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## Curbing HIV/AIDS in Kenya Amid Reductions in U.S. Foreign Assistance: How Important Is It for U.S. Strategic Interests?

### **I. Introduction**

As sub-Saharan Africa's third-largest economy, Kenya is viewed by the United States as an anchor state and strategic partner in the region. It may seem small to many, but the fight against HIV/AIDS has been a contributing factor to Kenya's stability and growth. Now that HIV infections have started rising amidst the retraction of U.S. foreign assistance, it raises the question of what that means for Kenya's stability.

The U.S. Government's stand on foreign aid is evolving, and its approach in supporting Kenya's fight against HIV/AIDS must do as well. It would be beneficial for the United States to be more flexible in its new America First Global Health Strategy, solidify its changing organizational structure, continue training supporting military, and promote collaboration between private companies in both countries.

### **II. Historical Background**

Kenya has been globally ranked among the top recipients of U.S. foreign aid, with most of it being used for healthcare initiatives. A notable example of this funding is the President's Emergency Plan for AIDS Relief, commonly referred to as PEPFAR (Milbank Memorial Fund 5). Announced on January 28, 2003, and signed into law shortly after on May 27, this provision was introduced by President George W. Bush. At the start, \$750 million was directed towards 14 sub-Saharan countries, including Kenya (Milbank Memorial Fund 6).

The PEPFAR program was coordinated out of the PEPFAR Coordination Office and implemented by various partners, including but not limited to: the U.S. Agency for International Development (obligating 60% of its bilateral assistance), the U.S. Centers for Disease Control and Prevention (obligating 37% of its bilateral assistance), and Peace Corps volunteers. More than 100 PEPFAR-supported implementing partners come together to form an ecosystem that helps the U.S. Government provide HIV/AIDS prevention, care, and treatment services of high quality. The PEPFAR team also works with local actors in Kenya, such as the National Syndemic Disease Control Council, and the National AIDS and STI Control Program (NASCOP) of the Ministry of Health, to ensure the programs effectively meet Kenya's needs and align well with the strategies and priorities of the Government of Kenya (U.S. Embassy Kenya).

So far, the United States has invested over \$8 billion in Kenya under the President's Emergency Plan for AIDS Relief (U.S. Congress). Since they started in 2003, PEPFAR has helped Kenya achieve the following milestones in the battle against HIV/AIDS: antiretroviral treatment for 1,299,989 men, women, and children; caring for 608,090 orphans and vulnerable children; HIV testing and counseling for 3,088,687 Kenyans; 2,923 HIV comprehensive care clinics; and providing about 43,000 health care workers across the country (U.S. Embassy Kenya).

### **III. Problem**

The benefit of such programs is understated. Kenya ranks eighth in the world in terms of the number of people living with HIV —1,378,457 people in 2023 (World Population Review; Nation Team). Even worse, Kenya reversed a three-year downward trend in new HIV infections last year, when new infections increased from 16,752 in 2023 to 20,105 in 2024 (National Syndemic Disease Control Council). Nelson Otwoma, the executive director of the National

Empowerment Network of People Living with HIV/Aids in Kenya, attributes this increase in HIV infections to the decreased attention paid to the disease. According to him, “[PEPFAR] and Global Fund went slow on providing support for prevention and mostly focused on providing support for treatment” (Nation Team).

The increase witnessed in 2024 may be just the beginning, though, instead of an anomaly in what was hoped to be a consistent progress track until 2030 and beyond. Since President Trump’s administration suspended most U.S. foreign assistance in late January 2025, implementers of U.S.-funded health programs in Kenya have reported struggling to maintain programs. PEPFAR represents more than half of the funding towards Kenya’s HIV programming, and the abrupt termination of aid contracts has left Kenyan health authorities stranded to find nearly \$260 million to sustain vital programs (U.S. Congress). According to UNAIDS, roughly 41,500 healthcare workers under PEPFAR stopped working under the initial freeze, with only 11,000 of them returning to work by the end of March.

Secretary of State Marco Rubio issued PEPFAR a limited waiver on February 1, 2025, to allow the continuation of “life-saving HIV services” (KFF). Nonetheless, with changes such as the dissolution of USAID and cancellation of 86% of all its awards, there is diminished access to HIV services and commodities, including: antiretroviral treatment; PrEP; and HIV viral load and CD4 count tests (Clinton Health Access Initiative and Unitaid).

The rise in HIV infections, coupled with the United States’ retraction of foreign aid, is particularly concerning due to the potential consequences if HIV/AIDS can no longer be curbed. Firstly, the education sector will be directly affected. Availability of teachers will decrease due to consequent illnesses and deaths; children’s truancy will increase as they take care of ill family members; or weakened parents will not work, which forces their children to drop out due to lack

of school fees and even resort to child labor to survive (AmuyunzuNyamongo 87). In a country where the literacy rate is increasingly high, 82.88% for adults and 95.73% for youth aged 15-24, an increase in HIV/AIDS may damage the progress made in education (Countryeconomy). Lack of education for affected individuals hinders their economic mobility due to unemployment. On a larger scale, unemployment and worsened quality of life may lead to civil unrest, resulting in political instability that makes Kenya more vulnerable to terrorism and transnational criminal elements (Milbank Memorial Fund 5). This is suboptimal for the national security interests of the United States because Kenya hosts U.S. forces that support regional counterterrorism efforts and the largest U.S. embassy in sub-Saharan Africa (U.S. Congress).

Another strain caused by HIV/AIDS spread is in the health sector. From the get-go, the number of people seeking healthcare services will rise (AmuyunzuNyamongo 88). Economically, this increases the overall cost of healthcare as the demand increases at a faster rate than the addition of resources. These finite resources, including facilities and trained personnel such as doctors and technologists, then get strained. In January this year, the former Principal Secretary for Medical Services, Harry Kimtai, announced that Kenya had surpassed UNAIDS' HIV targets at 98-98-94: 98 percent of people with HIV know their status, 98 percent of diagnosed patients are on sustained antiretroviral therapy, and 94 percent of those on antiretroviral therapy have achieved viral suppression (Nation Team). Thus, when healthcare resources are strained, achieving such milestones will no longer be possible, and progress will be reversed. There is also going to be a weakened workforce, as was seen by The World Food Programme that reported AIDS depleting southern Africa's rural workforce immensely to the point that their capacity to deal with cyclical droughts and food shortages had dived down (Milbank Memorial Fund 5). Reduction in human capital will deteriorate the Kenyan economy and may make it more likely to

receive help from U.S. rivals such as the People's Republic of China, Kenya's largest trading partner and bilateral creditor. Once that happens, the influence of the United States in the region begins to erode.

#### **IV. Policy Recommendation**

##### *Diplomatic*

The Trump administration released the America First Global Health Strategy in September 2025. With countries receiving PEPFAR assistance, the United States hopes to negotiate bilateral, multi-year agreements that include co-investment by countries and aim to transition most of those countries to complete self-reliance by the end of the agreement period (KFF). In theory, this strategy offers promising results for Kenya. Features such as U.S. financing and procurement oversight can improve Kenyan manufacturing hubs while working towards full independence in curbing HIV/AIDS (Erondu). The issue, however, is that this plan imposes stricter requirements for Kenya's health programmes, and it doesn't plan to increase funding despite any unmet needs for services (Godbole and Kenny). This may be perceived as hegemony rather than the usual collaboration between the two countries, making Kenya more likely to accept alternative agreements from other countries with more flexible terms. Instead, the America First Global Health Strategy could be modified to account for Kenya's individual progress. This ensures the personalized relationship the United States has spent decades building is not threatened. Additionally, the strategy could be more flexible in funding, including meeting the full need of services, instead of planning to even decrease it after the fiscal year 2027. Kenya's progress in curbing HIV/AIDS may fluctuate, and the United States has to position itself as a strong supporter of Kenya through whatever challenges.

##### *Informational*

There is currently considerable confusion and concern about the future of PEPFAR, its operations, and the resulting future. This is caused by the unemployment after the dissolution of USAID, the absence of a Global AIDS Coordinator whose appointment is unknown, and the uncertainty of whether Congress will reauthorize PEPFAR (KFF). Such confusion heightens the worry of Kenya, whose health ministry has already warned President Ruto of the aid disruptions triggering a "domino effect that imperils every link in the healthcare chain" (U.S. Congress). The United States government could promptly address these gaps in organizational structure and clarify that they're in good control of the changes. Trust in the United States, historically Kenya's largest contributor to the health sector from 2000 to 2020, is now dwindling, but these reforms in organization and narrative will help restore it.

### *Military*

The Kenyan military already makes HIV testing mandatory in its recruitment process, rejecting candidates who test positive. This alone helps make the military relatively less vulnerable to the aid changes and disruptions. The U.S. Government should maintain its International Military Education Training Program, which trains Kenya's military at U.S. sites (Joireman). The Kenya Defence Forces has been collaborating with the U.S. Military HIV Research Program for four decades to combat HIV/AIDS in Kenya by ensuring the availability, accessibility, and integration of HIV services within the primary healthcare systems (Kenya Ministry of Defense). As Kenya navigates changes while curbing the disease, the military must continue to receive training and be prepared for any challenges that may arise.

### *Economic*

The administration's FY 2026 budget request includes a \$1.9 billion reduction for PEPFAR. A rescission package was also submitted to Congress in June, proposing the rescission of \$400

million in FY 2025 funding for PEPFAR. However, Congress amended the package, exempting PEPFAR from the rescission (KFF). Trimming down PEPFAR funding may seem to focus on essential needs effectively, but the services left out are not trivial. The United States wants Kenya to be economically self-sufficient in curbing HIV/AIDS. In that case, solely promoting US-supported programs to use only US-manufactured tests and medicines makes Kenya more dependent, especially when having to purchase goods that become expensive due to factors such as taxes and Big Pharma's competitive advantage. Instead, private American companies should collaborate with Kenyan companies to develop the necessary resources, such as diagnostic tests and medicines that are also tailored to specific local needs. American companies can then share the profit. This will promote the economies of both countries, while making Kenya more self-sufficient and less dependent on foreign assistance from the United States.

## **V. Conclusion**

From 2013 to 2023, HIV infections in Kenya fell by 78% and related deaths dropped by 68%, thanks to the generous foreign assistance provided by the United States (U.S. Congress). For this reason, the concern in Kenya caused by the disruptions in U.S. foreign aid is valid since a reversal of such progress is dire. The U.S. Government implementing some of these policy recommendations, starting from the modification of its America First Global Health Strategy, may reignite the spark of hope in curbing the disease. After all, a healthier Kenya means a safer America.

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