REPUBLIC OF KENYA

MINSTRY OF GENDER, CULTURE AND CHILDREN SERVICES

UNITED NATIONS SECRETARY - GENERAL'S PROGRESS REPORT TO THE 70TH SESSION OF COMMISSION ON THE STATUS OF WOMEN

ON

THE IMPLEMENTATION OF THE RESOLUTIONS ON WOMEN, THE GIRL CHILD AND HIV AND AIDS

AUGUST 2025

Information relating to the implementation of the resolutions on "Women, the girl child and HIV and AIDS" in preparation for the Secretary-General's progress report to the seventieth session of the Commission on the Status of Women

Kenya has continued to make progress in the implementation of United Nations Commission on the Status of Women (CSW) Resolutions **60/2, 62/2, 64/2, 66/1, and 68/1** on: 'Women, the Girl Child and HIV and AIDS'.

To address the high levels of new HIV infections among young women and adolescent girls, the Government of Kenya has developed and implemented a range of policies and programmatic frameworks aimed at prevention, treatment, and health system strengthening.

1. The National Adolescent Sexual and Reproductive Health (ASRH) Policy of 2015 promotes the sexual and reproductive health of adolescents and serves as a critical guide for multi-sectoral interventions that aim to reduce the risk of HIV infection among this vulnerable population. Complementing this is the Draft National Plan of Action for Addressing Adolescent Health and Teenage Pregnancy in Kenya, which outlines a coordinated, multi-sectoral response to key adolescent health challenges, including HIV prevention.
2. To accelerate the reduction of new HIV infections, Kenya has put in place the National Multisectoral HIV Prevention Acceleration Plan (2023–2030). This strategic document builds upon the Kenya AIDS Strategic Framework (KASF) II (2020/21–2024/25) and the Kenya HIV Prevention Revolution Road Map, both of which emphasize community-centred approaches that enhance sustainability and service integration within national health systems.
3. At the programmatic level, the government has scaled up integrated HIV prevention approaches across the country, include: the structural, behavioural, and biomedical interventions such as Voluntary Medical Male Circumcision (VMMC); prevention of Mother-to-Child Transmission (PMTCT); condom programming; and, the national scale-up of Antiretroviral Therapy (ART). Kenya has also taken deliberate steps to develop policy frameworks that address stigma and violence against key and vulnerable populations, in alignment with a human rights-based approach to HIV prevention.
4. To enhance service delivery at the community level, Kenya adopted the Community Health Policy (2020–2030) and the Sessional Paper No. 2 of 2017 on the Kenya Health Policy (2014–2030), both of which aim to strengthen community health systems, promote equitable access to quality health services, and uphold the Constitutional right to health as enshrined in the Vision 2030.
5. The broader Kenya Health Sector Policy (2012–2030) reinforces the government's commitment to equity, people-centered care, efficiency, and multi-sectoral collaboration in health service delivery. In addition, the enactment of the Health Act, 2017, promotes and protects the right to health for all Kenyans.

6. Recognizing the role of technology in strengthening the health system, the Digital Health Act, 2023, provides a comprehensive framework for leveraging digital tools and innovations to improve healthcare access and outcomes, including prevention and treatment of HIV and AIDS.

7. To support broader sexual and reproductive health outcomes, especially for adolescent girls, the Menstrual Hygiene Management Policy (2019–2030), establishes an enabling environment for menstrual health management at both national and county levels.

8. Other additional measures include the provision of free family planning services in all public health facilities; the establishment of the Social Health Insurance Fund (SHIF) through the Social Health Insurance Act, 2023, to enhance equitable access to health services; and implementation of the Kenya Quality Model for Health (KQMH), 2018, which promotes patient safety and service quality through standardized inspection tools and quality assurance systems.

To intensify efforts to achieve gender equality and the empowerment of women and girls in all spheres of life, Kenya has adopted and implemented a range of progressive policies, institutional reforms, legislative actions, and programmatic strategies.

9. Key among these is the enactment and revision of gender-based violence (GBV) laws and frameworks. The Protection Against Domestic Violence (PADV) Act, 2015, revised in 2020, alongside the PADV Rules of 2020, established a legislative foundation for addressing domestic violence and safeguarding the rights and dignity of survivors.

10. Kenya has institutionalized gender-responsive planning and budgeting both at the national and county levels, ensuring that public resource allocation responds to gender inequalities and targets the specific needs of women and girls. This is supported by the Gender Sector Statistics Plan (GSSP 2021–2026), developed in collaboration with the Kenya National Bureau of Statistics (KNBS), to improve the production, availability, and use of sex-disaggregated data in policy formulation and monitoring of gender-related targets, including SDG 5.

11. To strengthen institutional mechanisms, the State Department for Gender Affairs and Affirmative Action was established in 2015 as the government's principal agency for promoting gender equality and women's empowerment. The State Department has been elevated to a fully-fledged Ministry in 2022. The Ministry spearheads the implementation of national gender policies, supports affirmative action, and coordinates gender mainstreaming across Ministries, Departments, and Agencies (MDAs). The Department has deployed national gender officers in all counties to support grassroots implementation of gender programmes in partnership with devolved units.

12. The National Gender and Equality Commission (NGEC), established by the NGEC Act of 2011 under Article 59(4) of the Constitution of Kenya, promotes gender equality and freedom from discrimination for all persons, with a special focus on women, persons with disabilities, children, youth, older persons, and marginalized groups. The State Department and NGEC collaboratively conduct annual gender performance evaluations of MDAs to assess progress in gender mainstreaming and accountability.

13. In support of women's leadership, the Kenya Women Parliamentarians Association (KEWOPA) and the Kenya Women Senators Association (KEWOSA) have played an instrumental role in advocating for increased female political participation and influencing gender-sensitive legislative reforms. These efforts have been further complemented by the formation of women's caucuses within County Assemblies, providing a structured platform for mentorship and advocacy for women's leadership at sub-national levels.

14. At the executive level, the Office of the President established the Office of the Women's Rights Advisor to strengthen the advancement, protection, and monitoring of women's rights. Complementing these efforts, the African Women Leaders Network (AWLN-K), launched in 2020, has scaled up efforts to promote women's participation in decision-making through peer learning, intergenerational mentorship, and leadership development.

15. In the judiciary, the International Association of Women Judges (IAWJ) – Kenya Chapter, comprising female judges and magistrates, has enhanced the visibility and influence of women in the justice system and advanced gender-sensitive jurisprudence.

16. To promote women's economic empowerment, Kenya launched the Women's Economic Empowerment (WEE) Strategy 2022–2027, which provides a multi-sectoral approach to increasing women's access to productive assets, markets, financial services, decent employment, and social protection. The strategy supports affirmative action funds such as the Women Enterprise Fund and the Uwezo Fund, which have expanded access to capital for women in micro and small enterprises.

17. Kenya's journey toward gender equality began institutionally with the declaration of the UN Decade for Women in 1975, which led to the establishment of the Women's Bureau under the then Ministry of Culture and Social Services. Since then, Kenya adopted its first National Policy on Gender and Development (NPGAD) in 2000, laying a firm policy foundation for mainstreaming gender in national development.

18. Further, the National Gender Sector Working Group the government's coordinating platform for gender sector actors—expanded its thematic committees in 2023 to include Male Engagement and Inclusion, recognizing the importance of positive masculinities in advancing gender equality.

19. Across the country, women have formed professional associations such as Women in Media, Women in Engineering, and Women in ICT, among others. These platforms have amplified the voices of professional women, expanded peer networks, and advanced women's visibility in male-dominated sectors.

The National Human Rights Institution in Kenya, under its constitutional framework, comprises:

20. Kenya has established independent constitutional commissions mandated to uphold human rights and promote equality, including for women and girls. The Kenya National Commission on Human Rights (KNCHR) is tasked with receiving complaints, conducting investigations, and providing redress for violations of human rights, including those affecting women and girls.

21. Similarly, the National Gender and Equality Commission (NGEC) is mandated to receive and process complaints related to discrimination, with a specific focus on promoting gender equality and the rights of special interest groups, including women, children, persons with disabilities, and marginalized populations.

22. The Commission on Administrative Justice (Office of the Ombudsman) also plays a critical role in receiving and addressing complaints of discrimination, maladministration, and violation of rights in public administration, thereby contributing to access to justice and accountability in service delivery.

Kenya has enacted and intensified the implementation of laws, policies, and strategies to eliminate all forms of gender-based violence and discrimination against women and girls which include:

23. These constitutional guarantees directly inform and guide Kenya's enactment and enforcement of specific laws, such as the Protection Against Domestic Violence Act (2015), the Prohibition of Female Genital Mutilation Act (2011), and the Sexual Offences Act (2006), as well as national and county-level GBV policies. They also underpin affirmative action and targeted strategies such as engaging male champions, establishing GBV courts, integrating GBV services into Universal Health Coverage, and creating survivor support funds that aim to address historical and systemic inequalities. The Constitutional principles serve as both the basis for legal reform and the benchmark for measuring progress in eliminating all forms of GBV and discrimination against women and girls.

24. The Government of Kenya has intensified its commitment to addressing gender-based violence (GBV), harmful practices, and trafficking in persons through legislative reforms, policy measures, institutional strengthening, and resource allocation. Efforts are underway to ratify ILO Convention No. 190 on workplace violence, with all Ministries, Departments, and Agencies (MDAs) required to develop policies addressing workplace GBV, including technology-facilitated gender-based violence (TF-GBV).

25. Legislative safeguards to protect girls from child, early, and forced marriages are anchored in the Marriage Act (2014), Children's Act (2022), Sexual Offences Act (2006), and the Prohibition of Female Genital Mutilation Act (2011), all of which set the minimum marriage age at 18 years. The Counter-Trafficking in Persons Act (2010) is currently under review to align with the Constitution, address legislative gaps, and respond to emerging trends. Under this Act, the Counter Trafficking in Persons Advisory Committee was established and became operational in November 2012. Additionally, the National Assistance Trust Fund for Victims of Trafficking in Persons was created to support victims through rescue, screening, referrals, legal assistance, repatriation, economic empowerment, and reintegration. Capacity-building initiatives for law enforcement have been intensified to improve the handling of trafficking cases.

26. In line with its financial commitments, Kenya has allocated USD 2.79 million to GBV and FGM programmes, with plans to progressively increase this to at least USD 5 million in subsequent financial years. The integration of GBV services into the essential minimum

package of the Universal Health Coverage (UHC) has been advanced, while the 2022 Kenya Demographic and Health Survey (KDHS) introduced a GBV module to strengthen data collection.

27. The Government has pioneered innovative funding approaches, such as the establishment of a GBV Survivors Fund through a co-financing model in partnership with the private sector, civil society, and other stakeholders — for example, the Jasiri Fund, which provides substantial support to survivors. Institutional coordination has been enhanced through the activation of the National GBV Task Force, National and County GBV Working Groups, the Triple Threat Framework, and expanded use of ICT for access to justice. Collaboration with non-state actors, including girl-led groups, women's rights organizations, male champions, and the private sector, has been strengthened through coordination mechanisms such as the Gender Sector Working Groups, thematic areas on male engagement, and a Multi-Agency Technical Committee to accelerate anti-FGM efforts.

28. At the county level, GBV and Women, Peace and Security sub-sector working groups have been established and strengthened to improve programme implementation and referral systems. The Office of the Director of Public Prosecutions (ODPP) has created a specialized GBV/Femicide Investigation Unit to improve case handling. A strong emphasis has been placed on male engagement and inclusion, with men and boys involved as champions, change agents, and role models in the fight against GBV — a commitment underscored by the launch of the Fifth Thematic Area on Male Engagement and Inclusion on 3rd August 2023 under the National Gender Sector Working Group.

29. Kenya continues to pursue a survivor-centered approach to enhance access to justice for survivors of sexual and gender-based violence (SGBV). In 2022, the Office of the Chief Justice unveiled the Social Transformation through Access to Justice (STAJ) vision, which prioritizes access to justice and led to the creation of the country's first specialized Sexual and Gender-Based Violence Court.

Kenya has continued to implement robust policies and laws that seek to prevent and respond to gender-based violence which include:

30. The non-discrimination principles in the Constitution of Kenya, 2010 under article 27 provide the legal and moral foundation for all legislative, policy, and programmatic measures aimed at eliminating gender-based violence (GBV) and discrimination against women and girls. By guaranteeing equality before the law, prohibiting discrimination on the basis of sex, pregnancy, marital status, and other related grounds, and affirming equal treatment and opportunities for men and women, the Constitution sets the overarching obligation for the State to address GBV as both a legal violation and a human rights issue.

31. Kenya has put in place a range of legislative and policy frameworks to address gender-based violence (GBV) and harmful practices. The National Policy on Prevention and Response to Gender-Based Violence (2014), currently under review, provides a comprehensive framework for coordinated prevention and response efforts across sectors. To address female genital mutilation (FGM), the Prohibition Against Female Genital Mutilation Act (2011) and the National Policy for the Eradication of Female Genital

Mutilation (2019) set out clear legal prohibitions and strategies for elimination, complemented by community-level interventions.

32. At the devolved level, the County Government Policy on Sexual and Gender-Based Violence (2017) guides counties in implementing localized prevention and response mechanisms. The Prevention Against Domestic Violence Act (2015), together with the Protection Against Domestic Violence (PADV) Rules (2020), strengthens legal protections for survivors and outlines the roles of duty bearers.

33. Notably, Kenya's National Action Plan to end GBV and harmful practices actively engages male cultural, religious, and political leaders as key advocates, particularly in regions with high prevalence rates. Further, targeted GBV advocacy initiatives, such as the 2021 national campaign, have sought to mobilize public awareness, strengthen community engagement, and enhance service provision for survivors.

To protect women and girls from harmful and offensive online content as well as shield them from exploitation by predators through the continued implementation and enforcement of legislation on cybersecurity:

34. Kenya has made notable strides in enhancing the protection of women and children in the digital space and addressing the portrayal of women and girls in the media through a combination of legislative, institutional, and advocacy measures.

35. To strengthen cyber safety and protect digital rights, the Government enacted the Computer Misuse and Cybercrimes Act, 2018, and the Privacy and Data Protection Act, 2019, establishing a legal framework to prevent and prosecute cybercrime and safeguard personal data. In February 2024, Kenya operationalized the Computer Misuse and Cybercrimes (Critical Information Infrastructure and Cybercrime Management) Regulations, aimed at enhancing the protection of critical information infrastructure from cyber threats and improving national cybersecurity resilience. These measures have created a safer digital environment for women and girls, particularly in the context of increasing online harassment and cyber violence.

36. The media landscape in Kenya has also played a role in advancing the representation of women and girls. Talk shows and programs hosted by women have become platforms for discussing gender-based issues, raising awareness, and amplifying women's voices on matters such as GBV, reproductive rights, and leadership.

37. Additionally, social media platforms have emerged as powerful alternative spaces for women and girls to engage in advocacy and activism. Women-led digital campaigns have increasingly mobilized public discourse around gender-based violence and other critical issues affecting women, allowing for real-time engagement, support, and accountability.

38. In addressing online child safety, Kenya established the Anti-Human Trafficking and Child Protection Unit, which works in collaboration with international partners to detect, prevent, and respond to incidents of online child sexual abuse. Furthermore, the National Council on the Administration of Justice (NCAJ) developed a training handbook on the investigation and prosecution of Online Child Sexual Exploitation and Abuse (OCSEA).

This resource supports the capacity development of justice sector officers in handling such cases, ensuring that the best interests of the child are upheld. The handbook directly contributes to the implementation of the Children's Act, 2022, and reinforces protective provisions under the Sexual Offences Act, 2006.

39. Through these collective actions, Kenya is progressively creating a safer, more inclusive, and gender-sensitive digital and media environment several Measures.

To resource women's organizations working to prevent and respond to GBV, Kenya has taken the following measures:

40. Kenya has undertaken a series of high-level policy, institutional, and financial commitments to intensify efforts in advancing gender equality, with a particular focus on strengthening the national response to gender-based violence (GBV).

41. The Office of the Women's Rights Advisor was established within the Executive Office of the President to provide direct advisory support on matters relating to women's rights and empowerment. This office plays a critical role in coordinating presidential special projects on gender and ensuring the adoption and mainstreaming of the Women's Agenda across all sectors, in alignment with the Bottom-up Economic Transformation Agenda (BETA) and the Kenya Women's Charter.

42. In line with its international obligations and leadership in global gender equality initiatives, Kenya made 12 formal commitments under the Generation Equality Forum (GEF). These include, among others, strengthening accountability for GBV laws and policies, ensuring the implementation and monitoring of legislative frameworks, and promoting resource mobilization for GBV prevention and response.

43. As part of its GEF commitments, the Government of Kenya pledged to invest USD 50 million by 2026 towards GBV prevention and response programming. This represents a significant increase in national budgetary allocations, signalling a strong political will to prioritize GBV as a development and human rights issue.

44. To ensure sustainability and equity in financing, Kenya is implementing gender-responsive budgeting mechanisms. These are aimed at ensuring that public financial resources are equitably allocated to address the unique needs of women, men, girls, and boys, particularly in the context of GBV service delivery, prevention, and survivor support.

45. At the institutional level, the government has established multi-sectoral Technical Working Groups (TWGs) to coordinate policy implementation and improve the effectiveness of GBV responses across sectors. These TWGs provide technical oversight, foster collaboration between state and non-state actors, and support evidence-based programming.

46. Furthermore, Kenya has deepened its collaboration with Civil Society Organizations (CSOs), which remain essential partners in the national gender equality ecosystem. The government continues to provide technical assistance and capacity-building support to both public institutions and civil society actors to strengthen their ability to prevent and respond to GBV, implement human rights-based approaches, and build resilience in local communities.

47. Through these commitments and partnerships, Kenya continues to demonstrate leadership and accountability in promoting gender equality and the rights of women and girls.

To combat gender bias and discrimination and to address the potrayal of women and girls in the media:

48. Kenya has implemented a range of legislative, policy, institutional, and capacity-building interventions that seek to foster equitable and gender-sensitive media practices.

49. The government has strengthened the legal and regulatory framework by enacting the Computer Misuse and Cybercrimes Act (2018) and the Data Protection Act (2019) to protect individuals, particularly women and girls, from online harassment, cyberbullying, and gender-based violence perpetrated through digital platforms. These laws provide legal safeguards against violations of privacy and abuse of personal data, especially in online spaces where women are disproportionately targeted. Furthermore, the Evidence Act was amended in 2021 to allow for the admissibility of digital evidence such as screenshots, strengthening women's access to justice in cases of online abuse.

50. In line with its broader gender equality agenda, Kenya has integrated media-related interventions within the framework of the National Policy on Gender and Development (NPGAD), which mandates gender mainstreaming across all sectors, including the media.

51. A major milestone in advancing gender-sensitive media was achieved through a collaborative effort involving the Media Council of Kenya (MCK), the National Gender and Equality Commission (NGEC), and UN Women. These institutions jointly developed and disseminated the Gender Mainstreaming in Media Guidelines, which promote balanced reporting, equitable representation of women, and the elimination of stereotypical portrayals in media content.

52. Efforts to build institutional capacity have included the training and sensitization of media houses to make their programming and internal operations more gender responsive. Media practitioners and editors have been engaged in training on ethical reporting, gender sensitivity, and the application of the guidelines.

53. To enhance women's participation in the media sector, targeted capacity-building programs for women have been implemented to increase their presence and leadership in journalism, broadcasting, and digital content creation. Additionally, incentives have been introduced to encourage the recruitment, retention, and advancement of women within the media industry.

54. The Media Council of Kenya has also championed the establishment of a media code of conduct that explicitly prohibits discrimination against women in both content and workplace practices. The Council has been instrumental in lobbying for individual media houses to adopt internal gender mainstreaming policies, which promote diversity and gender equity in staffing, programming, and governance.

55. At the enforcement level, the Anti-Human Trafficking and Child Protection Unit (AHTCPU) has established a dedicated Cyber Crime Unit that supports the investigation and prosecution of technology-facilitated gender-based violence and exploitation, including online abuse targeting women and girls.

56. Through these comprehensive measures, Kenya is working to transform the media landscape into a platform that promotes gender equality, respects the dignity of women and girls, and ensures their protection both offline and online.

To combat GBV among the marginalized women and girls, Kenya has undertaken the following measures:

57. To strengthen protection mechanisms and respond effectively to the needs of marginalized women and girls, particularly during emergencies, Kenya has implemented a comprehensive set of policies and interventions that address sexual and reproductive health (SRH), gender-based violence (GBV), and social protection.

58. As part of its humanitarian response to the prolonged drought emergency, Kenya launched a coordinated response to the SRH and protection needs of women and girls, focusing on high-risk and remote areas. The government, in collaboration with partners, distributed over 5,245 dignity kits, 43,358 sanitary pads, and 3,700 mama kits, ensuring access to essential hygiene and maternal health supplies. Additionally, 48 assorted Inter-Agency Reproductive Health Kits, containing essential drugs and equipment, were delivered to public health facilities to support integrated outreach services.

59. To provide strategic direction for addressing GBV, the Government operationalized the National Action Plan on Gender-Based Violence (2022–2026), which sets ambitious targets for the elimination of GBV by 2026 through coordinated efforts in prevention, service delivery, stakeholder collaboration, and evidence generation. This Plan aligns with international commitments, including CEDAW, the Beijing Platform for Action, and the Sustainable Development Goals (SDGs).

60. Complementing this is the National Policy on the Elimination of Gender-Based Violence (2019), which outlines a multi-sectoral framework for GBV prevention and response with a strong emphasis on the needs of vulnerable and marginalized groups. The policy promotes survivor-centred approaches and provision of legal, medical, psychosocial, and shelter services.

61. The Kenya Social Protection Policy (2023) has also been launched to strengthen resilience and reduce vulnerabilities by providing targeted programs and interventions throughout the life cycle, particularly for women and girls at risk.

62. Public awareness initiatives such as "Mulika GBV", the national 16 Days of Activism Against GBV, and school-based life skills education have played a key role in enhancing early detection, reporting, and community prevention of GBV. Dissemination of information on available SRH and GBV services including ambulance referral systems, helplines, and clinical care has helped link survivors to the necessary support systems.

63. Furthermore, to enhance access to justice, Kenya has integrated women into the Alternative Justice System (AJS), particularly in land-related disputes. A notable example is Kajiado County, where each of the ten AJS committees is mandated to include at least two women, ensuring women's voices are heard and respected in community dispute resolution mechanisms.

64. Through these strategic, multisectoral, and rights-based interventions, Kenya continues to address the intersecting vulnerabilities faced by women and girls, particularly those affected by emergencies, poverty, and structural discrimination.

To eliminate HIV-related stigma and discrimination—particularly against women and girls—and to ensure their dignity, privacy, and rights across various sectors, including education, training, informal education, and the workplace, Kenya has implemented a range of coordinated and rights-based interventions.

65. The country has prioritized the creation of *safe and protective spaces* for women and girls, distinct from those for men and boys, to facilitate open dialogue on sensitive topics such as HIV, gender-based violence (GBV), and reproductive health. These spaces serve as platforms for peer support, information sharing, and referral to health and psychosocial services.

66. To enhance access to HIV testing and empower women and girls with greater autonomy over their health, Kenya launched the "Be Self Sure" campaign in 2017, significantly increasing the availability of HIV self-testing kits. This intervention complements broader efforts to normalize HIV testing and reach populations traditionally underserved by facility-based services.

67. Since 2003, HIV education has been integrated into Kenya's school curriculum, offering learners early and consistent exposure to information on prevention, treatment, and stigma reduction. This is reinforced by extensive mass media campaigns and the use of sports and popular culture to disseminate prevention messages, particularly among the youth.

68. Kenya has further embraced a rights-based approach, rooted in community engagement, to combat stigma and discrimination. The Ministry of Health, in collaboration with the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), has led national sensitization campaigns aimed at challenging harmful gender norms, improving public attitudes, and promoting inclusivity for women and girls living with or affected by HIV.

69. At the legal and policy level, the HIV and AIDS Prevention and Control Act, 2006, together with relevant amendments, prohibits discrimination based on HIV status and ensures confidentiality in health care settings, workplaces, and educational institutions. This legislative framework is instrumental in safeguarding the rights of women and girls and promoting access to justice.

70. Collectively, these interventions underscore Kenya's commitment to addressing the social, cultural, and structural barriers that perpetuate HIV-related stigma, while ensuring that women and girls have access to comprehensive, respectful, and inclusive services and opportunities.

To promote access to, retention in, and completion of education by girls, Kenya has adopted and implemented a series of policy, programmatic, and structural interventions that are both gender-responsive and inclusive, with special attention to vulnerable populations.

71. At the policy level, the Education and Training Sector Gender Policy (2015) provides the overarching framework for planning and programming gender-responsive education at all levels. Although currently under review, the policy has already contributed to sustaining women's participation in adult education, despite persistent socio-cultural barriers that inhibit access to formal learning.

72. In response to disruptions caused by early pregnancy and economic hardship—especially exacerbated during the COVID-19 pandemic—the Ministry of Education, in partnership with development partners, rolled out the Remote Learning and School Re-entry Guidelines (2020). These guidelines were instrumental in supporting girls' continued learning and promoting re-enrolment for those who had dropped out.

73. To advance equity in hard-to-reach and marginalized areas, Kenya has implemented community sensitization campaigns through the National Council for Nomadic Education in Kenya (NACONEK) and civil society organizations. These efforts have specifically targeted arid and semi-arid lands (ASALs), refugee camps, and other underserved regions to encourage school enrolment and retention of girls.

74. Health-related barriers to education are being addressed through the National School Health Policy and the Menstrual Hygiene Management Policy (2019–2030). These policies promote the provision of dignity kits, improved water and sanitation infrastructure, and menstrual health education, thereby reducing school absenteeism due to menstruation.

75. Structural reforms aimed at improving educational access include the introduction of Free Primary Education (FPE) in 2003 and Free Day Secondary Education (FDSE) in 2008, both of which have significantly reduced the cost burden on families and increased school enrolment rates among girls.

76. To further enhance inclusion in ASAL regions, Kenya introduced Low-Cost Boarding Schools and Mobile Schools, ensuring that nomadic communities can access consistent education services. Additionally, the sanitary towel programme was initiated for girls enrolled in public basic education institutions, directly responding to menstrual hygiene challenges that previously hindered attendance and performance.

77. Through these multifaceted interventions, Kenya continues to make progress toward achieving the Education for All (EFA) goals, ensuring that girls have equal opportunities to access, stay in, and complete quality education.

To address the socio-economic impact of the COVID-19 pandemic and advance gender-responsive recovery, the Government of Kenya implemented a range of inclusive measures targeting vulnerable populations, particularly women and girls.

78. Through the COVID-19 Economic Stimulus Programme (ESP), the government allocated an additional Ksh. 10 billion to support elderly persons, women-headed households, orphans, persons with disabilities, and other vulnerable groups via a cash transfer programme. This initiative offered critical relief to households facing heightened economic insecurity during the pandemic.

79. The government also expanded the scope and reach of the Inua Jamii cash transfer programme. Between 2020 and 2023, this initiative specifically targeted women-headed households, elderly women, and persons with disabilities, thereby reaching over 1.2 million vulnerable individuals. This gender-sensitive expansion demonstrated the government's commitment to social protection and inclusive economic recovery.

80. On the health front, the National COVID-19 Vaccination Deployment Plan embedded equity-based targets, ensuring that women in rural and informal settlements were not left behind in vaccine access and outreach efforts.

81. In alignment with the Bottom-up Economic Transformation Agenda (BETA), Kenya enacted a series of legislative reforms aimed at enhancing health access for all. These include the Primary Health Care Act, 2023, the Social Health Insurance Act, 2023, the Digital Health Act, 2023, and the Facility Improvement Financing Act, 2023. Together, these laws aim to strengthen the country's health infrastructure, promote equitable service delivery, and advance the goal of Universal Health Coverage (UHC).

82. Furthermore, the government has created a dedicated fund to address emergency, critical, and chronic illnesses, while also committing to providing Social Health Insurance Fund coverage for all Kenyans, with particular attention to low-income and underserved populations.

83. Recognizing the disproportionate burden of unpaid care work borne by women, Kenya developed the National Care Policy. This policy seeks to recognize, reduce, redistribute, and remunerate unpaid care work, thereby addressing gender inequalities in the care economy and providing targeted support to caregivers.

84. These efforts collectively underscore Kenya's commitment to building an equitable, gender-responsive post-pandemic recovery and a more inclusive social protection and health system.

To eliminate obstacles that limit the capacity to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines, and commodities, and other pharmaceutical products, as well as treatment for opportunistic infections and co-infections, and to reduce the costs associated with lifelong chronic care:

85. Kenya has prioritized enhancing the health system's capacity to deliver HIV services effectively by strengthening human resource management, increasing the availability of trained healthcare workers, and ensuring that health facilities are well-equipped with adequate medical supplies and equipment. These interventions have improved the delivery and quality of HIV prevention, care, and treatment services.

86. In a bid to reduce dependence on external sources and improve the affordability of essential medicines, Kenya has been promoting local pharmaceutical manufacturing. This approach not only addresses medicine shortages but also helps to lower the cost of treatment, including antiretroviral therapy, by improving the availability of locally-produced, quality-assured drugs.

87. To enhance accessibility, Kenya has implemented measures to ensure that essential medicines, particularly those for HIV treatment and prevention, are both available and affordable. This includes initiatives to reduce out-of-pocket expenses for patients and address systemic challenges such as stockouts and price volatility.

88. The Ministry of Health has adopted the World Health Organization's three-test algorithm for HIV diagnosis, which improves diagnostic accuracy and ensures more timely and reliable detection of HIV cases.

89. Kenya continues to prioritize key and vulnerable populations, including women and girls and people living in high-prevalence regions, with targeted interventions to address persistent inequities in access to HIV prevention and treatment services.

90. Investments in research and innovation have been scaled up to support the development of new HIV prevention and treatment tools, including long-acting technologies, to better serve the evolving needs of the population.

91. To ensure sustainability, the government is working to secure long-term financing for HIV programmes through increased domestic resource mobilization and optimized public spending. Efforts are underway to reduce financial dependency on donor support while maintaining program continuity and quality.

92. Kenya is actively engaged in regional and international partnerships, which facilitate knowledge exchange, technical cooperation, and the coordinated management of cross-border HIV challenges.

93. Further, Kenya is addressing the issue of patent evergreening, where pharmaceutical companies extend patent protection on essential medicines to maintain monopolies and drive up prices. By working to overcome such practices, the country seeks to improve access to affordable generic medicines.

94. Finally, Kenya has made significant strides in strengthening supply chain management systems, ensuring the timely procurement and distribution of HIV commodities, diagnostics, and other essential medicines, thereby reducing delays and improving service delivery outcomes across the country.

To Address barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition, to help to reduce the costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines and to provide for safeguards against the abuse of such measures and procedures; Encourage the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children the following strategies have been implemented.

95. To enhance service delivery, the country continues to invest in improving the health system's capacity, which includes human resource management, workforce training, and the provision of adequate medical supplies and equipment at health facilities. This is complemented by the work of the Kenya Medical Supplies Authority (KEMSA) and the National AIDS and STI Control Program (NASCOP), who have enhanced forecasting, supply planning, and bulk procurement. These efforts have helped to reduce the unit cost of HIV commodities, with the annual cost per ART patient dropping by nearly 30% between 2016 and 2025, and newer regimens becoming available at costs comparable to older formulations.

96. Kenya is strengthening its regulatory environment through the Pharmacy and Poisons Board (PPB) and the Ministry of Health, which have introduced fast-track registration pathways for World Health Organization prequalified and Stringent Regulatory Authority-approved antiretrovirals (ARVs). This has significantly improved access to generic ARVs, including paediatric formulations and fixed-dose combinations. Kenya was among the early adopters of paediatric formulations such as Lopinavir (LPV/r) granules and Dolutegravir (DTG) 10mg dispersible tablets, enabled through Medicines Patent Pool (MPP) licensing agreements.

97. The country has also leveraged international intellectual property flexibilities, specifically under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) framework. Kenya utilizes compulsory licensing provisions and Least Developed Countries (LDC) exemptions valid until 2033 to produce, import, and distribute generic HIV medicines without infringing on patent rights.

98. Through its participation in global procurement and pricing mechanisms, such as those coordinated by the Medicines Patent Pool, UNITAID, and the Global Fund, Kenya has expanded access to new and affordable HIV medicines, including Dolutegravir-based regimens.

99. In line with the country's broader health and development agenda, Kenya is promoting domestic pharmaceutical manufacturing to reduce reliance on imports and improve the availability and affordability of medicines. This aligns with national efforts to reduce out-of-pocket expenses, address medicine stockouts, and ensure the sustained affordability of HIV treatment.

100. To improve diagnostic accuracy and early detection, Kenya has adopted the WHO-recommended three-test algorithm for HIV diagnosis, which enhances diagnostic precision and ensures timely linkage to care.

101. Recognizing disparities in access, the country is prioritizing service delivery for key and vulnerable populations, including women and residents of high-prevalence or underserved regions. It is also investing in research to advance new and improved HIV prevention and treatment tools, such as long-acting injectables and other next-generation technologies.

102. On the financing front, Kenya is actively pursuing sustainable financing for HIV programmes through increased domestic resource mobilization and optimized public sector efficiency, aiming to ensure long-term access and program continuity.

103. Kenya continues to participate in regional and international collaborations, enabling the sharing of best practices, technical support, and collective responses to cross-border HIV-related challenges.

104. Lastly, the country is addressing evergreening practices, where pharmaceutical companies extend patent protection to maintain monopolies, often resulting in higher drug prices. Kenya is taking regulatory action to promote access to generics and prevent unjustified extensions of patent protections.

105. By strengthening its supply chain systems, Kenya is ensuring the timely and efficient delivery of HIV commodities and essential medicines across the country, supporting uninterrupted care for people living with or at risk of HIV.

To eliminate mother-to-child transmission and keep mothers alive, including through integrating HIV prevention, treatment, care and support, including confidential voluntary counselling and testing and elimination of mother-to- child/vertical transmission, with other primary health-care services, especially sexual and reproductive health-care services, and through means to prevent new infections among women and adolescent girls of reproductive age and the provision of sexual and reproductive health-care services and lifelong antiretroviral medication for women and girls living with HIV Kenya has put:

106. As a cornerstone of Kenya’s PMTCT strategy the routine offers of HIV testing to all pregnant women, enabling early diagnosis and timely initiation of antiretroviral therapy (ART). The country provides lifelong ART to all HIV-positive pregnant and breastfeeding women to prevent vertical transmission and safeguard maternal health. In addition, family planning services are provided to women living with HIV to prevent unintended pregnancies and reduce the risk of HIV transmission to infants.

107. Between 2020 and 2025, Kenya expanded the use of Point-of-Care (POC) diagnostics for Early Infant Diagnosis (EID), particularly in high-burden counties. Platforms such as GeneXpert were deployed to reduce turnaround time for infant HIV test results, facilitating faster treatment initiation where needed. HIV-exposed infants are enrolled in cotrimoxazole prophylaxis beginning at six weeks to prevent opportunistic infections, and child-friendly ART formulations, such as dispersible and palatable dolutegravir-based drugs, have been scaled up for children weighing more than 10 kg.

108. The integration of PMTCT services into Maternal and Child Health (MCH) clinics has enhanced access, improved service efficiency, and ensured continuity of care. These efforts are coordinated through the National AIDS and STI Control Programme (NASCOP), ensuring that HIV-exposed infants are identified and linked to treatment and care.

109. Kenya's PMTCT programming also emphasizes safe delivery practices and provides appropriate infant feeding options, including exclusive breastfeeding for the first six months, in alignment with WHO recommendations.

110. Community engagement remains critical to the success of PMTCT. The government, in collaboration with development partners, actively mobilizes women of reproductive age to raise awareness on HIV prevention, testing, and treatment. Strategic partnerships with global organizations, including UNAIDS, WHO, and UNICEF, have supported the scaling and strengthening of PMTCT programs across the country.

111. Regular monitoring and evaluation mechanisms are in place to assess program effectiveness, identify gaps, and inform adaptive programming. These efforts are guided by the Kenya AIDS Strategic Framework II (KASF II) (2020/2021–2024/2025), which outlines Kenya's vision of a nation free from new HIV infections, stigma, and AIDS-related deaths.

112. KASF II emphasizes technology-driven and community-based interventions, including: Promoting access to new HIV prevention options and technologies, voluntary medical male circumcision, prevention interventions targeting key populations and adolescent girls, particularly through education, retention, and transition initiatives, the elimination of all forms of gender-based violence, and ensuring that people living with HIV know their status early, are initiated on treatment, and achieve viral suppression.

113. Through these coordinated and evidence-based measures, Kenya continues to accelerate progress towards the virtual elimination of mother-to-child transmission of HIV and the broader goal of ending the HIV epidemic.

Kenya has prioritized gender equality and the empowerment of all women and girls in all policies and programmes related to. populations destabilized by armed conflicts, including refugees, internally displaced persons, and in particular women and children, who are at increased risk of HIV infection through strategic interventions aligned with the, Women Peace, and Security Agenda (WPS) aimed at advancing Gender equality, protecting the rights of women and girls, and ensuring their meaningful participation in peacebuilding and governance process.

114. The country has developed and implemented both the First and Second Kenya National Action Plans (KNAPs) on United Nations Security Council Resolution 1325, providing a structured framework for mainstreaming gender into peace and security efforts at national and subnational levels.

115. To enhance protection, Kenya has enacted and enforced laws and policies that safeguard women and girls from all forms of violence, discrimination, and exploitation, with special attention to those in conflict-affected and humanitarian contexts. Targeted efforts have been made to ensure access to education, vocational training, and economic opportunities for women and girls in areas destabilized by armed conflict, thereby reducing their vulnerability to HIV infection, sexual violence, and other risks.

116. The government has also prioritized the provision of comprehensive sexual and reproductive health services, including HIV testing, treatment, and prevention, ensuring these services reach women and girls in vulnerable and marginalized populations. Complementary interventions include the implementation of programs to prevent and respond to gender-based violence, especially sexual violence, and the provision of survivor-centered support services.

117. Recognizing the importance of inclusive governance, Kenya continues to promote women's participation in decision-making processes, including in peacebuilding, humanitarian response, and post-conflict reconstruction. This commitment is reinforced through the appointment of Gender Focal Persons in all Ministries, Departments, and Agencies (MDAs) to oversee gender mainstreaming and the development of institutional policies on gender and sexual and gender-based violence (SGBV).

118. In line with the constitutional prohibition of discrimination on any grounds, including HIV status, Kenya upholds legal protections for persons living with HIV across all sectors. To support evidence-based planning and monitoring, the government continues to prioritize the collection and analysis of sex-disaggregated and age-disaggregated data, including through the Kenya Demographic and Health Survey (KDHS) and the Economic Survey, ensuring visibility of diverse population needs and the ability to track gender equality progress comprehensively.

Kenya has increased its political commitment and domestic financing to achieve gender equality and the empowerment of women and girls through national HIV and AIDS responses targeting women and girls that respect, promote, and protect human rights and the fundamental freedoms for women and girls, including in the context of the HIV epidemic, and promote equal economic opportunities and decent work for women and girls:

119. The State Department for Gender was allocated KES 689 million in FY 2023 and KES 529 million in FY 2025 for gender mainstreaming services, including capacity-building, policy development, and support for GBV and women's economic empowerment programmes.

120. Kenya institutionalized gender-responsive budgeting, enabling women, youth, and persons with disabilities to participate in public budget planning and advocacy, particularly at the county level (e.g., Kwale County model)

121. Launched a Development Impact Bond (DIB) in 2023—funded by the SDG Fund and CIFF—to provide adolescent sexual and reproductive health (ASRH) and HIV services to over 300,000 vulnerable adolescent girls aged 15–19 across 10 high-burden counties. This initiative targets HIV prevention, teen pregnancy, and GBV within a multi-sectoral framework.

122. The roll-out of the Social Health Insurance Fund (SHIF) under the Social Health Insurance Act, 2023, and the creation of the Emergency, Chronic and Critical Illness Fund, aim to institutionalize HIV treatment and prevention services under public financing frameworks. The Ministry of Health advocated for integrating HIV commodities and ARVs into SHA coverage amid declining donor funding, pursuing fiscal resilience and continuity of care.

123. Gender Focal Persons have been appointed across all Ministries, Departments, and Agencies (MDAs), with mandates to develop institutional gender mainstreaming and GBV policies.

124. Programming emphasizes women- and girls-centered interventions in HIV response, such as support for adolescent girls through ASRH services, community engagement, and rights-based approaches.

Kenya's government has undertaken significant measures to promote the active and meaningful participation, contribution, and leadership of women and girls living with HIV, civil society actors, the private sector, youth, and young men and women's organizations, in addressing the problem of HIV and AIDS in all aspects, including promoting a gender-sensitive approach to the national response.

125. The International Community of Women Living with HIV – Kenya Chapter (ICW-Kenya), established in 2012, is a peer-led network of women living with HIV. ICW-Kenya works nationwide to promote economic empowerment, reduce stigma, and enhance the leadership and advocacy capacities of WLHIV across all levels—community, county, and national. Youth Leadership and Networks, Y+ Kenya, founded by Cindy Amaiza in 2017,

unites young people living with HIV through six member organizations. Y+ Kenya has successfully influenced national HIV policy, health financing (e.g., UHC), and inclusion of young WLHIV in program design and implementation.

126. Inclusion in Policy and Strategy Development-The National AIDS and STI Control Programme (NASCOP), UNAIDS, and civil society have formally integrated community-based organizations—including ICW-Kenya and youth networks—into the development and oversight of national frameworks such as KASF II and county plans. Civil society representatives participate in strategic planning and monitoring platforms.

127. Civil Society Mobilization and Advocacy Platforms; Civil society—including key population-led organizations and youth groups—is fully integrated in national HIV decision-making forums, National AIDS Control Council processes, Global Fund proposals, and HIV governance structures. These actors have provided community-based services, advocacy, and accountability mechanisms that reach marginalized and underserved populations.

128. Community-Based HIV Prevention Committees: Across rural Kenya, community-led HIV prevention resource committees have been established to strengthen local leadership, reduce stigma, and improve access to testing and care. These committees empower women, youth, and people living with HIV to lead prevention efforts within their communities.

129. Youth-Friendly Services and Facility Engagement; Kenyan HIV clinics with youth-friendly services (YFS) and trained providers have demonstrated higher viral suppression rates among adolescents and young adults. This outcome reflects the active leadership role of young people in shaping service delivery models to better suit their needs.

Governments, the private sector, the international donor community and funds, programmes and agencies of the United Nations to has intensified financial and technical support for national efforts to end AIDS and achieve gender equality and the empowerment of women and girls, focused on women and girls affected by the HIV and AIDS epidemic, and also to intensify financial and technical support for mainstreaming gender and human rights perspectives in policies, planning, programmes, monitoring and evaluation.

130. Kenya has steadily increased budgetary allocations to the health sector, prioritizing HIV services through the Universal Health Coverage (UHC) programme and the Medium-Term Expenditure Framework (MTEF) process. This includes allocations for sexual and reproductive health (SRH), HIV prevention, treatment, and care services for women and adolescent girls. Under Kenya's devolved governance system, counties allocate funds for HIV and gender programmes tailored to local needs, including prevention of mother-to-child transmission (PMTCT), youth-friendly services, and GBV response.

131. Integration of HIV in Gender Sector Planning: HIV/AIDS has been fully mainstreamed in the State Department for Gender and Affirmative Action's Strategic Plans, ensuring it is addressed within the broader national gender equality agenda.

132. Joint UN Programme on HIV/AIDS (UNAIDS), UN Women, UNFPA, and WHO continue to provide technical and financial support for gender and HIV programming. Kenya regularly engages these agencies in strategy development, training, policy reform, and research.

133. Global Fund to Fight AIDS, Tuberculosis and Malaria: Kenya leverages Global Fund grants to support gender-transformative HIV interventions, such as DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe), targeting Adolescent Girls and Young Women (AGYW) in high-burden counties.

134. The United States President's Emergency Plan for AIDS Relief (PEPFAR) and USAID support the National Empowerment of Women and Girls Programmes, linking HIV prevention with livelihood skills, education, and GBV prevention. Capacity Building and Technical Assistance National Training Curricula have been updated to include gender and rights-based approaches in the delivery of HIV services, particularly for health workers, program officers, and community-based organizations. Gender Scorecard and Accountability Tools developed by NACC are used to assess the integration of gender and human rights in the HIV response at the national and county levels.

135. Legal and Institutional Frameworks Supporting Gender and HIV; HIV and AIDS Prevention and Control Act (2006) protects individuals from discrimination based on HIV status and mandates gender-sensitive programming, National Guidelines on Gender Mainstreaming in HIV and AIDS guide ministries, departments, and agencies (MDAs) on integrating gender into their HIV response plans, Appointment of Gender Focal Persons in all MDAs ensures that sector plans and budgets address gender equality and HIV.

136. Monitoring, Evaluation, and Accountability; Kenya conducts annual Joint HIV Program Reviews and Midterm Reviews of the KASF, incorporating gender analysis and involving civil society, networks of women living with HIV, and youth-led organizations. Kenya Demographic and Health Survey (KDHS), Economic Surveys, and Kenya Population-based HIV Impact Assessment (KENPHIA) provide disaggregated data critical for gender-sensitive planning.

137. The biomarker data and modules cover HIV testing results among women aged 15–49 and men aged 15–54, with rich breakdowns by age group, residence, education, and marital status. The national HIV prevalence estimates reported via UNAIDS Data 2024 indicate adult prevalence at about 3.2% in 2023, with higher prevalence among women than men, especially among younger adult cohorts. Women face both biological vulnerability and higher testing rates during pregnancy and antenatal care.

138. The estimated Incident HIV infections in 2023, approximately 9,100 women versus 4,100 men, and 3,800 children.

139. Kenya has significantly reduced the impact of HIV/AIDS over the past ten years, achieving a remarkable 68% reduction in AIDS-related deaths, from 58,446 in 2013 to 18,473 in 2022 (6th August 2024). Additionally, new HIV infections have dropped from 101,448 in 2013 to 22,154 in the same period.

Stresses the importance of building up national competence and capacity to provide an assessment of the drivers and impact of the epidemic, which should be used in HIV and AIDS prevention, treatment, care, and support, and for mitigating the impact of HIV and AIDS.

140. Kenya has built national competence and capacity through improved data systems, policy frameworks, and community engagement programs in order to assess the drivers and impact of the HIV epidemic. Kenya AIDS Strategic Framework II (2020/21–2024/25) shows clearly the national priorities on accelerated progress towards Kenya free of HIV infections, stigma, and AIDS related deaths. Its objective is to reduce new HIV infections by 75%, reduce AIDS-related mortality by 50%, Micro-eliminate viral hepatitis and reduce the incidence of sexually transmitted infections, reduce HIV related stigma and discrimination to less than 25% and increase domestic financing for the HIV response to 50%. Kenya has strengthened their data systems, such as the National representative surveys, which provide an opportunity to access the trends on HIV that provide data for the control of the HIV epidemic within a population.

141. Strengthening of health systems projects like Central Kenya Response – Integration, Strengthening and Sustainability (CRISSP) has increased access to high-quality comprehensive health and structural interventions among populations. Community and civil society engagements on sensitization of HIV prevention and sexual and reproductive health services through innovative awareness talks and sensitization programmes. Outreach programs such as venue-based hotspot testing in Mombasa, which reached adolescent girls and young women outside clinics, identified many undiagnosed infections and reduced missed diagnoses dramatically.

142. Kenya has also enhanced the use of Assessments for prevention and mitigation, which have informed the PrEP rollout in hotspot counties, early infant diagnosis, which has reduced the number of mother-to-child transmission, integration of HIV services with TB, and reproductive health. On Mitigation, the addressing of HIV stigma and GBV through legal aid, and GBV response centers. There is also the use of epidemic impact assessments for budget allocation and donor investments.

Encourages the international community and research institutions to support action-oriented research on gender and HIV and AIDS, including on female-controlled prevention commodities.

143. Kenya has actively encouraged the international community and research institutions to support action-oriented research on gender, HIV, and AIDS through efforts that encompass strategic coordination, capacity building, and implementation of policy and programs. These efforts continue to shape national HIV programming, ensuring prevention tools and policies are evidence-based, contextually appropriate, and gender-responsive.

144. The Kenya HIV Research Agenda, under NACC (National AIDS Control Council), provides national research priorities for studies on gender dynamics and female-controlled methods. The NACC has developed an HIV Research Agenda looking into priorities for implementation for achieving the Kenya AIDS Strategic Framework (KASF) goals.

145. The University of Nairobi KAVI-Institute of Clinical Research (KAVI-ICR) has been awarded two research grants from the National Institute of Health (NIH) and the Swedish Research Foundation to study the mucosal biology of HIV transmission in the female genital tract, used in understanding prevention efficacy in women.

146. LVCT Health, which aims at informing the development and implementation of policies and interventions to reduce the spread of HIV in Kenya, looks into describing the implementation of the service delivery package for PrEP choice for women, and describes PrEP use and effectiveness across Kenya and other African countries.

147. The Kenya Pediatric Research Consortium (KEPRECON) progress is supported by international partners, including the Bill & Melinda Gates Foundation**,** USAID, the CDC**,** and the UK's National Institute for Health Research**.** Their collective investment has helped shift maternal and child health practices across Kenya- more women now deliver in health facilities where babies are immunized and postnatal care is prioritized.

148. Jitegemee project is a participatory research action initiative with female sex workers in western Kenya, co-creating financial-savings interventions to reduce HIV risk. The project shows how to integrate gender-focused, strong stakeholder participation into prevention research with female-controlled behaviors or commodities.