WHEN SYSTEMS FAIL
A CALL TO RESTORE INTEGRATED, YOUTH-CENTERED HIV CARE FOR KENYA'S NEXT GENERATION

Authors

Tadiwanashe Burukai-Matutu | Nyasha Phanisa Sithole | Tendai Kunyelesa

Contributors

Jerop Limo | Grace Muthoni | Richard Ong'ala | Kelvin Njoroge
Brenda Wachira | Josephat Kariuki | Bozzi Badia | Mercy Wanjiku
Peter Mwendwa | Juma Richie | Jackline Akinyi

1. INTRODUCTION

A Story of Resilience in a Broken System

Meet Wanjiku (not real name), a 17-year-old teenage girl from Nairobi who has lived with HIV since birth. For years, she relied on a specialized clinic where clinicians understood her unique needs-a space where she could collect her Anti-retroviral therapy (ARVs) discreetly, access peer support from fellow adolescents, and receive counseling tailored to her life needs as a young person. But in 2025, the stand alone clinic closed and Wanjiku now navigates a crowded, impersonal general hospital where providers ask, ***"Why are you here alone? Where is your parent?"*** She waits hours for medication, only to be told, ***"we will only give you medication for three days , so come back in 3 days time for another refill -as we are running out"***

Wanjiku's story is not unique. Across Kenya, adolescents and young people living with HIV (AYPLHIV) like her are falling through the cracks of a fragmented health system. The disintegration of youth-friendly, integrated HIV care a consequence of funding cuts and haphazard policy shifts-has left thousands without the specialized support they need to survive and thrive. The Disruption of services for young people living with HIV and Integration of systems is a threat to the well-being of Young people.

The Unraveling of Progress

Kenya's HIV response was once a beacon of hope. The 2018–2023 National AIDS Strategic Framework prioritized youth-friendly services, recognizing that adolescents face distinct barriers: stigma, parental consent laws, and the complex transition from pediatric to adult care. By 2022, 76% of AYPLHIV in Kenya were on antiretroviral therapy (ART), a testament to decades of investment in peer-led programs, adolescent-specific clinics, and trained providers.

But today, this progress is at risk. The collapse of dedicated youth HIV services-accelerated by COVID-19 funding cuts and the absorption of programs into "mainstream" health systems-has created a crisis:

- **Stockouts of ARVs:** Between 2020–2023, AYARHEP documented 14 national stock outs of critical HIV medications, forcing adolescents like Wanjiku to ration doses or switch regimens abruptly.
- **Loss of Expertise:** Clinicians trained in adolescent HIV care have been reassigned to general wards. As one nurse in Homabay lamented: "We're told to 'integrate,' but no one taught us how to handle their trauma or confidentiality needs."
- **Erosion of Trust:** Peer educators and expert young mothers-once the backbone of community support-have been laid off. "Who will teach us how to disclose our status to partners now?" asked a 19-year-old in Nairobi during a 2023 focus group discussion.

A Crossroads for Kenya's Future

This crisis coincides with alarming trends:

- **Prevention Gaps:** Trials for new HIV prevention tools (e.g., long-acting injectables) have stalled, leaving adolescent girls and young women (AGYW) disproportionately vulnerable. Kenya's AGYW account for 33% of new HIV infections despite representing only 10% of the population.
- **Policy Paralysis:** The Kenya Health Policy 2014–2030 promises "universal health coverage," yet its implementation neglects the specialized needs of AYPLHIV. Meanwhile, the 2022 FP2030 Commitment to "prioritize youth-friendly services" remains unmet.

The recent petition to the High Court (2020–2023) challenging ARV stockouts-and AYARHEP's press conference demanding accountability-highlight the urgency. As Wanjiku asks: ***"If the system forgets us, who will remember?"***

2. KEY ISSUES

2.1 DISINTEGRATION OF YOUTH-FRIENDLY HIV CARE AND SERVICES

Background Information

Kenya's progress in adolescent HIV care is under threat. Historically, AYPLHIV benefited from specialized clinics, trained clinicians, and peer-led support tailored to their needs. However, recent funding cuts and a policy shift toward "integration" have dismantled these youth-friendly spaces. The Kenya Health Policy 2014–2030 and the National AIDS Strategic Framework 2018–2023 both emphasize the importance of differentiated, youth-centered care. Yet, in practice, adolescents are now expected to navigate a complex, adult-oriented health system that is ill-equipped to meet their unique needs.

Suggested Resolutions

- **Re-establish and Resource Youth-Friendly Corners:** The Ministry of Health must urgently restore dedicated adolescent HIV care spaces in all high-burden counties, with a focus on Nairobi and Homabay.
- **Train and Retain Clinicians:** Invest in ongoing, specialized training for health workers on adolescent-responsive, trauma-informed care, and ensure retention of clinicians with expertise in youth HIV.
- **Monitor Integration Outcomes:** Establish a national taskforce to track the impact of integration on AYPLHIV outcomes, with regular reporting to Parliament and the public.

Supporting Evidence

AYARHEP's documentation shows that from 2020–2023, there were 14 national ARV stockouts, with adolescents often the first to miss out on life-saving medication.

A clinician from Homabay shared,

"We're told to 'integrate,' but no one taught us how to handle their trauma or confidentiality needs."

Young people report increased stigma, longer wait times, and a lack of privacy. As one Nairobi youth explained,

"I used to have a peer educator who understood me. Now, I'm just another patient in a crowded queue."

The 2023 FP2030 Kenya Commitment recognizes this danger, calling for the ***"expansion and protection of youth-friendly services"*** *as a national priority.*

2.2 PROVIDER SUPPORT AND NAVIGATION FOR ADOLESCENTS

Background Information:

The shift to integrated care has left many young people without the guidance they need to navigate Kenya's health system. The Adolescent and Youth Sexual and Reproductive Health (AYSRHR) Strategy 2015–2030 highlights the importance of provider support and peer navigation for adolescents. Yet, the loss of peer educators, expert young mothers, and youth support staff due to funding cuts has eroded this safety net.

Suggested Resolutions

- **Reinstate Peer Educators and Youth Navigators:** County governments, with national support, should immediately reinvest in peer-led support programs and expert young mothers to guide AYPLHIV through the health system.
- **Develop and Distribute Information Materials:** AYARHEP and partners should produce and widely disseminate FAQs, self-care guides, and "what if" scenarios for adolescents, addressing common concerns around medication, stigma, and rights.
- **Establish Adolescent Help Desks:** Every major health facility should have a dedicated help desk for young people, staffed by trained youth navigators.

Supporting Evidence

AYARHEP's focus group discussions reveal that adolescents are often confused about how to access services, what to do if they miss a dose, or how to handle discrimination.

"Who will teach us how to disclose our status to partners now?"

asked a 19-year-old in Nairobi.

*The Kenya Health Policy also calls for **"patient-centered care,"** but this is impossible without provider support and navigation systems.*

2.3. DOMESTIC RESOURCE MOBILIZATION AND SUSTAINABILITY

Background Information:

Reliance on donor funding has left Kenya's adolescent HIV response vulnerable to shocks. The National Health Policy and FP2030 Commitments both stress the need for increased domestic resource mobilization to ensure sustainability. Yet, with donor transitions and economic pressures, critical services for AYPLHIV, including treatment, peer support, and prevention, are at risk.

Suggested Resolutions

- **Increase Government Budget Allocations:** The National Treasury and Parliament must ring-fence and increase funding for adolescent HIV and SRHR services, with a focus on sustaining youth-friendly programs.
- **Support Community Health Systems:** Protect and expand funding for community health workers, peer educators, and expert mothers as essential components of the HIV response.
- **Foster Public-Private Partnerships:** Encourage innovative financing models, including partnerships with the private sector and local philanthropy, to bridge funding gaps.

Supporting Evidence

AYARHEP's experience with litigation and advocacy underscores the urgency:

"We are worried about our treatment and what will happen with our community health systems, peer educators, expert young mothers..."

The 2023 press conference and recently concluded court petition led by KELIN highlight the real fear among youth that gains in HIV care will be lost without urgent action.

2.4. PREVENTION GAPS FOR ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)

Background Information:

Kenya's AGYW remain disproportionately affected by HIV, yet prevention trials and programs have stalled due to the broader system crisis. The National AIDS Strategic Framework and FP2030 Commitments prioritize AGYW as a key population, but current disruptions threaten to reverse hard-won gains.

Suggested Resolutions

- **Fast-Track Prevention Trials and Programs:** The Ministry of Health and research partners must prioritize the resumption and scale-up of AGYW-focused prevention trials and services.
- **Integrate SRHR and HIV Prevention:** Ensure that AGYW can access comprehensive, integrated SRHR and HIV prevention at all levels of the health system.
- **Prioritize AGYW in Resource Allocation:** Make AGYW a central focus in all new funding and policy decisions related to HIV and SRHR.

Supporting Evidence

AGYW account for 33% of new HIV infections in Kenya, despite being only 10% of the population. Prevention trials for new tools, such as long-acting injectables, have been delayed or suspended, leaving AGYW with fewer options for protection.

3. CONCLUSION

Kenya stands at a critical crossroads for adolescent and youth HIV care. The disintegration of youth-friendly, integrated HIV services, compounded by funding cuts and policy uncertainty, has left thousands of adolescents and young people living with HIV (AYPLHIV) exposed to unnecessary risk, stigma, and preventable health crises. The loss of dedicated clinics, peer educators, and trained providers has not only eroded trust in the health system but has also reversed years of progress toward universal health coverage and the realization of Kenya's FP2030 and AYSRHR commitments.

- **The evidence and testimonies are clear:**
- Adolescents are missing doses or dropping out of care due to stockouts and lack of support.
- Young people are forced to navigate a complex, adult-oriented system without guidance or confidentiality.

- Prevention for adolescent girls and young women is faltering, with stalled trials and rising new infections.
- The voices of youth and clinicians alike echo the same plea: “We need services that see us, support us, and protect our futures.”

The cost of inaction is measured in lives lost, futures cut short, and a generation’s trust in the health system broken. This is not just a health crisis-it is a moral and national emergency.

Why Action Must Be Taken Now

- Every delay increases the risk of HIV transmission and treatment failure among Kenya’s youth.
- Every day without dedicated support pushes more adolescents into isolation, stigma, and poor health outcomes.
- Every funding cut or policy delay undermines Kenya’s commitments to its young people and jeopardizes the country’s future.

Clear Action Items and Accountability

1. Government of Kenya (Ministry of Health, National Treasury, Parliament):

- Urgently restore and fund youth-friendly HIV care spaces in all high-burden counties.
- Ring-fence and increase domestic funding for AYPLHIV services, peer educators, and prevention programs.
- Fast-track the training and deployment of clinicians with adolescent HIV expertise.
- Prioritize AGYW in all new prevention and treatment initiatives.

2. County Governments:

- Reinvest in peer-led support programs and expert young mothers as navigators for AYPLHIV.
- Establish adolescent help desks and ensure youth participation in health facility management.

3. Development Partners and Funders:

- Bridge funding gaps for adolescent HIV and SRHR services during donor transitions.
- Support innovative public-private partnerships and community health systems.
- Hold the government accountable to FP2030 and AYSRHR commitments.

4. Civil Society and Youth Networks (including AYARHEP, NAYA, and partners):

- Amplify youth voices through continued advocacy, litigation, and media engagement.
- Develop and distribute accessible information materials and self-care resources.
- Monitor and report on service delivery, stockouts, and integration outcomes.

5. Clinicians and Health Providers:

- Commit to ongoing training in adolescent-responsive, trauma-informed care.
- Uphold confidentiality, non-judgment, and patient-centeredness in all youth services.

Kenya’s young people cannot wait. The time for pilot projects and incremental change is over. We call on all stakeholders-government, funders, civil society, and health providers-to act boldly and urgently. Together, we can restore hope, dignity, and health to a generation that deserves nothing less.

The future of Kenya depends on what we do next. Let us not fail our youth!