



MINISTRY OF HEALTH



MINISTRY OF HEALTH

DIVISION OF NATIONAL AIDS & STI CONTROL PROGRAM



Health Integration Summit 2026

“Health Without Barriers for Holistic HIV Response”

 15th-19th Mar 2026

 Pride Inn Convention Center,
Mombasa, Kenya

CONCEPT NOTE

Why this Summit Matters Now (2026)



- Donor transition accelerating



- United States Government funding reforms



- County fiscal pressure



- Human Resources for Health absorption challenges



- Digital health scale-up



- Universal Health Coverage implementation gaps



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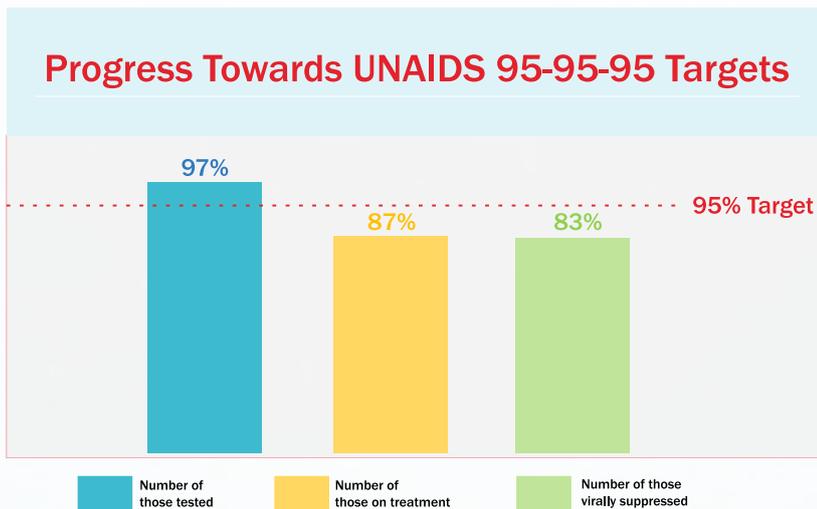
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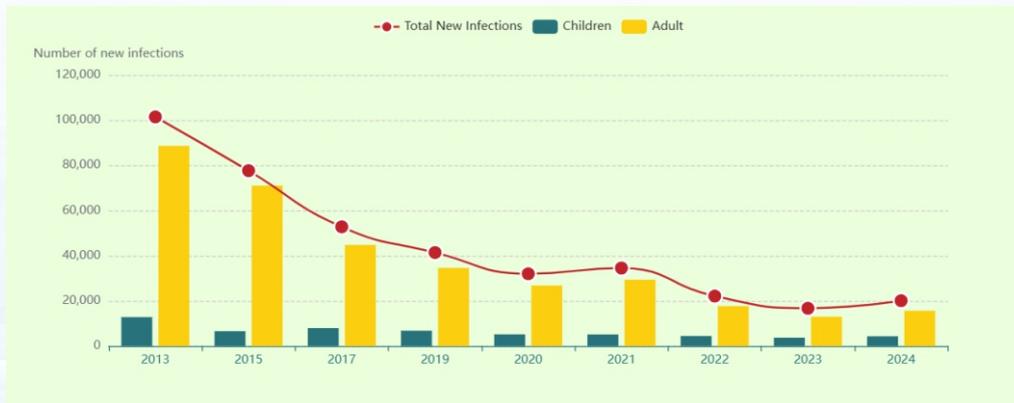
Background

Kenya has made significant progress in strengthening its health sector and advancing priority disease responses, including HIV, through sustained political leadership, partner investments, and strong community engagement. The country's expanded access to prevention, treatment, and care has led to the achievement of 97-87-83 against the global UNAIDS 95-95-95 targets, and significant reductions in new infections, HIV-related morbidity and mortality, and sustained care for over 1.3 million people receiving life-saving ART in 2024(UNAIDS, 2025). These gains demonstrate the effectiveness of coordinated action and provide a foundation for broader health system integration.

Kenya's health and disease landscape is, however, becoming increasingly complex and interconnected, with persistent HIV transmission among priority populations, rising vertical transmission, and an aging population of people living



HIV New infection trends (2014-2024)



with HIV, occurring alongside a rising burden of non-communicable diseases, mental health conditions, TB, viral hepatitis, and reproductive health needs. These challenges are compounded by health system transitions, including donor funding shifts, county-level fiscal pressures, health workforce constraints, rapid digital health expansion, and gaps in UHC implementation. This changing landscape calls for a reimagined, sustainable approach to HIV programming that integrates HIV within the broader Primary Health Care and Universal Health Coverage frameworks.

Integration efforts should also be grounded in the lived experiences of people living with HIV, key populations, and adolescents and young people, who continue to face barriers to equitable access. Ongoing gaps in mental health support, gender-based violence response, and safe, stigma-free services underscore the importance of rights-based, community-informed approaches to integration

The Health Integration Summit 2026, themed Health Without Barriers for Holistic HIV Response scheduled for 15th–19th March 2026, will convene key cross-sectoral stakeholders to consolidate lessons learned following recent funding shifts and programmatic transitions, showcase innovative integration approaches, and collectively define a roadmap for an integrated, resilient, and sustainable HIV response in Kenya. The summit brings together regional counterparts, including EAC countries, South Africa, Lesotho, Angola and Botswana.

This technical concept note therefore outlines a framework to advance integrated HIV service delivery in Kenya and outlines the approach and organization of the summit, how activities will be delivered, and the criteria for submission of best practices. It also explicitly links lessons from the inaugural 2024 HIV Service Delivery Integration Summit to the strategic priorities and reform agenda shaping the 2026 context to strengthen collaboration, accelerate integration of services, and advance strategies that enhance the impact and sustainability of the HIV response.





The inaugural HIV Service Delivery Integration Summit held in 2024 marked a critical reflection point in Kenya's HIV response, catalyzing a national dialogue on integrating HIV services within the broader health system. The Summit achieved a broad national consensus that the sustainability of HIV gains can only be secured through deliberate integration of HIV services within Primary Health Care (PHC) and Universal Health Coverage (UHC) platforms. NASCOP's subsequent baseline assessment across counties confirmed strong commitment to integration, while identifying critical gaps in governance, financing, data systems, and human resource capacity that must be addressed to achieve sustainable impact.

Despite Kenya's significant progress in HIV prevention, treatment, and care, continued vertical programming around financing, service delivery, and information systems has resulted in parallel systems, high operational costs, fragmentation across health systems. Additional barriers include; lack of data Interoperability, supply chain & commodity instability and HRH challenges. These undermine impact, efficiency, and sustainability creating barriers to access, continuity of care, and long-term domestic financing. Moreover, communities continue to face persistent barriers to equitable access to HIV and related services, including stigma, discrimination, and limited psychosocial support. Addressing these inequities is central to Kenya's UHC and integration agenda and calls for rights-based, people-centred, and community-driven approaches.

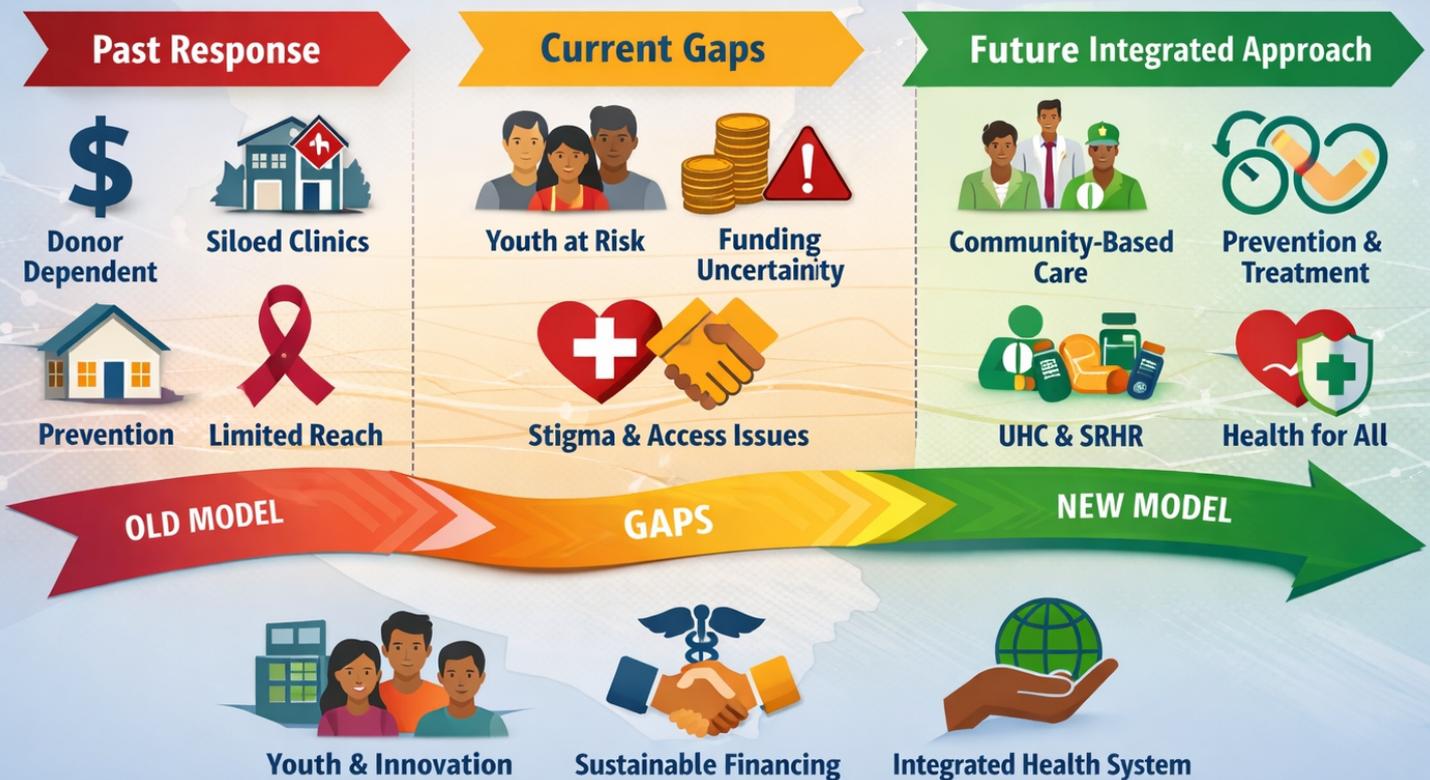
As the country advances towards Universal Health Coverage (UHC), strengthens Primary Health Care (PHC), and pursues sustainable domestic financing, a paradigm shift via a 'Rethinking HIV Response' approach is required. A shift that ensures HIV is no longer managed as a stand-alone programme but as part of a holistic approach to health. Integrated, people-centred health systems are essential for addressing the interconnected burden of communicable diseases, non-communicable diseases, mental health conditions, maternal and child health needs, and emerging demographic and epidemiological transitions. Without health integration, previous investments and

gains will be lost and reversed.

The Health Integration Summit 2026 therefore provides a strategic platform to advance country-led, practical approaches for breaking systemic silos, strengthening health system coherence, and delivering holistic, people-centred services. By focusing on integration as both a health system and equity imperative, the Summit aims to accelerate progress towards health without barriers, ensuring that no population is left behind while sustaining critical HIV outcomes within resilient health systems.

The theme “Health Without Barriers for Holistic HIV Response” captures the summit's vision of health care that reaches all people where they are by integrating HIV within primary health care, empowering communities as co-designers of solutions, and building resilient systems that sustain impact in an era of transition.

Rethinking Kenya's HIV Response





Summit Thematic Areas

The technical program of the Summit will be structured around the following thematic areas:

1. Sustainable Financing and Donor Transition

- Domestic resource mobilization, innovative financing and financing efficiency.
- Integration of HIV services into national health financing mechanisms.
- Managing donor transition while safeguarding service continuity

2. Integrated and People-Centred Health Service Delivery Models

- Integration of HIV within PHC and UHC platforms
- Continuity of care across the life course and across syndemic diseases
- Differentiated and client-centred service delivery approaches

3. Health Workforce Strengthening for Integrated HIV Services

- Workforce planning, task sharing/shifting, and capacity building
- Performance management and retention in integrated service settings

4. Digital Health and Data-Driven Integrated Health Programming

- Integrated health information systems and interoperability.
- Use of data and analytics to improve quality, efficiency, and accountability

5. Resilient Supply Chains and Local Manufacturing

- Integrated procurement and supply chain systems.
- Regional collaboration and local production of HIV commodities

6. Empowering communities and strengthen community systems

- Communities as co-designers and co-deliverers of integrated care.
- Institutionalizing community led monitoring and community systems in PHC/ UHC, and service delivery

7. Leadership and Governance for Integrated HIV and Health Systems

- Strategic leadership and stewardship for HIV integration within UHC reforms.
- National and county coordination, and accountability for integration.
- Policy coherence, institutional alignment, and governance mechanisms to sustain integration and transition.

4.0 Summit Guiding Principles

The technical program discussions shall be anchored on the following guiding principles:



Country and County Ownership and collaboration:

Strengthen national and county leadership in planning, financing, and implementation to ensure sustainable, accountable, and locally owned service delivery.



Integration within Primary Health Care and UHC:

Advance the integration of HIV services within primary health care and Universal Health Coverage platforms to improve efficiency, continuity, and people-centred care.



Equity and People-Centred Approaches:

Prioritize populations with the greatest need and design services that respond holistically to the health and social needs of individuals, families, and communities.



Efficiency and Sustainability:

Optimize the use of limited resources by reducing duplication, leveraging shared systems, and prioritizing high-impact, cost-effective interventions.



Data-Driven Learning and Adaptation:

Use routine data, digital health systems, and continuous learning to inform decision-making, monitor performance, and support quality improvement.



Partnership and Accountability:

Promote strong coordination among government, partners, and communities, with clear roles and shared accountability for results.



Meaningful Community Leadership & Rights-Based Approach:

Ensure PLHIV, key populations, adolescents, and young people participate as equal partners across all processes and ensure services uphold rights, dignity, confidentiality and non-discrimination



Human Rights • Dignity • Equity • Non-Discrimination

4.0 Summit Objectives

The Integration Summit 2026 will provide a national platform for collective reflection, learning, and commitment. The Technical discussions at the summit are expected to achieve the following objectives;

1

Provide a structured learning and knowledge management platform for national and county teams to share experiences, compare integration approaches, and disseminate documented best practices for effective and scalable health integration



2

Assess and deliberate on the impact of global and domestic financing shifts on HIV service delivery and identify practical strategies to enhance resilience and long-term sustainability at national and county levels.



3

Advance the integration of HIV services within primary health care and UHC reforms, including alignment with the Social Health Insurance Act reforms, to improve access, efficiency, continuity of care, and people-centred service delivery.



4

Showcase and document innovations and regional best practices including digital health solutions, community-led and community based approaches, and service delivery models for sustainable Health Integration



5

Reinforce county leadership and governance to enable effective planning, coordination, accountability, and high-quality integrated service delivery within devolved health systems



6

Develop and secure consensus on a shared roadmap for sustainable HIV programming, encompassing domestic financing, blended funding approaches, performance monitoring, and long-term accountability mechanisms.



Objectives



Summit Expected Outcomes

The 2026 HIV integration summit is expected to deliver a clear framework and collective commitment toward sustainable integration. Key outcomes will include:



A National Health Integration Framework anchored in broader health reforms, outlining roles, milestones, and performance indicators.



A Sustainability and Financing Roadmap addressing donor transition, domestic resource mobilization, and blended financing options.



A Compendium of Best Practices and Innovations on integration models adaptable across counties.



Renewed Political and Community Commitment to sustaining epidemic control gains and ensuring no one is left behind.



Strengthened Multi-Sectoral Partnerships among national and county governments, civil society, communities, development partners, and the private sector.



Target Audience

Executive arm of Kenya Government and Parliament	East African Countries, South Africa, Lesotho, Angola, and Botswana	Ministry of Health, Kenya, leadership and technical directorates	National Treasury and financing institutions
County Governments (CoG, CECs, Chief Officers, County Health Teams)	Regional representatives (EAC, IGAD, Africa CDC)	UN Agencies and Development Partners	Research institutions and academia
Professional bodies and regulatory agencies	Civil society, PLHIV networks, adolescents, and youth	Private sector, pharma, diagnostics, digital health, and financiers	Faith-based organizations and media



Summit Delivery approach

To ensure delivery of impactful and replicable lessons and interventions that would continue to inspire Health integration and HIV program sustainability, the technical delivery will include daily plenary sessions, oral best practice presentations, side events, expert panel discussions, poster best practice presentations, documentary videos, breakout sessions, gallery walks and community villages. Key technical and policy documents will also be launched. The Summit's presentations and delivery formats are structured around the thematic areas to ensure consistent linkage between strategic priorities and implementation realities. Each theme is explored from policy, system, county, and community perspectives to support actionable and sustainable integration outcomes. All presentations will go through a vetting process to ensure quality and precision.

At the end of each day, there will be a reflections session to capture key take away by a selected rapporteur, and enable highlights of cross cutting issues requiring attention and setting the stage for the following day's discussions.



Poster/Talking walls

Poster presentations will be obtained from the pool of expert reviewed best practice experiences and submissions made by the various counties and programs. All the posters will have a standard format, promptly pitched at the poster booths, clearly labelled/numbered, and given a specific time slot in the schedule for the Summit attendees to have ample time to learn through interaction with the presenters. A select team will be identified to prioritize the top three posters per thematic area based on an agreed assessment criteria.



Oral presentations

Oral presentations will be selected from major topical issues and outstanding expert-reviewed best practice submissions from the various counties and programs. Each presenter will be given 10 minutes of presentation followed by 5 minutes of Q&A. A designated review team will be identified to select the best oral presentation that aligns with the objectives of the Health Integration Summit.



Plenary sessions

Each day of the summit will have plenary sessions for expert speakers to make presentations, followed by panel discussions in various topics/thematic areas that would be of interest to all attendees of the conference. Opportunities for questions and answers between the attendees and the speakers/panelists will be availed to further enrich the discussions/deliberations.



Breakout Tracks

To accommodate various important topics and also give opportunities to attendees to select areas of interest that would allow more detailed discussions, about four break-out sessions led by a selected moderator and co-moderator will be organized each day, and allocated adequate time for exhaustive deliberations.



Documentary videos

Curated short documentary videos will be integrated across plenary and breakout sessions to amplify lived experiences, showcase county and community innovations, and ground technical discussions in real-world service delivery realities. The videos will serve as conversation starters, reinforcing key themes on integration, equity, sustainability, and system transition



Side events

The Summit will host a series of curated side events held alongside the main programme to provide targeted spaces for focused dialogue, technical deep-dives, and partnership building. These sessions will enable summit attendees and stakeholders to explore specific thematic, regional, or population-focused issues, showcase innovations, and advance collaboration on identified priority areas.

Side events will be held for

1. Elimination of vertical transmission of HIV,
2. Advanced HIV Disease,
3. DSD, Community Pharmacy Model, MMD,
4. HIV combination prevention and LEN PrEP rollout,
5. KVP programming and VH/STI, and
6. Innovative integrated SD Models.



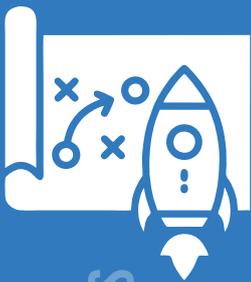
Community villages

The Community Villages will be set up as interactive spaces that elevate community voices, fosters dialogue, and highlights practical, community-led solutions. It will bring together communities, implementers, policymakers, and technical experts to share knowledge, reflect on lived experiences, and identify priorities. The Community Village deliberations will link to the summit's panel discussions and/or plenary sessions based on the various themes of the summit to foster deeper engagement. Additional activities will feature community-led dialogues, innovation showcases, poster and marketplace sessions, and skills-building sessions to strengthen community capacity including development of ofCommunity Priorities Statement to be delivered in plenary and integrated in the final Summit communiqué. This session will be allocated a 2hr protected time for all Summit attendees to actively participate and engage



Complimentary Summit Activities

Launch of strategic Documents



Launch of strategic Documents

A formal launch of key national strategic and policy documents aimed at strengthening the integration of HIV, sexually transmitted infections (STIs), viral hepatitis, and other priority health services will be conducted. Participants will be introduced to the Integrated Guidelines for HIV, STI, and Viral Hepatitis Prevention and Treatment (2026), together with other strategic frameworks aligned to Universal Health Coverage (UHC) and Primary Health Care (PHC). The launch will highlight how these documents will support health workers and communities with updated guidance, promote integrated service delivery, and enhance the quality and continuity of care across all levels of the health system.

The list of strategic documents to be launched include:

1. Triple elimination standard operating manual
2. KMMP Guidelines
3. HTS Operational Manual
4. PrEP Operational Manual
5. PrEP CPM Toolkit



Networking Dinner



Networking Dinner

Networking Dinner

The Summit shall hold a networking dinner which will provide a dedicated platform for informal engagement among Ministry of Health leaders, county and regional program teams, development partners, and technical experts. The session will include opportunities for Platinum and Gold sponsors to briefly showcase their products, innovations, and solutions that support integrated Health services. Through short spotlight remarks and facilitated interactions, sponsors will be able to highlight practical applications of their products within country contexts, fostering dialogue, partnership building, and exploration of sustainable solutions aligned with national priorities and digital health systems.

Recognition and Awards

The Summit will also feature a Recognition and Awards segment to celebrate outstanding leadership, innovation, and impactful contributions towards advancing integrated, people-centred HIV and health service delivery. The awards will recognize exemplary contributions by individuals, counties, community organizations, health workers, implementers, and partners who have demonstrated effective integration, innovative approaches, and sustainable solutions. This recognition aims to motivate continued excellence, promote peer learning, and elevate scalable best practices that advance the Summit's vision of health without barriers. Award recipients will be selected by a multidisciplinary panel using an objective criteria focused on leadership, innovation, measurable impact, scalability, and sustainability in advancing integrated, people-centred HIV and health service delivery.



Monitoring and Evaluation

A structured monitoring, evaluation, and learning approach will be utilized throughout and after the event to ensure the Health Integration summit achieves its objectives. Participant engagement and session relevance will be tracked through daily evaluations to inform real-time improvements. Best practices and lessons learned will be documented and shared.

A post-summit evaluation will assess the overall effectiveness of the Summit, including the knowledge gained, its relevance to participants' roles, and the anticipated application of the shared guidance. The findings will be used to inform follow-up actions and continuous improvement.



Annexes

Criteria of Submission of Best Practices and Experience Sharing (Poster & Oral presentations)

Note:

- All submissions should be in Poster Format and aligned to the summit thematic areas.
- Format of Best Practices and Experience Sharing Poster submissions will include; introduction, description, results, lessons learnt, and policy Implications/recommendations.
- Upon submission, a select team of reviewers will review and identify successful Best Practices and Experiences from the same pool submitted, through a scoring system of 1 to 5 (1 - not selected, 2- potential poster, 3-poster, 4-potential oral, and 5 oral).
- Some countries and counties will be approached to submit presentations focusing on already identified best practices and experiences.

Submission Deadline: 20 Feb 2026

Acceptance Notice: 27 Feb 2026

Submission of accepted Poster/Oral PPT: 6th March 2026

1. Poster Concept Sheet

a. Guidance.

Best Practices and Experience Sharing Posters concepts should showcase practical and replicable experiences, evidence, innovations, and lessons learnt that advance the integration of HIV services within Kenya's evolving health system.

Submissions should reflect efforts to strengthen sustainability, resilience, efficiency, and people-centred care in the context of health system reforms and changing financing landscapes.

Poster topics should align to the following themes of the summit.

1. Sustainable Financing and Donor Transition: Domestic resource mobilization and financing efficiency, Integration of HIV services into national health financing mechanisms, and Managing donor transition while safeguarding service continuity
2. Integrated and People-Centred Health Service Delivery Models: Integration of HIV within PHC and UHC platforms, Continuity of care across the life course and across syndemic diseases, and Differentiated and client-centred service delivery approaches
3. Health Workforce Strengthening for Integrated HIV Services: Workforce planning, task sharing/shifting, and capacity building, Performance management and retention in integrated service settings
4. Digital Health and Data-Driven Integrated Health Programming: Integrated health information systems and interoperability, and Use of data and analytics to improve quality, efficiency, and accountability
5. Resilient Supply Chains and Local Manufacturing: Integrated procurement and supply chain systems, and Regional collaboration and local production of HIV commodities

6. Empowering communities and strengthening community systems: Communities as co-designers and co-deliverers of integrated care, and Institutionalizing community systems in PHC/UHC, and service delivery
7. Leadership and Governance for Integrated HIV and Health Systems: Strategic leadership and stewardship for HIV integration within UHC reforms, National and county coordination, and accountability for integration, and Policy coherence, institutional alignment, and governance mechanisms to sustain integration and transition.

b. Eligibility and Co-submission.

- Co-authored submissions are encouraged.
- Posters previously presented at other forums may be submitted; please indicate prior presentation. It is assumed that presenters using previously published or presented data have resolved patent and copyright matters before submission.
- Posters may include completed or interim findings, provided methods and data sources are clearly described.
- Include Full name, Nationality, Affiliation Organization/Institution of author and co-authors

c. Poster Title (Working or Final).

The title should clearly reflect Health service integration, sustainability, resilience, or system strengthening.

d. The completed Poster.

The poster should provide information on the following while retaining the format shared above:

- i) Thematic area
- ii) Objectives
- iii) Programme implementation approach and Type of data or evidence to be presented (e.g., programmatic data, routine health information, qualitative findings, quantitative analysis, mixed methods)
- iv) Spot light main findings, lessons learned, or practical takeaways: Highlight relevance for scaling, adaptation, or policy and program decision-making and this work contributes to: Strengthening integrated HIV service delivery, advancing sustainability amid financing transitions and informing policy, planning, or implementation at the national or county level
- v) Country or Counties where the work was implemented (we have other countries invited). Specify country and, where applicable, counties or sub-national units.

2. Oral Presentations

Upon successful selection, all oral presentations shall adopt the following structure and flow.

- Title of the intervention
 - Background for innovation/ intervention (include data where available)
 - Implementation journey and period
 - Lessons learnt
 - Challenges
 - Policy Implications/ Recommendations
- Keep it brief: 10 slides, Include pictures and client testimonials where possible

ii. Evolution from the 2024 Integration Context to the 2026 Reform Agenda

Evolution from the 2024 Integration Context to the 2026 Reform Agenda		
Dimension	2024 Summit Context	New Drivers Shaping the 2026 Context
Overall HIV Response Positioning	HIV integration is largely conceptual, with focus on model identification and policy dialogue.	HIV integration is positioned as a system reform imperative requiring institutionalization, scale-up, and accountability.
Integration Focus	Consensus on the need for PHC-based HIV integration and UHC alignment.	Shift toward embedding HIV integration within PHC operational standards, financing mechanisms, and performance frameworks.
Service Delivery Models	Emergence of promising county and partner-led models (eMTCT, HIV–NCD, HIV–mental health, adolescent-friendly services).	Need to validate, standardize, and scale proven models nationally and adapt them for diverse county contexts.
Financing Landscape	Continued reliance on vertical donor financing (Global Fund, PEPFAR) with early discussion on sustainability.	Declining donor envelopes, GC8 transition pressures, and urgency to align HIV services with SHIF and domestic financing.
Government-to-Government (G2G) Financing	G2G financing is largely conceptual or at pilot discussion stage.	Active G2G pilots expanding, increasing county responsibility for integrated service delivery and financial accountability.
Human Resources for Health (HRH)	HIV-specific HRH deployment and mentorship models operating in parallel to PHC staffing structures.	Imperative to reconfigure HRH through task shifting, integrated mentorship, and optimized workforce deployment within PHC.
Commodities and Diagnostics	Separate HIV commodity and diagnostic supply chains alongside general health systems.	Need to integrate HIV commodities and diagnostics into PHC supply chains to improve efficiency and sustainability.
Health Information Systems	Predominantly HIV-specific data systems with limited interoperability.	Digital Health Act implementation driving interoperability, unique identifiers, NDWH integration, and data-driven decision-making.
Population and Epidemiological Dynamics	Increasing recognition of aging PLHIV and co-morbidities, but limited system response.	Aging PLHIV and rising NCD and mental health burden demand integrated chronic care models across the life course.

Stigma and Client Experience	Persistent stigma linked to stand-alone HIV clinics and fragmented care pathways.	Integration seen as a deliberate strategy to normalize HIV care, reduce stigma, and improve client experience.
Community Systems and Accountability	Community-led monitoring and engagement recognized but not systematically embedded.	Growing emphasis on institutionalizing CLM, social accountability, and linkage of HIV services to social protection systems.
County Ownership and Accountability	Variable county uptake of integration models with limited accountability mechanisms.	Stronger expectation for county leadership, ownership, budgeting, and performance accountability for integration.
Policy and Legal Environment	Policy alignment underway but not fully operationalized.	PHC Act, Digital Health Act, and SHIF providing a concrete legal and operational framework for integration.
Regional and Global Positioning	Primarily a national learning platform.	Increasing regional and continental interest in Kenya's integration pathway, positioning Kenya as a regional learning hub.
Summit Strategic Orientation	Emphasis on sharing experiences, models, and innovations.	Deliberate shift toward institutionalizing integration across policy, financing, service delivery, and accountability.



Health Integration Summit 2026

"Health Without Barriers for Holistic HIV Response"

 15th-19th Mar 2026

 Mombasa, Kenya

Thank you!



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