



Ministry of Health



**KENYA AIDS  
STRATEGIC  
FRAMEWORK**

**DELIVERING A COMPREHENSIVE HIV  
RESPONSE FOR THE KEY POPULATIONS**

**maisha!**

National AIDS Control Council

[www.nacc.or.ke](http://www.nacc.or.ke)

**National AIDS and STI  
Control Programme**

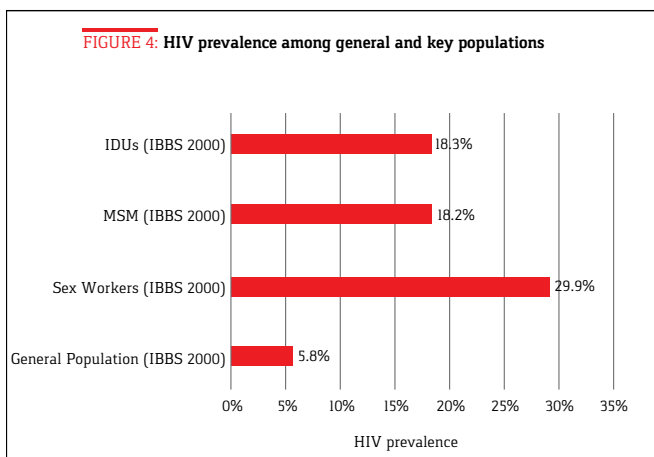
## 1. Introduction

The Kenya AIDS Strategic Framework (KASF 2014/15 - 2018/19) has been developed in the context of the Kenya's constitution and is therefore an important document to deliver the constitutional guarantee of the Rights to the highest attainable standards of health (CoK, Art. 43). Further, the KASF endeavors to set stage for devolution of HIV response to the in line with the Constitution.

The development of the KASF was through participation and as such members of the key populations through their organizations participated meaningfully at the various stages of the KASF development.

## 2. Key Population in the HIV Epidemic

The HIV epidemic in Kenya is heterogeneous in nature, manifesting differently in different populations and geographic areas. HIV in Kenya is characterized as a generalized epidemic among the general population but is more concentrated among key populations who are considered to be at a heightened risk of HIV acquisition and transmission. The KASF recognizes this by identifying some populations as priority populations and recommending actions tailored to address the diversity in the epidemic. One of the priority populations identified in the KASF are the Key Populations. The KASF also recommends interventions with key populations as priority interventions in all regions in the country irrespective of HIV prevalence or incidence among the general population.



KASF defines Key populations as groups who, due to specific higher-risk behaviour, are at increased risk of HIV, irrespective of the epidemic type or local context. Their vulnerability to HIV is exacerbated by the Legal, cultural and social barriers related to their behavior. In Kenya the Key Populations include men who have sex with men; people who inject drugs and sex workers (SW). Despite their small number, the KPs contribute an estimated 30% of new infections annually.

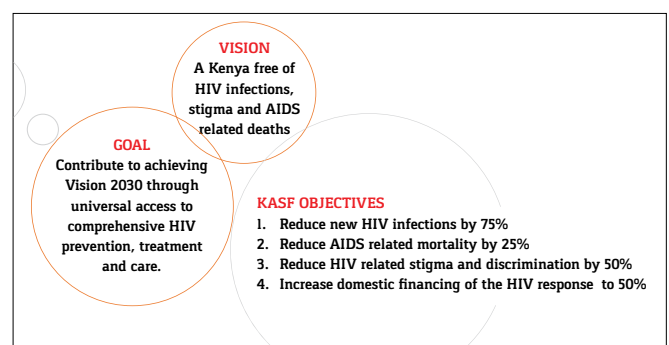
The KASF therefore proposes strategies incorporating appropriate interventions targeted to address the two characteristics (generalized and concentrated) of the epidemic.

### Gaps in KP Programming

Some of the notable gaps in KP programming identified in Kenya National AIDS Strategic Plan III - End Term Review include:

- Implementation of uniform, highly biomedical interventions with limited scale of evidence based behavioural and structural interventions despite evidence of varied needs of diverse populations at risk
- Low programme priority to address HIV related stigma and discrimination against People Living with HIV (PLHIV) and violence against Key Populations
- Minimal sexual behaviour change despite scale up of behavior change communication interventions in the last five years
- Low uptake of HIV Testing and Counselling for sexual partners and children
- Inequity in distribution of condoms (especially female condoms) to priority populations
- Lack of specific policy and legal enforcement tools to address explicit needs of key Populations and People with Disabilities
- For key populations, legal barriers, stigma and negative provider attitudes reduce access to care, negatively impact disclosure and adherence

## 3. KASF Objectives



In relation to Key Populations, KASF aims to:

- Increase coverage of combination HIV prevention interventions
- Prioritize populations and geographic locations for an equitable HIV response
- Remove barriers to access of HIV, SRH and rights information and services in public and private entities
- Improve national and county legal and policy environment for protection of priority and key populations and PLHIV
- Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector

## 4. Proposed Interventions in KASF Targeting Key Populations

### 4.1 Strategic Direction 1: Reducing New HIV Infections

Under this Strategic Direction, Key Populations are identified as one of the priority populations and it is recommended that key population interventions are required in all priority geographies irrespective of the HIV incidence among the general population. KASF recommends that an effective combination HIV prevention package of interventions should be scaled up with key populations. The package includes:

#### Biomedical:

- Provision of key commodities including lubricants and condoms
- Screening and management of HPV among FSW/MSM and Hepatitis B and C for PWID
- Alcohol screening and addiction support
- Scale up STI management in all health facilities
- Provide Pre-exposure prophylaxis services
- Scale up and sustain needle and syringe programme (NSP)
- Initiate Medically Assisted Therapy for opioid dependents (MAT)

#### Behavioral:

- Behaviour change intervention using specific interpersonal tools and techniques including those in Braille
- Regular outreach and contact with Key Population through peer based education, treatment and support
- Offer harms reduction interventions to scale

#### Structural:

- Develop/review key policies impacting on HIV (Key populations, prisons, consent age for HIV testing)
- Address the issue of violence against key populations through appropriate crisis response mechanisms

- Implement stigma reduction campaigns
- Sensitize and engage communities and leaders such as religious leaders and elders on key populations and HIV to reduce stigma and increase service uptake
- Strengthen protection of rights and empower key and vulnerable populations Such as creation of drop-in centers, rights awareness
- Accelerate access to social equity and justice for priority populations

### 4.2 Strategic Direction 2: Improving Health Outcomes and Wellness of PLHIV

Under this strategic direction key intervention areas include improving timely linkages to care, increase coverage and retention of people in care and treatment and scale up interventions to improve quality of care.

#### i. Recommendations to improve timely identification, linkage and retention in care:

- Establish standardized national patient unique identifier and tracking mechanisms that can be originated at HTC service point.
- Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care
- Integrate care services in drop-in centers
- Integrate alcohol and drug dependence reduction strategies in care services

#### ii. Interventions to increase coverage to care and treatment and reduce loss in the cascade of care

- Scale up key population friendly HIV care and treatment services with peer mobilization and support
- Reduce HIV stigma and discrimination to increase access to care and treatment

#### iii. Interventions to improve quality of care and treatment outcomes:

- Promote age and population specific treatment education in community and other non-health facility based settings
- Use innovative mobile and web-based technology to increase adherence and follow up options
- Scale up involvement of people living with HIV peer support strategies

### 4.3 Strategic Direction 3: Using Human Rights based Approach to Facilitate Access to Services:

Under this strategic direction, the key intervention areas include: Removing barriers to access of HIV, SRH and rights information and services in public and private entities, improving National and County legal and policy

environment for protection and promotion of the rights, reducing and monitoring stigma and discrimination; reduce social exclusion and gender-based violence and improving access to legal and social justice and protection from stigma and discrimination in the public and private sector.

#### i. Interventions to remove barriers to access of information and services:

Sectors	Recommended actions
Health Sector	<ul style="list-style-type: none"> <li>■ Promote use of key population peer groups to enhance uptake of services</li> <li>■ Develop policies to protect priority populations when accessing HIV and health services</li> <li>■ Sensitize health care workers to reduce stigmatising attitudes in healthcare settings</li> <li>■ Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population</li> </ul>
Social services Sector	<ul style="list-style-type: none"> <li>■ Enroll PHIV, OVCs, Key Populations and other priority groups into the social protection programmes and provide HIV services</li> <li>■ Implement structural interventions that empower vulnerable populations, especially women</li> </ul>
Religious Sector	<ul style="list-style-type: none"> <li>■ Promote acceptance of priority population as part of the community for increased service uptake</li> <li>■ Engage men in HIV, sexual and reproductive health programmes and interventions and also offer them services</li> </ul>
Communities	<ul style="list-style-type: none"> <li>■ Develop community groups and forums, and utilise persons living positively to campaign against HIV-related stigma and discrimination</li> <li>■ Educate communities on legal issues, rights and gender</li> <li>■ Invest in community programmes to change harmful gender norms, negative stereotypes and concept of masculinity</li> </ul>
Media	<ul style="list-style-type: none"> <li>■ Facilitate campaigns to reduce stigma and discrimination, reduce gender violence and promote uptake of HIV services and prevention interventions</li> </ul>

#### Interventions to improve national and county legal and policy environment:

Actors	Recommended actions
County Governments	<ul style="list-style-type: none"> <li>■ Sensitise law and policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support</li> <li>■ Review existing laws and policies to ensure they impact the response to HIV positively</li> </ul>
National Government	<ul style="list-style-type: none"> <li>■ Review existing laws and policies to ensure they impact the response to HIV positively</li> <li>■ Sensitise law and policy makers on the need to enact rights-based laws and policies and the implications of a non-responsive legal and policy environment for key and priority populations for their HIV response</li> </ul>
Law makers and Law enforcement agents	<ul style="list-style-type: none"> <li>■ Sensitise law makers and law enforcement agencies on HIV and the consequences of their interpretation and implementation of laws in the provision of HIV services to priority populations</li> <li>■ Facilitate discussion and negotiations among HIV service providers, those who access services and law enforcement</li> <li>■ Agencies to address law enforcement practices that impede HIV prevention, treatment, care and support efforts</li> </ul>

National Human Rights Institutes	<ul style="list-style-type: none"> <li>■ Facilitate access to justice and redress in cases of HIV-related discrimination or other legal matters</li> <li>■ Undertake legal literacy programmes to teach those who are living with or affected by HIV about human rights and the national and county laws relevant to HIV</li> </ul>
Health Sector	<ul style="list-style-type: none"> <li>■ Hold the national and county governments accountable to their constitutional and statutory obligations</li> <li>■ In collaboration with other stakeholders, implement programmes aimed at upholding the rights of priority populations</li> </ul>
Non State Actors	<ul style="list-style-type: none"> <li>■ Hold the national and county governments accountable to their constitutional and statutory obligations</li> </ul>

#### **Interventions to reduce and monitor stigma and discrimination, social exclusion and GBV:**

National & County Government	<ul style="list-style-type: none"> <li>■ In collaboration, conduct measurement of HIV related stigma through People Living with HIV Stigma including in health care settings and communities</li> <li>■ In collaboration, conduct a national baseline survey to document the magnitude and nature of human rights violations and gender disparities in the context of HIV</li> </ul>
County Governments	<ul style="list-style-type: none"> <li>■ Implementation of programmes aimed at reducing stigma and discrimination against priority populations</li> </ul>

#### **4.4 Strategic Direction 4: Strengthening Integration of Community and Health Systems:**

The key interventions under this strategic direction in relation to key populations include:

- Strengthening health service delivery system at national and county level for provision of HIV services integrated with essential health package: adoption of strategies to make comprehensive HIV services more accessible to key populations.
- Strengthening community and workplace service delivery system at national and county level for provision of HIV prevention, treatment and care services: empower communities (including KP communities) and workplaces (including KP led organizations) to ensure improved capacity and capability to take charge of their health.
- The strategic direction also emphasizes the need for the prevention and treatment programmes and policies to be more sensitive to the needs of key populations.

#### **4.5 Strategic Direction 5: Strengthening Research, Innovation and Information Management to meet KASF Goals**

The KASF acknowledges that Kenya has conducted ground-breaking socio-behavioural and epidemiologic studies amongst different populations at risk. This include risk factors for MSM, Sex Workers and PWID. However, efficient translation of the research findings into policies and practices remains weak.

Under this strategic direction, interventions for resourcing HIV research agenda vis a vis key populations include the following priorities:

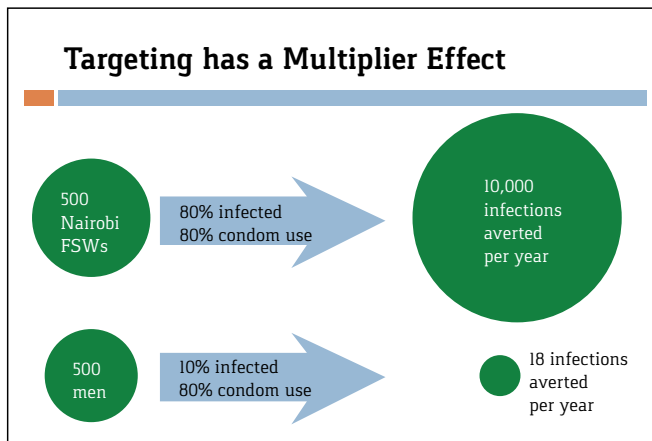
Implementation Research	
Priorities	<ul style="list-style-type: none"> <li>■ Evaluate:               <ul style="list-style-type: none"> <li>- Efficacy of scale-up of combination prevention;</li> <li>- Effectiveness of structural interventions;</li> <li>- Impact of scaling up Kenya treatment guidelines on HIV acquisition and morbidity at individual and community level;</li> <li>- Impact of stigma and GBV reduction programmes on HIV incidence and mortality;</li> <li>- Impact of new technologies and programmes in priority populations</li> <li>- Granulate drivers of new HIV infections in priority and bridging populations</li> </ul> </li> </ul>
Behavioural Research Priorities	<ul style="list-style-type: none"> <li>■ Determine socio-behavioural, cultural and gender-related factors as determinants of health outcomes and adherence to treatment; drug, alcohol and substance use on HIV acquisition, care and treatment outcomes; predictors of loss to follow up, defaulting and retention; drivers of mortality and associations between aging and treatment; determinants of stigma reduction</li> <li>■ Understand risk perceptions, adherence and retention in HIV prevention</li> </ul>
Biomedical Research Priorities	<ul style="list-style-type: none"> <li>■ Investigate less adherent dependent and cost-effective prevention technologies (such as microbicides, preventive and therapeutic vaccines and cure), long-acting PrEP and PEP, and ARVs for treatment; interaction of HIV with non-communicable diseases and geriatric diseases; better treatment for children and the elderly living with HIV</li> <li>■ Determine optimal multi-purpose prevention (STIs, HIV and pregnancy) technologies and options</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>■ Implement bio-behavioural survey framework for key and vulnerable populations</li> <li>■ Integrate GBV and IPV data collection in HIV survey</li> <li>■ Create and maintain a HIV research and best practice data base</li> </ul>

It was also recommended that the ethics review committee should be strengthened to facilitate high quality HIV related studies including key population related ethics sensitivity.

#### **4.6 Strategic Direction 6: Promote Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming:**

- The KASF's recommends strengthening M&E capacity to effectively track the KASF performance and HIV epidemic dynamics at all levels. This includes availability of
- Harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs. Several key populations related indicators are included in the KASF M&E framework which is described as annexure. Size estimation, behavioural and biological surveys, sentinel surveillance and other research studies are included to monitor the progress made across behavioural, biomedical and structural interventions. The M&E framework is attached as annexure.



**FIGURE 1: Multiplier effect of targeted interventions**

#### 4.7 Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response:

##### Align the HIV/AIDS response with local context:

- In the quest to maximize efficiency in HIV resources utilization, KASF recommends a shift towards a decentralised design of HIV policies and programmes that are calibrated to county specific circumstances. Approaches that target interventions towards those who need them most and where they are needed can reduce HIV incidence by over 10% immediately.
- Investing in targeted interventions on KPs have been found to be one of such strategic investments in HIV response with tremendous potential to enhance efficiency of the overall HIV response as illustrated in the findings of study in Nairobi in figure 1.

#### 4.8 Strategic Direction 8: Promoting Accountable Leadership for the Delivery of the KASF Results by all Sectors:

- The KASF takes due cognizance of the constitutional provisions in CoK. Art. 10 which amongst others, stipulates the obligation by state and non-state actors to espouse values and principles which amongst others, "...guarantee right to human dignity, equity, social justice, inclusiveness, human rights, nondiscrimination, protection of the marginalized". This provision does not envisage exclusion of any population from enjoying this right and thus essentially outlaws exclusion of Key Populations from health care access and participation in related decision making thereof
- KASF further makes reference to CoK. Article 21 (3) bestows on all State organs and all public officers the duty to address the needs of vulnerable groups within

society. This therefore places an accountability requirement on government agencies and officers to ensure inclusive service provision for all population categories including the Key Populations

- KASF recommends entrenchment of good governance and strengthening of multi sector and multi partner accountability by building capacity of networks of key population address barriers to HIV services for the Key populations

## 5. The Role of NACC and NASCOP in Promoting HIV Intervention for Key Populations, Nationally and at the County

##### National level

- Develop, disseminate and implement a policy framework to streamline HIV interventions for Key Populations in Kenya
- Provide technical support and monitor implementation of the KASF across counties and government departments with special focus on the priority interventions
- Develop guidelines, manuals and tools to support implementation of the strategies recommended in the KASF and maintain quality of interventions
- Ensure creation of an enabling environment for implementation of a comprehensive package of HIV interventions among key populations
- Establish linkages with related sectors to strengthen the mutisectoral response for key population programmes

##### County level

- Disseminate the KASF recommendations at the county level and support in development of county specific plans
- Support counties to develop accountable leadership mechanism like Technical Working Groups to lead the key population related work as recommended in the KASF
- Develop a partnership framework to strengthen county based social networks of key populations to undertake peer led HIV interventions amongst the Key Populations at the county level
- Support counties to operationalize and institutionalize scaling up of key populations' interventions in the priority counties with the focus to reduce stigma, discrimination and violence which acts as barriers to accessing services

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