

NEWSLETTER



ACCESS TO MEDICINES PLATFORM (META KENYA) IN DAR ES SALAAM

AtMP's presentation focused on the barriers to securing essential SRH commodities in Kenya and across the EAC region, and what must change to protect adolescent and maternal health. Participants reviewed concerning trends, including a reported 78% rise in new HIV infections among young people in Kenya, a 23.6% adolescent pregnancy rate in East Africa, and very low availability of essential SRH commodities.

Findings from the baseline survey done by MeTa Kenya (2022) and end line (2025) assessments showed frequent stock-outs and rising costs across family planning, MCH, STI/HIV services, and menstrual hygiene, with critical maternal medicines like oxytocin and magnesium sulfate increasingly unavailable.

The discussion also noted how user fees were reintroduced in the public sector after Linda Mama's exit, alongside the lack of ringfencing of RMNCAH budgets, a reduction in donor financing for the reproductive health sector, and the gender gap in new HIV infections (with adolescent girls accounting for over two-thirds of new infections) are worsening access and outcomes.



The SHARP Kenya Coordinator is sharing reports for the SRHC endline survey in Marsabit County to the Women Representative MP from Marsabit Hon. Naomi Waqo.

Recommendations emphasized turning evidence into policy and financing decisions through budget tracking, multi-sector coordination, and stronger accountability systems. Priority actions included harmonizing commodity pricing, ring-fencing SRH funding, revitalizing technical working groups, strengthening health systems and supply chains, and improving community-led monitoring.

EAC YOUTH POLICY HEALTH SECTION



What changed from the earlier policy (2013/2014 edition) to the 2025–2030 policy, and what progress it shows

The East African Community (EAC) Youth Policy update for 2025–2030 marks a clear shift in how youth health is understood and delivered across Partner States.

While the earlier policy largely listed priority diseases and risk behaviours, the newer policy expands the health section into a fuller youth health, well-being and protection agenda, with clearer service expectations, stronger safeguards, and much sharper SRH detail.

Progress at a glance: the 7 biggest shifts in the health section

1) Health became broader than disease.

The earlier policy focused on major health problems (malaria, malnutrition, HIV/AIDS, STIs, substance abuse, and limited access to services). The 2025–2030 policy widens the frame to include physical, mental and social well-being, youth-responsive services, SRHR, psychosocial support, nutrition, NCDs, and protection from harm.

2) SRHR moved from “behaviour messaging” to rights and access.

The earlier approach emphasized discouraging teenage pregnancy and encouraging parent counselling on “responsible sexual behaviour,” with access to VCT mentioned.

The newer policy keeps prevention, but adds medically accurate, age-appropriate comprehensive sexuality education (CSE), menstrual health, contraception and family planning, and action on the root causes of teenage pregnancy.



3) Mental health is now treated as a programme, not a passing mention.

In the earlier policy, mental health appears briefly within a list. In the 2025–2030 policy, it becomes a clear delivery and systems agenda: reducing stigma, scaling psychosocial support, integrating mental health into school health and primary care, and using digital counselling, helplines, peer groups, and youth campaigns.

4) Service delivery got more youth-responsive and more standardised.

The earlier policy referenced guidance and counselling units and youth-friendly facilities, but left delivery quite general. The newer policy is more specific about confidential, dignified youth services, trained providers, outreach options (clinics, community centres, mobile services), and a minimum package and minimum standards, backed by stronger M&E and accountability

5) Protection is no longer implied, it's explicit.

The earlier policy flagged early marriage, domestic violence, defilement, rape, FGM, and teenage pregnancy as concerns. The 2025–2030 policy goes further by spelling out vulnerable groups (street youth, orphans, displaced youth, youth in conflict with the law) and protections against trafficking, forced labour, SGBV, and exploitation, with stronger links to psychosocial support, restorative approaches, and safe migration guidance.



Hon. Machano Ali Machano: Member of Parliament; EALA- during an interview at the EAC Youth Policy meeting



In a side media interview, SHARP Project Coordinator Ms. Okemo reflected on the persistent challenges facing young people across East Africa including HIV infections, teenage pregnancies, and gender-based violence, that remain urgent barriers to well-being and opportunity. She noted that the Youth Policy presents a critical opportunity to advance youth development, emphasizing the need for coordinated action across sectors.

SHARP project Coordinator shared their approach through the SHARP project, targeting the triple threat of new HIV infections, teenage pregnancy, and sexual and gender-based violence, guided by pillars on evidence generation and data-driven advocacy, policy and legislative reform, system strengthening, and community accountability. Action items agreed were to support networking and confirm the regional focal contact before participants leave, and to share the full soft copy of the baseline and end-line SRH commodities study with participants upon request.

6) SRH content expanded in 2025–2030.

Compared to the baseline of campaigns and counselling, the newer policy adds clear SRH areas: CSE, menstrual health, contraception and family planning, plus multi-sectoral and community-based interventions addressing child marriage and contraceptive access barriers.



MeTA Kenya SHARP youth champion “Boru Amina Diba “ being interviewed by local Tanzania media houses

7) SRH delivery expectations are sharper and region-wide.

The earlier policy did not define a minimum SRH package or standards, and it did not strongly address regional harmonisation. The newer policy explicitly pushes harmonised guidelines, minimum standards, and cross-border learning to improve consistency in SRH education, referral pathways, and service access across Partner States.

Where organisations like the Access to Medicines Platform Kenya (ATMP) can make a real difference

Implementation will depend on strong partners who can keep SRH commitments practical, funded, and measurable. Organisations like ATMP can support the EAC agenda by:

- Keeping SRH commodities on track: supporting budget advocacy, supply-chain monitoring, and practical follow-up so policy commitments translate into availability.
- Strengthening accountability: convening civil society, county/local leaders, and technical teams to track bottlenecks, stock issues, and service gaps using simple dashboards and routine review meetings.
- Supporting domestication and harmonisation: helping national teams align guidelines and implementation plans to the regional policy direction, especially around minimum service standards and referral pathways.
- Backing evidence-driven implementation: translating data into action by documenting what’s working, what’s stuck, and what needs a policy or financing fix.
- Supporting youth-responsive delivery: working with facilities, schools, and community platforms to reinforce confidentiality, dignity, and adolescent-friendly care.

PRACTICAL NEXT STEPS (WHAT TO PRIORITIZE NOW)

- Establish regional and national technical working groups to drive follow-up and coordination on the policy.
- Develop national action plans with meaningful youth participation and clear resource mobilization approaches.
- Conduct quarterly implementation reviews using a simple action tracker (owners, deadlines, progress, bottlenecks).
- Engage partners like ATMP early to strengthen commodity security, accountability, and evidence-to-action follow-through.
- Implement the roadmap through quarterly evaluations, with a consistent focus on youth health and well-being.



Reach Out

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