

HARM REDUCTION INFORMATION NOTE - KENYA



This information note has been compiled by Harm Reduction International (HRI) in collaboration with The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) to support Global Fund Grant Cycle 8 processes in Kenya.

1. Epidemiological data:

1.1 People who use drugs, HIV and Hepatitis C (HCV)

- There are an estimated 27,056 people who inject drugs living in Kenya, with the majority living in Nairobi, Kilifi, Kwale, Mombasa, Lamu and Kisumu.¹
- There is an estimated HIV prevalence of 11.3% among people who inject drugs.²
- The estimated prevalence of HCV in the general population is 6.31%, and among people who inject drugs it is 20%.³

1.2 Prevention and harm reduction programmes after recent funding shifts

- Opioid Agonistic Therapy (OAT) coverage was 14% in 2024.⁴ However, methadone services have been disrupted due to the US funding impact which is likely to have reduced the coverage. The outreach programmes capacity was reduced by 50% by June 2025, with low numbers of people started OAT and increased loss to follow up reported.⁵
- PEPFAR had supported at least 11 of the 15 OAT clinics, mainly with human resource, including many other drop-in centres. Many of these OAT clinics are experiencing service disruptions due to stop-work directives, leading to inadequate psychosocial support, particularly a shortage of counsellors, and resulting in loss to follow up.⁶
- PEPFAR supported services in four counties: Mombasa, Kilifi, Nairobi and Kisumu. The main drop-in-centre ceased operating by the end of 2025 in Kisumu, with two drop-in centres closed down in Nairobi. Kisumu also experienced reduced NSP coverage due to limited operations, reduced distribution shifts, and fewer community outreach events. Mombasa experienced severe stock-outs of clinic commodities, such as naloxone, and the expiry of the methadone measure license; including increase in overdose rates have been reported.⁷

2. Harm Reduction Financing

- PEPFAR and the Global Fund have provided most of the funding for harm reduction programmes in Kenya. While the Global Fund has supported needle and syringe programmes and drop-in centres, PEPFAR support has primarily covered OAT programmes.
- Kenya's harm reduction financing faced a double blow from US funding cuts and subsequent Global Fund Grant Cycle 7 reprioritisation, without any viable domestic funding.
- PEPFAR allocations for all interventions for people who use drugs in Kenya amounted to USD1,162,700 in 2024 with USD 403,200 for OAT programmes. Following the cuts, PEPFAR support for these programmes has not been reinstated.^{8 9}
- From the Global Fund, Kenya was allocated USD 12.35 million for the prevention package for people who inject drugs and their partners before Grant Cycle 7 re-prioritisation. This amount

has dropped to USD 10 million post-re-prioritisation, losing around USD 2.4 million.¹⁰ Compared with Grant Cycle 7, Kenya's overall HIV allocation is 18.2% reduced.¹¹

- There are no allocations from domestic budgets for harm reduction in Kenya, but a small number of county governments offer human resource support for the OAT centres and drop-in centres.

3. Recommendations for Integration of harm reduction services into broader health system¹²

A rushed integration process without undertaking careful planning could further dismantle already inadequate HIV prevention and harm reduction services for key populations. Thus, the Global Fund country dialogues and integration process for prevention and harm reduction programmes should fulfill the following factors as key pre-requisites for successful and sustained integration.

- Secure government funding before integration:

The Government of Kenya has the opportunity to correct its policy on harm reduction and to ensure policy supports the domestic funding allocation through Harm Reduction Bill 2025 and existence of the Caucus of Harm Reduction and Drug Policy reform. Similarly, government agencies have expressed willingness to explore domestic resources for harm reduction, though as yet there have been no formal budgetary commitments.

Devolved County Governments in Kenya offer opportunities for county financing for harm reduction. Different counties have absorbed harm reduction related human resources and commodities to fill the gap left in the absence of PEPFAR funding, which should be leveraged to institutionalise such integration.¹³ With efforts from KELIN, the county government in Kwale has collaborated towards the establishment of a County level Technical Working Group for engagement during the county budgeting and public participation cycle.

The Global Fund funding request process should obtain concrete government commitments and financing for key populations and harm reduction programmes before initiating integration. Co-financing policies should include strict, enforceable conditions such as tying disbursements to earmarked government allocations for HIV prevention programmes and harm reduction.

- Protect and resource community-led organisations:

Communities and community-led services remained resilient, offering crucial services to mitigate the impact of service disruption after US funding cuts. Communities bridge the gap between services and marginalised populations such as people who inject drugs, contributing to the overall health system.

The Global Fund funding request should allocate dedicated funding to community-led organisations, including support for budget advocacy to mitigate the equity risks of integration and to ensure community-led service delivery is not interrupted. Community-led and civil society organisations must have sufficient resources to meaningfully engage throughout the integration process and to drive domestic resource mobilisation. Integration must not equate to the closure of community-led services.

- *Prioritise social contracting as a core integration safeguard:*

The Global Fund funding request should prioritise establishing and expanding social contracting mechanisms for community and key population organisations, recognising community systems as a critical component of the wider health system. Community-led and civil society organisations must be engaged meaningfully throughout this process and the Global Fund should allocate resources to budget advocacy to unlock social contracting grants at national, provincial and county levels.

Additional notes:

- *Integration and the Global Fund Modular Framework*

The Global Fund Modular Framework is the guide to organise proposed programme activities into standard modules and interventions for the three diseases (HIV, TB and Malaria) and RSSH (Resilient and Sustainable Systems for Health).¹⁴ The framework includes list of modules (broad programmatic area), interventions (specific programmes within modules), activities (operational activities for interventions) and standardised indicators to measure the result linked to modules.

Its important for activists and those involved in the Global Fund country dialogues to comprehend the modular template to be able to propose realistic and specific interventions, activities under each module; and also to locate and track the activities, budget and indicators in the funding request document until grant-making phase.

The most relevant activities related to Integrations are listed out in all modules of RSSH component within the GC8 Modular Framework. There are 11 modules within RSSH and each modules have different interventions related to integration such as policy, governance, financing, community-systems, human resource, procurement, data quality etc. The list of relevant interventions with useful tips for activists to engage during country dialogue and funding request is found in an annex 1.

- *Useful resource on integration and harm reduction*

Below are some resources specific to integration and harm reduction. Some are already listed under the reference section.

- Harm Reduction International: Key Messages on Harm Reduction and Integration for Grant Cycle 8. <https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/>
- Harm Reduction International and KELIN: The Impact of US Funding cuts and reduced financing on harm reduction. <https://hri.global/publications/the-impact-of-us-funding-cuts-and-reduced-financing-on-harm-reduction-in-kenya/>
- The Global Fund: Grant Cycle 8- Enabling Impact: Strengthening Sustainability. https://resources.theglobalfund.org/media/fptatfhe/cr_gc8-enabling-guidance-sustainability_presentation_en.pdf

- International Network of People Who Use Drugs: Integration Without Erasure: Brief to the Global Fund <https://inpud.net/integration-without-erasure/>
- Global Black Gay Men Connect: Global Fund Grant Cycle 8 Strategic Overview- Kenya <https://gbgmc.org/wp-content/uploads/2026/04/GC8-Strategic-overview-Kenya.docx.pdf>

References

- ¹ Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- ² Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- ³ Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- ⁴ UNAIDS, <https://kpatlas.unaids.org/dashboard>
- ⁵ HRI 2026. The Impact of US funding cuts and reduced financing on harm reduction in Kenya. <https://hri.global/publications/the-impact-of-us-funding-cuts-and-reduced-financing-on-harm-reduction-in-kenya/>
- ⁶ HRI 2025. The Impact of US funding cuts on harm reduction. <https://hri.global/publications/impact-of-the-us-funding-cuts-on-harm-reduction/>
- ⁷ HRI 2026. The Impact of US funding cuts and reduced financing on harm reduction in Kenya. <https://hri.global/publications/the-impact-of-us-funding-cuts-and-reduced-financing-on-harm-reduction-in-kenya/>
- ⁸ <https://www.dataetc.org/projects/pepfar/>
- ⁹ HRI 2026. The Impact of US funding cuts and reduced financing on harm reduction in Kenya. <https://hri.global/publications/the-impact-of-us-funding-cuts-and-reduced-financing-on-harm-reduction-in-kenya/>
- ¹⁰ See Global Fund data explorer, available at <https://data.theglobalfund.org/financial-insights>.
- ¹¹ <https://www.dataetc.org/projects/allocation-letters/?country=kenya>
- ¹² Key harm reduction messages on integration for GC8 <https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/>
- ¹³ HRI 2026. The Impact of US funding cuts and reduced financing on harm reduction in Kenya. <https://hri.global/publications/the-impact-of-us-funding-cuts-and-reduced-financing-on-harm-reduction-in-kenya/>
- ¹⁴ Global Fund Modular Framework- Handbook Grant Cycle 8. https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf

Annex 1: Integration and the Global Fund Modular Framework

Component	Module	Intervention	Additional comments
RSSH: Resilient and Sustainable Systems for Health	Health Sector Governance and Integrated people-centered services	<ul style="list-style-type: none"> - National health and cross-sector policy strategy and coordination - Planning, management and delivery of integrated people centered-services 	<p>This module (and interventions) will include the integration related discussions and initiative at national (policy) level, involving different line ministries, health sectors etc.</p> <p>The country dialogues should identify measures and platform for communities to be engaged meaningfully in these policy-level discussions.</p>
	Community System Strengthening	<ul style="list-style-type: none"> - Community-led monitoring and advocacy - Community coordination and engagement in decision making 	<p>This module is key to strengthen and safe-guard community engagement during the integration process.</p>

		<ul style="list-style-type: none"> - Organisational and leadership development 	<p>The funding request should have adequate allocations for CSS module to be able to engage at different policy, financing, human resource planning and implementation discussions of integration.</p>
	Health Financing systems	<ul style="list-style-type: none"> - Health financing schemes - Health financing analytics, advocacy, strategies and planning - Social contracting 	<p>This module includes strategies and analytics for integration of HIV and TB services into national health financing schemes, pooling of funds, budget impact analysis and economic evaluation.</p> <p>The funding request should have funding on budget advocacy for civil society and communities to be able to engage in the financing discussions and comprehend the social contracting.</p>
	Health Products Management System	<ul style="list-style-type: none"> - Policy, strategy and governance 	<p>The module will include integration of disease-specific vertical systems into a broader cross-program national system.</p> <p>The country dialogue should discuss on the opportunity of having civil society and community-led watch-dog (accountability) mechanism to ensure smooth procurement without disruption and stock-outs of drugs and commodities.</p>
	Human Resources for Health and Quality of Care	<ul style="list-style-type: none"> - HRH planning, management and governance including for community health workers (CHWs) - Pre-service training, remuneration and deployment, continuous professional development of new health workers (excluding community health workers). - Integrated supportive supervision for health workers (excluding CHWs) 	<p>Activities related to strengthening integration and sustainability of human resources for health (HRH) policy, planning and governance, including community health workers (CHWs) (all types).</p> <p>The funding request should ensure that community workers from respective key populations are included in the HRH planning.</p>
	Laboratory Systems	<ul style="list-style-type: none"> - Laboratory-based surveillance - Specimen referral and transport system 	<p>Activities include support the establishment of integrated specimen referral and transport systems.</p>
	Monitoring and Evaluation Systems	<ul style="list-style-type: none"> - Data governance - Routine reporting and administrative data sources - Data quality 	<p>Activities include integration of data repositories and analytics platforms, disease-specific and/or integrated data quality audits/reviews, tools to monitor data quality generated through community-led monitoring mechanisms.</p> <p>The country dialogue should adequately discuss and have mitigation measures to safe-guard data confidentiality of key populations, able to generate disaggregated data of respective key populations and strengthen community-led studies.</p>
	Reducing human-rights related	<ul style="list-style-type: none"> - Expanding Access to Quality and Discrimination-free Health Care 	<p>This module is key to ensure that key populations access the quality integrated services without any stigma and discriminations.</p>

	barriers to HIV, TB and Malaria services	<ul style="list-style-type: none">- Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services- Preventing and responding to violence against women and girls-	The funding request should have adequate allocations for this module to mitigate potential equity risks- particularly for key populations
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