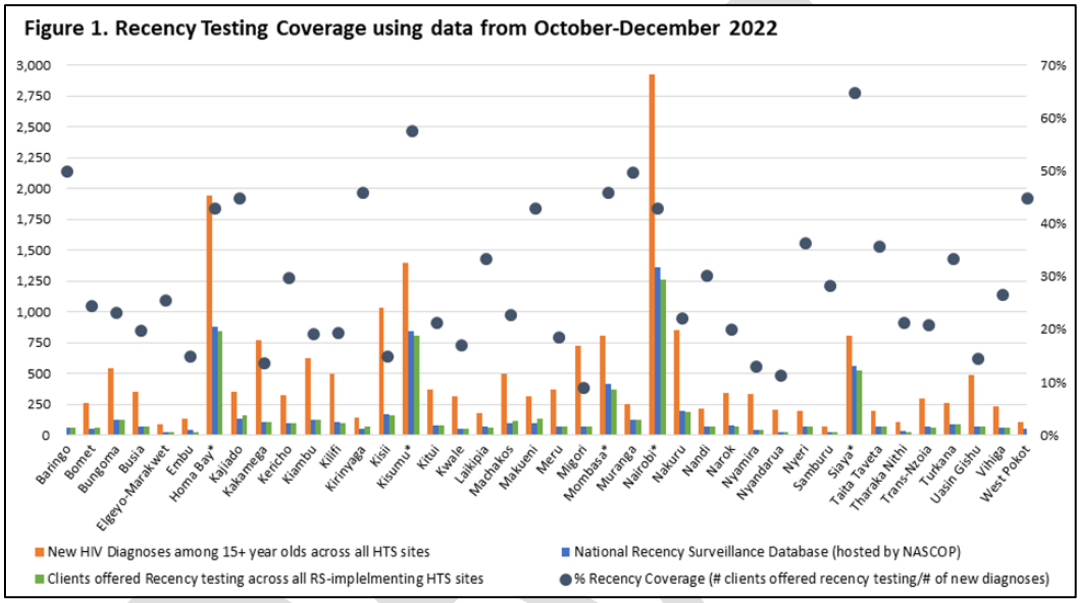


Figure 12. Recency Testing Coverage using data from October -December 2022

In-depth analyses in the five focus counties have helped identify micro-geographies (Figure 12 and 13), such as sub-counties, with higher proportions of recent infection which can then be targeted for review, including identifying gaps or areas for strengthening, distinguishing age and sex distribution between new diagnoses and recent infections, and identifying testing locations with greater percent of new recent infections.

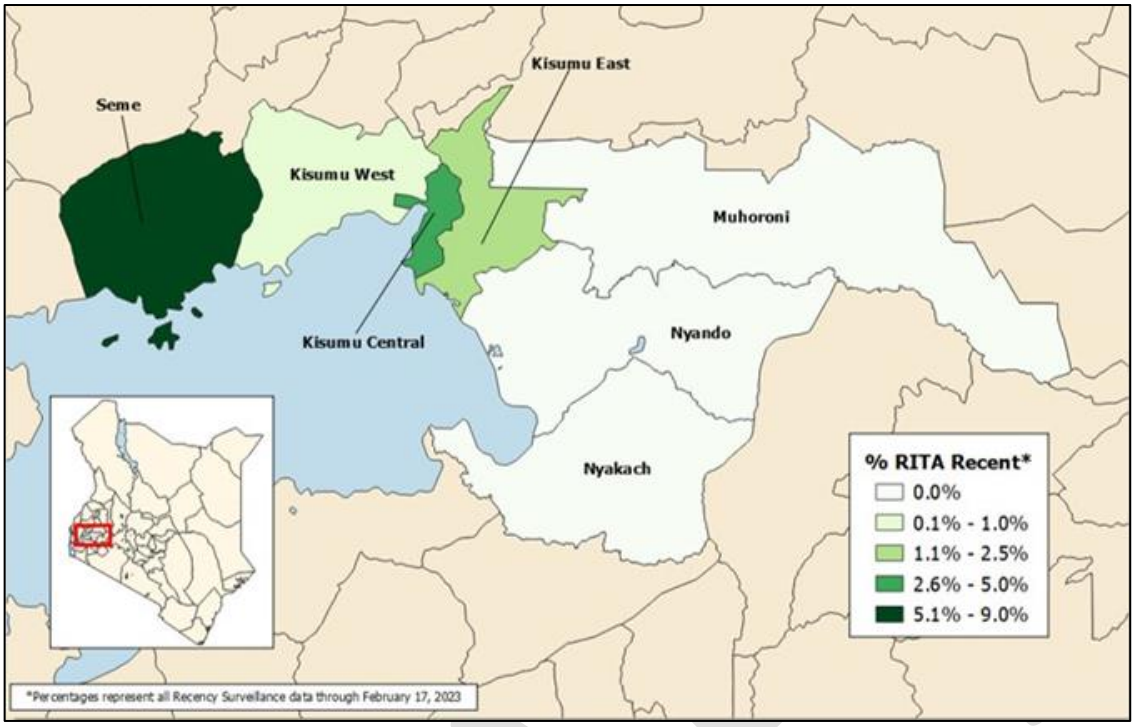


Figure 13. Percent recent infection among newly diagnosed females, aged 15-24 years in Homa Bay county

Integration of Mortality Surveillance for Improved Public Health

Tracking mortality among PLHIV is an important determinant of the impact of the HIV response. In the case level data, deliberate measures will be implemented to document all deaths of PLHIV receiving care and treatment services, with a detailed mortality audit and documentation of the causes of death (HIV and non-HIV related) using standard ICD classification. To obtain a population-level perspective on mortality rate and cause-specific mortality, the Health and Demographic Surveillance System (HDSS) project in Gem, Siaya, will continue to be supported. The well-defined HDSS catchment area provides reliable and up-to-date denominators for calculating key health and demographic indicators such as mortality, fertility, and disease incidence rates. These indicators are essential for interpreting and comparing health and demography over time and across different populations.

The HDSS site provides in-depth information from the verbal autopsy on each household death. Mortuary-based surveillance will continue in select counties but will be enhanced with in-depth information on clinical characteristics of deaths using chart abstractions, testing of blood for HIV viral load and presence of antiretrovirals, and use of NUPI for detailed understanding of the clinical history and circumstances surrounding an individual's death. These existing community-based and facility-based mortality surveillance activities will be integrated with mortality surveillance for other pathogens to establish platforms of sentinel sites for mortality surveillance to provide continuous signals of HIV and non-HIV related health conditions and for

early detection of emerging threats. This concept is currently proposed under the CDC-led Global Health Security (GHS) Mortality Research Hub and will leverage the GHS prevent-detect-respond model within the PEPFAR program and strengthen the GHS platform by integrating PEPFAR resources with GHS for the greater benefit of the country.

Biobehavioral Surveys and Strengthening Surveillance

Two critical cross-sectional surveys will be conducted to provide in-depth understanding of the status of the epidemic among the general, key, and priority populations. The key populations bio-behavioral survey in nine counties across the country will provide information on HIV incidence, viral suppression, status of the 95-95-95 cascade, and the HIV prevention (specifically, PrEP) cascade.

The KENPHIA survey will be conducted in early 2024. Kenya's NPHI will be supported by PEPFAR Kenya to perform its role of leading and coordinating essential public health functions, including the KENPHIA survey. The implementing partner supporting the survey will be co-housed with NPHI to co-implement the survey in a "see one, do one, teach one" model. NPHI may also manage the daily data reviews of survey quality and progress as well as the management of data for dissemination.

Beyond their role in the PHIA survey, NPHI's surveillance function will also be strengthened to play a coordinating and, subsequently, a leading role in investigating areas of concern for HIV and health at large, driven by surveillance and programmatic data.

Support will be provided to NPHI, NASCOP, and MOH to refine the national HIV and broader disease surveillance strategy with local capacity and sustainability as core objectives. The most current surveillance and survey data will be used to guide the country's immediate- and long-term surveillance strategies.

The goal of all surveillance activities is to provide timely information that can inform responses both at the level of individual clients and at the programmatic level, with the aim of addressing gaps in service delivery or systemic issues that may lead to poorer health outcomes. To achieve this, information will be disseminated rapidly to key stakeholders, including facility staff, and county or national-level staff. Additionally, scientific dissemination will be used to ensure that the findings of the surveillance activities are widely shared and can inform policy decisions at higher levels.

Strategic Enablers

Community Led Monitoring

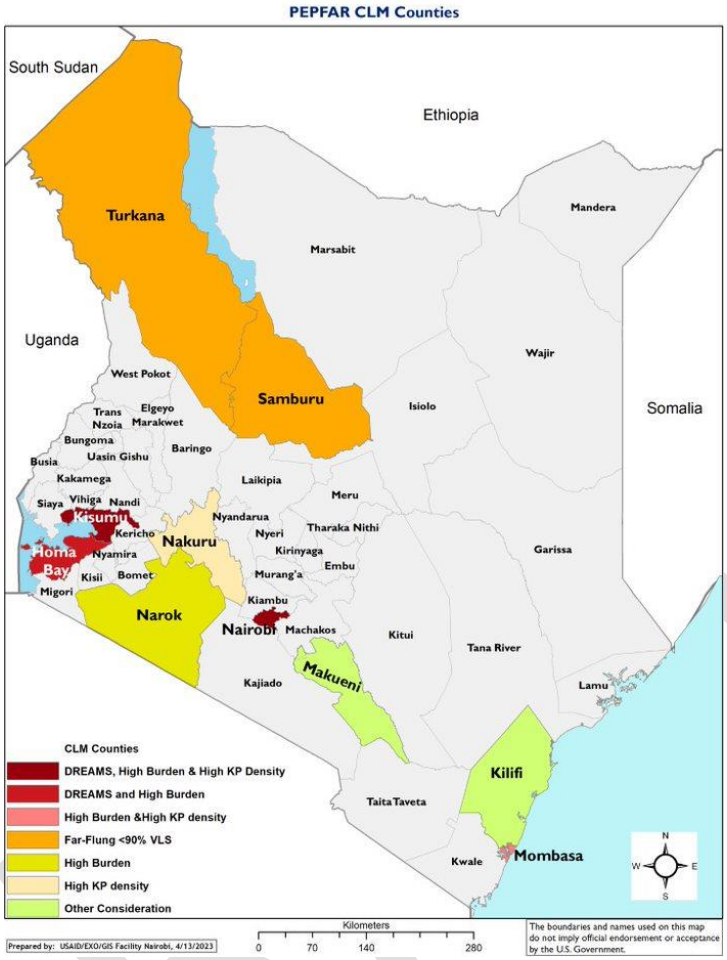


Figure 14. PEPFAR CLM counties

Since December 2021, PEPFAR Kenya through the PCO and Department of State, has awarded three CLM grants to cover implementation across three counties (Kilifi, Homa Bay and Makueni) to gather provider and beneficiary feedback on quality of services and proposed solutions for improvement and a coordination body to coordinate the data reporting and synthesizing across organizations. Additional awards will be issued to cover seven new counties on provider and beneficiary feedback on quality of services (Nakuru, Narok, Nairobi, Mombasa, Kisumu, Samburu, and Turkana) beginning May 2023. Starting in COP22 and through COP23, the PEPFAR interagency team will work with the grantees to align the CLM data collected for review, validation, and presentation as part of County, National, PEPFAR and GF month/quarterly structured data review meetings. For PEPFAR and others, the data will be used as part of data triangulation to better inform the programs covered within the 10 counties supported.

CLM will continue to be implemented in COP23. Based on outcomes and progress of the COP22 implementation of CLM, additional counties may be considered for support under COP23-- a

determination that will be discussed with civil society and the PEPFAR team to ensure strategic coverage and expansion is evidence-based and supports the most impactful and efficient CLM approach for Kenya. For all CLM engagements and opportunities, applicants and grantees must ensure that the inclusion of, at least, KP/PP; PLHIV; AGYW; OVCs; persons living with disabilities (PLWDs);PWID; faith based organizations and communities; vulnerable populations (fisher folks; discordant couples; trackers and persons in prison settings).

In addition to keeping the CSO leadership engaged as part of key PEPFAR Kenya co-planning and oversight structures, other county-level and sub-population specific investments facilitated through DREAMS, OVC, LIFT Equity, U=U, KP and MenStar programming, PEPFAR Kenya will ensure full utility of the opportunities to advance patient-centered, community-led prevention, care and treatment shared goals towards sustained epidemic control and an HIV-free generation. This, building off the CLM is a critical platform and structure necessary to strengthening community engagement and quality of services that is informed by the beneficiaries themselves.

Kenya's Civil Society

PEPFAR Kenya will continue to engage all stakeholders to support efforts toward epidemic control. Successful development of the COP23 activities was built upon epidemiological and program data with inputs from several stakeholders. CSOs remain key stakeholders and have provided invaluable input into the conceptualization, development, and implementation of the COP23 process as well as during the quarterly PEPFAR Oversight and Accountability Response Team (POART). Alongside exemplary commitments by the GoK, GF, United Nations family, private sector, CSOs and FBOs, PEPFAR Kenya will continue to work closely with all stakeholders during the implementation of COP23 to ensure that the complementary efficiencies and priorities set forth in this Strategic Direction Summary (SDS) lead to epidemic control.

For COP23, the CSO community in Kenya is represented by diverse constituencies including members of KP, AGYW, FBO, Network of People Living and Affected by HIV (NEPHAK) in Kenya, vulnerable Populations, Children, ABYM and elderly. Community members and nominated leaders of these constituencies have been fully engaged participants and contributors to the COP23 co-planning, submission and approval processes.

During the COP planning process in COP23, the CSO community had the opportunity to engage the highest levels of PEPFAR leadership including Ambassador Nkengasong from the onset during a special session dedicated to dialogue with civil society during his first official visit to Kenya. Civil Society engaged with the Country Accountability and Support Team (CAST) and co-chairs for the PEPFAR Kenya program in-person during COP23 co-planning months in country and in Johannesburg. Two members of civil society were nominated by their peers to serve on the COP Planning Group (CPG) where leadership informed the support and decisional COP23

stakeholder co-planning teams' directions and final decisions. In addition, the community leadership worked with the Kenya PEPFAR team to further appraise the Kenya PEPFAR, Global Fund and National HIV Program by highlighting the success achieved because of PEPFAR funding and noting key gaps and recommendations as they presented their ideas on possible solutions.

Key COP23 highlights engagement included the launch of the COP23 process with Global AIDS Coordinator, Ambassador Dr. Nkengasong and the CAST TDY, pre-and-post Johannesburg in-country co-planning meetings, the Johannesburg Co-planning meeting, Joint PEPFAR-GF Stakeholder validation meetings, and the COP23 approval meeting. The PEPFAR Kenya team, in collaboration with NASCOP, NSDCC, Council of Governors (COG), UNAIDS, WHO and Global Fund, remained consistent in ensuring the diversity in the community leadership engaged was consistent and meaningful – for the COP23, GF G7 application as well as in the development of the National Strategic Plans by NASCOP and review of the KASF II by NSDCC. In addition to the structured monthly, quarterly and biannual scheduled implementation and progress review meetings, the PEPFAR Kenya team will continue to ensure the engagement of diverse community leadership in the current COP22 process through to the COP23 implementation and oversight. The detailed outline and calendar of engagement including participants can is in Appendix.

Leading with Data

COP23 Vision: Strengthen Kenya's digital health strategic approach and how it contributes to sustainable HIV epidemic control.

- Integrate all HIV systems within the national digital eco-system for continuous tracking of all services provided to PLHIV and those at risk of HIV infection.
- Expand support to shared digital services such as client registry, facility registry, terminology dictionary, transmission standards for seamless exchange of information.
- Support expansion of unique identifiers to all health services in line with MOH vision to facilitate longitudinal tracking of all clients.
- Scale up digital systems to cover all facilities towards accounting for all persons receiving HIV services.
- Adopt "smart data"; collect once use many ways including automated aggregate reporting from digital systems.
- Maintain data repositories for de identified client-level data providing a robust platform for tracking progress towards achieving equitable epidemic control across all populations and geographies.
- Intentional capacity building of MOH teams on software development, systems evolution and ongoing support for local ownership and sustainability

- Develop and scale up of data driven innovations e.g., Machine Learning for proactive interventions towards best patient programming and outcomes

Country Context

Kenya has adopted the digital ecosystem approach, which involves integrating various digital tools and platforms to enhance data collection, analysis, and sharing, and moving away from paper-based systems and processes. The digital eco-system, dubbed the digital health platform (DHP), will comprise of several interoperable systems operating at the facility and community level to provide a comprehensive status of the health sector in Kenya at the national and subnational level.

Strategic Direction

To achieve this, PEPFAR Kenya alongside MOH has invested in shared digital health services that enable seamless exchange and use of information. The national client registry is used to generate a unique person identifier that is then used to track clients across systems and health services. The master facility list provides a registry of all community units and health facilities that provide health services. Additionally, PEPFAR Kenya has supported the development of human resource information systems deployed at the regulatory bodies and MOH with a goal of coming up with a provider registry. Development of a health terminology service: national health data dictionary has also enabled standardization of medical terminologies across digital system to aid in semantic interoperability. Lastly the MOH has also developed adopted the use of fast healthcare interoperability resources (FHIR) standards, resulting in a national FHIR server for information transmission across different systems. Investment in these shared services has laid a strong foundation to actualize a well-functioning digital health platform in Kenya.

System integration at the facility and community level will enable seamless tracking of services provided in the various systems, thereby providing a more comprehensive picture of PLHIV beyond the HIV services provided through PEPFAR. The approach will help the program track progress and outcomes for NCDs and other health conditions affecting PLHIV. This is a key step towards true patient centeredness.

The national EMR data warehouse has played a key role in providing rich individual level data for program monitoring for the HIV program currently accounting for close to 90% of all patients on treatment in Kenya. The Kenya program will leverage on these successes to support the set-up of a health wide data-lake that will bring all existing electronic data together in a national data center with incorporation of robust analytics and action-oriented visualization accessible to stakeholders at all levels. The analytics from the integrated data repository will enable the country and stakeholders to target HIV prevention and treatment services, fill key

gaps, and rapidly adapt policies and programs to better meet the needs of clients and respond to emerging threats.

For sustainability, PEPFAR Kenya will work closely with MOH and other stakeholders for skills and knowledge transfer towards building a sustainable community of practice for digital health solutions. The Kenya team will also work closely with MOH to develop a costed deployment plan for the digital health platform and forge strategic and transformative partnership towards the country wide deployment of this digital health platform.

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	**Total PLHIV (FY23)**	**New Infections (FY24)**	**Expected Current on ART (FY23)**	**Current on ART Target (FY24) *TX_CURR***	**Newly Initiated Target (FY24) *TX_NEW***	**ART Coverage (FY24)**	**ART Coverage (FY25)**
Attained	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	
Scale-Up Saturation	766,448	9,845	752,864	773,443	33,045	101%	
Scale-Up Aggressive	433,087	5,480	411,006	420,131	16,096	97%	
Sustained	165,530	2,002	147,979	153,641	8,049	93%	
Central Support	14,034	210	Not applicable	Not applicable	Not applicable	0%	
Total	**1,379,099**	**17,537**	**1,314,962**	**1,350,358**	**57,277**	**98%**	

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts								
SNU	**Target Populations**	**Population Size Estimate (SNUs) 2024**	**Current Coverage 15-64 yrs. (FY23)**	**Current Coverage 15-29 yrs. (FY23)**	**VMMC_CIRC (in FY24)**	**Expected Coverage (in FY24)**	**VMMC_CIRC (in FY25)**	**Expected Coverage (in FY25)**
Turkana	15-64 yrs	283,243	78%	82%	13,200	**81.6%**	13,200	
Kisumu	15-64 yrs	353,757	64%	125%	12500	**66.1%**	12500	
Siaya	15-64 yrs	270,300	66%	117%	8250	**67.5%**	8250	

Homa Bay	15-64 yrs	299,615	70%	94%	8200	**71.2%**	8200	
Migori	15-64 yrs	303,392	69%	102%	6000	**69.2%**	6000	
Nandi	15-64 yrs	276,159	92%	Not applicable	3000	**90.9%**	3000	
Nairobi	15-64 yrs	1,575,300	86%	Not applicable	3000	**83.7%**	3000	
Military	15-64 yrs	Not applicable	Not applicable	Not applicable	**850**	Not applicable	**850**	
	Total/ Average	Not applicable	Not applicable	Not applicable	**55,000**	Not applicable	**55,000**	

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control				
Target Populations	**Population Size Estimate* (SNUs)**	**Disease Burden***	**FY24 Target**	**FY25 Target**
PP_PREV	Not applicable	Not applicable	521,693	521,693
AGYW_PREV	Not applicable	Not applicable	321,241	321,241
KP_PREV	Not applicable	Not applicable	344,792	344,792

Target Table 4 is required OVC and Linkage to Services

Target Table 4 Targets for OVC and Linkages to HIV Services					
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC OVC_SERV Comprehensive	Target # of OVC OVC_SERV Preventative	Target # of active OVC OVC_SERV DREAMS	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program
Bungoma County		5,202	1,316	-	6,384
Busia County		8,918	2,176	-	10,942
Homa Bay County		29,693	6,358	24,593	36,432
Kajiado County		2,898	594	-	3,558
Kakamega County		8,182	1,822	-	10,010
Kericho County		4,650	952	-	5,708
Kiambu County		8,387	1,712	20,151	10,288
Kilifi County		13,464	2,760	-	16,524
Kisii County		6,620	1,354	-	8,122
Kisumu County		31,118	6,101	16,494	38,147
Kitui County		1,964	402	-	2,410
Machakos County		2,934	600	-	3,600
Makueni County		2,278	468	-	2,798
Meru County		2,696	552	-	3,310
Migori County		10,811	2,202	33,073	13,257
Mombasa County		4,605	940	20,798	5,651
Muranga County		1,958	400	-	2,402
Nairobi County		42,510	8,691	49,289	52,147
Nakuru County		11,240	2,302	-	13,794
Nyamira County		918	190	-	1,128
Siaya County		11,344	2,333	13,788	13,884
Trans Nzoia County		3,242	662	-	3,978
Turkana County		3,794	778	-	4,660
Uasin Gishu County		4,578	938	-	5,618
Vihiga County		1,536	314	-	1,882
FY24 Total		**225,540**	**46,917**	**178,186**	**276,634**
FY25 Total		**225,540**	**46,917**	**178,186**	**276,634**

Core Standards

Offer safe and ethical index testing to all eligible people and expand access to self-testing	Fully implement "test-and-start" policies	Provide OVC and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes	Ensure HIV services at PEPFAR-supported sites are free to the public
Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity	Optimize and standardize ART regimens	Offer differentiated service delivery models	Integrate TB care
Monitor morbidity and mortality outcomes	Diagnose and treat people with AHD	Optimize diagnostic networks for VL/EID, TB, and other coinfections.	Integrate effective QA and CQI practices into site and program management
Offer treatment and viral-load literacy	Adopt and institutionalize best practices for public health case surveillance	Enhance local capacity for a sustainable HIV response	Increase GoK leadership

Quality Management Approach and Plan

Quality management (QM) systems are crucial for ensuring that health care services and systems meet accepted standards. In COP23, PEPFAR emphasis will be to align with national quality management and strengthen integration of PEPFAR QI with country systems. The Quality systems work will be aligned to the 3 elements that support quality management namely: quality planning, quality assurance and quality improvement. In Quality planning PEPFAR will work with the Ministry of Health to align policies, institutionalize quality management, engage stakeholders, catalyze HIV workers across cadres trained on QA/QI for an all-inclusive health system approach. Quality assurance performance will be assessed with tools developed to ensure compliance with national, PEPFAR set programmatic standards of quality and international benchmarks.

COP23 will focus on Quality Improvement (QI) by strengthening systematic actions across the different levels of the health system (national, county, facility) to address gaps and challenges related to making health services more effective, safe, and person-centered. PEPFAR CQI approach will be guided by The *Kenya HIV Quality Improvement Framework (KHQIF) developed in 2014 by NASCOP and partners. The* framework outlines the quality services needed to ensure set outcomes and benchmarks in HIV programming are attained. The KHQIF is consistent with the Kenya Quality Model for Health (KQMH) and other HIV national guidelines and provides the minimum norms, standards, protocols, and guidelines for continuous quality improvement in HIV service delivery. PEPFAR will continue to support the HIV program to strengthen the 4-step Plan-Do-Study-Act cycle, also known as the Deming Cycle, that is the most widely used tool for continuous quality improvement (CQI) in Kenya.

In COP23, PEPFAR shall do the following to strengthen Quality Management systems:

- Policy and guidelines alignment with National, PEPFAR programmatic standards and International Benchmarks
- Health Care worker trainings in QA/QI
- Institutionalize QI governance systems at facility level (Quality Improvement Team (QIT) and Work improvement team (WITs) committees in the HIV clinics)

Offer Treatment and VL Literacy

COP23 will continue with scale up of U=U minimum package across all PLHIV sub populations including AYP, PBFW, KP typologies, PWD typologies, discordant couples, priority populations such as prisoners, truckers, fisherfolk, men and women as well as GP. COP23 will work to strengthen U=U leadership and ownership by PLHIV and CSO networks and MOH with support by PEPFAR, Global Fund and implementing partners. Continued scale up will continue in COP23 for U=U county charters, support to PLHIV networks and CSOs for continued treatment literacy

and sensitization, capacity building of health workers and U=U champions, peer-led case management, scale up of age-appropriate comprehensive U=U messaging, printing of IEC materials, scale up of population and age-appropriate psychosocial support groups and positive health dignity prevention (PHDP) and mental health. Continued comprehensive treatment literacy including, GBV triple threat response and novel innovations such as Jua Mtoto Wako, OTZ and OTZ Plus, PAMA CARE, Project HIFADHI. COP23 will also strengthen scale up of mHealth solutions and the digital/virtual platforms to enhance adherence, linkage and retention. G2G partnerships and capacity building will be strengthened, specifically, PEPFAR in collaboration with MOH and PLHIV Network for People living with HIV in Kenya (NEPHAK) will work with county governments to set up U=U charters at each county for U=U co-ordination across all PLHIV sub populations at the county level.

- **A comprehensive U=U End Stigma communication strategy, Enhance local capacity for a sustainable HIV response. Increase partner government leadership. Monitor morbidity and mortality outcome.** The electronic medical records systems will be enhanced to include a robust co-morbidity tracking module aimed at documenting the diagnosis, management and eventual outcomes of all comorbidities affecting PLHIV. NUPI will be used to extract, pull, and include in client medical records for patients that will have been managed outside the HIV program. The goal will be to achieve wholesome patient management and not just the HIV in PLHIV. Data on existing comorbidities pulled into the NDW will be used to continually refine the package of services for PLHIV through the various models of integrated service delivery.
- Kenya has been conducting mortuary surveillance in sentinel sites in the country thereby helping generate high quality data on mortality among PLHIV. In COP23 PEPFAR will also enhance the existing electronic systems to capture deaths, clinical parameters as at the time of death, probable causes of death as well as support facilities conduct mortality audits using the existing data to determine any gaps to inform program improvement initiatives to prevent preventable deaths. Facilities will be expected to follow up and determine final outcomes for all clients classified as IIT to unmask any deaths misclassified as IIT. All this information will be pulled into the NDW and be used to compare deaths observed within the program vs HIV estimates through EPP spectrum towards improving mortality documentation and reporting. Findings from the mortality audits will be used to inform CQI at the facility level further enhanced through site visits and ongoing program TA.

1. **Adopt and institutionalize best practices for public health case surveillance.** Transfer/deduplication processes and a secure person-based record should be in place

for all people served across all sites. Unique identifiers should also be in place, or a plan and firm, agreed-upon timeline for scale-up to completion should be established.

USG Operations and Staffing Plan to Achieve Stated Goals

Department of Defense

The current USG DOD staffing plan includes seven personnel at the Embassy. Five positions are currently filled, including one country director, one deputy country director, one HIV specialist for care and treatment, one HIV prevention specialist and one health management information systems specialist. The management and finance specialist position is currently in classification while the driver position has been submitted for Embassy approval. All DOD USG positions have been designed to maximize effectiveness and efficiencies to achieve program priorities and results across PEPFAR strategic pillars, provide inter-agency support and implementing partner oversight. During COP23, DOD is not requesting any new positions and intends to complete processes of filling both vacant positions initiated in COP 22 which were delayed by an Embassy-wise pause on new positions that has since been lifted.

In COP23, DOD proposes a one-time decrease of 27% from COP22 CODB. This decrease is realized due to efficiencies gained from transition to a full USG team at the embassy and resulting deduplication with contractor work.

Department of State

PEPFAR State has a total of 4 locally employed staff vacant positions that are still applicable for COP23. Three positions, the Communications Specialist, Global Fund Liaison, and Community Led Monitoring (CLM) Coordinator positions are currently under recruitment and expected to be filled before end of the FY23. PEPFAR State continues to push recruitment actions for the DREAMS Coordinator position. Funding for these positions is within the current funding envelope for State.

USAID

USAID has not made any changes to staffing positions from COP 22 and the cost of doing business remains flatlined. Almost all vacant positions have now been filled or are in the process of being filled.

In COP 22, USAID reviewed staffing requirements in order to provide adequate oversight of USAID programs and technical assistance, especially in managing local awards. Several positions that were not needed were removed in the previous COP. USAID's staffing approach includes frequent monitoring, reporting, and analyzing of results to make course adjustments and adapt program approaches.

The Centers for Disease Control and Prevention (CDC)

CDC's Division of Global HIV and Tuberculosis Kenya Field Office (CDC Kenya) reduced the cost of doing business in many areas, however the overall cost rose slightly due to relocation to embassy.

CDC Kenya's organizational and personnel management efforts have supported and sustained a program that contributes to identification of new HIV and tuberculosis cases, utilization of different modalities to electronically collect individual-level data, and incorporation of strategies to close gaps in human resources for health. Additionally, the program has a robust history of funding local partners. Fiscal Year 2023 saw the program managing a portfolio in which local partners account for 84% of cooperative agreements.

CDC Kenya conducts regular budgetary analysis and qualitative staff assessment to determine if the CDC Kenya office is sufficiently and efficiently achieving COP objectives in the context of a more constricted fiscal environment.

CDC Kenya staffing has evolved for the incorporation of government to government (G2G) sustainability efforts. In response, CDC repurposed an existing position specifically tasked to manage the specific and intricate organizational infrastructure needs of G2G partners. CDC Kenya continues to monitor and assess the needs of the team and identify personnel requirements in relation to PEPFAR's goals and the specific objectives and actions with which the CDC Kenya office is tasked via the COP.

APPENDIX A -- PRIORITIZATION

Epidemic Cascade Age/Sex Pyramid

Figure A.1

APPENDIX B – Budget Profile and Resource Projections

Tables B.1.1-B.1.4

Table B.1.1 COP 22, COP23/FY 24, COP23/FY 25 Budget by Intervention

Operating Unit	Country	Intervention	Budget		
			2023	2024	2025
Total			**$345,000,000**	**$347,250,000**	**$327,917,500**
Kenya	**Total**		**$345,000,000**	**$347,250,000**	**$327,917,500**
	Kenya	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Military		$40,000	$37,420
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations		$4,225,521	$3,787,405
		ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC		$356,888	$127,812
		ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	$1,118,703	$1,169,098	$1,014,421
		ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$3,451,498	$2,427,224	$2,244,271
		ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations		$622,639	$749,014
		ASP>Management of Disease Control Programs>Non Service Delivery>Children		$5,839	$5,396
		ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations		$334,800	$308,881
		ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations		$2,186,501	$2,020,947
		ASP>Management of Disease Control Programs>Non Service Delivery>Pregnant & Breastfeeding Women		$177,246	$163,807
		ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$904,333	$1,345,000	$387,257
		ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$357,729	$865,622	$706,533
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations		$1,600,000	$0
		ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations		$11,651,908	$11,530,288
		C&T>HIV Clinical Services>Non Service Delivery>Children	$48,687	$455,296	$421,079
		C&T>HIV Clinical Services>Non Service Delivery>Key Populations		$30,324	$28,025
		C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$4,678,066	$19,579,941	$18,735,736
		C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$55,732	$1,329,769	$1,227,797
		C&T>HIV Clinical Services>Service Delivery>Children	$387,610	$2,442,281	$2,261,659
		C&T>HIV Clinical Services>Service Delivery>Key Populations	$1,400,627	$7,195,955	$6,695,306
		C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$21,227,928	$51,368,150	$47,695,988
		C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$893,527	$7,307,355	$6,754,317

Operating Unit	Country	Intervention	Budget		
			2023	2024	2025
		C&T>HIV Drugs>Non Service Delivery>Non-Targeted Populations		$245,642	$245,642
		C&T>HIV Drugs>Service Delivery>Children	$1,112,210	$1,239,315	$1,239,315
		C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$26,701,187	$33,854,664	$35,743,907
		C&T>HIV Laboratory Services>Non Service Delivery>Children		$32,913	$30,417
		C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$2,224,992	$1,521,156	$1,407,851
		C&T>HIV Laboratory Services>Service Delivery>Children	$2,620,824	$2,993,292	$2,966,777
		C&T>HIV Laboratory Services>Service Delivery>Military		$40,000	$37,420
		C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$31,241,948	$23,012,798	$23,888,516
		C&T>HIV/TB>Non Service Delivery>Children		$56,136	$51,882
		C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations		$926,963	$865,185
		C&T>HIV/TB>Service Delivery>Children		$360,732	$333,382
		C&T>HIV/TB>Service Delivery>Non-Targeted Populations		$6,098,851	$5,680,069
		HTS>Community-based testing>Non Service Delivery>Key Populations		$62,399	$57,668
		HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations		$445,547	$411,765
		HTS>Community-based testing>Service Delivery>Key Populations		$1,946,608	$1,917,313
		HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$313,988	$2,119,030	$1,962,180
		HTS>Facility-based testing>Non Service Delivery>Key Populations	$49,999	$93,598	$86,503
		HTS>Facility-based testing>Non Service Delivery>Military	$8,293	$4,887	$4,572
		HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$71,482	$1,667,009	$1,559,679
		HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women	$25,355	$62,990	$58,187
		HTS>Facility-based testing>Service Delivery>Key Populations	$38,894	$760,353	$701,877
		HTS>Facility-based testing>Service Delivery>Military	$22,381	$19,547	$18,286
		HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$12,503,125	$15,001,861	$14,839,655
		HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	$814,737	$792,902	$732,999
		PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$404,000	$386,780	$0
		PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$35,311,176	$34,347,348	$29,920,157
		PM>IM Program Management>Non Service Delivery>OVC	$1,577,725	$1,495,986	$1,379,361
		PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$28,079,868	$31,299,099	$31,157,720
		PREV>Medication assisted treatment>Non Service Delivery>Key Populations	$427,062	$322,803	$297,638
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW		$1,711,827	$1,582,117

Operating Unit	Country		Budget		
		Intervention	2023	2024	2025
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations		$363,169	$338,755
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations		$307,272	$283,318
		PREV>Non-Biomedical HIV Prevention>Non Service Delivery>OVC		$20,000	$20,000
		PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW		$2,926,989	$2,705,072
		PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		$90,517	$83,460
		PREV>Not Disaggregated>Non Service Delivery>AGYW	$1,841,178	$1,822,662	$1,745,136
		PREV>Not Disaggregated>Non Service Delivery>Key Populations	$396,996	$1,714,516	$1,438,693
		PREV>Not Disaggregated>Non Service Delivery>Military		$39,669	$37,111
		PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	$530,945	$387,421	$375,551
		PREV>Not Disaggregated>Non Service Delivery>OVC	$14,044	$15,000	$15,000
		PREV>Not Disaggregated>Service Delivery>AGYW	$6,163,723	$4,433,334	$4,094,839
		PREV>Not Disaggregated>Service Delivery>Key Populations	$6,100,572	$6,316,703	$5,080,600
		PREV>Not Disaggregated>Service Delivery>Military		$155,485	$145,457
		PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	$407,098	$14,264	$13,152
		PREV>PrEP>Non Service Delivery>AGYW	$26,099		
		PREV>PrEP>Non Service Delivery>Key Populations	$807,297	$932,695	$932,695
		PREV>PrEP>Non Service Delivery>Military		$1,496	$1,400
		PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$501,296	$266,067	$263,292
		PREV>PrEP>Service Delivery>AGYW	$1,851,101	$1,268,492	$1,171,909
		PREV>PrEP>Service Delivery>Key Populations	$2,541,079	$3,110,931	$3,006,039
		PREV>PrEP>Service Delivery>Military		$2,245	$2,100
		PREV>PrEP>Service Delivery>Non-Targeted Populations	$2,003,693	$1,985,773	$1,835,586
		PREV>VMMC>Non Service Delivery>Military		$17,165	$16,058
		PREV>VMMC>Non Service Delivery>Non-Targeted Populations	$519,657	$686,932	$646,309
		PREV>VMMC>Service Delivery>Military	$59,500	$40,052	$37,469
		PREV>VMMC>Service Delivery>Non-Targeted Populations	$3,492,592	$3,026,114	$2,730,870
		PREV>Violence Prevention and Response>Service Delivery>AGYW		$36,848	$34,055
		SE>Case Management>Non Service Delivery>Non-Targeted Populations		$12,429	$11,460
		SE>Case Management>Service Delivery>AGYW		$30,774	$28,376
Operating Unit	Country		Budget		
		Intervention	2023	2024	2025
		SE>Case Management>Service Delivery>OVC	$4,799,207	$5,234,089	$4,833,087
		SE>Economic strengthening>Non Service Delivery>OVC		$420,000	$420,000
		SE>Economic strengthening>Service Delivery>AGYW	$18,475,418	$17,812,852	$16,457,156
		SE>Economic strengthening>Service Delivery>OVC	$4,692,160	$4,371,177	$4,035,895
		SE>Education assistance>Service Delivery>AGYW	$4,735,951	$5,381,051	$4,967,673
		SE>Education assistance>Service Delivery>OVC	$3,990,939	$4,212,655	$3,886,621
		SE>Food and nutrition>Service Delivery>OVC		$19,609	$18,344
		SE>Psychosocial support>Service Delivery>OVC		$133,160	$123,563
			$102,975,769		

Table B.1.2 COP22, COP23/FY 24, COP23/FY 25 Budget by Program Area

Operating Unit	Country		Budget		
		Program	2023	2024	2025
Total			**$345,000,000**	**$347,250,000**	**$327,917,500**
Kenya	**Total**		**$345,000,000**	**$347,250,000**	**$327,917,500**
	Kenya	C&T	$160,560,161	$160,091,533	$156,310,270
		HTS	$26,356,216	$22,976,731	$22,350,684
		PREV	$31,905,755	$32,016,441	$28,933,681
		SE	$39,966,562	$37,627,796	$34,782,175
		ASP	$20,838,537	$27,008,286	$23,083,452
		PM	$65,372,769	$67,529,213	$62,457,238

Table B.1.3 COP22, COP23/FY 24, COP23/FY 25 Budget by Beneficiary

Operating Unit	Country	Targeted Beneficiary	Budget		
			2023	2024	2025
Total			**$345,000,000**	**$347,250,000**	**$327,917,500**
Kenya	**Total**		**$345,000,000**	**$347,250,000**	**$327,917,500**
	Kenya	AGYW	$36,747,570	$35,424,829	$32,786,333
		Children	$4,169,331	$7,585,804	$7,309,907
		Key Populations	$24,523,227	$24,784,854	$20,889,993
		Military	$307,278	$360,546	$337,293
		Non-Targeted Populations	$252,297,484	$253,145,141	$242,797,184
		OVC	$17,501,220	$16,278,564	$14,859,683
		Pregnant & Breastfeeding Women	$9,453,890	$9,670,262	$8,937,107

Table B.1.4 COP 22, COP23/FY 24, COP23/FY 25 Budget by Initiative

Operating Unit	Country	Initiative Name	Budget		
			2023	2024	2025
Total			**$345,000,000**	**$347,250,000**	**$327,917,500**
Kenya	**Total**		**$345,000,000**	**$347,250,000**	**$327,917,500**
	Kenya	Cervical Cancer	$3,000,000	$3,268,371	$3,032,565
		Community-Led Monitoring	$83,129	$1,200,000	$1,200,000
		Core Program	$282,635,374	$273,674,869	$261,630,651
		DREAMS	$40,047,491	$38,846,066	$35,971,309
		General Population Survey		$10,000,000	$10,000,000
		KP Survey		$1,600,000	$0
		LIFT UP Equity Initiative		$1,000,000	$0
		OVC (Non-DREAMS)	$14,984,006	$13,890,431	$12,652,269
		VMMC	$4,250,000	$3,770,263	$3,430,706

APPENDIX C – Above site and Systems Investments from PASIT and SRE

COP23 stakeholder engagements and analysis identified system gaps in strategic information, laboratory networks, human resources for health, health financing, supply chain management and leadership and governance. The system gaps across these health systems building blocks broadly cover issues of sustainability, country ownership, equity, quality service provision, capacity of MOH and institutions. The proposed COP23 PASIT activities are aimed at addressing the identified system gaps leading to sustainable, equitable epidemic control response. To address sustainability and country ownership, interventions that support integration of health systems will be implemented, a coordinated sample network platform for EID, TB, and Viral load, strengthening of public health approach for HIV epidemic control and increased domestic resource mobilization among others. PEPFAR 5X3 strategy identifies closing equity gap as one of the challenges that persists in the HIV response. To identify populations that are left behind, PEPFAR Kenya will implement a general population survey and key population survey, promote individual level data use for decision making at all levels and strengthen systems for targeting vulnerable populations. Additionally, the team plans to implement mortality surveillance to estimate causes of death, contribute to the stigma index survey led by Global fund, continue to implement recency and case-based surveillance activities. Policy alignment activities will be implemented to address equity, continuous adaptation of new policies and guidelines as well as reviewing of outdated key population programming policies.

In COP23, PEPFAR Kenya will work closely with MOH to improve human and institutional capacities to sustain system level investments. The NPH's capacity in design and implementation of surveys and surveillance activities has been prioritized. At the county level, interventions to address health care worker (HCW) shortages, standardization of renumeration, productivity, and performance as well as disparities within community level workforce performance. To address institutional capacity and coordination, targeted leadership and governance activities will be implemented. Additionally, governance structures at both national and county levels will be strengthened and enabled to perform their functions. Managerial capacity for commodity management, lab systems management, health financing, human resources for health and health information systems will be enhanced contributing to sustainability and country ownership of the response.

The Kenya COP23 PASIT investments have been focused and aligned to ensure integration of PEPFAR support with GoK Health priorities, systems and investments while continuing to leverage other donor investments. The GoK has laid out the vision and roadmap towards comprehensive integrated digital health system through an elaborate policy and legal framework. During COP23, PEPFAR will leverage GoK Investments that advance national

policies, systems architecture, and governance structures to integrate HIV data into the broader national health data ecosystem, including patient-level data for clinical management, routine monitoring, and surveillance. GoK owned laboratory infrastructure, HRH and EQA/PT will be leveraged to support expansion of diagnostic services to respond to multi-disease testing approach and future pandemics/outbreaks. PEPFAR will leverage the GoK PHC strategy and investments that include the hiring of 100,000 community health promotors. GoK HRH units and HRIS resources will be leveraged to support training of the CHVs, review of training curriculum, identification of gaps in training and updating to ensure integration of HIV content and staff supervision. GoK plays a primary role in preservice training and in service training while PEPFAR supports in-service training and capacity building while leveraging the capacities that exist within national institutions such as institutions of higher learning. PEPFAR and GF provide TA support for forecasting and supply planning, and storage and distribution of health commodities and provide support in developing the national supply chain strategies. PEPFAR will leverage on the good will and commitment from the president to support a healthy supply chain. PHIA and IBBS will be supported mainly by GF and PEPFAR, while leveraging on GoK infrastructure and skilled manpower.

Digital health investments planned in COP23 are aimed at addressing digital health gaps and availing granulated data for patient centric care while contributing to MOH's vision of having an integrated digital health platform (DHP). Kenya recently rolled out the unique patient Identifier (UPI) and has prioritized systems integration providing the country with a big opportunity to exchange data across systems. HIS investments will support development of health information exchange channels, improve MOH capacity through enhanced community of practice and county level HIS capacity & skills transfer. Full implementation of UPI and integration of siloed systems will enable the country to generate shared health records and be able to track individual client outcomes longitudinally across multiple disease areas. Full integration of systems and interoperability will enhance a holistic data driven comprehensive care provision at service delivery levels. To better track and respond to the epidemic at individual, population and geographic locations, Kenya aims to develop a MOH led integrated analytics platform (data lake) with robust case surveillance and machine learning capabilities.

The goal of the systems investments at the country level is to ensure that the country has sustainable systems to sustain epidemic control and the gains made this far. The systems will be deemed to be adequately and sustainably functioning when all the elements of sustainability are addressed including programmatic, political, financial and community leadership. The above site investments captured in PASIT addresses these different elements.

All the activities captured in PASIT have timelines, benchmarks, and outcomes which are SMARTly defined to support monitoring of progress towards addressing PASIT the investments. Some of the activities are new while a majority are continuing from previous COP periods. Short

term benchmarks for FY25/25 have been defined while the expected long-term outcomes have also been defined. All the new activities are national level and are aligned to the new PEPFAR strategy. They include:

- Engagement with national government and Council of Governors (CoG) to support enlistment of PLHIV into the national hospital insurance fund (NHIF) and to the ensure that the fund covers HIV/TB services which were previously not included in the benefits package.
- Leveraging on the community health strategy for primary health care (PHC) and the hiring of additional community health volunteers. This will ensure HIV prevention interventions are integrated in the broader PHC agenda.
- Private sector engagement to improve health services and provide TB/HIV services to decongest the public health facilities.
- Local manufacturing of HIV/TB related commodities
- Strengthening health systems governance, partnerships, policies and strategies

APPENDIX D COP23 Co-Planning Calendar

COP23 Engagement	Purpose	Date(s)	Participant(s)
COP23 Approval Meeting	PEPFAR Kenya summary presentation on the approved 2023	March 19, 2023 (	PEPFAR Kenya Team Ministry of Health Ministry of Defense National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies KCM Global Fund Multilateral Partners
COP23 Stakeholder Validation Meeting	Final review of PEPFAR'S COP23 plan.	April 20, 2023	PEPFAR Kenya Team Ministry of Health Ministry of Defense National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies KCM Global Fund Multilateral Partners
COP23 CSO Update Meeting	COP23 Strategy and Tools Walkthrough	April 18, 2023 (upcoming)	PEPFAR Technical Leads CSO/FBO constituencies
COG Meeting on COP23	Update for COP23 Process Post Joburg Meeting	April 12, 2023	PEPFAR Leadership and Key technical Leads COG Leadership
PS Health on COP23 Updates	Refine our consultation and finalization of the COP23 application	April 4, 2023	PEPFAR Leadership Principal Secretary-MOH
PEPFAR/GLOBAL Fund GC7 Joint Country Dialogue	The Global Fund GC7 Funding Request development and PEPFAR COP23 Planning	March 28 and 29, 2023	PEPFAR Kenya Team Ministry of Health Ministry of Defense National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies KCM Global Fund Multilateral Partners
COP23 Post Joburg Stakeholders Co-Planning Meeting	Continued discussion from the COP Co-Planning meeting in Johannesburg	March 9 and 10, 2023	Joburg meeting Kenya delegation: PEPFAR Kenya Team

			Ministry of Health Ministry of Defense National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies Global Fund Multilateral Partners
COP 2023 In-Person Planning, Johannesburg	Engage in working meetings discuss opportunities and ways PEPFAR can align with national priorities, respond to community needs, and progress toward ending HIV/AIDS as a public health threat and sustainably strengthening public health systems.	February 27 – March 10, 2023	PEPFAR country and Headquarters teams Government of Kenya leadership Global and local community CSO representatives, Multilateral Partners
COP23 Delegation Pre-Meeting	Pre-meeting in preparation for the upcoming for COP23 planning meeting in Johannesburg	February 23, 2023	PEPFAR Kenya Team Ministry of Health Ministry of Defense National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies KCM Multilateral Partners
COP23 Planning Level Letter (PLL) Briefing with Stakeholder	High-level introductory meeting to present the Kennya COP23 Planning Level Letter (PLL) which	February 21, 2023	PEPFAR Kenya Team Ministry of Health National Treasury COG NASCOP NSDCC Directorate of Children's Services CSO/FBO constituencies Global Fund Multilateral Partners
CAST TDY visit	Prepare the PEPFAR team and its stakeholders for the new 2-year Country Operational Plan (COP) in light of the newly released PEPFAR 5-year strategy.	February 5-10, 2023	CAST TDY MOH NASCOP NSDCC COG National Treasury Global Fund CSO/FBO constituencies

US Global AIDS coordinator's visit and meetings	Official visit to Kenya in his new role and to launch the celebration of twenty years of PEPFAR. Present PEPFAR's 5x3 vision in Kenya.	January 20-25, 2023	PEPFAR Keya Team CS Finance CS Health Governor of Nairobi NSDCC NASCOP CSO/FBO constituencies