



Physicians for
Human Rights

“The System is Folding in on Itself”

The Impact of U.S. Global Health Funding Cuts in Kenya

Physicians for Human Rights (PHR) Research Brief

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About Physicians for Human Rights

Physicians for Human Rights (PHR) deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. Through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations, we empower our networks of health professionals to serve as human rights advocates. In parallel, we strengthen the methods by which clinicians, alongside law enforcement and legal sectors, gather and present evidence that documents cases of human rights violations and war crimes, crimes against humanity, and genocide.

Cover: A member of the pharmacology department takes inventory of the last boxes of drugs delivered by the now-dismantled United States Agency for International Development (USAID) amid medical supply shortages in a pharmacy storeroom at Lodwar County Referral Hospital in Lodwar on April 1, 2025.

*(Photo by Luis TATO / AFP)
(Photo by LUIS TATO/AFP via Getty Images)*

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Background

The United States (U.S.) has historically been a major supporter of public health initiatives in Kenya. From 2020–2025, the United States Agency for International Development (USAID) committed approximately \$2.5 billion in foreign assistance to Kenya (approximately \$470 million per year) with 80 percent allocated for health-related programs.ⁱ In January 2025, U.S. President Donald Trump signed an executive orderⁱⁱⁱ to pause U.S. foreign assistance for a 90-day review, that order was followed by a stop work orders that froze almost all U.S. foreign assistance, except for limited waivers,^{iv} that immediately and significantly reduced U.S. global health funding. In July 2025, the United States Congress confirmed significant cuts to foreign assistance through a rescissions package.^v These abrupt and sweeping cuts were not coupled with any preparations or alternative funding sources and so has left Kenya's health system severely disrupted.^{vi}

In Kenya, the effects of the funding cuts have been swift, for instance in the abrupt suspension of drop-in centers for community-based HIV monitoring and prevention funded through the United States' flagship HIV program, the President's Emergency Plan for AIDS Relief (PEPFAR).^{vii} Approximately 41,500 health workers, 18 percent of the estimated total health care workforce, in Kenya are supported through U.S. funding, many of whom now face layoffs.^{viii ix} Several antiretroviral therapy (ART) clinics were temporarily closed, some without proper referral systems. Key community-led initiatives, such as HIV prevention outreach and peer support services, have also been suspended.^x Prevention programs that provide diverse services such as pre-exposure prophylaxis, HIV counseling, and testing for adolescent girls and key populations, have been abruptly paused or reduced and threaten immense progress in ending the HIV epidemic.^{xi} For example, there are reports that some of the girls participating in the U.S.-funded DREAMS^{xii} program, which ensured that 66,000 girls remained HIV-free over three years, have started to engage in sex work for survival after this vital support ended.^{xiii} USAID cuts hit malaria net distribution, maternal and child health, immunizations, health data management systems and nutrition programs.^{xiv} Kenya, once a model for integrated community health programming, is now seeing signs of reversed progress, including reports indicating increased wait times, stockouts of essential medicines and vitamins, and clinic staffing shortfalls.^{xv} The country also faces a serious risk of resurgence of malaria, HIV/AIDS, and vaccine-preventable diseases due to disruptions in treatment and prevention.^{xvi}

Additionally, the withdrawal of U.S. funding for the Gavi, the Vaccine Alliance, a global public-private partnership that seeks to increase access to immunization in low-income countries^{xvii}, poses a major threat to Kenya's ability to immunize children against preventable diseases.^{xviii} The shortage of routine childhood vaccines compounds an existing crisis in Kenya where a recent measles outbreak affected over 2,900 children and killed at least 18.^{xix} The digital backbone of Kenya's health system has also been significantly disrupted. The U.S. foreign aid freeze has halted the Demographic and Health Survey program which supported the collection of high-quality data to track health outcomes in over 90 countries, including Kenya,^{xx} and disrupted critical health data systems, hampering routine monitoring, outbreak detection, and follow-up.^{xxi} As a result, disease and health outcome surveillance has deteriorated, impacting the work of community health responders and complicating efforts to easily understand the health impacts of the funding cuts.

Against this backdrop, this Physicians for Human Rights' (PHR) research brief shows a health system that is struggling to adapt to the shock of the abrupt funding cuts, with devastating health consequences.

Methodology

Between May and June 2025, PHR conducted a rapid qualitative assessment to understand how the U.S. cuts to global health funding have affected the availability, accessibility, acceptability, and quality (AAAQ) – the building blocks of the right to health – of health care and services in Kenya.^{xxii} PHR engaged 30 respondents from 10 counties across Kenya (including Nairobi, Nakuru, Kiambu, Kisumu, Kilifi, and Uasin Gishu, among others) through interviews, anonymous surveys, and WhatsApp communications to capture data to understand the impact of the global health funding cuts in Kenya. Respondents included clinicians, nurses, peer educators, survivor advocates, and community-based organizations/NGO staff.¹

1 This research received an exemption from PHR's ethical review board.

Key Findings

This research brief reveals a health system struggling to adapt to the abrupt cuts to health funding, resulting in stockouts, service disruptions, extreme pressure on the health workforce, reversal in progress in infectious disease, maternal and child health, and post-rape care services.

Widespread stockouts and service disruptions

The assessment found a sharp decline in the availability of essential medical commodities such as medications for HIV patients and vaccines for infants across all ten counties surveyed. Health workers from various facilities across Nakuru, Nairobi, and Siaya County reported frequent and prolonged shortages of critical items, including antiretrovirals (ARVs), HIV test kits, nevirapine for the prevention of mother-to-child transmission, early infant diagnostic kits, post-exposure prophylaxis (PEP) kits, tuberculosis (TB) reagents, sexually transmitted infection medications, and routine childhood vaccines. One health worker based in Nairobi County summed this up by expressing:

“The USAID funding cuts have really affected our health system. There’s been a serious disruption of services—programs on maternal health, HIV/AIDS, malaria, and even clean water have taken a hit, and it’s increasing the disease burden and mortality...We’re seeing stockouts of vaccines and ARVs. Basically, health interventions have been disrupted, including TB prevention and treatment, and efforts in human capacity building have slowed down.”

Health worker, Nairobi County

People living with HIV across the country have gone from receiving a three-month supply of ARVs to only receiving a two-week supply of this life saving treatment.^{xxiii} The emergence of a nationwide stock-out of ARVs following the funding cuts poses a threat to the health of the 1.4 million people living with HIV in the country. Expressing concerns, one health care worker from Siaya shared:

“The funding has disrupted supply of commodities, especially those for management of HIV patients. So far, the county has responded by redistribution of the already delivered commodity to cover for this short fall with a plan for the government to take up the procurement of these commodities, but that is still just a plan. There has also been a change of regimen for the medicines given to the patients. For example, the youth who were majorly on ABC/3TC/DTG (which was largely supported by USAID) are being optimized to TLD (a generic brand). In the fullness of time, the effects of these cuts will become more apparent.”

Health care worker, Siaya County

Extreme pressure on the health workforce

Widespread layoffs of donor-funded health care personnel have critically weakened service delivery, with reports of 37,000 Kenyan health workers furloughed in February 2025.^{xxiv} One health professional told PHR that clinics have had to significantly cut back hours of service which impacts patient care:

“Before the USAID cuts, our facility used to operate 24 hours a day. But now, because of staff reductions, we’ve had to scale back. We simply don’t have enough personnel to sustain round-the-clock services anymore, and that’s really affecting patient care—especially emergencies and SGBV cases that mostly come in at night.”

Health care worker, Nairobi County

Another health care service provider noted that:

“There was a complete withdrawal of staff, especially nurses and clinical officers, paid by USAID and PEPFAR due to funding cuts. This has affected the accessibility of essential services, such as counselling, pharmacy, in-patient, and out-patient.”

Health care worker, Nakuru, County

A survey conducted by Jacaranda Health^{xxv} found that 61 percent of approximately 644 frontline health care workers reported that staff at their facilities had been laid off due to the USAID funding cuts. Among those who estimated the scale of layoffs, over 19.9 percent reported more than 10 staff members had been sent home. This has led to dangerously high patient-to-provider ratios, particularly in informal settlements and rural counties. Health workers described feeling overwhelmed, burnt out, and unable to provide dignified care.

“As a county, some of the implementing partners have had complete withdrawal of staff. This has resulted in delayed service delivery for the supported services. This has negatively affected the delivery of services. There is a massive increase in workload for the remaining staff, and this leads to longer waiting times at service delivery points. Some service delivery points have been completely shut down and merged with others due to limited human resources. This leads to crowding at service delivery points hence further compounding the problem...”

Health care worker, Siaya County

Marginalization of vulnerable groups

The impact has been most severe for already marginalized populations. LGBTQ+ individuals, children with disabilities, people living with HIV, and survivors of sexual and gender-based violence (SGBV) are now being forced to navigate generalized, overcrowded health facilities with little privacy or tailored care. A SGBV responder told PHR:

“Survivor-centered care is now a luxury...The same queue for malaria is now the queue for a rape survivor.”

SGBV care worker, Nakuru County

For SGBV survivors, these cuts have meant a decline in the quality of care received, longer wait times to receive care and a lack of survivor-centered care. Specifically, the funding cuts have resulted in the merging of SGBV services with regular outpatient care as well as a reduction in staffing and shorter operational hours of Gender Violence Recovery Clinics. One SGBV responder expressed these concerns:

“I have seen the GBV and HIV clinics integrated with other services. This has resulted in ineffective triaging. Patients also have no privacy. The services are now neither gender sensitive nor survivor centered.”

SGBV care worker, Nakuru County

Significantly when survivors visit the facilities in need of care and are instead met with these obstacles, they eventually stop seeking follow-up care, which denies them their right to non-discriminatory, quality post rape care.^{xxvi xxvii} Another SGBV responder told PHR:

“Many are struggling and have actually opted out of follow up clinics because they feel they are no longer receiving the care they used to, they feel neglected and discriminated.”

Clinician, Kijabe Hospital, Kiambu County

Reversal of progress on HIV, TB, and childhood immunization

In recent decades, Kenya had made significant progress in reducing mother-to-child transmission (MTCT) of HIV with coverage of prevention services, according to data from 2023, reaching nearly 90 percent and access for pregnant women to ARVs at 84 percent, resulting in an MTCT rate of about 7-8.6 percent^{xxviii}. Due to the recent funding cuts, and their impact on the accessibility of nevirapine and ARVs, the progress in mother-to-child HIV transmission is in danger of being reversed. Several counties reported the unavailability of nevirapine and early infant diagnostic kits. One nurse noted a worrying increase in infant HIV infections:

“We are seeing new cases among newborns – something we had virtually eliminated just a few years ago.”

Nurse, Uasin Gishu County

The interruption in supply chains for HIV medications has left nearly \$34 million worth of ARVs and diagnostics stranded in warehouses due to halted disbursement processes.^{xxxix} Clinics are rationing medications and turning away patients who had previously relied on consistent donor-supported treatment. One clinician described the profound impact on outreach programs:

“... Community ART Groups...[have]...been greatly affected. These groups were critical in ensuring consistent access to treatment—especially in remote areas—by allowing stable HIV patients to take turns collecting medication for the group. They relied heavily on community health promoters and logistical support such as fuel, transport, training, and medication packaging—all of which were funded by partners like USAID. With the cuts, many of these support systems have collapsed. Now, people living with HIV have to travel long distances to clinics or miss their doses entirely, putting adherence and viral suppression at serious risk.”

Clinician, Kiambu County

TB programs have also ground to a halt. GeneXpert machines that perform rapid diagnostic tests to detect TB lie unused due to lack of reagents, while active case-finding efforts have stopped.^{xxx} Lack of TB diagnostics creates a risk for unchecked spread of TB across borders.^{xxxi}

Childhood immunization programs are struggling, with 12 out of 47 counties reporting complete stockouts of polio and measles vaccines, as of June this year.^{xxxii} These shortages threaten to undermine the current national vaccine coverage levels, which stand at approximately 90 percent for TB^{xxxiii} over 80 percent for polio and other essential vaccines.^{xxxiv} Without urgent intervention, Kenya risks losing decades of progress in childhood survival, and may breach its Gavi co-financing obligations.^{xxxv}

Downstream impacts on mental, maternal, and adolescent health

The ripple effects of donor cuts extend to maternal, adolescent, and mental health services. Peer-led adolescent HIV programs like DREAMS^{xxxvi} have shut down, community ART groups have disbanded, and psychosocial support services have disappeared. Youth living with HIV are increasingly isolated, unmonitored, and at risk of defaulting from care.

“As peer educators, many of us were let go to cut costs, and even those who remained aren’t sure how long their positions will last. Young people trust the peers who refer them to health facilities—without us, more youth are at risk of contracting HIV. We’re already seeing a rise in sexually transmitted infections (STIs).”

Peer Educator, Nakuru County

“With fewer resources, we are struggling to maintain youth-friendly spaces, mentorship programs, and reproductive health education, leaving vulnerable groups without critical support.”

Human Rights Defender, Nairobi County

Meanwhile, the Kenyan government’s reduction of about \$1.3 billion (Sh. 161 billion) to the Ministry of Health’s budgetary allocation in fiscal years 2025 and 2026 has jeopardized investments in family planning, maternal care equipment, and community health initiatives.^{xxxvii} Health workers noted that maternal services have become harder to access, clinician observed:

“It feels like the system is folding in on itself – slowly, painfully, and in silence.”

Clinician, Nairobi County

The cumulative effect of these disruptions is a health system in retreat, where vulnerable groups are left to fend for themselves, and health workers are pushed beyond capacity.

Conclusion

The health crisis unfolding in Kenya is not an isolated effect of global health aid cuts; it is emblematic of the widespread impacts and a warning sign of broader fragility that threatens to reverse decades of progress in public health. PHR's data show that that abrupt U.S. aid cuts have disrupted essential services, destabilized HIV programs, weakened disease surveillance, and left marginalized populations without the care they need. Women and girls, people living with HIV, survivors of sexual violence, and children requiring immunization have experienced severe disruptions.

While the Kenyan government has made some efforts to respond, domestic capacity remains limited, and cuts to U.S. global health support were not accompanied by meaningful transition plans or sustainable support. Abrupt cuts to health aid undermine the right to health and inflict avoidable harm on people seeking routine health care. Abrupt aid cuts without consultation or mitigation measures violate principles of international cooperation and assistance. The cuts facilitate extraterritorial discrimination against groups already facing marginalization, such as children, survivors of sexual violence, and people living with HIV.

This moment demands urgent, coordinated, and rights-based action to preserve essential services, reverse the harmful effects of these cuts, and reaffirm a global commitment to health, dignity, and equity. This moment also demands urgent action for long-term investment rooted in human rights and accountability. Without it, Kenya's health system, and health in the region more broadly, will continue to erode, with serious and lasting consequences for the most vulnerable.

Recommendations

To Regional Health and Accountability Mechanisms, including the Africa CDC and the Intergovernmental Authority on Development:

- Regional bodies should lead coordinated advocacy efforts urging global donors and financial institutions to establish emergency or transitional health funding mechanisms. At the same time, they must invest in regional surveillance systems that track the impact of aid reductions using real-time, facility-level data and ensure this information is accessible via public dashboards. Convening urgent dialogues with member states and partners will be critical to mobilize stabilization funding and catalyze localized solutions, such as regional production of essential medicines to mitigate rising costs and supply gaps.

To the Government of Kenya:

- The Kenyan government must act decisively to safeguard the health system from collapse by increasing domestic health allocations in both national and county budgets, with a focus on urgent gaps in sexual and reproductive health, HIV, TB, SGBV, and immunization programs. This includes a reallocation of resources to re-engage laid-off frontline workers and continued support for community health initiatives are essential to maintain service continuity. At the same time, reforms to strengthen financial management and transparency must be prioritized, along with safeguards to ensure sustained funding for essential services. Deeper partnerships with civil society, academic institutions, and the private sector will be needed to bolster delivery, oversight, and innovation. Citizen-led accountability mechanisms should also be supported to track progress and rebuild trust.

To the United States Government:

- The U.S. must immediately restore and protect global health funding for essential services. This includes reinstating support for HIV and TB treatment, post-rape clinical care, and maternal and child health services. Emergency delivery of life-saving commodities, such as antiretrovirals, antimalarials, and sexual and reproductive health supplies, must be prioritized to prevent retrogression in health outcomes.

To Donor Governments and International Global Health Partners:

- Where funding transitions are unavoidable, they must be conducted with care: gradually, transparently, and with full participation of local partners. Donors should honor existing commitments, support handover processes that protect and preserve core health services, and provide flexible, gap-bridging resources that allow national systems to adapt without catastrophic disruption. Long-term investment must shift toward strengthening health systems, including the development of health workforces, digital infrastructure, and regional procurement capacity. Greater support for South-South technical and financial collaboration, backed by multilateral institutions, and flexible core funding for Kenyan NGOs will also be essential to ensure sustainable and equitable progress in global health.

Endnotes

- i Kenya Health Forum, *From Aid to Ownership: The Cliff of Financing Health*. Nairobi: Kenya Health Forum, Feb 10th, 2025, <https://khf.co.ke/wp-content/uploads/2025/02/From-Aid-to-Ownership-The-Cliff-of-Financing-Health.pdf>.
- ii "Bridging the Gap: Can the Kenyan Government Offset the Loss of USAID Health Funding?" *Vellum Kenya*. Accessed July 14, 2025. <https://vellum.co.ke/bridging-the-gap-can-the-kenyan-government-offset-the-loss-of-usaid-health-funding/>.
- iii The White House. "Reevaluating and Realigning United States Foreign Aid." Presidential Action, January 20, 2025. <https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/>
- iv Kates, Jennifer, Anna Rouw, and Stephanie Oum. "U.S. Foreign Aid Freeze & Dissolution of USAID: Timeline of Events." KFF, July 9, 2025. <https://www.kff.org/u-s-foreign-aid-freeze-dissolution-of-usaid-timeline-of-events/>.
- v Pecorin, Allison, Isabella Murray, and Lauren Peller. "In Win for Trump, House Narrowly OKs Effort to Claw Back \$9 B from Budget — Including Cuts to Public Broadcasting and USAID." *ABC News*, July 18, 2025. <https://abcnews.go.com/Politics/senate-push-forward-bill-claw-back-9-billion/story?id=123800423>.
- vi Brangham, William, and Molly Knight Raskin. "How USAID Cuts Are Impacting the Fight Against HIV in Kenya." *PBS NewsHour*, June 12 2025. Video, 11:12. <https://www.pbs.org/newshour/show/how-usaid-cuts-are-impacting-the-fight-against-hiv-in-kenya>
- vii UNAIDS, "Impact of US Funding Freeze on HIV Programmes in Kenya," *UNAIDS*, March 13, 2025, https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250313_Kenya_fs.
- viii Kenya Tribune, "Retrenchments Loom as USAID Cuts Health Funding in Kenya," *Kenya Tribune*, February 11, 2025, <https://www.kenyatribune.com/retrenchments-loom-as-usaid-cuts-health-funding-in-kenya/>.
- ix Asamani, James A., Brendan Kwesiga, Sunny C. Okoroafor, Evalyne Chagina, Joel Gondi, Zeinab Gura, et al. "Modelling the Health Labour Market Outlook in Kenya: Supply, Needs and Investment Requirements for Health Workers, 2021–2035." *PLOS Global Public Health* 5, no. 1 (January 6, 2025): e0003966. <https://doi.org/10.1371/journal.pgph.0003966>
- x UNAIDS, "Impact of US Funding Freeze on HIV Programmes in Kenya."
- xi UNAIDS, "Impact of US Funding Freeze on HIV Programmes in Kenya."
- xii U.S. Department of State. Kenya DREAMS Overview. Washington, DC: U.S. Department of State, October 2019. <https://www.state.gov/wp-content/uploads/2019/10/Kenya-DREAMS-Overview.pdf>.
- xiii Brangham, William, and Molly Knight Raskin. "How USAID Cuts Are Impacting the Fight Against HIV in Kenya." *Pulitzer Center*, June 12 2025. <https://pulitzercenter.org/stories/how-usaid-cuts-are-impacting-fight-against-hiv-kenya>.
- xiv UNAIDS, "Impact of US Funding Cuts on HIV Programmes in Kenya," *UNAIDS*, April 4, 2025, https://www.unaids.org/en/resources/presscentre/featurestories/2025/april/20250404_Kenya_fs.
- xv Jacaranda Health, "Impact of the USAID Funding Cuts on Mothers, Health Workers, and Facilities in Kenya," *Jacaranda Health*, April 4, 2025, <https://jacarandahealth.org/impact-of-the-usaid-funding-cuts-on-mothers-health-workers-and-facilities-in-kenya/>.
- xvi Kenya Health Forum, *From Aid to Ownership*.
- xvii Gavi, the Vaccine Alliance. "About Our Alliance." Gavi, the Vaccine Alliance. Last updated May 27, 2025. <https://www.gavi.org/our-alliance/about>.
- xviii Nation.Africa, "Thousands of children face death as US withdraws critical vaccine funding," *Daily Nation*, July 2, 2025, <https://nation.africa/kenya/health/thousands-of-children-face-death-as-us-withdraws-critical-vaccine-funding-5101298>.
- xix Shoreland, "OutbreakItem - TRAVAX," Shoreland Travax, January 17, 2025, <https://www.travax.nhs.uk/outbreaks-index/outbreakitem?newsid=24820>.
- xx Population Reference Bureau. "Collaborating for Action on the Future of Demographic and Health Surveys: Meeting Report." *Population Reference Bureau*, June 25, 2025. <https://www.prb.org/resources/collaborating-for-action-on-the-future-of-demographic-and-health-surveys-meeting-report/>.

- xxi Nation.Africa, "How US Funding Freeze Derails Kenya's Tracking of Disease Outbreaks," *Daily Nation*, March 26, 2025, <https://nation.africa/kenya/health/us-funding-freeze-derails-kenya-tracking-of-disease-outbreaks-4980178>.
- xxii International Foundation for Health and Human Rights Promotion. "AAHQ Framework." *IFHHRO*, accessed July 15, 2025, <https://www.ifhhro.org/topics/aaq-framework/>
- xxiii Nation.Africa, "Kenya's 'sick' healthcare system becomes Duale's headache," *Daily Nation*, March 29, 2025, <https://nation.africa/kenya/health/kenyas-sick-healthcare-system-becomes-duales-headache--4983102>.
- xxiv William Wallis. "Donald Trump's Assault on Aid Sparks Chaos in East Africa's Relief Hub." *Financial Times*, February 23, 2025. [ft.com+8ft.com+8ft.com+8](https://www.ft.com/content/8ft.com+8ft.com+8ft.com+8)
- xxv Jacaranda Health, "Impact of the USAID Funding Cuts on Mothers, Health Workers, and Facilities in Kenya," *Jacaranda Health*, April 4, 2025, <https://jacarandahealth.org/impact-of-the-usaid-funding-cuts-on-mothers-health-workers-and-facilities-in-kenya/>.
- xxvi United Nations. Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, entered into force Sept. 3, 1981, United Nations Treaty Series, vol. 1249, p. 13.
- xxvii United Nations. *International Covenant on Civil and Political Rights*, adopted Dec. 16, 1966, entered into force Mar. 23, 1976, United Nations Treaty Series, vol. 999, p. 171.
- xxviii Assessing the Impact of Optimized Prevention Strategies for Mother-to-Child HIV Transmission Dynamics in Kenya: A Mathematical Modeling Study." medRxiv, April 19, 2025. <https://doi.org/10.1101/2025.04.17.25326000>
- xxix Ross, Aaron, Tim Cocks, and Vivianne Wandera. "Kenya HIV Patients Live in Fear as US Aid Freeze Strands Drugs in Warehouse." *Reuters*, March 11, 2025. <https://www.reuters.com/business/healthcare-pharmaceuticals/kenya-hiv-patients-live-fear-us-aid-freeze-strand-drugs-warehouse-2025-03-11/>.
- xxx Daily Nation. "Hospitals Grapple with Backlog of Untested TB Samples." *Daily Nation*, March 27, 2025. <https://nation.africa/kenya/health/hospitals-grapple-with-backlog-of-untested-tb-samples-4980868>.
- xxxi Toroitich, Anthony Martin, Workneh Gebeyehu, Fatuma Ibrahim Adan, Christine Ogola, Hassan Muktar Mohamed, Victor Ombeka, Charles Ogolla, and Shadrack Oyiye. "Elucidation of Potential Challenges and Prospects for Regional Tuberculosis Interventions in East and Horn of Africa: A Cross Sectional Program Assessment." *Pan African Medical Journal* 39 (2021): 279. <https://doi.org/10.11604/pamj.2021.39.279.28028>.
- xxxii Citizen Digital, "12 Counties Run Out of Vaccine Stocks as Health Ministry Moves to Contain Shortages," June 7, 2025, <https://www.citizen.digital/news/12-counties-run-out-of-vaccine-stocks-as-health-ministry-moves-to-contain-shortages-n364134>.
- xxxiii World Bank, "Kenya - Immunization, BCG (% of One-year-old Children)," 2023, <https://data.worldbank.org/indicator/SH.IMM.BCGN?locations=KE>
- xxxiv PLOS Global Public Health, "Insights from a Community-Based Vaccine Registry in Kenya," March 2025.
- xxxv Ouma, Samwel Doe. "Kenya Faces Threat of Vaccine Stock outs amid Unpaid GAVI Co Financing Obligation." *Health Business*, April 4, 2025. <https://healthbusiness.co.ke/8932/kenya-faces-threat-of-vaccine-stock-outs-amid-unpaid-gavi-co-financing-obligation/>.
- xxxvi U.S. Department of State, *Kenya DREAMS Overview* (Washington, DC: U.S. Department of State, October 2019), <https://www.state.gov/wp-content/uploads/2019/10/Kenya-DREAMS-Overview.pdf>.
- xxxvii Mwangi, Irene. "Massive Budget Cuts Throw Health Sector into Disarray, Threaten HIV Programmes and SHIF Rollout." *Capital FM*, May 14, 2025. <https://www.capitalfm.co.ke/news/2025/05/massive-budget-cuts-throw-health-sector-into-disarray-threaten-hiv-programmes-shif-rollout/>



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Through evidence,
change is possible.



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