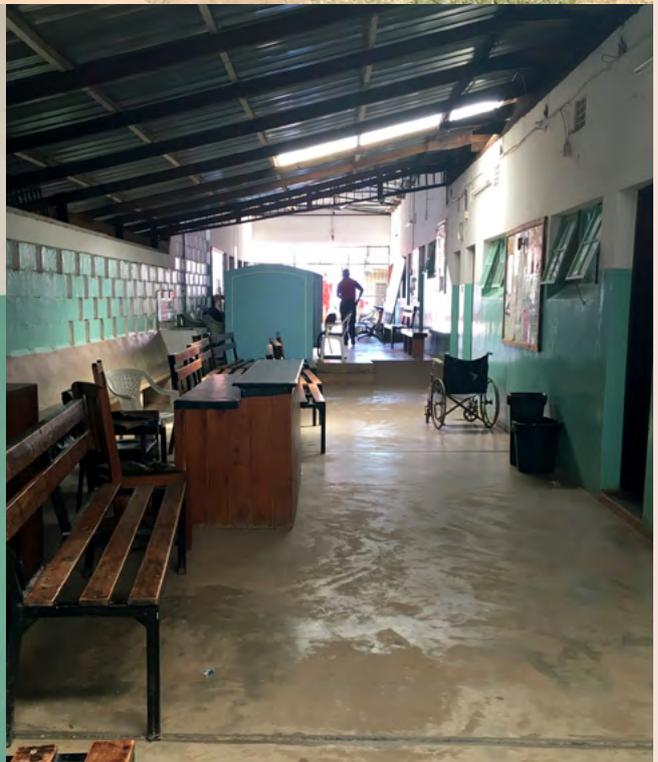
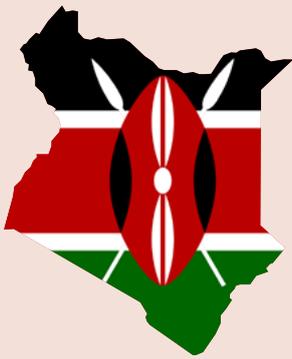


# PEOPLE'S COP22 KENYA

**COMMUNITY PRIORITY RECOMMENDATIONS**

**FOR PEPFAR KENYA IN COP22**





***“We are  
not finished.”***

— Samuel Kuria,  
Key population representative  
COP22, MPEG

## INTRODUCTION

In January 2022, PEPFAR reported that Kenya had reached the UNAIDS 90-90-90 targets.<sup>1</sup> However, communities and civil society organisations working at the forefront of the HIV response in Kenya warn that any claims of epidemic control are premature and should be based on evidence rather than estimates and extrapolations. This fourth edition of the *People’s COP in Kenya* describes a more cautious and mixed picture of progress.

Constant stockouts of critical medicines and commodities throughout 2021 significantly hampered HIV prevention interventions including access to condoms, testing for both adults and infants, and treatment. Until health system weaknesses such as this are overcome, we will not achieve reduced infections, treatment retention and viral load suppression for all groups — particularly children, adolescents and key populations — PEPFAR and its partners must keep their foot on the gas.

Annual deaths and new HIV infections continue to decline in Kenya, but the overall burden of HIV remains high. An estimated 1.4 million people were living with

HIV in 2020, and 19,000 people died from AIDS.<sup>2</sup> 33,000 people were newly infected, including 5,200 children<sup>3</sup>

The vast majority of people living with HIV — 96% — know their status, but this is not yet translating into an equally high proportion of people receiving treatment. According to UNAIDS, 1.2 million people living with HIV (86%) are on antiretroviral therapy (ART). There are significant variations in ART coverage across regions and population groups. For example, only 77% of men aged 15 and over are on ART and coverage rates among men who have sex with men and people who use drugs are below 70%.

1. PEPFAR Fiscal Year FY2022 Planning Level Letter for Kenya. 19 January 2022.

2. UNAIDS country data for Kenya (2020)

3. UNAIDS country data for Kenya (2020)



PEPFAR reported high levels of treatment interruption (around 10,000 people experiencing interruptions in treatment per quarter) throughout FY21, particularly among those who have been on ART for less than three months.<sup>4</sup> In Q4, nearly 40% of PEPFAR’s clients experienced an interruption in treatment or stopped treatment altogether.<sup>5</sup> Multi-month dispensing (MMD) of ARVs has been scaled up in 2021 as part of efforts to improve treatment continuity, although this was negatively impacted by the stockouts facing the country. At the end of FY2021, 68% of adults and 61% of children were on at least three-month MMD — a reduction from COP20 where 71% of clients were on > 3MMD. The PLHIV and KP requested move to 6MMD has also been slow and was reversed due to stockouts.

The latest data from UNAIDS suggests that the level of viral load suppression is, in fact, much lower at 81%.<sup>6</sup> Levels of viral load coverage were affected in FY21 by continued stockouts of testing commodities. The national level of viral load coverage was just 57%, with uptake among some key populations even lower, for example, at just 15% for transgender populations. Among young people between the ages of less than one and 19, data also show the need for more additional support.

Adolescent girls and young women account for approximately a quarter of Kenya’s new HIV infections each year.<sup>7</sup> Prolonged school closures during the height of the COVID-19 pandemic increased adolescent girls’ risks of violence and early pregnancies. A shortage of rapid test kits also reduced the number of HIV tests carried out as part of PEPFAR’s adolescent programs. The highest recorded the highest levels of interruptions in treatment among adolescents aged 15-19<sup>8</sup>

Although 94% of pregnant women receive ART to prevent mother-to-child transmission (MTCT) of HIV,<sup>9</sup> rates of vertical transmission remain unacceptably high at 9.65%.<sup>10</sup> Lack of ongoing support for pregnant and breastfeeding women has resulted in high numbers dropping off ART. Early infant diagnosis (EID) coverage is still only at 59% before two months old<sup>11</sup> due to stockouts of lab reagents, and only 87% of positive cases were linked to ART. Despite demand for additional support from civil society and communities of PLHIV, PEPFAR only had four functioning POC EIDs by Q4 COP21.

Despite disruptions caused by COVID-19, pre-exposure prophylaxis (PrEP) coverage was expanded through virtual platforms and community spaces. By Q4 of 2021, PEPFAR reported more than 120,000 people receiving PrEP, although many of its targets for COP21 were missed, including for key populations. Preventative treatment for TB was severely affected by commodity shortages in 2021, with only 54,593 people reached with treatment (37% of PEPFAR’s target).

While a long term transition towards domestic financing of the HIV response is necessary, the current status of the epidemic, clearly illustrated here in this *People’s COP22*, demands increased investments from PEPFAR. Particularly in light of the supply chain issues experienced throughout 2021, this is no time for PEPFAR to reduce co-financing for essential health commodities. Such a move will only harm those already furthest behind in accessing timely testing and treatment.

In support of Kenya’s goal to reach 95-95-95 targets, we offer this “People’s COP22” — outlining Kenya’s community recommendations and priorities.

4. PEPFAR Kenya FY21 Results. Presentation to HIV stakeholders.  
 5. PEPFAR Fiscal Year FY2022 Planning Level Letter for Kenya. 19 January 2022.  
 6. UNAIDS country data for Kenya (2020)  
 7. PEPFAR Country Operational Plan 2021. Strategic Direction Summary. 25 May 2021.  
 8. PEPFAR Kenya FY21 Results. Presentation to HIV stakeholders.  
 9. UNAIDS country data for Kenya (2020)  
 10. PEPFAR Country Operational Plan 2021. Strategic Direction Summary. 25 May 2021.  
 11. PEPFAR POART pg 28

# PRIORITY INTERVENTIONS

TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<b>1. Sustainability</b>		
<b>COP22 Target:</b> PEPFAR will continue to prioritise the overall HIV programme and provide increased support to ensure quality service delivery to reach 95-95-95 targets for all populations and age groups. This must include, but not be limited to, provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.	COP22	No
<b>COP22 Target:</b> PEPFAR will continue to support the HIV programme over and above service delivery (including community-level interventions, community-led implementation etc.) to ensure that PLHIV have access to higher quality services.	COP22	No
<b>COP22 Target:</b> PEPFAR will continue to develop annual Country Operational Plans (COPs) with meaningful engagement of civil society and communities in those processes.	COP22	No
<b>2. HIV Testing</b>		
<b>2.1. Recency testing</b>		
<b>COP22 target:</b> PEPFAR will immediately halt the return of all recency testing results.	COP22	No
<b>COP22 Target:</b> PEPFAR will reprogramme recency testing funds to support other key areas of the programme (including structural intervention programming for KPs, POC-EID, and KP-led CLM).	COP22	No
<b>2.2. Index Testing</b>		
Recommendation on page 12	COP19, COP20, COP21, COP22	In Part
<b>3. ART Continuity</b>		
<b>3.1 Supply chain stockouts</b>		
<b>COP22 Target:</b> An immediate resolution must be reached between PEPFAR, Global Fund and the GoK to ensure tax-free approval for commodities to enter Kenya.	COP22	No
<b>COP22 Target:</b> PEPFAR, Global Fund and the GoK must ensure that PLHIV and their allies are meaningfully involved in the discussions to resolve the tax stalemate around importing commodities.	COP22	No
<b>COP22 Target:</b> PEPFAR will support refill of depleted buffer stock of commodities and medicines in the country's reserves.	COP22	No
<b>3.2. 6MMD</b>		
<b>COP22 Target:</b> 75% transition of PLHIV to 3MMD.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR strengthens and supports the supply chain to ensure scale-up of 3MMD to all populations including children over two years, adolescents and KPs.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR to ensure scale-up of community-based and community-led ART distribution models to support at least 30% of PLHIV.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR funds 15 PLHIV and KP organisations to offer treatment support and literacy.	COP19, COP20, COP21, COP22	In Part
<b>COP22 Target:</b> All women transitioned to multi-month dispensing irrespective of pregnancy status.	COP21, COP22	No
<b>COP22 Target:</b> PBFW stable in DSD models before pregnancy are given the option to continue in this option during pregnancy and breastfeeding.	COP21, COP22	No
<b>3.3. Viral load access and treatment literacy</b>		
<b>COP22 Target:</b> PEPFAR will immediately resume routine viral load testing for people living with HIV.	COP22	No

TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<b>COP22 Target:</b> 15 community organisations funded to provide HIV and TB prevention and treatment literacy for PLHIV and KPs through material development, training, and localised social mobilisation campaigns.	COP19, COP20, COP21, COP22	In Part
<b>3.4. Treatment support among young people.</b>		
<b>COP22 Target:</b> PEPFAR will review all sites to ensure that young people living with HIV also have access to support and opportunities offered in the DREAMS programme.	COP22	No
<b>COP22 Target:</b> PEPFAR will fund support groups among young people living with HIV on MMD in the community to ensure their long-term retention is supported and maintained.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> PEPFAR will support collaboration with GoK and youth groups to disseminate existing treatment literacy materials developed by youth-led and youth-focused organisations across PEPFAR supported counties.	COP22	No
<b>COP22 Target:</b> PEPFAR will integrate mental healthcare support as part of the services offered to young people.	COP22	No
<b>3.5. Opening hours</b>		
<b>COP22 Target:</b> Opening hours at all PEPFAR supported facilities are from 5am to 7pm on weekdays and 8am to 4pm on weekends.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> Boards put up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.	COP21, COP22	No
<b>4. Key Populations</b>		
<b>4.1. Key population funding levels + targets.</b>		
<b>COP22 Target:</b> Increased investment in key population-led service delivery	COP19, COP20, COP21, COP22	In Part
<b>COP22 Target:</b> A review of PEPFAR investment in integrated sites together with key population leaders.	COP21, COP22	No
<b>COP22 Target:</b> A funding allocation specific for supporting structural interventions in COP22.	COP22	No
<b>4.2. Hormone therapy and gender-affirming care for trans* people in Kenya</b>		
<b>4.2.1. Quality service delivery for transgender people in Kenya</b>		
<b>COP22 Target:</b> PEPFAR, in collaboration with trans-led organisations and GoK, must invest in developing and domesticating the standards of care protocol to provide clinical guidance for health professionals to assist transgender people to maximise their overall health, psychological well-being, and self-fulfillment.	COP22	No
<b>COP22 Target:</b> PEPFAR, in collaboration with trans-led organisations and GoK, will strengthen health management information systems to improve programme and data quality monitoring, research and transparency of interventions at the sub-national and national levels.	COP22	No
<b>COP22 Target:</b> PEPFAR will collaborate with GoK and trans-led organisations to prioritise delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.	COP22	No
<b>COP22 Target:</b> PEPFAR will fund transgender-led organisations to sensitise and train health workers including both clinical and non-clinical staff on gender inclusion, gender diversity, and gender transformative and affirming approaches to service delivery at all PEPFAR supported sites.	COP22	No
<b>COP22 Target:</b> PEPFAR will work with transgender networks in Kisumu, Mombasa and Nairobi to sub-grant and to provide capacity development to their implementing partners to improve robust and comprehensive integrated SRHR and HIV programmes for trans people.	COP 21, COP22	In Part

TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<b>COP22 Target:</b> PEPFAR will review imbalances in allocating targets to trans networks and incorporate an affirmative action plan with implementing partners and funding agencies on grant making to design grantmaking programmes that seek to remedy imbalances in specific trans calls for applications for grants.	COP22	No
<b>COP22 Target:</b> PEPFAR will prioritise scaling-up Centres of Excellence (CoE) for trans healthcare in Kisumu, Nairobi, and Mombasa counties respectively for effective evidence based comprehensive, integrated, combination HIV prevention and sexual and reproductive health services for trans populations adopting hybrid-partnerships models between community based organisations, government facilities, and private sector partnerships in leveraging gender affirming healthcare services.	COP21, COP22	In Part
<b>COP22 Target:</b> PEPFAR will prioritise allocating funds for human resources for health (HRH) for behavioural, structural, and biomedical services, and capacity for monitoring and evaluation for the trans programme to improve quality implementation.	COP22	No
<b>COP22 Target:</b> PEPFAR, in collaboration with GoK, will prioritise dissemination and roll out of the National Guidance on HIV and STI programming among Transgender People at national and county level to be used intrainings for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people.	COP22	No
<b>4.2.2. Structural interventions for transgender people in Kenya</b>		
<b>COP22 Target:</b> PEPFAR must fund trans-led organisations to sensitise and engage judicial officers, law enforcement on transgender issues and to build allies and partnerships to ensure that trans people continue to be treated with respect and dignity.		
<b>COP22 Target:</b> PEPFAR must fund trans-led organisations to develop and implement a robust and sexual and gender-based violence prevention, mitigation, and response mechanism.		
<b>COP22 Target:</b> PEPFAR must fund trans-led organisations to scale social enterprise activities as an economic empowerment and sustainability intervention.		
<b>4.3 Condom and Lubricants for the key population</b>		
<b>COP22 Target:</b> PEPFAR procures and distributes condoms and lubricants for all PEPFAR supported sites to ease stockouts.	COP21, COP22	No
<b>5. People who use drugs</b>		
<b>5.1. Methadone take home doses</b>		
<b>COP22 Target:</b> PEPFAR supports policy and implementation of take home methadone doses, with appropriate counselling and support, at weekly, biweekly, or 30-day supply, to minimise facility visits for PWUD and ensure no interruption in service delivery for people in the methadone programme	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.	COP22	No
<b>5.2. Harm reduction mobile clinics</b>		
<b>COP22 Target:</b> Purchase and maintain an additional 4 vans (2 in Mombasa, 1 in Nairobi and 1 in Kwale) to expand the community methadone programme.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> Collaborate with community organisations to map and provide mobile services closer to PWUD.	COP19, COP20, COP21, COP22	No
<b>5.3. Women who use drugs</b>		
<b>COP22 Target:</b> Comprehensive integrated services, including sexual and reproductive health services, are offered for women who use drugs at all PEPFAR supported methadone sites.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR disaggregates data of people who use drugs to track the services offered to women who use drugs specifically.	COP21, COP22	No

TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<p><b>COP22 Target:</b> PEPFAR should ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:</p> <ul style="list-style-type: none"> <li>+ Access to methadone</li> <li>+ Access to naloxone</li> <li>+ Shelter for women (and their children) who might not have a place to go once enrolled on methadone</li> <li>+ Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.</li> <li>+ Sanitary equipment for menstruation</li> <li>+ Access to HIV testing and treatment</li> <li>+ Access to ART for PLHIV</li> <li>+ Access to hepatitis B testing &amp; vaccination</li> <li>+ Access to TB screening and treatment</li> <li>+ Access to cervical cancer screening and treatment</li> <li>+ Access to psychosocial support and counselling</li> <li>+ Access to economic empowerment and life skills</li> <li>+ Support with post-recovery re-engage with the community and family.</li> </ul>	COP19, COP21, COP22	No
<b>5.4 Quality of services at MAT sites</b>		
<p><b>COP22 Target:</b> PEPFAR will immediately assess and improve the quality of services provided at the Ngara, Mathare Mathare MAT sites to ensure that people who use drugs have access to quality services, clean and fresh water, dispensing cups among others.</p>	COP21, COP22	No
<p><b>COP22 Target:</b> PEPFAR will fund and increase collaboration with KP-led service providers to improve the quality of services received by PWUD.</p>	COP19, COP20, COP21, COP22	In Part
<p><b>COP22 Target:</b> PEPFAR will enrol and induct all PWUD on waiting lists into the MAT programme.</p>	COP20 COP21 COP22	No
<b>5.5. Structural interventions and quality services for key populations</b>		
<b>5.5.1 Decriminalisation of key populations</b>		
<p><b>COP22 Target:</b> PEPFAR will fund KP-led advocacy to ensure the human and health rights of KPs are upheld.</p>	COP22	No
<p><b>COP22 Target:</b> PEPFAR will fund KP led organisations to sensitise health workers and law enforcers on the rights of key populations and increase collaboration between these groups to address challenges.</p>	COP22	In Part
<p><b>COP22 Target:</b> Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused at general facilities should be urgently investigated by GoK and PEPFAR and disciplinary action taken where appropriate.</p>	COP22	No
<p><b>COP22 Target:</b> PEPFAR will expand KP-led service delivery by supporting an additional five organisations to implement comprehensive HIV services.</p>	COP22	No
<b>5.5.2 Conversion therapy</b>		
<p><b>COP22 Target:</b> PEPFAR will conduct an additional review of implementers reported to support conversion therapy (conversion practices) and take the necessary step to ensure the safety of key populations receiving services at those PEPFAR sites.</p>	COP22	No
<p><b>COP22 Target:</b> PEPFAR will ensure all implementing partners have a sexual orientation, gender identity and expression inclusion policy that all employees sign-on and all those found to violate the policy are immediately replaced.</p>	COP22	No
<p><b>COP22 Target:</b> PEPFAR will ensure all implementing partners receive gender and sexual diversity training on an annual basis, in collaboration with the Key Population Consortium of Kenya.</p>	COP22	No
<p><b>COP22 Target:</b> PEPFAR must collaborate with key population leadership to review and certify implementing partners after successful completion of their gender and sexual diversity training.</p>	COP22	No

TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<b>5.5.3 Economic empowerment of key populations</b>		
<b>COP22 Target:</b> PEPFAR will fund KP-led organisations to provide economic empowerment for KPs through further KP-led expansion of social enterprise opportunities.	COP22	No
<b>5.6. Vulnerable Populations</b>		
<b>COP22 Target:</b> PEPFAR will increase funding to the KP programme to accommodate the new comprehensive HIV prevention and treatment needs of vulnerable populations such as discordant couples and persons with disability.	COP22	In Part
<b>COP22 Target:</b> PEPFAR will collaborate with GoK to design, develop, implement and scale up targeted interventions for vulnerable populations.	COP22	No
<b>6. Mothers and children</b>		
<b>6.1. Vertical Transmission of HIV</b>		
<b>COP22 Target:</b> PEPFAR will track and report PrEP access among pregnant and breastfeeding women.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR will ensure that healthcare workers provide treatment literacy on PrEP through health talks and individual counselling sessions with HIV negative women at all PEPFAR-supported.	COP21, COP22	In Part
<b>COP22 Target:</b> PEPFAR will work with GoK to shift policy barriers to ensure young women below 18 have access to PrEP.	COP21, COP22	No
<b>COP22 Target:</b> PEPFAR will create and include comprehensive AGYW PMTCT package of care to better support the needs of young and teenage mothers	COP22	No
<b>6.2. Point of care paediatric testing</b>		
<b>COP22 Target:</b> All children missed during the stockout will be rapidly found and offered testing and treatment.	COP22	No
<b>COP22 Target:</b> All POC-EID machines currently supported by PEPFAR will be immediately put to use to diagnose children.	COP22	No
<b>COP22 Target:</b> Support provided for the remaining POC-EID machines to ensure that children across the country have access to timely diagnosis (57 machines).	COP20, COP21	In Part
<b>6.3. Optimised paediatric treatment</b>		
<b>COP22 Target:</b> Optimise all eligible children to DTG based regimens.	COP21, COP22	In Part
<b>COP22 Target:</b> Circulars on HIV treatment for children reviewed by GoK, PEPFAR and civil society to ensure they align with WHO guidelines.	COP21, COP22	No
<b>7. Men</b>		
<b>COP22 Target:</b> All PEPFAR supported sites will have two additional male healthcare workers recruited and hired by PEPFAR, supporting an increase in the numbers of men tested, initiated into care and retained.	COP19, COP20, COP21, COP22	In Part
<b>8. Comorbidities</b>		
<b>8.1. Advanced HIV + cryptococcal meningitis</b>		
<b>COP22 Target:</b> CHWs to support re-engagement strategies with a focus on people with AHD re-engaging, including linkage from the general hospitals to CCC after re-engagement at a hospital (common as unwell).	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> PEPFAR to increase active linkage support for PLHIV with AHD started/ restarted on ART in general hospitals facilities by the inclusion of individual case management/ accompaniment to the CCC to reduce morbidity and mortality.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> PEPFAR to implement phone and/or home visit clinical check-in follow-up two weeks, 6 six weeks, ten weeks for individuals started or restarted on ART with AHD with appropriate referral systems.	COP19, COP20, COP21, COP22	No



TARGET	WHAT YEARS DID WE ASK FOR IT?	DO WE HAVE IT?
<b>COP22 Target:</b> PEPFAR and GoK should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.	COP19, COP20, COP21, COP22	No
<b>8.2. TB Preventive therapy</b>		
<b>COP22 Target:</b> PEPFAR will fast-track tracing and offering TPT to all eligible PLHIV who did not get their course in COP20 due to stockouts.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> TPT shortages will be urgently fixed, and a plan put in place to ensure no future stockouts.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> PEPFAR will increase support to scale- up shorter TPT regimen by an additional 37,000 3-month patient doses of 3HP.	COP19, COP20, COP21, COP22	No
<b>8.3. TB screening and Testing</b>		
<b>COP22 Target:</b> 100% of PLHIV, including CLHIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV) upon their first presentation to care.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment while awaiting confirmatory rapid molecular test results.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> 100% of PLHIV, including CLHIV, who are co-infected with TB receive confirmatory diagnostic test results and are linked to TB treatment in less than five days after their first presentation to care.	COP19, COP20, COP21, COP22	No
<b>COP22 Target:</b> All PEPFAR supported sites assessed on whether they are using the WHO four-symptom screen or other WHO-recommended screening tools, including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx).	COP19, COP20, COP21, COP22	No
<b>9. Community-led monitoring</b>		
<b>COP22 Target:</b> PEPFAR funds a well resourced CLM data collection and advocacy effort led and implemented by key populations that allows: <ol style="list-style-type: none"> <li>1. KP-led organisation to decide how to implement CLM and share the plans with PEPFAR.</li> <li>2. Decide the number of partners to be part of their community-led monitoring efforts and share the plans with PEPFAR.</li> <li>3. Cost a well resourced CLM that allows effective data collection and advocacy throughout the year.</li> </ol>	COP20, COP21, COP22	No



# PRIORITY INTERVENTIONS FOR COP22

## 1. Sustainability

- + **COP22 Target:** PEPFAR will continue to prioritise the overall HIV programme and provide increased support to ensure quality services delivery to reach 95-95-95 targets for all populations and age groups. This must include, but not be limited to, provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.
- + **COP22 Target:** PEPFAR will continue to support the HIV programme over and above service delivery (including community-level interventions, community-led implementation etc.) to ensure that PLHIV have access to higher quality services.
- + **COP22 Target:** PEPFAR will continue to develop annual Country Operational Plans (COPs) with meaningful engagement of civil society and communities in those processes.

Concerningly in the Planning Level Letter (PLL), PEPFAR states that their **“commitment to commodities will not exceed the quantities initially programmed for COP22, funds for commodity gaps must come from a non-PEPFAR source”, further that “With PEPFAR Kenya’s focus shifting to sustaining HIV impact, in partnership with the Government of Kenya, the team must prioritise right-sizing non-service delivery”.** Further, PEPFAR’s proposal of a 5-year plan is premature and will negatively impact the HIV response in Kenya.

Sustainability should not be defined as maintenance of the level of support, but as the need to hone in on the programme’s successes, improve the quality of services provided, increase resources and focus on finding the people not yet reached. As stated in past People’s COPs, while PEPFAR has met certain targets, maintaining those targets will require improvement in the quality of services

being provided. PEPFAR’s sustainability plans as currently described, if implemented, will exclude support to the most vulnerable. Most KPs, children, and young people will not get the support PEPFAR has offered to others in the past.

CLM data collected between September and November reveal challenges in government-supported services, including stockouts of government-supported commodities — co-trimoxazole, STI medication, TB preventive therapy to mention a few. Last year, Kenya faced a stockout of commodities that the government could not fill. Nearly 40% of PEPFAR’s clients experienced an interruption in treatment or stopped treatment altogether.<sup>12</sup> Viral load services and testing for both children and adults is still yet to resume at full capacity and coverage was only at 57%. In 2015, PEPFAR transitioned seven counties back to the government in a bid to push the government to increase domestic resources. Yet the quality of services in these counties, which now only have PEPFAR-support for HIV commodities, is dangerously low<sup>13</sup>.

Using the COP22 process to review the country’s actual ability to absorb the HIV programme before any form of transition is critical, instead of an abrupt departure from supporting all newly diagnosed people.

In addition, we are concerned about discussions around a five year roadmap. PEPFAR’s annual Country Operational Plans can even sometimes be too long to make timely changes to the programme. Any binding decisions with a five year plan will make it even more difficult for PEPFAR and GoK to make the necessary changes required to run an effective HIV programme. The roadmap will also make it more difficult to absorb civil society recommendations and innovations as the ideas and innovations from community dialogues and CLM will not have a place in an already established roadmap.

12. PEPFAR Fiscal Year FY2022 Planning Level Letter for Kenya. 19 January 2022.

13. Effects of transition on HIV and non-HIV services and health systems in Kenya: a mixed methods evaluation of donor transition

## Only 42% of respondents interviewed were told they could say no or refuse to give the names of partners or children for HIV testing

### 2. HIV Testing

#### 2.1 Recency testing

- + **COP22 target:** PEPFAR will oppose return of all recency testing results to patients.
- + **COP22 Target:** PEPFAR will reprogramme recency testing funds to support other key areas of the programme (including testing and retention programmes for youth, structural intervention programming for KPs, POC-EID, and KP-led CLM).

We are concerned about PEPFAR's focus on recency testing in COP22. At a time when the country is facing significant funding cuts and moves to sustain the programme, the resources allocated to recency testing are not the highest priority and provide little impact for the investment. Recency testing is becoming much more costly than originally anticipated and the interpretation of results is challenged by the fact that the point of care test was never validated for use in a population that includes treatment experienced individuals. Point of care recency testing in treatment experienced individuals leads to 'false-recent' results that require additional viral load to confirm which makes the service even more costly.

While costs increase for the recency programme, it's unclear what actionable data are being obtained that will affect clinical care of patients who are being subjected to this testing or even programmatically across PEPFAR's programming in the country. Data from recency testing programmes in other countries have shown high levels of re-testing in the population (confirmed through viral load testing) and highest recency and HIV incidence rates among youth. But these are long acknowledged concerns in Kenya, neither of which is made easier to solve through recency testing.

Funds being dedicated to recency testing would be better served being invested into diagnosing the reasons that many PLHIV are re-testing and resolving the health systems challenges that lead to such re-testing. Likewise, investments into expanding youth friendly and sustainable HIV testing programmes that serve young people and link them to treatment if positive or to prevention services if negative will more effectively address new HIV infections than we get out of recency testing.

Moreover, recency testing utilising PEPFAR's preferred point of care testing algorithm raises significant human rights and logistical concerns. PLHIV must provide informed consent to be tested despite the fact that the test results in no way change their clinical treatment, services provided to them, and will not (and must not) be returned to them. This process takes HCW time away from service provision, made worse by having to conduct VL in patients that initially screen recent — including obtaining informed consent again for VL testing. From the patient experience, for individuals who have genuinely tested positive for the first time, the process of subjecting individuals to layers of consent and medical testing that is not used for their own clinical management or

to direct specialised services to them, is cruel. Finally, Kenya already has inadequate VL testing coverage for people on treatment adding additional VL testing needs, simply to confirm recency results, is inappropriate and wasteful.

We have additionally heard that there is some movement to change the policy on return of results to allow PLHIV to be informed of the result of recency testing. If this is true, we are absolutely opposed to any changes that would allow return of results. As already described, the POC test is not sufficiently accurate in a treatment experienced population to return just the POC result, but calling people back to get VL results later is unnecessary. And none of the issues with return of results that have been raised in previous years — how recency test results could be used in a criminalised setting and the increased risk for violence in particular - have been addressed at this stage.

#### 2.2 Index testing

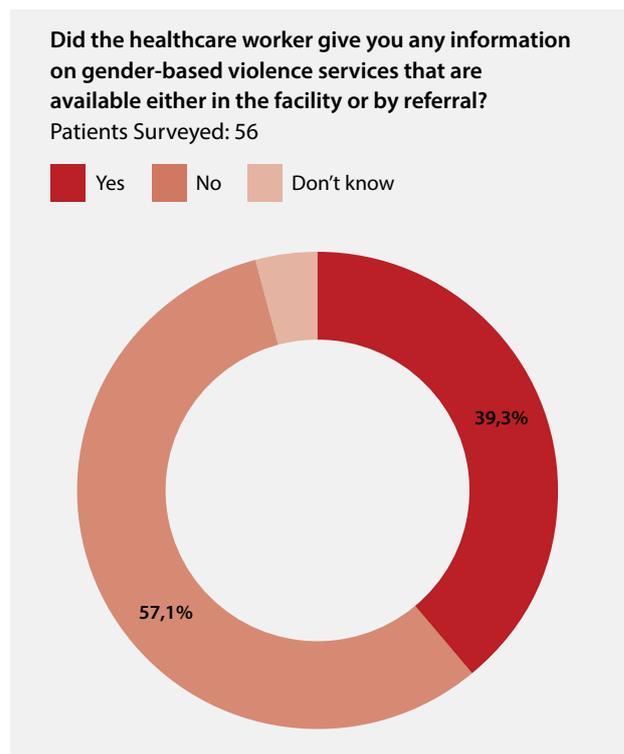
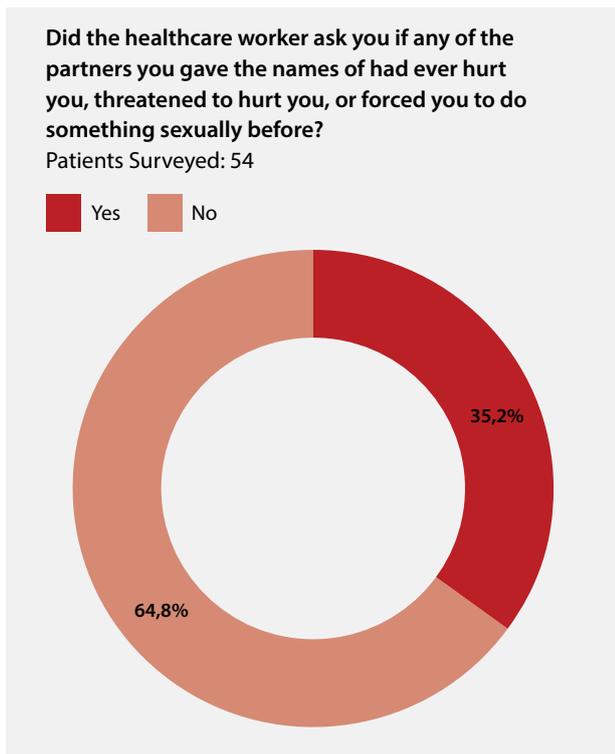
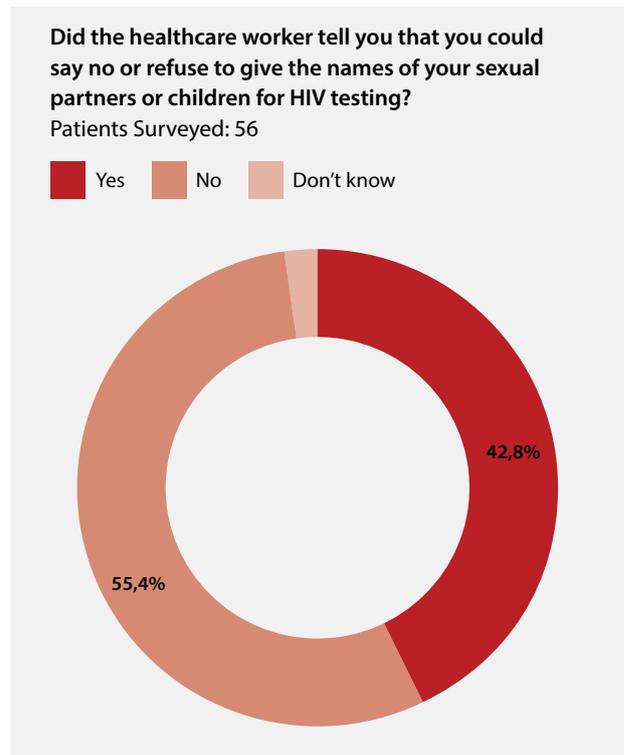
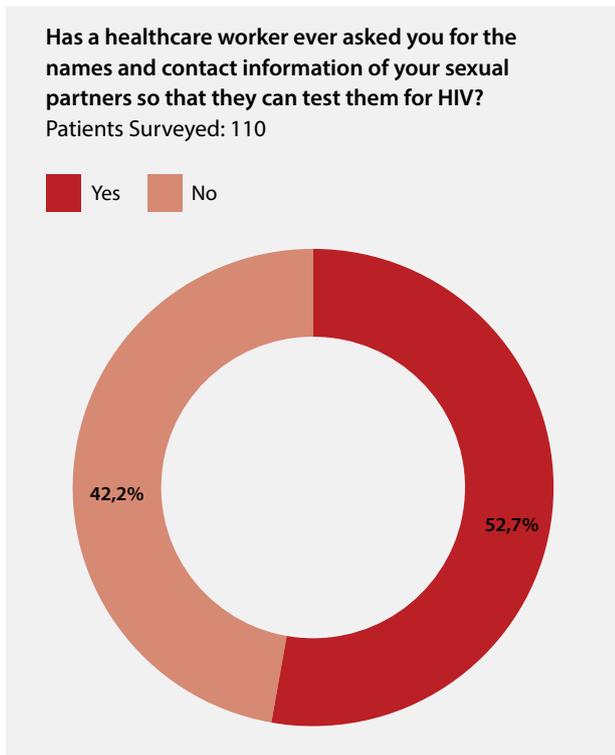
We commend PEPFAR for adopting key recommendations from civil society on safe and ethical index testing in the SDS, however CLM data reveal that these agreements are not yet being fully implemented.

- + There continues to be sites with index testing targets in place, despite agreements and communication by PEPFAR to facilities that no index testing targets should be enforced.
- + Despite agreements that index testing would always be voluntary, only 42% of respondents interviewed were told they could say no or refuse to give the names of partners or children for HIV testing.
- + While it was agreed that IPV screens would always be implemented, only 35% of respondents interviewed said a healthcare worker had asked them if any of the partners given had ever hurt them, threatened to hurt them, or forced them to do something sexually before. This is a major concern and violation of people's safety and privacy.
- + Only 39% of PLHIV said that healthcare workers provided them with any information about gender based violence services either on site or by referral, despite commitment that this would happen. Screening for IPV without adequate IPV services to respond to a client's 'positive' screen is dangerous and unethical.

We recommend that emphasis now be put on ensuring that IPs actually implement those agreements for the remainder of COP21 and going forward.

Continuous site assessment is vital to ensure that ethical index testing is implemented without causing harm to individuals, or undermining people's right to consent, privacy, safety, and confidentiality. We continue to recommend that civil society be included in site certification and assessment, yet to date we have not received an invite to participate. Further, we also recommend the quarterly sharing of index testing data alongside POART data.

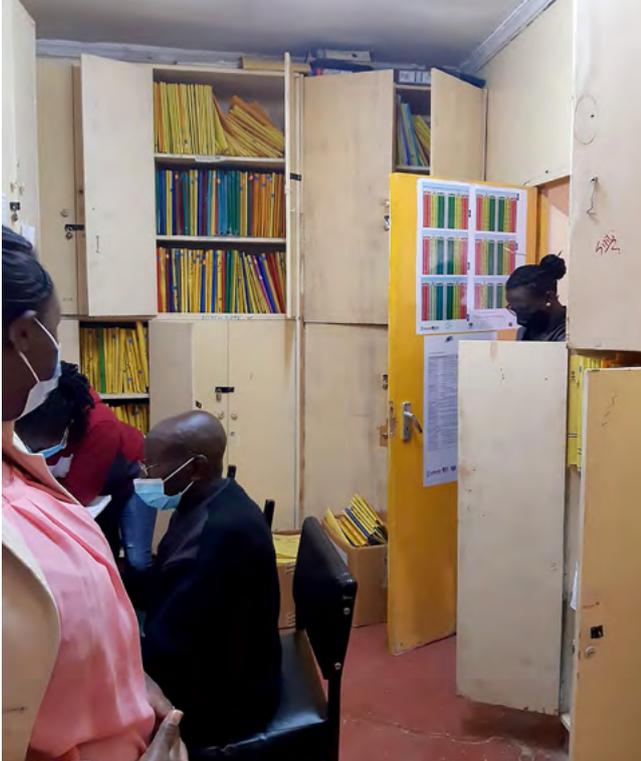
**Only 35%** of respondents interviewed said a healthcare worker had asked them if any of the partners given had ever hurt them, threatened to hurt them, or forced them to do something sexually before. This is a major concern and violation of people's safety and privacy.





**COP21 Target:**

Deliverables	PEPFAR Action Item
<p>PEPFAR IPs will collect and report routine data on the following index testing indicators:</p> <ol style="list-style-type: none"> <li>1. # offered index testing</li> <li>2. # who accepted index testing after counselling</li> </ol>	<p>Although not reported in DATIM, facility index testing tools will be used to collect # of clients offered and accepted or declined index testing services. These data will be presented at quarterly review meetings with stakeholders</p> <p>PEPFAR will work with IPs to ensure proper documentation in the index testing registers to enable the collection of acceptance and refusal rates per facility and IP.</p>
<p>PEPFAR IPs will monitor acceptance rates and offer technical assistance/ QI where acceptance rates are higher than best practices suggest ensuring consent is meaningful.</p>	<p>IPs will report every month on the following indicators:</p> <ul style="list-style-type: none"> <li>+ Total # of newly diagnosed and virally- unsuppressed individuals offered index testing</li> <li>+ Total # accepted and the number of contacts solicited</li> </ul>
<p>PEPFAR Kenya will share data on index testing cascades with GOK and other stakeholders as part of the monitoring system for all facilities every quarter moving forward.</p>	<p>PEPFAR Kenya will report aggregated index testing services data starting with high volume facilities (e.g. those identifying &gt;20 HIV positive per month)</p> <p>Monthly reporting for each facility includes:</p> <ul style="list-style-type: none"> <li>+ Aggregated # of clients aged &gt;15 years offered index testing services (aggregated both newly diagnosed, and clients virally suppressed)</li> <li>+ Aggregated # of clients aged &gt;15 years accepting index testing services (aggregated both newly diagnosed, and clients virally suppressed)</li> <li>+ Of those clients aged &gt;15 years accepting index testing services, number of contacts listed by ages &lt;15 years and &gt;15 years.</li> </ul> <p>If a facility reports &lt;20 clients offered index testing services in that month, a blank facility report with the note “low numbers reported” will be submitted</p> <p>PEPFAR will itself continue to assess sites with low volumes of clients offered index testing services (&lt;20 clients per month). This will enable a phased approach by stakeholders by strategically focusing on facilities that report significant findings.</p> <p>Quarterly reporting for each facility will entail the following variables aggregated for clients aged &gt;15 years across the entire index testing cascade</p> <ul style="list-style-type: none"> <li>+ # of clients offered index testing services</li> <li>+ # of clients who accepted index testing services</li> <li>+ Of those accepted, # of contacts elicited by age disaggregation of ages &lt;15 years and &gt;15 years</li> <li>+ Of the contacts elicited by the above age groups, # contacted, # known positive, # eligible for testing, # newly-diagnosed HIV positive, # HIV negative, and # HIV positives linked to care.</li> </ul>



**NATIONAL AIDS & STI CONTROL PROGRAMME**

**AVAILABILITY OF Tenofovir/Lamivudine/Dolutegravir FDC (TLD) Pack of 90s**

The Division of NASCOP has introduced Tenofovir/Lamivudine/Dolutegravir [TLD, (300mg/300mg/50mg)] pack of 90 tablets. This packaging type promotes multi-month dispensing. TLD fixed-dose combination (FDC) is administered as a once-daily tablet.

Eligible population for TLD 90-tablet pack	Eligible population for TLD 30-tablet pack
<ul style="list-style-type: none"> <li>Newly initiating ART clients</li> <li>Clients who have experienced any opportunistic infection including TB in the previous 6 months</li> <li>Clients with poor adherence to scheduled clinic visits in the previous 6 months</li> <li>Clients with Most recent VL detectable (including low-level viraemia) and VL &gt; 100 copies/ml</li> <li>Clients who have completed 6 months of ART</li> <li>VL &lt; 100 copies/ml clients</li> <li>VL &lt; 100 copies/ml clients</li> </ul>	<ul style="list-style-type: none"> <li>Clients who have been on TLD as their current ART regimen for 6 or more months</li> <li>Clients who have not experienced any opportunistic infection including TB in the previous 6 months</li> <li>ART Adherent clients to scheduled clinic visits for the previous 6 months</li> <li>Clients with Most recent VL undetectable (UL)</li> <li>Clients who have completed 6 months of ART</li> <li>Non-pregnant non-breastfeeding clients</li> <li>Clients with a BMI &gt; 18.5</li> <li>Healthcare teams does not have concerns about providing longer follow-up intervals for the client</li> </ul>

**RATIONALE FOR THE TLD 90-TABLET PACK**

Cost-effective: It's an innovative way to reduce manufacturing and handling costs.

Distribution of storage space: It saves on available space, both in the County warehouse and health level.

Support to differentiated care: TLD 90 consumption data will assist the County in planning for clients on differentiated care.

Discouraging inefficiency: A 90s pack will reduce time spent at the dispensing desk by the client, lowering face-to-face appointments.



### 3. ART Continuity

As the country moves toward sustainability, PEPFAR should prioritise a greater focus on improving the quality of services for PLHIV. Kenya continues to struggle with both quality of linkage between testing and early treatment and sustained retention in care. In COP21 Q4, PEPFAR had identified 121,610 new PLHIV but was only about to initiate 109,725 people on treatment — a loss of 11,885 individuals between testing and enrollment. The net number of people added to treatment in the period was only 48,701, a 31.94% achievement and nowhere near the target of 152,487.

The programme experiences substantial loss among those in their first three months of treatment. Additional interventions that require investment, implementation with fidelity, and improved quality to support early retention in care include better counselling services (ideally by peers), linkage officers, treatment literacy in the community, community-based support groups and buddy systems. Historically, recommendations on ART continuity offered by civil society are accepted at the PEPFAR COP meetings. The challenge is that they are never really implemented at a community level and/or are not sufficiently scaled to make meaningful impact. For early treatment to improve, the above interventions must be fully implemented — with implementation done by and with communities of PLHIV and KPs.

Beyond early treatment, there are a substantial number of PLHIV interrupting treatment every quarter — across age and sex bands. In PEPFAR data from FY21 Q4, more than 1,000 PLHIV interrupted treatment in the age bands of 20-24 (n=1,189), 25-29 (n=1,836), 40-44 (1,873) and 45-49 (n=1,567) years of age. Further, more than 2,000 PLHIV had recent treatment interruptions in the age bands of 30-34 (n=2,244), 35-39 (n=2,227) and 50+ (n=2,220)<sup>14</sup>. PEPFAR, together with the Global Fund and GoK, need to work together to ensure there are no more supply chain stockouts and that PLHIV have access to at least 3MMD and ART delivery models that are community-based and/or community-led. Frequent visits to healthcare facilities for short supplies of treatment have become all too common and put a significant burden on PLHIV to spend unnecessary time collecting short durations of ART. Priority interventions to support sustained continuity of treatment are articulated in 4.1-4.3.

#### 3.1 Supply chain stockouts

- + **COP22 Target:** An immediate resolution must be reached between PEPFAR, Global Fund and the GoK to ensure tax-free approval for commodities to enter Kenya.
- + **COP22 Target:** PEPFAR, Global Fund and the GoK must ensure that PLHIV and their allies are meaningfully involved in the discussions to resolve the tax stalemate around importing commodities.
- + **COP22 Target:** PEPFAR will support refill of depleted buffer stock of commodities and medicines in the country's reserves.

The ongoing stockouts of medicines and commodities in Kenya have caused massive challenges for PLHIV to adhere to ARVs and ensure long-term retention. Many PLHIV were afraid as they were given only a 2-weeks supply of ARVs in a paper bag. There were no expiry

dates provided and no clear message about when the full supply of ARVs would return. The recommendations that communities had made to ensure that PLHIV had access to multi-month dispensing quickly took a back seat to ensuring everyone had at least some medication, even if it was just a one week supply. Children went without any medication. For them, the option of two weeks, let alone multi-month dispensing, was not even an option. We are appalled that PLHIV had to go through a traumatising year of uncertainty, with multiple repeat trips to the facility to collect short supplies, while PEPFAR and GoK provided no clear guidance. Viral load testing has also not fully resumed because of the stockouts, meaning PLHIV still do not know their viral load and whether they need additional care.

The Kenyan Government's request for taxes on donated commodities is appalling. We strongly disagree with this stance. PLHIV depend on these medicines and commodities to live long, healthy lives. We are greatly concerned that our request for an ongoing blanket waiver on the donated commodities from both PEPFAR and the Global Fund is still yet to be given. Lengthy approval systems that take time, only put PLHIV in constant danger of stockouts. We demand a lasting resolution. The lives of PLHIV at stake should guide the discussion to ensure that a resolution is reached promptly.



14. POART Q4 data pg 48

**“We do not have viral load (tests) for all people living with HIV. We will not achieve U=U without viral load” — Patricia Asero, Dacasa**

### 3.2 6MMD and community-based and community-led ART distribution

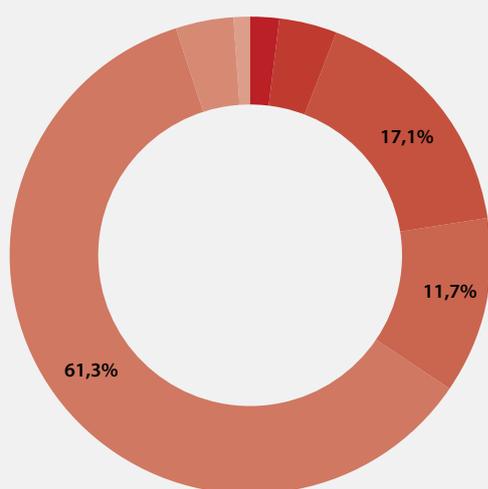
- + **COP22 Target:** 75% transition of PLHIV to 3MMD.
- + **COP22 Target:** PEPFAR strengthens and supports the supply chain to ensure scale-up of 3MMD to all populations including children over two years, adolescents and KPs.
- + **COP22 Target:** PEPFAR to ensure scale-up of community-based and community-led ART distribution models to support at least 30% of PLHIV.
- + **COP22 Target:** All women transitioned to multi-month dispensing irrespective of pregnancy status.
- + **COP22 Target:** PBFW stable in DSD models before pregnancy are given the option to continue in this option during pregnancy and breastfeeding.

In the last People’s COP, communities called for the fast-tracking of 6MMD. However, due to a lack of policy and commodity stockouts, only 52,700 PLHIV had access to 6MMD. PLHIV face many financial costs and time constraints to go to the facility, and options like 6MMD ensure fewer trips and less overall time spent at the facility. CLM data reveal that only 3.6% of PLHIV were receiving 6MMD.

#### At your last ARV refill how long were you given HIV medicine for?

Patients Surveyed: 127

- 1 week
- 2 weeks
- 1 month
- 2 months
- 3 months
- 6 months
- Don't know



Alongside 6MMD, community-level support groups and treatment literacy should be strengthened and funded to ensure that PLHIV still have support while not at the facility, as facility health talks and counselling will be less accessible to PLHIV on MMD. PEPFAR should invest in PLHIV and KP-led treatment education and support

at the community level. The investment will ensure that those with challenges of accepting their status, storage of medicines, and disclosure, will receive continual and ongoing support with affirming messaging on the importance of keeping clinic appointments and adhering to treatment.

6MMD should not substitute differentiated service delivery models (DSD). 6MMD should be offered *within* any of the DSD models as one component.

As in the last People’s COP, we still note that an increasing proportion of women living with HIV who become pregnant, are already established on treatment, and may be accessing their HIV care and treatment through a DSD model. Where this is the case, these women should have the choice to continue receiving their HIV care and support within the DSD model or to have their HIV care provided with their antenatal and postnatal care. Women living with HIV who become pregnant require more frequent clinical contact during pregnancy and the postpartum period. However, extending their ART refills will support uninterrupted treatment during pregnancy and postpartum. Therefore, ART refills should not be used as a tool to insist women return to the health facility<sup>15</sup>.

We still recommend that PEPFAR strengthens and supports the supply chain and buffer stock to ensure scale-up of MMD and community-based and community-led models of ART distribution (including decentralised drug distribution (DDD) that results in extended ART refills for all populations (including children over two years, adolescents, and KPs) and support for people to access their refills outside of the health facility in DSD models.

We also recommend that the NASCOP fast track the policy on 6MMD and annual visits allowing a faster transition of PLHIV.

### 3.3 Viral load access and treatment literacy

- + **COP22 Target:** PEPFAR will immediately resume routine viral load testing for people living with HIV.
- + **COP22 Target:** 15 community organisations funded to provide HIV and TB prevention and treatment literacy for PLHIV and KPs through material development, training, and localised social mobilisation campaigns.

Many PLHIV have endured more than a year without access to viral load testing. Only half (53%) of the people who needed a viral load test accessed one<sup>16</sup>. Among pregnant and breastfeeding women, while suppression was considered high among those who received a viral load test, less than half actually received a viral load (34%), so PEPFAR is unable to tell if all mothers were truly virally suppressed.

Among KPs the data on viral load coverage was also concerning. Less than half of those who needed a viral load test received one (FSW 54%, MSM 51%, PWID 32%, TG 15%). For PWUD it is even more concerning because among those who received a viral load test, only 64% were actually virally suppressed. While stockouts affected access, before the stockouts the programme still struggled with viral load

15. <https://www.who.int/publications/i/item/9789240031593>

16. PEPFAR quarterly data Q4, Pg 41

testing uptake among KPs. As communities have noted in past People's COPs, uptake challenges are due to the referral to general facilities. KPs who are living with HIV are forced to go to general facilities, rather than drop-in centres (DICs) where they collect ART refills, to have blood drawn. Due to the poor quality of services offered at general facilities and unfriendly care, many do not go. Organisations such as HOYMAS have innovated and invested in a centrifuge machine, allowing the in-house clinician to collect the VL samples at the DIC and liaise with the general facility for collection. This not only saves KPs living with HIV time and transport, it also ensures a comprehensive service package at the DIC. PEPFAR should expand this innovation to other KP-led implementing partners offering HIV services, to increase uptake of viral load testing.

Pregnant young women (ages 10-29) are shown in PEPFAR's data as part of the cohorts of women in need of PMTCT, of whom half did not get a viral load. Viral suppression among young people is a continuous challenge and viral load is especially needed to monitor how young people are doing.

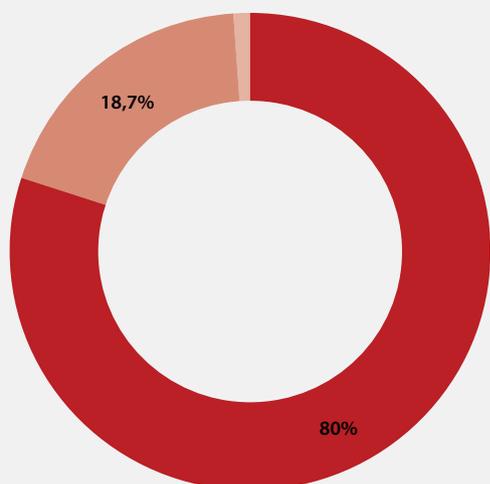
We acknowledge that, in large part, the lack of viral load testing was caused by barriers on life saving commodities needed by PLHIV and KPs living with HIV, placed by government. We demand the urgent removal of these barriers on commodities.

Among those who had received a viral load test, CLM data still show gaps in knowledge about what an undetectable viral load actually means. Of 111 PLHIV interviewed, only 74% agreed with the statement; "having an undetectable viral load means the treatment is working well" and only 63% agreed with the statement "having an undetectable viral load means a person is not infectious." Only 80% of PLHIV said that a healthcare worker had even explained the test results.

**Did a health care provider explain what the results of this test means to you?**

Patients Surveyed: 80

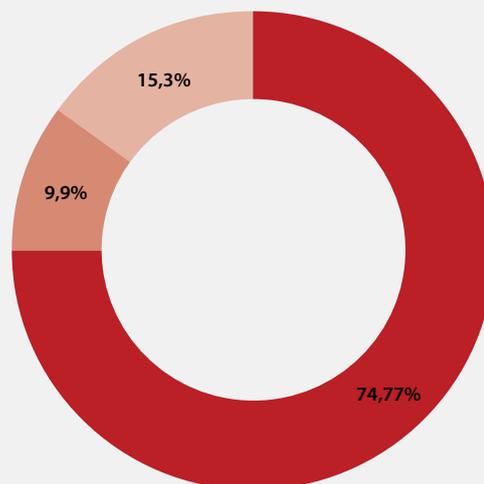
Yes No Don't know



**Do you agree with the following statement: Undetectable viral load means the treatment is working well?**

Patients Surveyed: 111

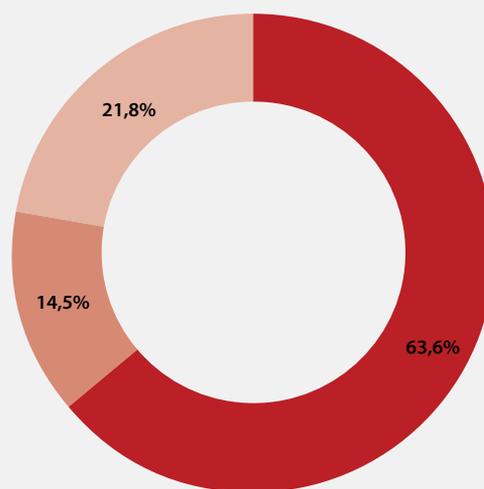
Yes No Don't know



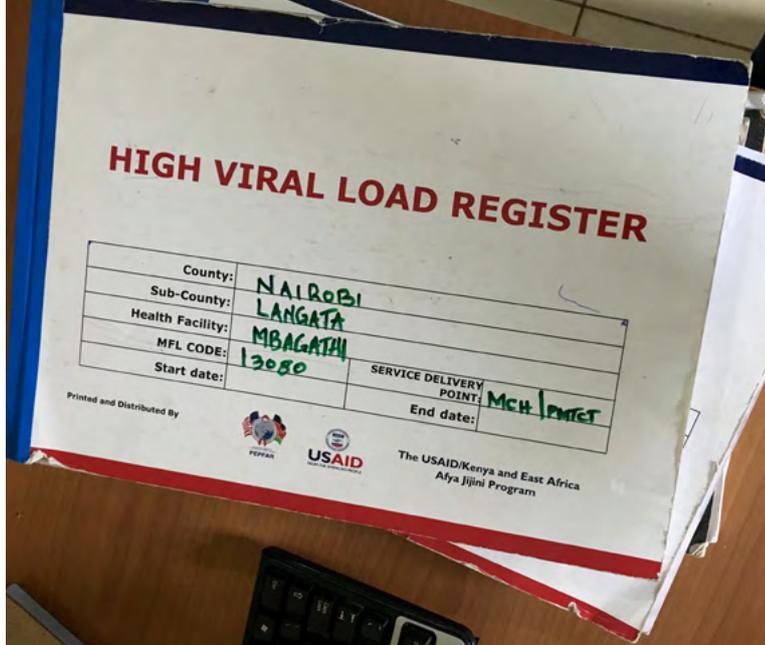
**Do you agree with the following statement: Undetectable viral load means a person is not infectious?**

Patients Surveyed: 110

Yes No Don't know



Community-led treatment literacy efforts at the community-level are critical to improve linkage and retention rates as people understand the importance of starting and remaining on treatment effectively. By becoming as informed as possible, PLHIV are empowered to take control of their own health and sex lives. Voluntary support groups also play a vital role in ensuring PLHIV have access to treatment literacy information and peer support, and should be maintained by PEPFAR.



### 3.4 Treatment support among young people

- + **COP22 Target:** PEPFAR will review all sites to ensure that young people living with HIV also have access to support and opportunities offered in the DREAMS programme.
- + **COP22 Target:** PEPFAR will fund support groups among young people living with HIV on MMD in the community to ensure their long-term retention is supported and maintained.
- + **COP22 Target:** PEPFAR will support collaboration with GoK and youth groups to disseminate existing treatment literacy materials developed by youth-led and youth-focused organisations across PEPFAR supported counties.
- + **COP22 Target:** PEPFAR will integrate mental healthcare support as part of the services offered to young people.

While PEPFAR Q4 data shows that proxy linkage among adolescent girls and young women (AGYW) has improved, national data on HIV infections among young people remains high. For adolescents boys and young men (ABYM) proxy linkage also remains lower than for AGYW, and linkage is lowest among men and women ages 25-29 years.

Despite the need for more youth focused services, DREAMS — PEPFAR’s main AGYW focused programme — only focuses on AGYW who are HIV negative. AGYW living with HIV are left behind and never get access to the opportunities for financial support, education subsidies, and/or post violence care among others services. There is a need for PEPFAR to expand beyond the DREAMS programme and support young women living with HIV.

Adolescents and young people also struggle with accessing comprehensive, inclusive and quality services and ongoing stockouts have greatly affected the quality of services offered. In COP22, young people want PEPFAR to ensure a comprehensive ART care package for adolescents and young people including AGYW. Young people need access to the complete ART care package; ensuring all commodities including diagnostic services are available.

CLM data show that 79% (n=111) of respondents thought their facility was youth-friendly and that a majority highlighted youth days having been a key addition to

youth services offered. However, all young people need services that are youth-friendly and responsive at all times and across all comprehensive care clinics in order to ensure that they are retained in care and are virally suppressed.

At a community level, with the increase in young people accessing MMD, PEPFAR must increase funding for community-led prevention and treatment literacy and community-based ART groups/clubs that offer prevention and treatment literacy to those enrolled. This will support young people in long-term retention, as well as offering safe spaces to discuss challenges with other peers living with HIV.

PEPFAR should collaborate with GoK and existing youth groups to disseminate treatment literacy materials developed by youth-led and youth-focused organisations across PEPFAR supported counties to ensure that young people have access to friendly and informative communication materials directed at their age group.

Many young people have faced increasing mental health challenges due to isolation and lack of support during the COVID-19 pandemic as well as the ongoing pressure of adhering to treatment. Communities of young people are increasingly losing members to suicide or people dying having stopped treatment. While facilities have been improving the youth services, mental healthcare services are still yet to be integrated. In COP22, more emphasis on mental healthcare for young people is key.

### 3.5 Opening hours

- + **COP22 Target:** Opening hours at all PEPFAR supported facilities are from 5am to 7pm on weekdays and 8am to 4pm on weekends.
- + **COP22 Target:** Boards put up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.

In response to community recommendations for COP21, PEPFAR wrote in the SDS21, “Clinic operating hours will be extended beyond the 8:00 a.m. to 5:00 p.m. time period to open early and close late to serve populations working or in

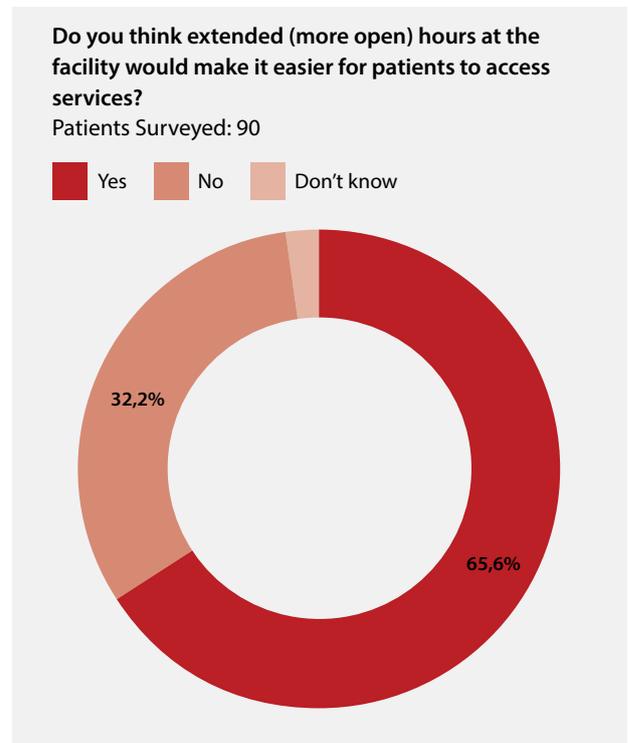
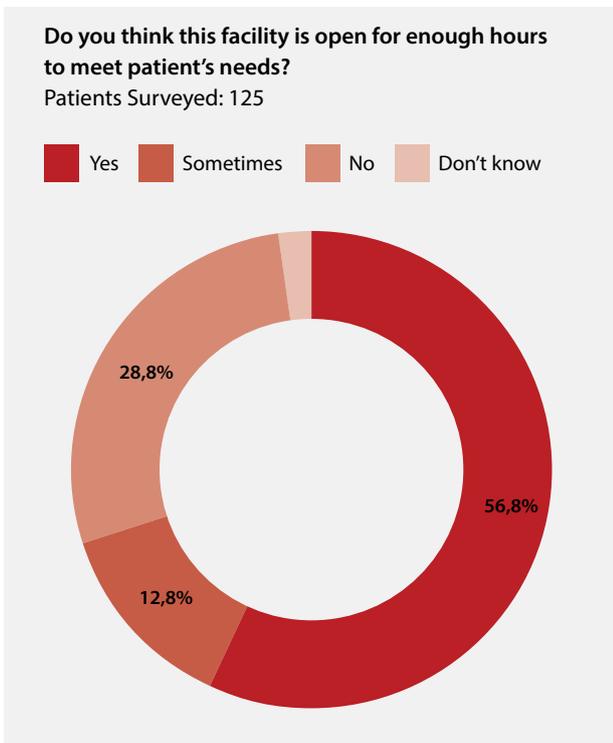


school during official working hours<sup>17</sup> and that the “program will support provision of flexible or extended clinic hours for working clients and convenient community ART refill systems, including DDD in private community pharmacies”<sup>18</sup>.

Yet, CLM data show that PEPFAR sites continue to be closed on the weekend and that certain sites only serve PLHIV on certain days of the week. CLM data show that all respondents (n=127) gave different opening and closing times for facilities showing a lack of understanding of opening and closing times at the facility. Further, weekend services were only at the main facility and not at the CCC. PLHIV without the capacity to collect medication during the week had to wait until the next week began to get a

refill. The majority of PEPFAR supported sites monitored were not open on Saturdays. Further, there are no signs in many of the PEPFAR supported sites monitored that outline operation hours. More than a quarter of respondents think that facilities are not open for enough hours to meet patient’s needs and 65% of respondents think extended opening hours would improve access to services.

In COP22, we continue to recommend extended working hours to ensure that everyone, including those working full-time, pregnant and breastfeeding women, and young people going to school, all have access to the facilities with little disruption. We also recommend that all facilities are required to put sign boards in visible areas showing the operating hours of facilities.



17. Strategic Direction Summary pg.21  
18. Strategic Direction Summary pg.63.

## 4. Key Populations (KPs)

KPs make up a large part of the 10% of PLHIV still yet to be found and offered treatment by PEPFAR. Across the cascade, KP communities, including men who have sex with men (MSM), people who use drugs (PWUD), sex workers, and trans\* people are falling behind. A breakdown of the 90-90-90 targets would show that KPs are much further behind in achieving these targets. A further breakdown among populations such as PWUD would show that women who use drugs are even more vulnerable and being left further behind.

KPs are faced with many additional daily barriers when accessing services, including fears of arrest due to criminalisation. One of PEPFAR's commendable efforts to increase access to services for KPs was through the establishment of DICs. PEPFAR's plans to transition to government and the refusal to pay for new commodities, including those of KPs, without an assurance that there are policies and laws in place to protect KPs and existing resources to buy commodities, is dangerous. PEPFAR needs to make sure that laws that safeguard the lives of KPs are in place before discussions begin about any KP programme sustainability or handover.

In all four years of CLM efforts, communities of KPs have consistently shared difficulties accessing services in general facilities and a preference for KP-led service delivery points. Any discussion on transition and sustainability needs to ensure a discussion around maintaining community-led service delivery points for KPs as they are. Sustainability needs to be an investment in existing KP-led service delivery, not the closure of community sites in favour of the general facility where KPs do not feel safe, health workers are not trained to offer services to KPs, and health workers do not have experience in caring for KP in a respectful and dignified manner. Recent CLM data show that 59% of MSM, 77% of PWUD, and 91% of sex workers felt "very comfortable" at the drop-in centre, compared to 50% of MSM, 63% of PWUD and 66% of sex workers using the facility. Further, 82% of MSM, 82% of PWUD, and 100% of sex workers felt "very safe" using the drop-in centre, compared to 50% of MSM, 77% of PWUD and 78% of sex workers using the facility.

At sites monitored through CLM, where PEPFAR had attempted integration, community members were exposed to the general population as the site was next to the main facility (on the road to the main facility). All KPs living with HIV who accessed services at the site had to fetch their files in the main facility, meaning that they had to report at the KP service delivery point and then get escorted to the main facility. This is problematic in several ways: it is time-consuming, it indirectly discloses the HIV status of those KPs to their peers, it indirectly discloses the HIV status and that people are KPs to their neighbours and people they know in the main facility, and puts KPs at risk of verbal and/or physical abuse or harassment by healthcare users in the general facility. KPs also had to travel a long distance to these facilities that were less accessible than their community spaces.

### 4.1 Key population funding levels and targets

- + **COP22 Target:** Increased investment in key population-led service delivery
- + **COP22 Target:** A review of PEPFAR investment in integrated sites together with key population leaders.

- + **COP22 Target:** A funding allocation specific for supporting structural interventions in COP22.

PEPFAR's COP Guidance and the Kenya Planning Level Letter have emphasised the importance of focusing on KPs as populations who are very far from reaching the UNAIDS 95-95-95 targets. Communities of KPs welcome this focus. The success or failure of this PEPFAR focus on KPs will lie in the investment that PEPFAR puts into finding and retaining KPs in the programme. Over the years, there has been a steady rise in PEPFAR investment in KPs. However, effective programming of funds for implementation has been a challenge. The bulk of the KP programme resources are reprogrammed for use in general facilities where KP communities do not visit unless they have no other option. Requests by KPs for a review of the resources spent in the general facility have been ignored as PEPFAR continues to state that KPs visiting general health facilities do not identify themselves. CLM data continue to find that not all general population sites offer KP specific services, and where they do, those packages are not comprehensive. Facility Managers explain that KPs either did not identify themselves as KPs, and those who did identify themselves were referred to KP-led service delivery sites.

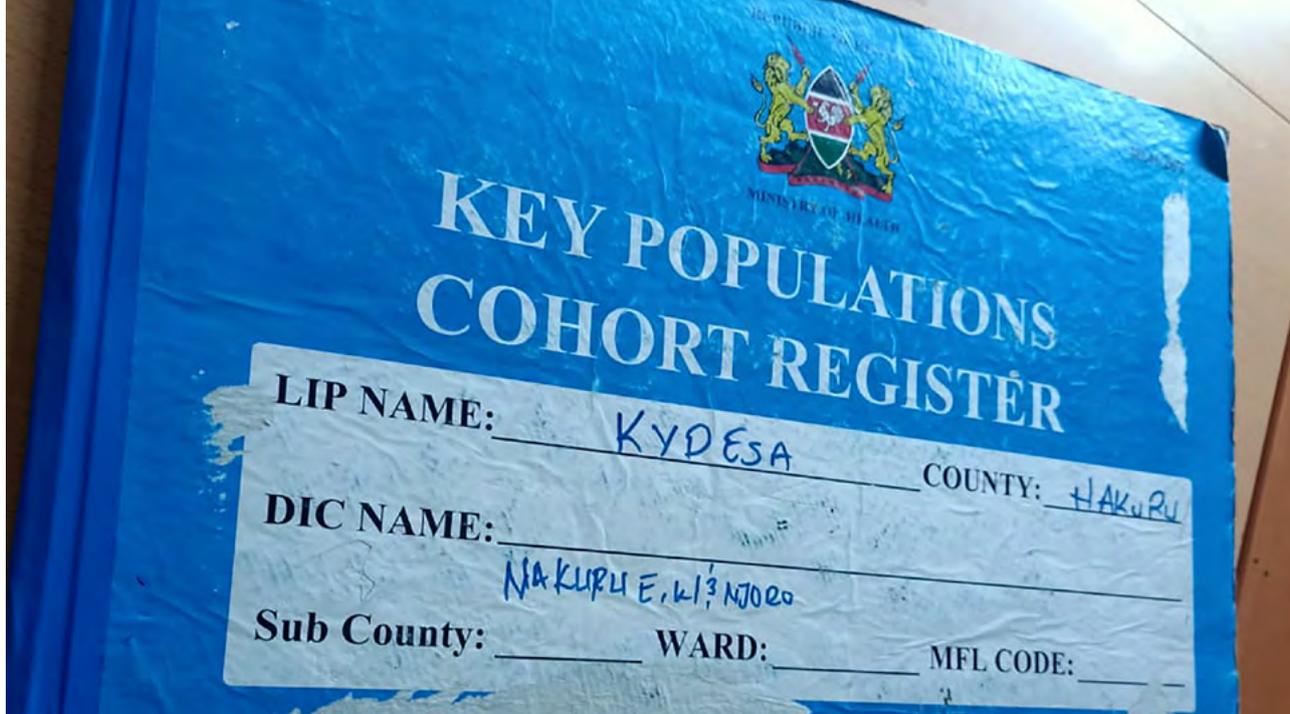
The majority of PEPFAR's KP achievements lie with community organisations, yet the majority of funding is at general facilities whose achievement in reaching KPs, PEPFAR cannot account for.

Every year since PEPFAR began the discussion on integrating sites, we have asked for information about these integrated sites. We are still yet to receive that information. We recommend a full review of these proposed initiatives and the inclusion of KPs in the discussion on KP site integration as those this decision will impact. This year, we continue to recommend an increase in KP funding to bridge the gap in services for KPs. We also recommend real investment in structural interventions for KPs (full details in the structural interventions section).

### 4.2 Gender-Affirming Care for Transgender People in Kenya

#### 4.2.1. QUALITY SERVICE DELIVERY FOR TRANSGENDER PEOPLE IN KENYA

- + **COP22 Target:** PEPFAR, in collaboration with trans-led organisations and GoK, must invest in developing and domesticating the standards of care protocol to provide clinical guidance for health professionals to assist transgender people to maximise their overall health, psychological well-being, and self-fulfillment.



- + **COP22 Target:** PEPFAR, in collaboration with trans-led organisations and GoK, will strengthen health management information systems to improve programme and data quality monitoring, research and transparency of interventions at the sub-national and national levels.
- + **COP22 Target:** PEPFAR will collaborate with GoK and trans-led organisations to prioritise delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.
- + **COP22 Target:** PEPFAR will fund transgender-led organisations to sensitise and train health workers including both clinical and non-clinical staff on gender inclusion, gender diversity, and gender transformative and affirming approaches to service delivery at all PEPFAR supported sites.
- + **COP22 Target:** PEPFAR will work with transgender networks in Kisumu, Mombasa and Nairobi to sub-grant and to provide capacity development to their implementing partners to improve robust and comprehensive integrated SRHR and HIV programmes for trans people.
- + **COP22 Target:** PEPFAR will review imbalances in allocating targets to trans networks and incorporate an affirmative action plan with implementing partners and funding agencies on grant making to design grantmaking programmes that seek to remedy imbalances in specific trans calls for applications for grants.
- + **COP22 Target:** PEPFAR will prioritise scaling-up Centres of Excellence (CoE) for trans healthcare in Kisumu, Nairobi, and Mombasa counties respectively for effective evidence based comprehensive, integrated, combination HIV prevention and sexual and reproductive health services for trans populations adopting hybrid-partnerships models between community based organisations, government facilities, and private sector partnerships in leveraging gender affirming healthcare services.
- + **COP22 Target:** PEPFAR will prioritise allocating funds for human resources for health (HRH) for behavioural, structural, and biomedical services, and capacity for monitoring and evaluation for the trans programme to improve quality implementation.
- + **COP22 Target:** PEPFAR, in collaboration with GoK, will prioritise dissemination and roll out of the National

Guidance on HIV and STI programming among Transgender People at national and county level to be used in trainings for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people.

In COP18, PEPFAR began including services for trans people in their programming in Kenya. Since then, PEPFAR has invested resources in KP size estimates (KPSE) that were inclusive of trans people. Strides have been made to work in collaboration with trans communities to ensure that quality services for trans people are offered. We commend these efforts and recommend an increase in the quality of service to ensure an increased number of trans people are able to access services.

In COP22, there are still areas that PEPFAR needs to invest in. We recommend collaboration with GoK and trans communities to hire human resources for health (HRH) for training on trans services. PEPFAR also should, in collaboration with GoK and trans communities, develop and implement policies and protocols to improve the knowledge of health workers on services needed by trans people. Health workers need sensitisation and training on gender inclusion, gender diversity, and gender transformative and affirming approaches to service delivery at all PEPFAR supported sites. Partnership with trans communities to increase knowledge among health workers will go a long way in improving the quality of services communities need.

In COP22 PEPFAR should also prioritise the dissemination and roll out of the National Guidance on HIV and STI programming among Transgender People at national and county level should be used in trainings for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to trans people should also be prioritised to improve services.

Investing in collaboration with GoK and trans-led organisations to prioritise delivery of primary care, gynecologic and urologic care, reproductive options, mental health services, and hormonal and surgical treatments will also lead to increased demand for services by trans people. This should be considered alongside a review of targets to trans networks and plans on grantmaking programmes that are causing imbalances in calls for grant applications that are specific to trans communities.



Many transgender people reside in Kisumu, Nairobi, and Mombasa counties. Investing in Centres of Excellence (CoE) for trans healthcare and improving subgrants to trans-led organisations to mobilise community members, will lead to improved services for trans people. It will allow the programme to ensure effective evidence-based comprehensive, integrated, combination HIV prevention and sexual and reproductive health services for trans populations through hybrid-partnerships models between community based organisations, government facilities, and private sector partnerships in leveraging gender affirming healthcare services.

#### 4.2.2. STRUCTURAL INTERVENTIONS FOR TRANSGENDER PEOPLE IN KENYA

- + **COP22 Target:** PEPFAR must fund trans-led organisations to sensitise and engage judicial officers, law enforcement on transgender issues and to build allies and partnerships to ensure that trans people continue to be treated with respect and dignity.
- + **COP22 Target:** PEPFAR must fund trans-led organisations to develop and implement a robust and sexual and gender-based violence prevention, mitigation, and response mechanism.
- + **COP22 Target:** PEPFAR must fund trans-led organisations to scale social enterprise activities as an economic empowerment and sustainability intervention.

Kenya has yet to recognise trans people legally or socially. As a result, trans people suffer difficulty in changing their names and gender markers on government documents and

credentials. Inability to change one's identification documents leads to many challenges at the facility where clinicians request for identity cards in order to enrol them into the programme. Support from PEPFAR is needed to fund structural interventions, such as engagement with judicial officers and law enforcement by trans-led organisations to sensitise them on how these factors impact trans people's access to healthcare and increase risk of violence, discrimination and abuse.

#### 4.3 Condoms and lubricants for key populations

- + **COP22 Target:** PEPFAR procures and distributes condoms and lubricants for all PEPFAR supported sites to ease stockouts.

In the People's COP21, we recommended that PEPFAR provide condoms and lubricants to bridge the persistent stockouts of these commodities. PEPFAR responded that "KPs will be provided with a core package of services that includes: 1) condoms and lubricant promotion and distribution"<sup>19</sup>. There was no specific response to purchase the commodities to fill the gaps. Condom and lubricant promotion and distribution can only happen when there are condoms and lubricants to promote and distribute. We still have a condom and lubricant shortage. We urgently recommend support to purchase condoms and lubricants. In addition to being critical prevention tools, condoms and lubricant are also a gateway peers use to find KPs and introduce them to testing and treatment. Without them, peers struggle to find people who need services.

19. Strategic Direction Summary COP21 pg. 79. Available at: [https://www.state.gov/wp-content/uploads/2021/09/Kenya\\_SDS\\_Final-Public\\_Sep-14th-2021.pdf](https://www.state.gov/wp-content/uploads/2021/09/Kenya_SDS_Final-Public_Sep-14th-2021.pdf)

## 5. People who use drugs (PWUD)

PEPFAR's support in setting up Kenya's harm reduction programme was much needed and continued support is needed to maintain and expand the programme now. For years, communities of PWUD have recommended additional PEPFAR support. We have shown the gaps in services offered, but PEPFAR has yet to respond to key recommendations communities have raised.

The harm reduction programme has for years now plateaued, not because there is no demand among PWUD, but because the necessary support needed by PWUD in the country is not funded. In COP21, communities were told that the Global Fund was funding the majority of harm reduction support being asked for. Yet after multiple meetings with GoK, the Global Fund and PEPFAR, the gaps in the harm reduction programme were still present and unfunded.

PEPFAR's harm reduction targets have also been worrying to communities, hence the requests to improve the coverage of services. Over the last three years, PEPFAR has continuously set low targets for all services needed by PWUD, from PrEP, to testing, to treatment, to viral suppression.

Support to increase coverage and quality of services is needed in COP22, as we established that the Global Fund's resources can only maintain the previous Global Fund cycle's activities and services. The Global Fund will not fund an expansion. PEPFAR needs to expand services beyond the current supported counties and review the agreement with Global Fund and GoK not to set up service delivery points in counties with Global Fund presence, like the coast. Upholding these agreements will only serve to leave PWUD without services.

We acknowledge the return of commodities such as dispensing cups to MAT sites, the increase in the number of facilities with buprenorphine, and innovations to set up dispensing facilities closer to PWUD in response to COVID-19 restrictions. However, we still need PEPFAR to invest in the labour required to provide quality services. Most sites are unable to scale-up due to a lack of human resources. We need the introduction of take-home doses among stable MAT clients to reduce the number of clients at the facility, and the transportation cost clients incur to get to the facility. Electricity is also a challenge at MAT sites where MethaMeasures and computers do not work when the power goes off, and the staff are unable to tell what quantities of methadone to dispense, and resort to manually measuring methadone and rely on the clients to tell them the quantities of methadone they have been taking. Naloxone remains at the facility and not at the community level. Peers and community outreach workers need to be given naloxone for overdose treatment as those in the hotspots need it most.

As in the People's COP20, we reiterate that KP-led organisations are poised and willing to take up more tasks that cannot be easily provided at the methadone sites, such as extended hours for methadone dispensing, and the provision of methadone services closer to where PWUD actually are.

### Barriers to quality service provision for people who use drugs

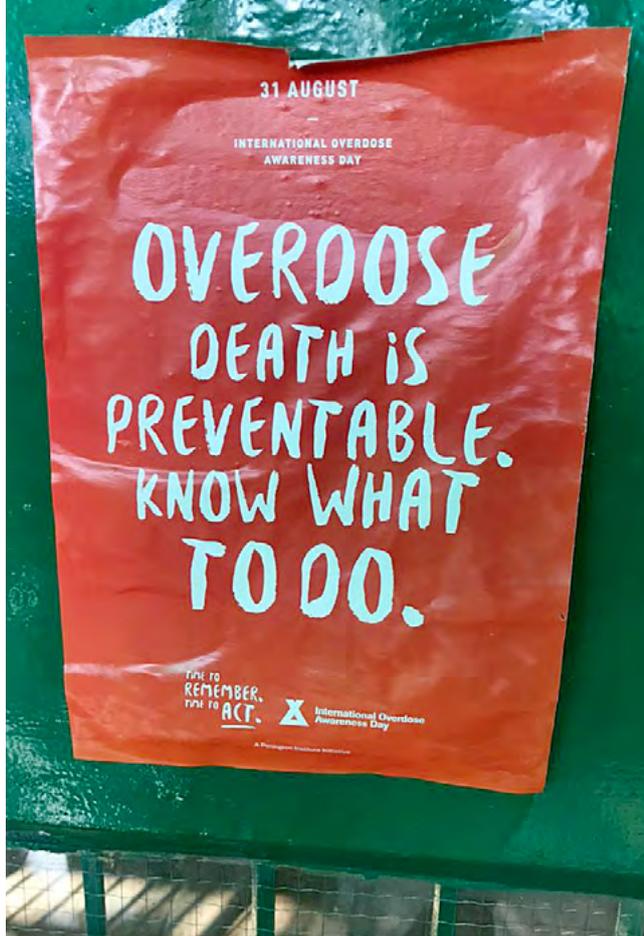
Issues	Community experience
<b>A lack of methadone services close to PWUD</b>	<ul style="list-style-type: none"> <li>+ Transport to methadone sites every day is costly.</li> <li>+ Facilities do not offer take-home doses even for stable MAT clients.</li> </ul>
<b>Methadone sites have no comprehensive services</b>	<ul style="list-style-type: none"> <li>+ Any health needs beyond harm reduction and ART collection are referred.</li> <li>+ Referral is costly and PWUD are treated poorly at general facilities.</li> </ul>
<b>Human resources gaps</b>	<ul style="list-style-type: none"> <li>+ Only one doctor is dispensing per facility, yet some facilities have more than 1,000 MAT clients.</li> <li>+ Many PWUD are still yet to be enrolled in the methadone programme despite community demand.</li> </ul>
<b>Short methadone dispensing hours</b>	<ul style="list-style-type: none"> <li>+ Methadone sites only open from 6am to 12noon.</li> </ul>
<b>Commodities</b>	<ul style="list-style-type: none"> <li>+ There is no access to naloxone for overdose treatment in the community.</li> </ul>
<b>Quality service gaps</b>	<ul style="list-style-type: none"> <li>+ There is no psychosocial support provided for PWUD on ART.</li> <li>+ PWUD are suspended from methadone for six months to a year at the will of clinicians and lose access to life-saving treatment for drugs and ART.</li> <li>+ PWUD face verbal and/or physical abuse, harassment and ill treatment at government-run PEPFAR funded methadone facilities, especially in the Nairobi sites (Mathare and Ngara).</li> <li>+ There is no service provision without masks at the methadone sites, yet PWUD cannot always afford to buy masks.</li> </ul>

### 5.1 Methadone take-home doses

+ **COP22 Target:** PEPFAR supports policy and implementation of take home methadone doses, with appropriate counselling and support, at weekly, biweekly, or 30-day supply, to minimise facility visits for PWUD and ensure no interruption in service delivery for people in the methadone programme.

+ **COP22 Target:** PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.

PWUD who are stable on MAT should have access to take-home doses. Some sites we visited are very far from the PWUD who use them, and some clients pay 500 Kenya shillings to get there and go home every day. For a PWUD to afford to go to the facility every day and pay 500 Kenya shillings,



they would have to earn more than the minimum wage (19,246 USD/Month) set by the Government and only spend those resources on transport to the MAT site.<sup>20</sup> Most can barely make it to the facility as they have no employment.

Further, some health workers still have to dispense methadone to more than 1,000 clients between 6am and 12pm. The lack of policy and implementation of take-home doses hinders overall retention, as well as allowing for the reduction of people at the site which in turn would reduce the burden on health workers and allow them to offer quality services. There are already sites in the country that are dispensing take-home doses. PEPFAR should collaborate with GoK to review the success of these sites and roll out take-home doses more widely for PWUD.

## 5.2 Harm reduction mobile clinics

- + **COP22 Target:** Purchase and maintain an additional 4 vans (2 in Mombasa, 1 in Nairobi and 1 in Kwale) to expand the community methadone programme.
- + **COP22 Target:** Collaborate with community organisations to map and provide mobile services closer to PWUD.

In COP21, PEPFAR's commitment was "in collaboration with Ministry of Health and CSOs, PEPFAR Kenya will address barriers to launch and scale up mobile PWID medication-assisted therapy (MAT) services to increase access to high-risk injecting users unable to access the established static sites"<sup>21</sup>. However this has yet to be implemented.

This is the fourth year we are recommending mobile clinics for MAT. PEPFAR agrees with our recommendation

every year, yet none have been funded. We have yet to understand why the mobile clinics are never launched, while there is support for them each year. We continue to recommend additional funding for mobile clinics to ease transport challenges community members face.

## 5.3 Women who use drugs

- + **COP22 Target:** Comprehensive integrated services, including sexual and reproductive health services, are offered for women who use drugs at all PEPFAR supported methadone sites.
- + **COP22 Target:** PEPFAR disaggregates data of people who use drugs to track the services offered to women who use drugs specifically.
- + **COP22 Target:** PEPFAR should ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:
  - » Access to methadone
  - » Access to naloxone
  - » Shelter for women (and their children) who might not have a place to go once enrolled on methadone
  - » Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.
  - » Sanitary equipment for menstruation
  - » Access to HIV testing and treatment
  - » Access to ART for PLHIV
  - » Access to hepatitis B testing & vaccination
  - » Access to TB screening and treatment
  - » Access to cervical cancer screening and treatment
  - » Access to psychosocial support and counselling

20. <https://take-profit.org/en/statistics/minimum-wages/kenya/>  
 21. Strategic Direction Summary 2021 pg. 80

- » Access to economic empowerment and life skills
- » Support with post-recovery re-engage with the community and family

PEPFAR’s response to the need for comprehensive services for women who use drugs and the recommendations by communities to support more comprehensive services in the community-led organisations and at the methadone sites was “PEPFAR Kenya will continue to support counselling and screening of women who use drugs for prevention and treatment services—including reproductive health—and refer appropriately.”<sup>22</sup>

Among people who use drugs, women are often more vulnerable and overlooked. Their ability to enrol and remain on MAT is often highly dependent on male partners. Food, shelter and protection often comes from male partners, and women have few options to negotiate. MAT programmes, as currently designed, only provide medical options such as access to methadone and wound care but do not offer structural support needed by women who use drugs to remain in the programme. Services also do not include sexual and reproductive healthcare, psychosocial support and/or mental health.

Women who use drugs also often engage in sex work, yet HIV prevention services offered are limited. Knowledge of prevention options and access to preventive commodities such as PrEP is limited. Condoms are also scarce, increasing vulnerability among women who use drugs. Under PEPFAR, women who use drugs continue to struggle to get access to services.

Women who use drugs still have no access to comprehensive reproductive healthcare at methadone sites or at KP-led service delivery points where they uptake services most frequently. Women who use drugs need access to services e.g sanitary towels, maternity services, and sexual and reproductive healthcare. For the past two years of CLM, we have spoken to women who use drugs and those on methadone and their main request is for methadone sites to include sexual and reproductive healthcare services for women.

Beyond methadone and ART, PEPFAR should consider expanding their services and bringing those services closer to women. More effort should also be made to look and share disaggregated data on KPs to ensure the women who use drugs are not forgotten as the programme reaches more men.

## 5.4 Quality of services at MAT sites

- + **COP22 Target:** PEPFAR will immediately assess and improve the quality of services provided at the Ngara, Mathare, and Malindi MAT sites to ensure that people who use drugs have access to quality services clean and fresh water, dispensing cups among others.
- + **COP22 Target:** PEPFAR will fund and increase collaboration with KP-led service providers to improve the quality of services received by PWUD.
- + **COP22 Target:** PEPFAR will enrol and induct all PWUD on waiting lists into the MAT programme.

During CLM, we were able to visit four sites offering methadone services and were able to compare the quality of services based on responses from services users.

Model site	Poorly performing site
Privacy screens to ensure discreet service delivery for clients.	No privacy screens. Methadone and ART was provided in the open over the counter.
Clients have access to clean water alongside their methadone.	Clients were offered salty algae filled water to take with methadone (site in the coast).
The site was in great condition; clean bathroom, shower cubicles etc.	Broken furniture and very dirty toilets.
Client commended the site for providing better services than Ngara and Mathare methadone sites.	Clients complained about being denied services, and ill-treatment by rude staff.
All services at the site were free for PWUDs, their spouses and their children under 5.	Only methadone and ART were free.
There were no complaints by patients about the staff at the facility.	Clients complained about the staff working at the facilities.
The site was open from 6.30am to 1pm, one hour later than other MAT sites.	The sites are only open from 6.30am to 12pm, and the doors are locked to whoever comes late and services are denied.
The site had training for economic empowerment for recovering clients.	There were no recovering PWUD empowerment support programmes.
The site was close to PWUD.	Most sites are far and costly for PWUD to get to.
The clients had access to nutritional support.	The patients are not offered weaning off services despite requests to be supported to get off methadone.
The site was attached to the GoK prison and takes doses to the prison everyday that are dispensed by a nurse.	The facilities are small and there is not enough space to serve PWUD.
The site was offering methadone in tablets as well as liquid.	No follow up is done if a PWUD misses to come for their medication.
Take-home doses are provided at the clinic.	There are no generators when power goes off forcing clinical staff to manually measure methadone and rely on PWUD to tell them quantities of methadone they normally take.

As recommended in the People’s COP21, a review of **all** MAT sites is urgently needed. We still receive complaints of poor services at the Ngara and Mathare MAT sites. All complaints shared in the People’s COP21 about the quality of services still continue to affect the services PWUD are receiving. There is no provision of masks available at MAT sites, forcing people to share masks to access sites. The sites still have challenges providing confidential services, and community members still feel unable to share challenges above their methadone needs with clinical staff. Suspension from services for 6 months

22. [Strategic Direction Summary 2021 pg 80-81](#)

to a year depending on the “gravity of the mistake” clinical staff felt was committed by the service recipients — leading people to lose access to methadone and ART at the sites still continues. These “mistakes” include complaining about poor quality services. There are still a lot of complaints by PWUD, as shown in the table. PEPFAR needs to urgently review the quality of services provided at these sites in order to improve ART continuity and viral suppression outcomes overall.

## 5.5 Structural interventions and quality services for key populations

We welcome the additional focus by PEPFAR on structural barriers faced by KPs. KPs must feel safe at sites of service delivery and in the communities where they live. However, that is not often the case. KPs face high levels of stigma, discrimination, blackmail, violence, abuse and harassment. As such PEPFAR’s response targeted at KPs needs to include a component of removal of structural barriers to improve the quality of services offered. Fears of arrest and discrimination at the facility reduce the number of KPs uptaking HIV and other health services at health facilities. Those who have no choice but to go to a general facility either do not identify as KPs, or are often subjected to abuse, harassment, ridicule, religious talks and/or denial of the services they seek.

### 5.5.1 DECRIMINALISATION OF KEY POPULATIONS

- + **COP22 Target:** PEPFAR will fund KP-led advocacy to ensure the human and health rights of KPs are upheld.
- + **COP22 Target:** PEPFAR will fund KP-led organisations to sensitise health workers and law enforcers on the rights of key populations and increase collaboration between these groups to address challenges.
- + **COP22 Target:** Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused at general facilities should be urgently investigated by GoK and PEPFAR and disciplinary action taken where appropriate.
- + **COP22 Target:** PEPFAR will expand KP-led service delivery by supporting an additional five organisations to implement comprehensive HIV services

The HIV Policy Lab’s analysis of countries with criminalising laws shows that in countries that criminalise same-sex relations, sex work and/or drug use, a smaller portion of PLHIV know their HIV status and are virally suppressed compared with countries without criminalising laws.<sup>23</sup> Colonial laws and policies against the rights of KPs continue to fuel hatred, bigotry, and violence faced by KPs.

The Penal Code and the Sexual Offences Act have some of the most penalising laws KPs face, such as:

- + Laws against homosexuality and sex work that are often used by law enforcement officials and health workers as a form of harassment and abuse.
- + Laws against drug use are often used to arrest and imprison people who use drugs rather than people selling drugs.
- + Laws against “cross-dressing” or “impersonation” used against trans\* peoples’ gender expression

that prohibit “posing as a woman”/“cross-dressing,” or “cross-dressing for immoral purposes”.

- + Laws against immorality, public indecency, public nuisance, vagrancy, and loitering used to harass all key populations.

The integration of KP service delivery into the general facilities proposed by PEPFAR without taking into consideration the legal environment, the quality of services KPs will receive, and the violence community members are experiencing and are likely to experience is dangerous and will only serve to reverse the gains of the HIV programme. PEPFAR must consider support to KP communities to advocate for a better legal environment. The much-needed reforms will not only make it safer for KPs to receive services, feel safer to go to the facilities and remain in care, but they will also feel safer in their own communities. KPs will also be less afraid to share the identities of their attackers in case of encounters with those who perpetrate hate and violence. The changes to the legal environment need to be fully implemented before any consideration to integrate any KP programmes. PEPFAR must continue to expand KP-led service delivery to ensure KPs have safe and friendly places to receive services.

### 5.5.2 CONVERSION THERAPY

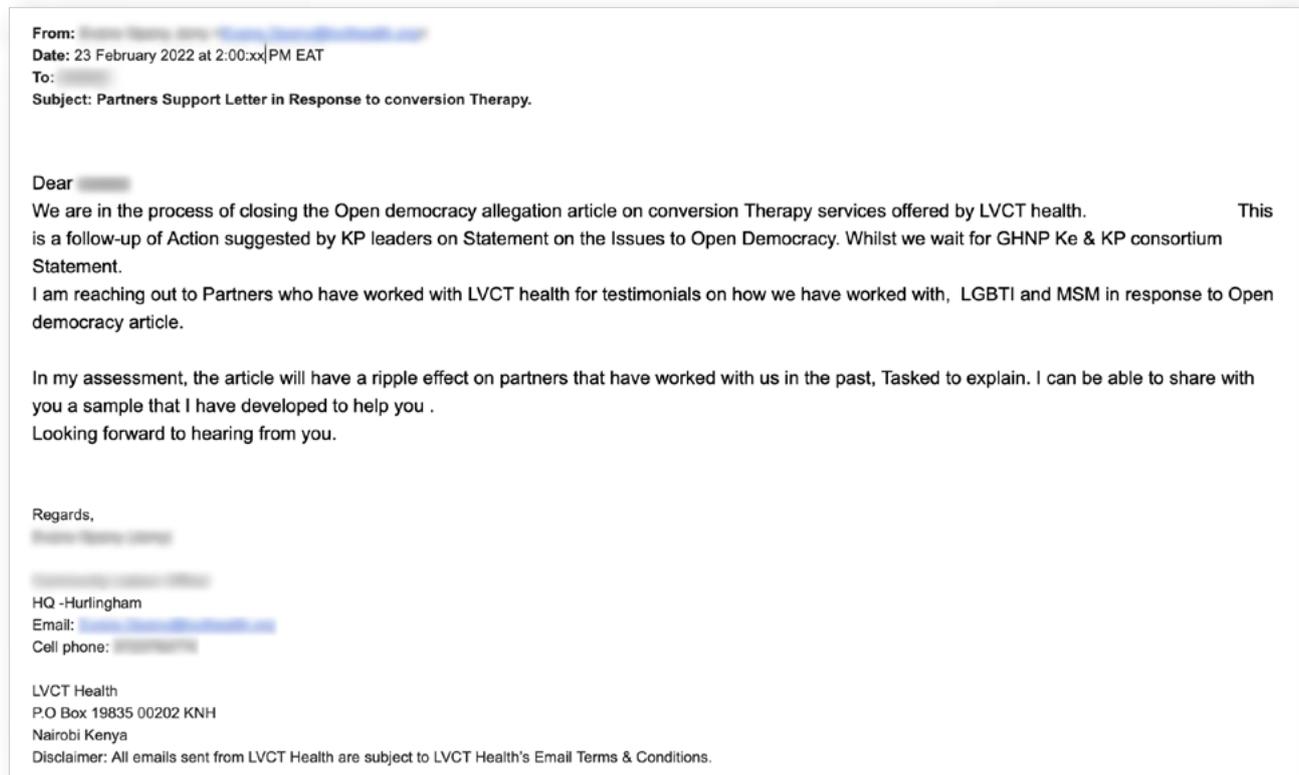
- + **COP22 Target:** PEPFAR will conduct an additional review of implementers reported to support conversion therapy (conversion practices) and take the necessary step to ensure the safety of key populations receiving services at those PEPFAR sites.
- + **COP22 Target:** PEPFAR will ensure all implementing partners have a sexual orientation, gender identity and expression inclusion policy that all employees sign-on and all those found to violate the policy are immediately replaced.
- + **COP22 Target:** PEPFAR will ensure all implementing partners receive gender and sexual diversity training on an annual basis, in collaboration with the Key Population Consortium of Kenya.
- + **COP22 Target:** PEPFAR must collaborate with key population leadership to review and certify implementing partners after successful completion of their gender and sexual diversity training.

Beyond the legal barriers, PEPFAR must also ensure that implementers who push for discriminating services such as conversion therapy (conversion practices) are immediately reviewed and replaced whether or not the resources used to push for conversion therapy are PEPFAR funds or not. Communities of KPs have called out the IP that is engaging in conversion therapy, but we are yet to see PEPFAR take any solid action. Instead PEPFAR renewed the IP’s grant for five years, despite the ongoing investigations into the conduct of this IP. Further, in conversations with PEPFAR, communities raised concerns with the so-called “sensitisations” implemented by the IP, in response to ongoing allegations of a lack of KP sensitisation and a lack of meaningful involvement of communities.

Communities have since received letters from the IP pushing for recommendation letters in support of their work and notifying members that any backlash the IP will face due to the allegations will also be borne by KP communities. Further, notifying the KP organisations that the case is soon to end. Communities are yet to be meaningfully involved in the process of resolution and were unaware that PEPFAR had already reached a resolution.

23. <https://gh.bmj.com/content/6/8/e006315>

Among trans\* people, getting employment where employers respect the rights of trans\* people is difficult, leaving community members struggling to find employment even though most do not live with family.



We are extremely concerned when IPs use intimidation to get support from sub-partners and KPs. Continued support for IPs that cause harm to KPs is unacceptable and shows PEPFAR's lack of understanding of the needs of KPs. We demand a response that shows PEPFAR respects the rights of KPs and will take a firm stand against poorly performing IPs.

### 5.5.3 ECONOMIC EMPOWERMENT OF KEY POPULATIONS

- + **COP22 Target:** PEPFAR will fund KP-led organisations to provide economic empowerment for KPs through further KP-led expansion of social enterprise opportunities.

KPs often struggle with gainful employment. Among PWUD, transportation to the MAT site is expensive. Once they enrol on methadone, they have challenges getting job opportunities and as a result face challenges going to the facility everyday and on time as set by the methadone sites. Employers struggle to believe in recovery and jobs are scarce and do not cover the cost of transportation, food and housing as well as daily trips to the MAT site.

Among trans\* people, getting employment where employers respect the rights of trans\* people is difficult, leaving community members struggling to find employment even though most do not live with family.

## 5.6 Vulnerable Populations

- + **COP22 Target:** PEPFAR will increase funding to the KP programme to accommodate the new comprehensive HIV prevention and treatment needs of vulnerable populations such as discordant couples and persons with disability.
- + **COP22 Target:** PEPFAR will collaborate with GoK to design, develop, implement and scale-up targeted interventions for vulnerable populations.

KASF II identifies vulnerable populations as truckers, discordant couples, fisher folk, and people in prisons and closed settings.<sup>24</sup> These communities face less focus despite also being at high risk of getting HIV. The approved Global Fund grant has committed to include vulnerable populations in the country proposal, but communities recommend PEPFAR support the remaining gaps and counties not supported by the Global Fund. In COP22, we also recommend more information on PEPFAR's support to vulnerable populations. We are aware PEPFAR provides support to those in prison, fisher folk, and discordant couples, but a clearer view of the support provided is needed alongside a clear indication of the COP22 targets. We also recommend vulnerable population specific HIV prevention, care and treatment programmes, support to provide U=U literacy, peer education, mobilisation, and vulnerable populations specific IEC materials.

24. <https://nacc.or.ke/kenya-aids-strategic-framework-kasf-ii/>

## 6. Mothers and children

### 6.1 Vertical transmission of HIV

- + **COP22 Target:** PEPFAR will track and report PrEP access among pregnant and breastfeeding women.
- + **COP22 Target:** PEPFAR will ensure that healthcare workers provide treatment literacy on PrEP through health talks and individual counselling sessions with HIV negative women at all PEPFAR-supported.
- + **COP22 Target:** PEPFAR will work with GoK to shift policy barriers to ensure young women below 18 have access to PrEP.
- + **COP22 Target:** PEPFAR will create and include a comprehensive AGYW PMTCT package of care to better support the needs of young and teenage mothers.

It is critical to ensure that pregnant and breastfeeding women (PBFW) can access HIV prevention to ensure they do not acquire HIV during pregnancy or breastfeeding at which time babies will be exposed to HIV. Seroconversion of PBFW is a key driver of new infections among children.

Among young mothers, PEPFAR data shows 25% of women between the ages of 10-14 years and 7% of women between 15-19 years<sup>25</sup> seroconverted after the first ANC visit. Due to policy, AGYW under the age of 18 cannot access PrEP. This policy affects PBFW of adolescent age who are already having sex. A lack of access to PrEP only increases their chances of getting HIV, as often it is difficult to negotiate safe sex.

As stated in the SDS21, "PEPFAR committed to work with the GOK to review the policy barriers hindering AGYW from accessing PrEP, as well as support PrEP for eligible HIV negative women, including PBFW"<sup>26</sup>. We, however, still see increases in positivity after the first ANC visit<sup>27</sup>.

When pregnant women visit the facility, those who test HIV negative should immediately be offered PrEP, especially at first ANC visit. PEPFAR should put the same effort they put into testing throughout the pregnancy cycle into offering PrEP as well. The effort would bear more fruit in ensuring that both mother and child have the necessary protection from HIV, and testing would be more confirmatory of the prevention efforts that would already be in place.

We also note that PEPFAR has no targets for PBFW offered PrEP; neither does PEPFAR report on it. This makes it easy for prevention efforts not to be taken seriously at the facility. PEPFAR needs to track the number of mothers offered PrEP and report on it.

Treatment literacy is also critical in ensuring mothers know about PrEP, that it is safe to take while pregnant and breastfeeding, and are comfortable taking it. Health talks and counselling sessions should prioritise repeated discussions on PrEP as they do on index testing.

### 6.2 Point of care paediatric testing

- + **COP22 Target:** All children missed during the stockout will be rapidly found and offered. testing and treatment.
- + **COP22 Target:** All POC-EID machines currently supported by PEPFAR will be immediately put to use to diagnose children.
- + **COP22 Target:** Support provided for the remaining POC-EID machines to ensure that children across the country have access to timely diagnosis (57 machines).

PEPFAR COP Guidance recognises that "it is estimated that 35% of HIV infected infants die within the first year of life"<sup>28</sup> and that "it is imperative that all HIV-infected infants be identified as early as possible because up to 50% of untreated HIV-infected infants die by the second year of life, with mortality being high in the first few months of life".

Kenya's stock outs were most hard-hitting for children. Children of mothers living with HIV went without testing or treatment for months. Some still are yet to be tested and offered treatment. Communities have already been raising concerns about Kenya's high HIV infections among children. The lack of commodities only exacerbates an already existing problem. To diagnose children required commodities that were not in the country. As commodities begin to come back to the facilities, the backlog of testing will only delay results being returned to children. Mothers who left the facility without services must be traced and encouraged to return their children for testing. Worryingly, PEPFAR's investment in conventional EID leads to long turnaround times for results where children must wait even longer to know their status before they are offered treatment, only worsening this situation.

PEPFAR states that "15.7% of HIV-exposed infants (HEI) in the program have an unknown follow up determination for FY21 and that the tracking and retention of mother-infant pairs needs improvement. They also state that better cohort monitoring can reduce the number of infants with an unknown final status and any missed opportunities in registering infants to the birth cohort"<sup>29</sup>. On paediatrics, PEPFAR mentions low positivity achievement for under 15 years and 15-19 years that has resulted in under identification of children and adolescents living with HIV (C/ALHIV) and recommends intensified case finding efforts for this population through an optimal mix of testing modalities, including scaling family index testing, and preventing under testing in outpatient settings<sup>30</sup>. PEPFAR Q4 data shows only a 59% coverage of EID at two months showing the programme only reached half of the children they need to reach with testing.

25. PEPFAR POART Data pg 32

26. Strategic Direction Summary 2021 pg 76

27. PEPFAR POART DATA pg 31

28. PEPFAR guidance pg. 354

29. PEPFAR Planning Letter 2022 pg. 12

30. PEPFAR Planning Letter 2022 pg. 12



Quick diagnosis will require point of care early infant diagnosis (POC EID). POC testing was able to tackle Kenya's diagnosis challenges, leading to increased initiation of treatment of CLHIV from 43% to 93% when used before.

Despite a three year push (People's COP19<sup>31</sup>, People's COP20<sup>32</sup>, People's COP21) by civil society for PEPFAR to invest in quicker diagnosis for children by taking over the already existing machines left behind by EGPAF (67 machines), PEPFAR only has four active machines, an additional four should start working this year, and two are getting repaired. While the Global Fund had the potential to procure more POC EID machines, they did not do this despite push back by communities. PEPFAR must urgently scale-up diagnosis using POC EID if the programme has any intention to mop up the number of untested children and test new ones without creating even more of a backlog than there is.

Facilities visited during CLM all estimated conventional PCR takes around one week to get children's tests from the facility to the lab, then between two weeks to 3 months to get results back, then two days to reach the mother or caregiver for the ones that responded with a time. Some did not even know how long it takes to reach mothers and caregivers. Finally, most facilities did not know how long it took for the mother or caregiver to return to the facility once they were told the results were ready.

### 6.3 Optimised paediatric treatment

+ **COP22 Target:** Optimise all eligible children to DTG based regimens.

+ **COP22 Target:** Circulars on HIV treatment for children reviewed by GoK, PEPFAR and civil society to ensure they align with WHO guidelines.

While the country made strides optimising DTG to 95% of adults, accessibility of pDTG has been facing challenges. The requirement by GoK for a viral load test before transitioning children has led to a standstill on pDTG rollout. We are concerned about the delays in initiating children, caused by the government's (NASCOP) mandatory requirement for a viral load test when there is no WHO<sup>33</sup> requirement for it. We also note PEPFAR's requirement this year not to include funds for unnecessary additions to the minimum programme requirements, like requiring a viral load test for children to transition to pDTG<sup>34</sup>.

The delays in initiation caused by stockouts will only increase if a viral load test requirement is maintained. One of the benefits of DTG is the drug's ability to reduce viral load quickly. The additional criteria to have a viral load test does not offer any additional benefit to the child. Diagnosis by POC EID coupled with access to pDTG will greatly improve the outcomes for the children the programme has missed.

PLHIV already face many challenges when accessing services. Creating additional barriers to accessing quality services while offering substandard care to CLHIV is unacceptable. Our children deserve the best possible care without hurdles. We demand a re-issued circular by GoK that follows science and WHO recommendations and fast-tracking of access to pDTG by PEPFAR.

31. Kenya People's COP19 pg. 7

32. Kenya People's COP20 pg. 10

33. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach pg. 88

34. PEPFAR Planning Letter 2022 pg 5



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**REF: MOH/ NASCOP/C&T/VOL.1/4**

31<sup>st</sup> January 2022

All County Directors of Health

Thro'

**The Chief Executive Officer**  
Council of Governors  
Delta Plaza  
**NAIROBI**

**RE: GUIDANCE ON *CLINICAL OPTIONS FOR CHILDREN ON AZT/3TC 60/30MG ART FORMULATION***

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The Ministry of Health NASCOP in line with the *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV in Kenya, 2018 edition* and subsequent updated guidance has continued to ensure the availability and transition of Children and Adolescents Living with HIV to optimized ART regimens.

Zidovudine/lamivudine (AZT/3TC) 60/30 mg formulation is used among children weighting below 25kg as part of their first- line, second-line and third-line regimens. In addition, clients with hypersensitive to Abacavir also use the formulation. Currently, all the in-country stocks of the product expire on 31<sup>st</sup> of January 2022.

To ensure antiretroviral treatment continuity among children in these categories, the Ministry of Health provides the following guidance as an interim guidance:

**a) Children on AZT/3TC 60/30 mg formulation for 1st Line ART**

- Transition to ABC/3TC/DTG in line with the current guidance MOH Circular Guidance dated on 09 Sep 2021.
- *This guidance includes children on this formulation who do not have a valid VL.*



- Hypersensitivity to abacavir should be ruled out before transition.

**b) Children on AZT/3TC 2nd / 3rd Line ART Weighing 14 - 24.9 kgs**

Weight	Recommended dosage	ARV to use
14 -19.9 Kgs	150/75 mg BID	AZT/3TC 300/150 mg half (0.5) Tablet BID
20 - 24.9 Kgs	180/90 mg BID	AZT/3TC 300/150mg half (0.5) Tablet AM, one (1) Tablet PM

**NB:**

- The AZT/3TC 300/150mg adult formulation is available as a scored tablet.
- Children on 2<sup>nd</sup> line ART regimen weighing below 14Kgs unable to use adult AZT/3TC formulation; Transition to ABC/3TC backbone, conduct Viral Load (VL) within 3 months or as soon as available.
- Children on 3<sup>rd</sup> Line ART regimen weighing below 14Kgs: Case to case support will be provided through the regional TWGs.
- All county referral hospitals have been supplied with Dolutegravir 10mg to support the implementation of the interim guidance
- All the expired products should be quarantined from all service delivery points. No client should be dispensed for the expired product.
- This is an interim guidance to ensure continuity of care.

For any additional clarification about this guidance, kindly reach out to Dr. Rose Wafula [head@nascop.or.ke](mailto:head@nascop.or.ke) or call the Clinical Support centre through telephone number **0726 460 000**.

Thank you for your continued support.



**Dr. Patrick Amoth**  
**Ag. DIRECTOR GENERAL FOR HEALTH**

Encls.

**Copy to:** County Chief Officers of Health (COH)  
All CASCOs  
All County Pharmacists  
All Medical Superintendents and facility in charges

## 7. Men

- + **COP22 Target:** All PEPFAR supported sites will have two additional male healthcare workers recruited and hired by PEPFAR, supporting an increase in the numbers of men tested, initiated into care, and retained.

Through CLM, we were able to see an increase in male-specific services. We commend PEPFAR for increasing these services. Through CLM, conversations with Facility Managers elicited responses that more facilities have male staff, male clinics, and male after-hours services. This is an increase from the responses we received last year, where only one facility

out of seven monitored facilities offered male clinic days. In COP22, we recommend increasing the provision of male-specific services to all PEPFAR-supported facilities, as the last SDS was not specific about the extent of the expansion.

We also note that while index testing might be one of the most effective ways of finding new men living with HIV (MLHIV), creating space to support newly initiated MLHIV as well as to support the long-term adherence of those already on ART will reduce treatment interruptions and improve viral suppression among those struggling on treatment.

## 8. AIDS and comorbidities

Despite expanded access to ART, advanced HIV disease (AHD), or AIDS, is a major challenge that needs addressing for people starting treatment late or re-engaging after a treatment interruption. The main drivers of death among PLHIV include TB, followed by cryptococcal meningitis.

### 8.1 Advanced HIV and cryptococcal meningitis

- + **COP22 Target:** CHWs to support re-engagement strategies with a focus on people with AHD re-engaging, including linkage from the general hospitals to CCC after re-engagement at a hospital (common as unwell).
- + **COP22 Target:** PEPFAR to increase active linkage support for PLHIV with AHD started/restarted on ART in general hospitals facilities by the inclusion of individual case management/ accompaniment to the CCC to reduce morbidity and mortality.
- + **COP22 Target:** PEPFAR to implement phone and/or home visit clinical check-in follow-up two weeks, six weeks, ten weeks for individuals started or restarted on ART with AHD with appropriate referral systems.
- + **COP22 Target:** PEPFAR and GoK should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.

Starting people on ART will not eliminate opportunistic infections and AHD. Instead, AHD care needs to be enhanced at the facility level. PLHIV struggling with care are often very sick, and management of those needs must be better integrated through point of care technology when needed and proper triage and immediate care plus referrals. Improved referral pathways between the CCC and the general facilities is critical to ensuring better outcomes.

IP-funded CHWs also need to support re-engagement strategies focusing on people with AHD re-engaging, including ensuring linkage from the general facilities to the CCC.

There should also be an increase in active linkage support for PLHIV with AHD started/restarted on ART in the general facility by inclusion in individual case management/ accompaniment to the CCC to reduce morbidity and mortality. Phone and/or home visit clinical check-in follow-up at two weeks, six weeks, and ten weeks for individuals started or restarted on ART with AHD should also take place.

Kenya has adopted a number of medical interventions to address AHD, such as CrAg screening, urine-LAM testing, and roll-out of TPT, but more can be done to diagnose and treat the people who present with AHD, half of whom are missed with clinical staging/ symptom screening alone as they enter care or re-engage.

Cryptococcal meningitis remains largely undercounted, undiagnosed, and untreated, despite being the second biggest killer of PLHIV. Cryptococcal meningitis is an excruciating way to die. It causes horrible headaches, deafness and blindness. If cryptococcal meningitis is not successfully diagnosed and treated, it causes “cerebral herniation” — where the brain gets pushed down into the spinal canal due to increased intracranial pressure.

One of the ways to offer proper and timely treatment, prevention, and detection of AIDS and AHD and the leading opportunistic infections from TB and cryptococcal meningitis is CD4 testing. WHO recommends baseline CD4 for people entering or re-entering into care in order to inform clinical management, including prevention and screening tools for opportunistic infections in PLHIV found to have AHD (CD4<200).

### 8.2 TB preventive therapy (TPT)

- + **COP22 Target:** PEPFAR will fast-track tracing and offering TPT to all eligible PLHIV who did not get their course in COP20 due to stockouts.



- + **COP22 Target:** TPT shortages will be urgently fixed, and a plan put in place to ensure no future stockouts.
- + **COP22 Target:** PEPFAR will increase support to scale-up shorter TPT regimen by an additional 37,000 3-month patient doses of 3HP.

In COP21, PEPFAR committed to providing an “additional 37,500 3-month patient doses of 3HP to be delivered in FY21 Q4 that would be available for use during COP21 implementation, along with 13,000 patient doses that will be delivered in FY22 The combined PEPFAR procurement of 97,500 patient courses would cover 80% of PLHIV. TPT needs for a period of 12 months; 51% 3HP and 49% INH<sup>35</sup>.”

PEPFAR also committed to “supporting and providing client-centred TB care and TB preventive therapy (TPT) among all eligible PLHIV and their contacts, including the provision of ancillary drugs such as pyridoxine at no cost TPT and TB treatment MMD would also be scaled up beyond the Nairobi pilot<sup>36</sup>.”

Severe TPT commodity shortages affected performance, and the programme had 40,352 (30.34%) out of the target of 132,987 PLHIV on ART who completed a standard course of TPT. Commodity shortages need to be urgently fixed, and all those PLHIV who did not get their course of TPT should be found and offered TPT. We also recommend an increase in the courses of shorter TPT regimen; 3HP in COP22.

### 8.3 TB screening and testing

- + **COP22 Target:** 100% of PLHIV, including CLHIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV) upon their first presentation to care.
- + **COP22 Target:** 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment while awaiting confirmatory rapid molecular test results.

- + **COP22 Target:** 100% of PLHIV, including CLHIV, who are co-infected with TB receive confirmatory diagnostic test results and are linked to TB treatment in less than five days after their first presentation to care.
- + **COP22 Target:** All PEPFAR supported sites assessed on whether they are using the WHO four-symptom screen or other WHO-recommended screening tools, including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx).

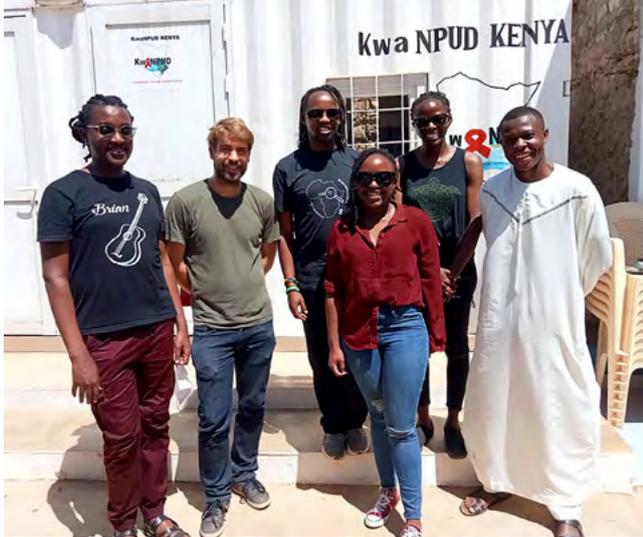
COP21 PEPFAR committed to “prioritize TB/HIV service delivery integration, TB prevention and treatment through optimized routine TB screening, improved diagnosis using GeneXpert and TB-LAM for all eligible individuals for the majority of PLHIV<sup>37</sup>.”

In terms of performance, however, by Q4, there was an overall reduction in TB case-finding by 15% in 2020 compared to 2019, even though three counties (Siaya, Nyeri and Kirinyaga) recorded an increase in case finding. In order to effectively screen all people in need of TB services, PEPFAR needs to ensure that screening services and testing are offered at all PEPFAR supported sites. While we note that Global Fund also supports testing and screening for TB, PEPFAR should ensure that all PLHIV, including CLHIV, who present to care at PEPFAR supported sites with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV) upon their first presentation to care. PEPFAR should also assess all PEPFAR supported sites on whether they are using the WHO four-symptom screen or other WHO-recommended screening tools, including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx). Bi-directional screening for TB and COVID-19 should be implemented at every clinical encounter. Whenever an individual is believed to be at risk of or is diagnosed with TB, contact tracing should be conducted among their household and other close contacts.

35. [Strategic Direction Summary 2021 pg. 23](#)

36. [Strategic Direction Summary 2021 pg. 23](#)

37. [Strategic Direction Summary 2021 pg. 23](#)



## 9. Community-led monitoring

- + **COP22 Target:** PEPFAR funds a well resourced CLM data collection and advocacy effort led and implemented by key populations that allows:
  - » KP-led organisations to decide how to implement CLM and share the plans with PEPFAR.
  - » Decide the number of partners to be part of their community-led monitoring efforts and share the plans with PEPFAR.
  - » Cost a well resourced CLM that allows effective data collection and advocacy throughout the year.

We commend the addition in the PEPFAR COP Guidance requiring PEPFAR programmes to include an explicit focus on KPs in CLM and emphasising that KPs must be included in CLM efforts. As stated in the guidance, we recommend that, at a minimum, there must be KP leadership and organisations in the design of the approach and implementation. The inclusion of KPs in CLM should not be limited to KP-specific sites or programmes but should focus on the entire PEPFAR programme.

Kenya will benefit from KP-led data collection to answer questions on gaps in service delivery, especially on the quality of service delivery in general facilities, as well as services offered in KP sites.

Among KPs, networks of MSM have already received training on CLM. The KP Consortium and MPEG were partners with Health GAP and WOFAK in this round of CLM data collection that informed this year's People COP22. The expertise in the communities is enough to allow a KP-led data collection system to be implemented.

Past CLM NOFOs have not allowed KP communities to set up CLM and also lead implementation efforts. We recommend that the exception is made for KP organisations to ensure cohesion among the networks.

Among adolescent and young people, CLM is also crucial to ensure that quality comprehensive services are provided. An AGYW-led CLM effort should also be considered for COP22.

**Kenya will benefit from KP-led data collection to answer questions on gaps in service delivery, especially on the quality of service delivery in general facilities, as well as services offered in KP sites.**

# PRIORITY INTERVENTIONS

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>1. SUSTAINABILITY</b>		
<p>“The pipeline of funds is now exhausted, and in COP22, PEPFAR’s commitment to commodities will not exceed the quantities initially programmed for COP22, and funds for commodity gaps must come from a non-PEPFAR source. Co-financing is not limited to health commodities; there is room for increased investments across the program. The funding level assumes that according to the Minimum Program Requirements (MPRs) that the Government of Kenya will annually take on responsibility for elements of the HIV response and follow through on execution of those commitments. The funding level does not include funds for unnecessary additions to the MPRs like requiring a viral load test for children to transition to pDTG or for newly-initiated clients to make use of differentiated service delivery services.” - PLL22 pg. 4-5</p> <p>“With PEPFAR Kenya’s focus shifting to sustaining HIV impact, in partnership with the Government of Kenya, the team must prioritize right-sizing non-service delivery. For every dollar spent at a site, PEPFAR Kenya spends up to a dollar and a half on above site according to expenditure reporting data. PEPFAR Kenya should review non-service delivery spending to identify duplicative activities that can be consolidated or centralized. Staff and material spending at site should be reviewed with a preference for maintaining current levels.” - PPL22 pg. 6</p>	<p>PEPFAR will continue to prioritise the overall HIV programme and provide increased support to ensure quality services delivery to reach 95-95-95 targets for all populations and age groups. This must include, but not be limited to, provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.</p> <p>PEPFAR will continue to support the HIV programme over and above service delivery (including community-level interventions, community-led implementation etc.) to ensure that PLHIV have access to higher quality services.</p> <p>PEPFAR will continue to develop annual Country Operational Plans (COPs) with meaningful engagement of civil society and communities in those processes.</p>	<p><b>COP22 Target:</b> PEPFAR will continue to prioritise the overall HIV programme and provide increased support to ensure quality services delivery to reach 95-95-95 targets for all populations and age groups. This must include, but not be limited to, provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.</p> <p><b>COP22 Target:</b> PEPFAR will continue to support the HIV programme over and above service delivery (including community-level interventions, community-led implementation etc.) to ensure that PLHIV have access to higher quality services.</p> <p><b>COP22 Target:</b> PEPFAR will continue to develop annual Country Operational Plans (COPs) with meaningful engagement of civil society and communities in those processes.</p>
<b>2. HIV TESTING</b>		
<b>2.1. Recency testing</b>		
<p>“A national HIV recency testing QA program will be conducted under the framework of the HIV recency surveillance in Kenya.” - SDS21 pg. 105</p> <p>“A public health approach to case identification, utilizing recency testing to define and respond to geographic “hot spots,” will be adopted.” - SDS21 pg. 3</p> <p>“Kenya is in the process of scaling national HIV recency surveillance to all counties, prioritizing counties which are the highest contributors to HTS_POS and counties which are exhibiting a surge in new infections. Recency data will continue to be incorporated into data use and public health action planning at national, regional, and county levels to target prevention and testing interventions in geographic “hot spots.” - SDS21 pg. 4</p>	<p>PEPFAR will immediately halt the return of all recency testing results.</p> <p>PEPFAR will reprogramme recency testing funds to support other key areas of the programme (including structural intervention programming for KPs, POC-EID, and KP-led CLM).</p>	<p><b>COP22 Target:</b> PEPFAR will immediately halt the return of all recency testing results.</p> <p><b>COP22 Target:</b> PEPFAR will reprogramme recency testing funds to support other key areas of the programme (including structural intervention programming for KPs, POC-EID, and KP-led CLM).</p>
<b>2.2. Index Testing</b>		
<p>“Robust emphasis and mentorship on implementing safe and ethical index testing through a voluntary and rights-based approach (e.g. ensuring the 5 Cs: consent, confidentiality, counselling, correct results, and connection referral and linkage).” - SDS21 pg. 6</p> <p>“PEPFAR Kenya has communicated to all IPs that there is no longer a specific target for index testing. Index testing will focus on a process that is fully compliant with safe and ethical index testing guidelines and that is fully respectful of the needs of the patient. IPs will continuously mentor staff that index testing is voluntary and that clients can decline the service for any or no reason. IP work plans will not include targets for index testing. Safety elements will be addressed and will involve intimate partner violence (IPV) screening, adverse event monitoring, and developing systems for community-led monitoring.” - SDS21 pg. 44</p> <p>“PEPFAR messaging to IPs will be devoid of a targeted % expectation from index testing.” - SDS21 pg. 44</p> <p>“Index testing services will be offered to all eligible clients at facilities that meet the certification requirement.” - SDS21 pg. 44</p>	<p>Refer to the table in the index testing section above.</p>	<p><b>COP22 Target:</b> Refer to the table in the index testing section above.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>3. ART CONTINUITY</b>		
<b>3.1. Supply chain stockouts</b>		
<p>“ARPA funds will be used to facilitate availability of timely testing services and an efficient return of both HIV and COVID-19 results to clinicians. The support will enhance safety to lab personnel who are at a higher risk of infection during specimen handling in the labs. It will also support procurement of additional POC VL and DBS VL testing commodities to mitigate against stock outs.” - SDS21 pg. 87</p> <p>“Monitoring and evaluation plans will cover both the primary and secondary impact of the activities. This will include primary supply chain-related impact such as commodity availability and reduced stock-outs, order turnaround times, and order fill rates. Secondary impact will be measured indirectly through attribution and will include MMD scale-up, retention, and overall VL suppression.” - SDS21 pg. 141</p>	<p>PEPFAR will prioritise reaching an immediate resolution with Global Fund and the GoK to ensure Kenya provides tax-free approvals for commodities to enter the country.</p> <p>PEPFAR, will work with GF and GoK to ensure that PLHIV and their allies are meaningfully involved in the discussions to resolve the tax stalemate around importing commodities.</p> <p>PEPFAR will support refill of depleted buffer stock of commodities and medicines in the country’s reserves.</p>	<p><b>COP22 Target:</b> An immediate resolution must be reached between PEPFAR, Global Fund and the GoK to ensure tax-free approval for commodities to enter Kenya.</p> <p><b>COP22 Target:</b> PEPFAR, Global Fund and the GoK must ensure that PLHIV and their allies are meaningfully involved in the discussions to resolve the tax stalemate around importing commodities.</p> <p><b>COP22 Target:</b> PEPFAR will support refill of depleted buffer stock of commodities and medicines in the country’s reserves.</p>
<b>3.2. 6MMD</b>		
<p>“Ministry of Health 2021 ART Guidelines, as well as the 2021 Differentiated Service Delivery Operational Guidelines, do outline client-centered approaches, but 6-month MMD and specific populations (e.g. adolescents, PBFW) are not included in the policy. PEPFAR Kenya will collaborate with Ministry of Health to include 6-month MMD and DSD models contextualized to populations in the ongoing 2020 ART guideline review.” - SDS21 pg. 59</p> <p>“COP21 will also work toward improving uptake of MMD. Currently, only 71% of recipients are receiving MMD for &gt;3 months, with only 7% on 6-month dispensing. COP21 seeks to improve this to 80% of recipients on &gt;3-month dispensing and 30% on 6-month dispensing.” - SDS21 pg. 59</p> <p>“The program team will work closely with the Ministry of Health to adopt policy on 6-month MMD and fast track a drug refill model to ensure scale up of MMD to eligible PLHIV across all PEPFAR-supported sites.” - SDS21 pg. 63</p> <p>“Moreover, PEPFAR, together with NASCOP and county governments, will continue to strengthen the supply chain by building capacity for commodity management and commodity security across all levels, as well as ensuring accountability through proactively monitoring and mitigating procurement and supply chain-related risks.” - SDS21 pg. 91</p>	<p>PEPFAR will transition 75% of PLHIV to 3MMD.</p> <p>PEPFAR will strengthen and support the supply chain to ensure scale-up of 3MMD to all populations including children over two years, adolescents and KPs.</p> <p>PEPFAR will extend the scale-up of community-based and community-led ART distribution models to support at least 30% of PLHIV.</p> <p>PEPFAR will fund 15 PLHIV and KP organisations to offer treatment support and literacy.</p> <p>PEPFAR will offer all women multi-month dispensing irrespective of pregnancy status.</p> <p>PEPFAR will offer PBFW stable the option to continue on DSD models during pregnancy and breastfeeding.</p>	<p><b>COP22 Target:</b> 75% transition of PLHIV to 3MMD.</p> <p><b>COP22 Target:</b> PEPFAR strengthens and supports the supply chain to ensure scale-up of 3MMD to all populations including children over two years, adolescents and KPs.</p> <p><b>COP22 Target:</b> PEPFAR to ensure scale-up of community-based and community-led ART distribution models to support at least 30% of PLHIV.</p> <p><b>COP22 Target:</b> PEPFAR funds 15 PLHIV and KP organisations to offer treatment support and literacy.</p> <p><b>COP22 Target:</b> All women transitioned to multi-month dispensing irrespective of pregnancy status.</p> <p><b>COP22 Target:</b> PBFW stable in DSD models before pregnancy are given the option to continue in this option during pregnancy and breastfeeding.</p>
<b>3.3. Viral load access and treatment literacy</b>		
<p>“Achieving the 95% viral load suppression mark. Not only has this threshold been crossed nationally, but over half of all PEPFAR-supported counties are at or over 95% and the others are close behind.” - PLL22 pg.2</p> <p>“The funding level does not include funds for unnecessary additions to the MPRs like requiring a viral load test for children to transition to pDTG or for newly-initiated clients to make use of differentiated service delivery services.” - PLL22 pg. 5</p> <p>“However due to stockouts of reagents in COP20, the turnaround times were significantly prolonged. In addition, a mismatch between testing reagents and sample collection devices during the procurement process creates a secondary gap. Sometimes reagents are available, but collection devices are not and vice versa.” - PLL22 pg. 10</p> <p>“At the program level, PEPFAR Kenya will build on successful ART scale up and viral load (VL) coverage and suppression, as well as safe and ethical index testing for case identification to institute a road map toward epidemic control and self-reliance.” - SDS21 pg. 3</p>	<p>PEPFAR will immediately resume routine viral load testing for people living with HIV.</p> <p>PEPFAR will fund 15 community organisations to provide HIV and TB prevention and treatment literacy for PLHIV and KPs through material development, training, and localised social mobilisation campaigns.</p>	<p><b>COP22 Target:</b> PEPFAR will immediately resume routine viral load testing for people living with HIV.</p> <p><b>COP22 Target:</b> 15 community organisations funded to provide HIV and TB prevention and treatment literacy for PLHIV and KPs through material development, training, and localised social mobilisation campaigns.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>3.4. Treatment support among young people.</b>		
	<p>PEPFAR will review all sites to ensure that young people living with HIV also have access to support and opportunities offered in the DREAMS programme.</p> <p>PEPFAR will fund support groups among young people living with HIV on MMD in the community to ensure their long-term retention is supported and maintained.</p> <p>PEPFAR will support collaboration with GoK and youth groups to disseminate existing treatment literacy materials developed by youth-led and youth-focused organisations across PEPFAR supported counties.</p> <p>PEPFAR will integrate mental healthcare support as part of the services offered to young people.</p>	<p><b>COP22 Target:</b> PEPFAR will review all sites to ensure that young people living with HIV also have access to support and opportunities offered in the DREAMS programme.</p> <p><b>COP22 Target:</b> PEPFAR will fund support groups among young people living with HIV on MMD in the community to ensure their long-term retention is supported and maintained.</p> <p><b>COP22 Target:</b> PEPFAR will support collaboration with GoK and youth groups to disseminate existing treatment literacy materials developed by youth-led and youth-focused organisations across PEPFAR supported counties.</p> <p><b>COP22 Target:</b> PEPFAR will integrate mental healthcare support as part of the services offered to young people.</p>
<b>3.5. Opening hours</b>		
<p>“COP21 will strengthen DSD models that respond to the needs of clients, taking care of special subpopulations like older working men, school-going children, PBFW, TB/ HIV co-infected patients, and young adults with flexible clinic operating hours. Clinic operating hours will be extended beyond the 8:00 a.m. to 5:00 p.m. time period to open early and close late to serve populations working or in school during official working hours. In addition, weekend clinics will be operated to serve those busy or out-of-location during weekdays.” - SDS21 pg. 21</p> <p>“COP21 will leverage these recommendations to strengthen community ART pickup and refills with the aim of preventing treatment interruption among those who would have benefitted from continuity of care this way. In addition, PEPFAR Kenya will strengthen clinic workflow design to allow for flexible schedules for those PLHIV who would opt for them, including early morning or weekend schedules.” - SDS21 pg. 61</p>	<p>Opening hours at all PEPFAR supported facilities will be from 5am to 7pm on weekdays and 8am to 4pm on weekends.</p> <p>PEPFAR will put boards up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.</p>	<p><b>COP22 Target:</b> Opening hours at all PEPFAR supported facilities are from 5am to 7pm on weekdays and 8am to 4pm on weekends.</p> <p><b>COP22 Target:</b> Boards put up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.</p>
<b>4. KEY POPULATIONS</b>		
<b>4.1. Key population funding levels targets</b>		
<p>“To address these gaps, PEPFAR invests in the sensitization of health workers and relevant authorities, as well as KP community engagement approaches, including funding of KP-led organizations to deliver services directly to community members and regular CSO stakeholder engagement for program guidance.” - SDS21 pg. 10</p> <p>“In COP21, PEPFAR will continue to build strong partnerships with the KP Consortium and other KP-led CSOs including TG organizations to ensure the KP program is owned and managed by KP for accelerated epidemic control. In COP21, PEPFAR will continue to strengthen and sub-grant KP-led organizations to expand community-led KP service provision. KP-led standalone and integrated drop-in centers (DICE) will be supported including provision of ART at all eligible DICES alongside scale up of innovative case identification and wrap around comprehensive services. The program will coordinate with the KP community to offer health care worker sensitization at KP select referral public health facilities to provide friendly and dignified integrated KP services. PEPFAR will ensure that there is meaningful engagement of all stakeholders including the KP community in any program transitions.” - SDS21 pg. 81</p>	<p>PEPFAR will increased investment in key population-led service delivery</p> <p>PEPFAR will review investment in integrated sites together with key population leaders.</p> <p>PEPFAR will set aside funding allocation specific for supporting structural interventions in COP22.</p>	<p><b>COP22 Target:</b> Increased investment in key population-led service delivery</p> <p><b>COP22 Target:</b> A review of PEPFAR investment in integrated sites together with key population leaders.</p> <p><b>COP22 Target:</b> A funding allocation specific for supporting structural interventions in COP22.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>4.2. Gender-Affirming Care for Transgender People in Kenya</b>		
<b>4.2.1. Quality service delivery for transgender people in Kenya</b>		
<p>“In COP2021 PEPFAR will continue with HIV prevention and treatment programming for the TG population in Nairobi, Mombasa and Kisumu counties where significant TG populations were mapped to reach 95% of the TG population based on KPSE 2018.” - SDS21 pg. 79</p> <p>“PEPFAR will work through IPs in supported counties to ensure that trans persons access services and strengthen collaboration and working relationships with TG-led organizations in line procurement regulations.” - SDS21 pg. 79</p> <p>“In COP21 PEPFAR targets to reach 136,257 FSWs, 80,064 MSMs, 1635 PWIDs (with 7936 on MAT), 64,800 inmates and prison populations, and 1641 TG with HIV prevention and treatment services in a total of 24 HIV high- and medium-burden counties.” - SDS21 pg. 82</p>	<p>PEPFAR, in collaboration with trans-led organisation and GoK, will invest in developing and domesticating the standards of care protocol to provide clinical guidance for health professionals to assist transgender people to maximise their overall health, psychological well-being, and self-fulfillment.</p> <p>PEPFAR, in collaboration with trans-led organisations and GoK, will strengthen health management information systems to improve programme and data quality monitoring, research and transparency of interventions at the sub-national and national levels.</p> <p>PEPFAR will collaborate with GoK and trans-led organisations to prioritise delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.</p> <p>PEPFAR will fund transgender-led organisations to sensitise and train health workers including both clinical and non-clinical staff on gender inclusion, gender diversity, and gender transformative and affirming approaches to service delivery at all PEPFAR supported sites.</p> <p>PEPFAR will work with transgender networks in Kisumu, Mombasa and Nairobi to sub-grant and to provide capacity development to their implementing partners to improve robust and comprehensive integrated SRHR and HIV programmes for trans people.</p> <p>PEPFAR will review imbalances in allocating targets to trans networks and incorporate an affirmative action plan with implementing partners and funding agencies on grant making to design grantmaking programmes that seek to remedy imbalances in specific trans calls for applications for grants.</p>	<p><b>COP22 Target:</b> PEPFAR, in collaboration with trans-led organisations and GoK, must invest in developing and domesticating the standards of care protocol to provide clinical guidance for health professionals to assist transgender people to maximise their overall health, psychological well-being, and self-fulfillment.</p> <p><b>COP22 Target:</b> PEPFAR, in collaboration with trans-led organisations and GoK, will strengthen health management information systems to improve programme and data quality monitoring, research and transparency of interventions at the sub-national and national levels.</p> <p><b>COP22 Target:</b> PEPFAR will collaborate with GoK and trans-led organisations to prioritise delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.</p> <p><b>COP22 Target:</b> PEPFAR will fund transgender-led organisations to sensitise and train health workers including both clinical and non-clinical staff on gender inclusion, gender diversity, and gender transformative and affirming approaches to service delivery at all PEPFAR supported sites.</p> <p><b>COP22 Target:</b> PEPFAR will work with transgender networks in Kisumu, Mombasa and Nairobi to sub-grant and to provide capacity development to their implementing partners to improve robust and comprehensive integrated SRHR and HIV programmes for trans people.</p> <p><b>COP22 Target:</b> PEPFAR will review imbalances in allocating targets to trans networks and incorporate an affirmative action plan with implementing partners and funding agencies on grant making to design grantmaking programmes that seek to remedy imbalances in specific trans calls for applications for grants.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
	<p>PEPFAR will prioritise scaling-up Centres of Excellence (CoE) for trans healthcare in Kisumu, Nairobi, and Mombasa counties respectively for effective evidence based comprehensive, integrated, combination HIV prevention and sexual and reproductive health services for trans populations adopting hybrid-partnerships models between community based organisations, government facilities, and private sector partnerships in leveraging gender affirming healthcare services.</p> <p>PEPFAR will prioritise allocating funds for human resources for health (HRH) for behavioural, structural, and biomedical services, and capacity for monitoring and evaluation for the trans programme to improve quality implementation.</p> <p>PEPFAR, in collaboration with GoK, will prioritise dissemination and roll out of the National Guidance on HIV and STI programming among Transgender People at national and county level to be used intrainings for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people.</p>	<p><b>COP22 Target:</b> PEPFAR will prioritise scaling-up Centres of Excellence (CoE) for trans healthcare in Kisumu, Nairobi, and Mombasa counties respectively for effective evidence based comprehensive, integrated, combination HIV prevention and sexual and reproductive health services for trans populations adopting hybrid-partnerships models between community based organisations, government facilities, and private sector partnerships in leveraging gender affirming healthcare services.</p> <p><b>COP22 Target:</b> PEPFAR will prioritise allocating funds for human resources for health (HRH) for behavioural, structural, and biomedical services, and capacity for monitoring and evaluation for the trans programme to improve quality implementation.</p> <p><b>COP22 Target:</b> PEPFAR, in collaboration with GoK, will prioritise dissemination and roll out of the National Guidance on HIV and STI programming among Transgender People at national and county level to be used intrainings for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people.</p>
<b>4.3. Condom and Lubricants for key population</b>		
<p>“KPs will be provided with a core package of services that includes: 1) condoms and lubricant promotion and distribution; 2) targeted HTS based on risk; 3) linkage and timely initiation on ART for those testing positive; 4) TB screening and treatment; 5) provision of PrEP and PEP for all eligible KPs; 6) screening and treatment for STIs; 7) peer education and outreach services; 8) risk reduction behavioral interventions; 9) violence prevention and post violence care; and 10) alcohol and substance abuse counseling including U=U messaging.” - SDS21 pg. 79</p>	<p>PEPFAR will procure and distribute condoms and lubricants for all PEPFAR supported sites to ease stockouts.</p>	<p><b>COP22 Target:</b> PEPFAR procures and distributes condoms and lubricants for all PEPFAR supported sites to ease stockouts.</p>
<b>5. PEOPLE WHO USE DRUGS</b>		
<b>5.1. Methadone take home doses</b>		
<p>N/A</p>	<p>PEPFAR will support policy and implementation of take home doses, with appropriate counselling and support, at weekly, biweekly, or 30-day supply, to minimise facility visits for PWUD and ensure no interruption in service delivery for people in the methadone programme</p> <p>PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.</p>	<p><b>COP22 Target:</b> PEPFAR supports policy and implementation of take home methadone doses, with appropriate counselling and support, at weekly, biweekly, or 30-day supply, to minimise facility visits for PWUD and ensure no interruption in service delivery for people in the methadone programme</p> <p><b>COP22 Target:</b> PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.</p>

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<b>5.2. Harm reduction mobile clinics</b>		
<p>“In collaboration with Ministry of Health and CSOs, PEPFAR Kenya will address barriers to launch and scale up mobile PWID medication-assisted therapy (MAT) services to increase access to high-risk injecting users unable to access the established static sites.” - SDS21 pg. 80</p> <p>“PEPFAR Kenya will engage the Ministry of Health to provide staff to MAT clinics to increase enrollment and uptake of services as well as engage PWID CSOs to mobilize, refer clients for MAT, and provide adherence counselling to MAT clients.” - SDS21 pg. 80</p>	<p>PEPFAR will purchase and maintain an additional 4 vans (2 in Mombasa, 1 in Nairobi and 1 in Kwale) to expand the community methadone programme.</p> <p>PEPFAR will collaborate with community organisations to map and provide mobile services closer to PWUD.</p>	<p><b>COP22 Target:</b> Purchase and maintain an additional 4 vans (2 in Mombasa, 1 in Nairobi and 1 in Kwale) to expand the community methadone programme.</p> <p><b>COP22 Target:</b> Collaborate with community organisations to map and provide mobile services closer to PWUD</p>
<b>5.3. Women who use drugs</b>		
<p>“PEPFAR Kenya will continue to support counselling and screening of women who use drugs for prevention and treatment services—including reproductive health—and refer appropriately. PEPFAR will continue to provide gender-disaggregated data for MAT and HIV prevention and treatment services.” - SDS21 pg. 80-81</p>	<p>PEPFAR will fund comprehensive integrated services, including sexual and reproductive health services for women who use drugs at all PEPFAR supported methadone sites.</p> <p><b>COP22 Target:</b> PEPFAR will share disaggregate data of people who use drugs to track the services offered to women who use drugs specifically.</p> <p><b>COP22 Target:</b> PEPFAR will ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:</p> <ul style="list-style-type: none"> <li>- Access to methadone</li> <li>- Access to naloxone</li> <li>- Shelter for women (and their children) who might not have a place to go once enrolled on methadone</li> <li>- Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.</li> <li>- Sanitary equipment for menstruation</li> <li>- Access to HIV testing and treatment</li> <li>- Access to ART for PLHIV</li> <li>- Access to hepatitis B testing &amp; vaccination</li> <li>- Access to TB screening and treatment</li> <li>- Access to cervical cancer screening and treatment</li> <li>- Access to psychosocial support and counselling</li> <li>- Access to economic empowerment and life skills</li> <li>- Support with post-recovery re-engage with the community and family.</li> </ul>	<p><b>COP22 Target:</b> Comprehensive integrated services, including sexual and reproductive health services, are offered for women who use drugs at all PEPFAR supported methadone sites.</p> <p><b>COP22 Target:</b> PEPFAR disaggregates data of people who use drugs to track the services offered to women who use drugs specifically.</p> <p><b>COP22 Target:</b> PEPFAR should ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:</p> <ul style="list-style-type: none"> <li>- Access to methadone</li> <li>- Access to naloxone</li> <li>- Shelter for women (and their children) who might not have a place to go once enrolled on methadone</li> <li>- Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.</li> <li>- Sanitary equipment for menstruation</li> <li>- Access to HIV testing and treatment</li> <li>- Access to ART for PLHIV</li> <li>- Access to hepatitis B testing &amp; vaccination</li> <li>- Access to TB screening and treatment</li> <li>- Access to cervical cancer screening and treatment</li> <li>- Access to psychosocial support and counselling</li> <li>- Access to economic empowerment and life skills</li> <li>- Support with post-recovery re-engage with the community and family.</li> </ul>

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<b>5.4. Quality of services at MAT sites</b>		
<p>“A return to care package will be developed and tailored to address the individual needs of recipients of care. Training on empathy will be done for peers and retention officers to ensure that all clients are adequately supported. Program evaluations and studies done on drivers of treatment interruption reveal that provider attitudes, long waiting hours, and conflicting work, school, and clinic schedules are contributing factors.” - SDS21 pg. 19</p> <p>“Prior research on people who had interruption of treatment has shown health care worker attitudes toward HIV clients and perceived maltreatment as stumbling blocks to continuity of treatment. These issues are being addressed through continuous health care worker training and monitoring on attitude change in collaboration with CSOs.” - SDS21 pg. 20</p> <p>“Planned site visits will take place that will prioritize the highest volume sites and poor performing sites.” - SDS21 pg. 85</p> <p>The QMS package will incorporate internal quality assessment (IQA) and EQA for VL, EID and DR alongside covering all non-conventional (POC) sites.” - SDS21 pg. 104-105</p> <p>“In an effort to ensure the quality of HIV/TB-related testing, PEPFAR will continue to support the integrated external quality assessment (EQA) for HIV/TB diagnostics including for GeneXpert Ultra, TB LAM, RHT, VL and EID.” - SDS21 pg. 105</p>	<p>PEPFAR will immediately assess and improve the quality of services provided at the Ngara, Mathare and Malindi MAT sites to ensure that people who use drugs have access to quality services, clean and fresh water, dispensing cups.</p> <p>PEPFAR will fund and increase collaboration with KP-led service providers to improve the quality of services received by PWUD.</p> <p>PEPFAR will enrol and induct all PWUD on waiting lists into the MAT programme.</p>	<p><b>COP22 Target:</b> PEPFAR will immediately assess and improve the quality of services provided at the Ngara, Mathare and Malindi MAT sites to ensure that people who use drugs have access to quality services, clean and fresh water, dispensing cups among others.</p> <p><b>COP22 Target:</b> PEPFAR will fund and increase collaboration with KP-led service providers to improve the quality of services received by PWUD.</p>
<b>5.5. Structural interventions and quality services for key populations</b>		
<b>5.5.1 Decriminalisation of key populations</b>		
<p>No mention.</p>	<p>PEPFAR will fund KP-led advocacy to ensure the human and health rights of KPs are upheld.</p> <p>PEPFAR will fund KP led organisations to sensitise health workers and law enforcers on the rights of key populations and increase collaboration</p> <p>Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused at general facilities should be urgently investigated by GoK and PEPFAR and disciplinary action taken where appropriate.</p> <p>PEPFAR will expand key population led service delivery by supporting an additional five organisations to implement comprehensive HIV services</p>	<p><b>COP22 Target:</b> PEPFAR will fund KP-led advocacy to ensure the human and health rights of KPs are upheld.</p> <p><b>COP22 Target:</b> PEPFAR will fund KP led organisations to sensitise health workers and law enforcers on the rights of key populations and increase collaboration between these groups to address challenges.</p> <p><b>COP22 Target:</b> Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused at general facilities should be urgently investigated by GoK and PEPFAR and disciplinary action taken where appropriate.</p> <p><b>COP22 Target:</b> PEPFAR will expand key population led service delivery by supporting an additional five organisations to implement comprehensive HIV services</p>

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<b>5.5.2 Conversion therapy</b>		
No mention.	<p>PEPFAR will conduct an additional review of implementers reported to support conversion therapy (conversion practices) and take the necessary step to ensure the safety of key populations receiving services at those PEPFAR sites.</p> <p>PEPFAR will ensure all implementing partners have a sexual orientation, gender identity and expression inclusion policy that all employees sign-on and all those found to violate the policy are immediately replaced.</p> <p>PEPFAR will ensure all implementing partners receive gender and sexual diversity training on an annual basis, in collaboration with the Key Population Consortium of Kenya.</p> <p>PEPFAR will collaborate with key population leadership to review and certify implementing partners after successful completion of their gender and sexual diversity training.</p>	<p><b>COP22 Target:</b> PEPFAR will conduct an additional review of implementers reported to support conversion therapy (conversion practices) and take the necessary step to ensure the safety of key populations receiving services at those PEPFAR sites.</p> <p><b>COP22 Target:</b> PEPFAR will ensure all implementing partners have a sexual orientation, gender identity and expression inclusion policy that all employees sign-on and all those found to violate the policy immediately replaced.</p> <p><b>COP22 Target:</b> PEPFAR will ensure all implementing partners receive gender and sexual diversity training on an annual basis, in collaboration with the Key Population Consortium of Kenya.</p> <p><b>COP22 Target:</b> PEPFAR must collaborate with key population leadership to review and certify implementing partners after successful completion of their gender and sexual diversity training.</p>
<b>5.5.3 Economic empowerment of key populations</b>		
No mention.	PEPFAR will fund KP-led organisations to provide economic empowerment for KPs through further KP-led expansion of social enterprise opportunities	<b>COP22 Target:</b> PEPFAR will fund KP-led organisations to provide economic empowerment for KPs through further KP-led expansion of social enterprise opportunities.
<b>5.6. Vulnerable Populations</b>		
No mention.	<p>PEPFAR will increase funding to the KP programme to accommodate the new comprehensive HIV prevention and treatment needs of vulnerable populations such as discordant couples and persons with disability.</p> <p>PEPFAR will collaborate with GoK to design, develop, implement and scale up targeted interventions for vulnerable populations.</p>	<p><b>COP22 Target:</b> PEPFAR will increase funding to the KP programme to accommodate the new comprehensive HIV prevention and treatment needs of vulnerable populations such as discordant couples and persons with disability.</p> <p><b>COP22 Target:</b> PEPFAR will collaborate with GoK to design, develop, implement and scale up targeted interventions for vulnerable populations.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>6. Mothers and Children</b>		
<b>6.1. Vertical Transmission of HIV</b>		
<p>"In COP21, PEPFAR will work with the GOK to review the policy barriers hindering AGYW from accessing PrEP, as well as support PrEP for eligible HIV negative women, including PBFW." - SDS21 pg. 76</p>	<p>PEPFAR will track and report PrEP access among pregnant and breastfeeding women.</p> <p>PEPFAR will ensure that healthcare workers provide treatment literacy on PrEP through health talks and individual counselling sessions with HIV negative women at all PEPFAR-supported.</p> <p>PEPFAR will work with GoK to shift policy barriers to ensure young women below 18 have access to PrEP.</p> <p>PEPFAR will create and include comprehensive AGYW PMTCT package of care to better support the needs of young and teenage mothers</p>	<p><b>COP22 Target:</b> PEPFAR will track and report PrEP access among pregnant and breastfeeding women.</p> <p><b>COP22 Target:</b> PEPFAR will ensure that healthcare workers provide treatment literacy on PrEP through health talks and individual counselling sessions with HIV negative women at all PEPFAR-supported.</p> <p><b>COP22 Target:</b> PEPFAR will work with GoK to shift policy barriers to ensure young women below 18 have access to PrEP.</p> <p><b>COP22 Target:</b> PEPFAR will create and include comprehensive AGYW PMTCT package of care to better support the needs of young and teenage mothers</p>
<b>6.2. Point of care paediatric testing</b>		
<p>"The POC platform will be expanded from 6 to 10 for regions that report high numbers of positive infants, as well as for areas that have poor access to the conventional EID testing and long turnaround times for results." - SDS21 pg. 61</p>	<p>PEPFAR will prioritise finding all children missed during the stockout and offer them testing and treatment.</p> <p>PEPFAR will put all POC-EID machines currently supported by PEPFAR to use to diagnose children</p> <p>PEPFAR will fund the remaining POC-EID machines to ensure that children across the country have access to timely diagnosis (57 machines).</p>	<p><b>COP22 Target:</b> All children missed during the stockout will be rapidly found and offered testing and treatment.</p> <p><b>COP22 Target:</b> All POC-EID machines currently supported by PEPFAR will be immediately put to use to diagnose children.</p> <p><b>COP22 Target:</b> Support provided for the remaining POC-EID machines to ensure that children across the country have access to timely diagnosis (57 machines).</p>
<b>6.3. Optimised paediatric treatment</b>		
<p>"In FY21, PEPFAR Kenya will work closely with the Ministry of Health to review and revise the national ART guidelines to include DTG-based ART for children aged &gt;4 weeks or &gt;3kgs and the removal of NVP and EFV regimens." - SDS21 pg. 62</p> <p>"Mentor mothers will be supported to structure peer support skills including messages of hope offered to enhance uptake and continuity of PMTCT interventions." - SDS21 pg. 77</p>	<p>PEPFAR will optimise all eligible children to DTG based regimens</p> <p>PEPFAR will work with the government and civil society to review circulars on HIV treatment for children to ensure they align with WHO guidelines.</p>	<p><b>COP22 Target:</b> Optimise all eligible children to DTG based regimens</p> <p><b>COP22 Target:</b> Circulars on HIV treatment for children reviewed by the government, PEPFAR and civil society to ensure they align with WHO guidelines.</p>
<b>7. Men</b>		
<p>"Ensuring men are diagnosed and treated early (testing positive and new on treatment (linkage surrogate)." - PPL pg. 3</p> <p>"In order to increase the number of men returning to treatment, we recommend the use of a peer to peer support program/escorted linkage for men (ideally by another man). Clients should have access to responsive support structures and peer networks throughout the entire journey to help them reach and maintain viral suppression. Data suggest that 95% of men return to care with the support of a man living with HIV serving as a coach or linkage facilitator. In addition, peer navigation programs can be strengthened by specific training on empathy and effective, compassionate engagement of the issues that men commonly face (e.g., fear, specific logistic challenges, disclosure, etc.). Kenya should invest resources in COP21 in a male peer to peer/coach program." - PLL21 pg. 10</p>	<p>All PEPFAR supported sites will have two additional male healthcare workers recruited and hired by PEPFAR, supporting an increase in the numbers of men tested, initiated into care and retained.</p>	<p><b>COP22 Target:</b> All PEPFAR supported sites will have two additional male healthcare workers recruited and hired by PEPFAR, supporting an increase in the numbers of men tested, initiated into care and retained.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>8. AIDS + comorbidities</b>		
<b>8.1. Advanced HIV + cryptococcal meningitis</b>		
<p>“HIV-related lab testing (HIV rapid testing, CD4, VL, GXP, CrAg, HIVDRT) financing is donor dependent.” - SDS21 pg. 30</p> <p>“Building on transitions in the procurement of commodities from FY20 and FY21, GOK will fully fund certain essential HIV commodities, such as co- trimoxazole (both tablets and suspension), while also increasing its budget share for rapid test kits, CD4 reagents, other monitoring tests for patient managements, medicines and lab reagents for opportunistic infections, and condoms.” - SDS21 pg. 90</p>	<p>PEPFAR will support CHWs re-engagement strategies with a focus on people with AHD re-engaging, including linkage from the general hospitals to CCC after re-engagement at a hospital (common as unwell).</p> <p>PEPFAR will increase active linkage support for PLHIV with AHD started/restarted on ART in general hospitals facilities by the inclusion of individual case management/ accompaniment to the CCC to reduce morbidity and mortality.</p> <p>PEPFAR will implement phone and/or home visit clinical check-in follow-up two weeks, 6 six weeks, ten weeks for individuals started or restarted on ART with AHD with appropriate referral systems.</p> <p>PEPFAR and GoK will ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4</p>	<p><b>COP22 Target:</b> CHWs to support re-engagement strategies with a focus on people with AHD re-engaging, including linkage from the general hospitals to CCC after re-engagement at a hospital (common as unwell).</p> <p><b>COP22 Target:</b> PEPFAR to increase active linkage support for PLHIV with AHD started/restarted on ART in general hospitals facilities by the inclusion of individual case management/ accompaniment to the CCC to reduce morbidity and mortality.</p> <p><b>COP22 Target:</b> PEPFAR to implement phone and/or home visit clinical check-in follow-up two weeks, 6 six weeks, ten weeks for individuals started or restarted on ART with AHD with appropriate referral systems.</p> <p><b>COP22 Target:</b> PEPFAR and GoK should ensure clear quantification and monitoring of cryptococcal meningitis (CM) including annually how many PLHIV: 1) develop CM; 2) receive optimal treatment for CM; 3) survive CM; 4) die of CM; 5) receive preventive treatment for CM; 6) receive a CD4 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.</p>
<b>8.2. TB Preventive therapy</b>		
<p>“During the current implementation period (FY21), PEPFAR Kenya has procured 47,000 patient doses of INH and 86,000 doses of B6. In addition, 37,500 3-month patient doses of 3HP will be delivered in FY21 Q4 and will be available for use during COP21 implementation along with 13,000 patient doses that will be delivered in FY22. The combined PEPFAR procurement of 97,500 patient courses covers 80% of PLHIV TPT needs for a period of 12 months.” - SDS21 pg. 23</p> <p>“COP21 will continue to support [...] provision of client-centered TB care and TB preventive therapy (TPT) among all eligible PLHIV and their contacts, including provision of ancillary drugs such as pyridoxine at no cost.” - SDS21 pg. 23</p> <p>“TPT and TB treatment MMD will be scaled up beyond the Nairobi pilot.” - SDS21 pg. 89</p>	<p>PEPFAR will find and offer TPT to all those who did not get their course due to stockouts</p> <p>PEPFAR will fix commodities shortages and a plan put in place to ensure no future stockouts.</p> <p>PEPFAR will increase support to scale up shorter TPT regimen by an additional 37,000 3-month patient doses of 3HP.</p>	<p><b>COP22 Target:</b> PEPFAR will find and offer TPT to all those who did not get their course due to stockouts</p> <p><b>COP22 Target:</b> Commodities shortages will be urgently fixed, and a plan put in place to ensure no future stockouts.</p> <p><b>COP22 Target:</b> Increased PEPFAR support to scale up shorter TPT regimen by an additional 37,000 3-month patient doses of 3HP.</p>

SDS 2021 & DATA, COP22 PLANNING LEVEL LETTER	LANGUAGE TO INCLUDE IN COP22	TARGET
<b>8.3. TB screening and Testing</b>		
<p>"In addition, COP21 will prioritize: 1) TB/HIV service delivery integration; 2) TB prevention and treatment through optimized routine TB screening." - SDS21 pg. 23</p> <p>COP21 will continue to support [...] use of newer, efficacious, and shorter regimens such as 3HP and 3RH for the majority of PLHIV." - SDS21 pg. 23</p> <p>"COP21 will continue to support [...] improved diagnosis using GeneXpert and TB-LAM for all eligible individuals." - SDS21 pg. 23</p> <p>"COP21 will support TB and HIV guidelines review to support new testing modalities for TB among children, including the use of stool specimens." - SDS21 pg. 23</p>	<p>PEPFAR will fund both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV upon first presentation to care for 100% of PLHIV, including CLHIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings.</p> <p>PEPFAR will immediately initiate TB treatment while awaiting confirmatory rapid molecular test results for 100% of PLHIV, including CLHIV, with positive urine-LAM results.</p> <p>PEPFAR will link 100% of PLHIV, including CLHIV, who are co-infected with TB to TB treatment in less than five days after their first presentation to care.</p> <p>PEPFAR will ensure all PEPFAR supported sites will be assessed on whether they are using the WHO four-symptom screen or other WHO-recommended screening tools, including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx).</p>	<p><b>COP22 Target:</b> 100% of PLHIV, including CLHIV, who present to care with signs and symptoms of TB or advanced HIV disease in inpatient and outpatient settings receive both urine-LAM and rapid molecular testing (including the use of stool samples among CLHIV) upon their first presentation to care.</p> <p><b>COP22 Target:</b> 100% of PLHIV, including CLHIV, with positive urine-LAM results immediately initiate TB treatment while awaiting confirmatory rapid molecular test results.</p> <p><b>COP22 Target:</b> 100% of PLHIV, including CLHIV, who are co-infected with TB receive confirmatory diagnostic test results and are linked to TB treatment in less than five days after their first presentation to care.</p> <p><b>COP22 Target:</b> All PEPFAR supported sites assessed on whether they are using the WHO four-symptom screen or other WHO-recommended screening tools, including chest X-ray, C-reactive protein (CRP), or rapid molecular tests (Xpert MTB/RIF Ultra or Truenat MTB Plus and MTB-RIF Dx).</p>
<b>9. Community-led monitoring</b>		
<p>"The data collected will be an additional data stream used in conjunction with PEPFAR MER, Site Improvement through Monitoring System (SIMS), and GOK monitoring and evaluation data to help improve HIV/AIDS service delivery." - SDS21 pg. 37</p> <p>"Through locally-based CSOs or individuals, COP20 will help establish a schedule to collect and scale open-ended survey questions related to service delivery from individual patients and clinical staff at both public and private facilities within a given county. These questions and observations will be centered around programmatic themes as determined by the County Coordinating Mechanism and entered into an anonymized data platform that will be available internally for decision making, as well as publicly." - SDS21 pg. 38</p> <p>"Routine Collection of Patient and Provider Feedback: Through locally-based CSOs or individuals." - SDS21 pg. 38</p> <p>"Establishment of a Sustainable Data Collection Platform: COP20 will support a web-based platform to aggregate and visualize patient and provider responses to questions using county government customer satisfaction surveys, SIMS, and the CSO Patient Satisfaction tool. This platform will provide users with real-time data on sites' quality of services derived from the responses." - SDS21 pg. 38</p> <p>"PEPFAR Kenya will conduct capacity building of CSOs to support CLM and strengthen ongoing activities that support meaningful engagement, including 1) engaging peers to counter stigma and support demand creation and retention in the various programs; 2) engaging patients and communities in program development and implementation at every level of the response; 3) establishing clear feedback loops for our services; and 3) in policy and advocacy." - SDS21 pg. 60</p>	<p>PEPFAR will fund a well resourced CLM data collection and advocacy effort led and implemented by key populations that allows:</p> <ol style="list-style-type: none"> <li>1. KP-led organisation to decide how to implement CLM and share the plans with PEPFAR.</li> <li>2. Decide the number of partners to be part of their community-led monitoring efforts and share the plans with PEPFAR.</li> <li>3. Cost a well resourced CLM that allows effective data collection and advocacy throughout the year.</li> </ol>	<p><b>COP22 Target:</b></p> <p>PEPFAR funds a well resourced CLM data collection and advocacy effort led and implemented by key populations that allows:</p> <ol style="list-style-type: none"> <li>1. KP-led organisation to decide how to implement CLM and share the plans with PEPFAR.</li> <li>2. Decide the number of partners to be part of their community-led monitoring efforts and share the plans with PEPFAR.</li> <li>3. Cost a well resourced CLM that allows effective data collection and advocacy throughout the year.</li> </ol>



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