INTRODUCTION

Kenya’s commodity stock issues are alarming. The ability to provide the necessary prevention, testing, treatment and viral suppression options for people living with HIV and key populations should be non-negotiable. The ever unending constant shortages in commodities not only lead to a reduction in numbers on a spreadsheet, to communities those are lives lost, those are people living with HIV who would have known their status who do not, those are mothers who would have reduced their risk to transmission to their children but had no access to the services they needed, those are key populations who would have known their viral load but do not.

We are more than concerned that for years we have asked for the resolution of Kenya’s commodity stock outs with no success. Each time we have asked for accountability for people living with HIV and key populations, we have received a response that PEPFAR and the Kenya Government have resolved the issues yet when PEPFAR data comes out the gaps in commodities are clear and their impact on the lives of our communities even more.

COP23 must not conclude without firm resolution on commodities, the lives of our communities depend on it. There cannot be agreements on sustainability that support a plan that will only lead to more shortages in services and commodities for people living with HIV and key populations. Communities need to continue being part of all those discussions by being meaningfully engaged to ensure that lives of our communities are not endangered by the need to give back the program to the government despite obvious challenges.

We are concerned that the Global Fund is so relaxed when there is no accountability on the use of its resources. The role that the Global Fund is supposed to take in the response is marred with a lack of accountability and missing commodities, yet the Global Fund is silent as communities struggle to find medicines and PEPFAR puts a bandaid on the gushing wound. We need more than an OIG report, we need accountability on resources meant to save lives. The Global Fund needs to do more than just write reports about missing commodities. People’s lives depend on it for continued survival and well-being of communities.

We are concerned that the Government of Kenya (GoK) takes the lives of its citizens very lightly, trading our lives for tax on donated commodities and not being accountable for donated resources. We have continuously asked for tax waivers to save lives, yet they are still yet to be issued. Resources that the government promised are not put into the program year on year.

The result of these stockouts is that Kenya’s performance in the HIV response pales in comparison to its neighbours. As Tanzania and Uganda exceed their targets, Kenya is performing worse in most indicators, and we are concerned about Kenya’s ability to attain the 95/95/95 goals.

PEPFAR will build a two [2] year plan in this round of the COP. PLHIV and key populations deserve a clear plan that ensures our lives are not endangered by bureaucracy. We offer this “People’s COP23/24” — outlining Kenya’s community recommendations and priorities drawn from recommendations from CSO and communities alike.
Priorities for COP23/24

1. Strategic Pillar 2: Sustainability

+ **COP23 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, the provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.

+ **COP23 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.

**GAP:** CSO recommendations made in past years are still yet to be adopted and implemented. Kenya’s commodity gaps show the gaps in PEPFAR’s sustainability plan. The lack of a clear, implementable plan and a lack of commitment from both the Government and The Global Fund is highlighted in the shortages that the country continues to experience. Sustainability discussions need to have all stakeholders present and meaningfully involved and the plan implemented. Sustainability plans that are created must have a back up plan for setbacks that include the lack of political will to provide services by government and incapacity by the Global Fund to hold the government accountable.

As stated in People’s COP22, 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 community participation in funding processes, increase resources and focus on finding the people not yet reached.
2. Strategic Pillar 1: HIV testing, positivity rates and linkage

**COP23 Target:** PEPFAR will ensure that IPs meet the target set for finding PLHIV in need of testing and link them to care.

**GAP:** Even with the availability of commodities, PEPFAR Kenya struggled to find people living with HIV, only attaining 72% of the target through Q4 (3,266,770/4,499,674) and of those reaching only 81% (89,609/110,635) of the positivity target.

3. Strategic Pillar 1: ART Continuity

3.1 Supply chain stockouts

**COP23 Target:** An immediate resolution must be reached between PEPFAR, Global Fund and the GoK to ensure tax-free approval for commodities to enter Kenya.

**COP23 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.

**GOVERNMENT OF KENYA**

**COP23 Target:** Provide long-term continuous waivers for donated commodities.

**COP23 Target:** Honour the commitments by Kenya and put money for the HIV response in the Kenya budget and ensure the implementation of those funds to respond to HIV.

**GLOBAL FUND**

**COP23 Target:** Review the support provided to the country, including counterpart financing, to ensure accountability of Global Fund resources.

**PEPFAR**

**COP23 Target:** PEPFAR will support the refill of depleted buffer stock of commodities and medicines in the country's reserves.

**GAP:** We still recommend an ongoing blanket waiver on the donated commodities from PEPFAR and the Global Fund. The unfulfilled promises by the Kenya Government cost lives. GoK is yet to fulfill its obligations to fund commodities for the HIV response.

**GAP:** Global Fund must hold Kenya accountable for the resources given by them. Writing OIG reports is a long way from actually ensuring that the GoK is accountable for GF resources. GF must create a method of ensuring resources allocated to the country provide the services they are meant for.

3.2 Retention

**COP23 Target:** PEPFAR will review all PEPFAR-supported site registers and make sure all sites find missing PLHIV that were disengaged from treatment and offer welcome back services to ensure return and increased retention of PLHIV.

**GAP:** As in COP21, PEPFAR continued to struggle with the retention of people living with HIV. In FY22, PEPFAR had identified 89,609 new PLHIV but only initiated 83,491 people on treatment. The percentage net number of people added to treatment in the period remained the same as in the last year - only 32.42% (34,881/107,606).

**GAP:** One of the reasons highlighted by PEPFAR Kenya in past years as the retention challenge was double registration by PLHIV in various facilities; however, only 8,532 of the 800,511 patients verified were actually double registered. This highlights that there are other factors making PLHIV disengage from care that the program needs to find.

**GAP:** Recommendations on ART continuity offered by civil society are accepted at the PEPFAR COP meetings, but 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.

1. POART Q4 data Pg 21

Stock-outs of commodities and medicines still continue to cause disruption to service delivery.
Barriers caused by school attendance, the dependence of caregivers to go to the facility, understanding of the importance of staying on treatment, challenges at home and at school limit the ability of young people to visit the facility often.

3.3 Community-based and community-led ART distribution

+ **COP23 Target:** PEPFAR to ensure scale-up of community-based and community-led ART distribution models to support at least 50% of PLHIV.

+ **COP23 Target:** PBFW stable in DSD models before pregnancy are given the option to continue in this option during pregnancy and breastfeeding.

+ **COP23 Target:** Review the guideline together with GOK to include 6MMD and annual visits for PLHIV

**GAP:** PLHIV and key populations spend a lot of time at the health facility in order to access services. The program needs to invest in community-level drug distribution, such as CAGs, to reduce the amount of time people spend at the facility.

**GAP:** Support groups and treatment literacy is also important for those newly enrolled and those who have been on treatment for a long time. These will 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.

**GAP:** PEPFAR should invest in PLHIV and KP-led treatment education and support at the community level. The investment will ensure that those with challenges 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.

**GAP:** The new Kenyan ART guidelines did not include 6MMD. This option will ensure that those currently receiving ART have to frequently go back to the facility even though they are stable and do not need to. 6MMD also supports people who have challenges keeping up with facility visits due to work and other obligations.

3.4 Viral load access

+ **COP23 Target:** PEPFAR will immediately resume routine viral load testing for people living with HIV.

+ **COP23 Target:** Immediately find and offer viral load to all PLHIV still yet to receive viral load testing from the last funding cycle.

**GAP:** PEPFAR data shows the deterioration of access to viral load for people living with HIV. Only 46.14% of PLHIV had a viral load result documented. Stockouts also led to only 48.88% of people who had a viral load test conducted.

**GAP:** Murang’a, West Pokot, Nyamira, Kwale, Bomet, Kiambu, Narok, Turkana, Embu, Taita Taveta, Tharaka Nithi, Kilifi, and Makueni counties need a review due to low viral suppression for pregnant and breastfeeding mothers.

**GAP:**Whilst viral suppression is high among those who get a viral load, half of KPs are not getting a viral load. A problem that has persisted over the years. The gap in services here requires KPs who get their services at the drop-in centre to go to the main facility and navigate stigma and discrimination for a viral load test.

3.5 Treatment support for children under 15

+ **COP23 Target:** PEPFAR will review and conduct assessments on sites not meeting testing, linkage and retention targets for children under 15.

**GAP:** The PEPFAR program did not meet its testing targets for those under 15, only reaching 84% then only reaching half of its positivity targets. For the target of those newly enrolled, the program only reached 52%. The program missed children living with HIV who need care.

**GAP:** Only 5 counties had a case identification of 95% and above, all other counties had a sub-optimal reach of children that needed to be identified and offered treatment. 20 counties are below 50%, 4 of the 5 highest burden counties being on the list.

**GAP:** Counties with low linkage of children under 15 (Kajiado, Nairobi, Kericho, Kwale, Bomet, Murang’a, Homabay, Kisumu, Kitui, Siaya Baringo, Nandi, Elgeyo Marakwet, Mombasa, Embu, Machakos, Migori, Samburu, Nyeri, Tharaka Nithi and Taita Taveta) also need review and support.

3. PEPFAR Q4 data FY22
4. PEPFAR Q4 data FY22
5. PEPFAR Q4 data FY22
3.6 Treatment support among young people

+ **COP23 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.

+ **COP23 Target:** PEPFAR, in collaboration with youth groups, will increase treatment literacy and psychosocial support among youth across PEPFAR-supported counties. Both AGYW and ABYMs.

+ **COP23 Target:** PEPFAR will integrate mental healthcare support as part of the services offered to young people.

+ **COP23 Target:** PEPFAR will expand services beyond DREAMS to reach young people

+ **COP23 Target:** PEPFAR will support innovative funding for organisations of young people to collaborate on finding and retain missing young people.

+ **COP23 Target:** PEPFAR will support nutrition for young pregnant mothers living with HIV

**GAP:** Young people need multi-month dispensing. Barriers caused by school attendance, the dependence of caregivers to go to the facility, understanding of the importance of staying on treatment, challenges at home and at school limit the ability of young people to visit the facility often.

**GAP:** 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 and ABYM are left behind and never get access to the opportunities for financial support, education subsidies, and/or post-violence care among other services. There is a need for PEPFAR to expand beyond the DREAMS programme and support young women living with HIV and adolescent boys and young men.

3.7 Opening hours

+ **COP23 Target:** Extended flexible opening hours at all PEPFAR supported facilities from 5am to 7pm on weekdays and 8am to 4pm on weekends.

+ **COP23 Target:** Have sign boards put up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.

**GAP:** For years, we have advocated and recommended the extension of facility opening hours in vain, even though many PLHIV need the added hours to access service, especially if they are working or coming from far. Sex workers who have to access the services are also locked out due to a lack of flexible hours at facilities. PEPFAR sites are open between 8:00 am and 5:00 pm, the same time people need to be at work and in schools. Over the weekend, when more people have time, the CCC facilities are closed.
**4. Strategic Pillar 1: Key Populations (KPs)**

### 4.1 Supporting competent KP-led organisations in the age of sustainability

- **COP23 Target:** Review the successes between KP-led organisations and non KP-led organisations offering services to KPs.
- **COP23 Target:** Increased investment in key population-led service delivery.
- **COP23 Target:** Include KPs Leaders in discussions on transition and sustainability of programs.
- **COP23 Target:** A review of PEPFAR investment in key population funding to ensure that it actually reached KP implementers and further key populations.

**GAP:** Whilst there are competent KP-led service delivery organisations, PEPFAR Kenya keeps giving grants to mainstream organisations that struggle to test link and retain key populations. The program needs to review the quality of services provided by key population led organisations and those provided by non KP-led service providers. Where the KP led service providers are doing well, PEPFAR should consider funding KP-led organisations.

**GAP:** KPs are faced with many additional daily barriers when accessing services, including fears of arrest due to criminalisation and blackmail. One of PEPFAR’s commendable efforts to increase access to services for KPs was through the establishment of DICs. PEPFAR’s plan to transition to government without an assurance that they are policies and laws in place to protect KPs and the ability to ensure the KP service delivery points will remain open is dangerous. PEPFAR needs to make sure that discussions on transition and sustainability ensure that KP programmes will remain open to reach KPs.

**GAP:** PEPFAR still continues to invest in larger non-kp led service providers without any assurance that they actually reach key populations. PEPFAR has also over the years coded resources for KP and reprogrammed the bulk of the KP programme resources for use in general facilities where KP communities do not visit unless they have no other option.

**GAP:** 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.

### 4.2 Quality service delivery for transgender people in Kenya

- **COP23 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 levels and training for healthcare workers (HCW), including community health volunteers (CHVs) who provide health to trans people. PEPFAR is yet to commit to the ask.

**GAP:** There is more data on transgender people, but PEPFAR and GoK are still yet to train health workers on the services this community needs. In order to provide quality services, transgender communities in the last COP recommended dissemination and roll out of the National Guidance on HIV and STI programming among Transgender People at national and county levels and training for healthcare workers (HCW), including community health volunteers (CHVs) who provide health to trans people. PEPFAR Kenya should consider this recommendation. Other considerations that are not offered that PEPFAR Kenya should consider include gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.

### 4.3 Condoms and water-based lubricants for key populations

- **COP23 Target:** PEPFAR procures and distributes condoms and water-based lubricants for all PEPFAR-supported sites to ease stockouts.
- **COP23 Target:** Global Fund accounts for its support for condoms and water-based lubricants.

**GAP:** Condoms and water-based lubricants are primary prevention tools, yet for years, communities have complained about persistent stockouts of these commodities without a resolution. We still have a condom and water-based lubricant shortage. We urgently recommend support to purchase condoms and water-based lubricants.

**GAP:** In addition to being critical prevention tools, condoms and water-based lubricants are also a gateway peer educators and outreach workers use to find KPs and introduce them to testing and treatment. Without them, peers struggle to find people who need services.

**GAP:** Condom and water-based lubricant distribution channels are also few and take too long; e.g. if commodities are distributed in January from KEMSA, they will be distributed again at the end of the year.
KPs are faced with many additional daily barriers when accessing services, including fears of arrest due to criminalisation and blackmail.

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**Hon. George Peter Kaluma, MP.**

**Homa Bay Town Constituency**

**Assistant Speaker**

**Member:** Administration & Internal Affairs Committee

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22nd February, 2023

The Speaker
National Assembly of Kenya
Parliament Building
NAIROBI

Dear Sir,

**RE: BILL TO PROHIBIT HOMOSEXUALITY AND PROMOTION THEREOF**

The above matter refers.

I intend to bring legislation to criminalize and punish homosexuality and other unnatural sexual acts; and to further criminalize the promotion of such acts in Kenya.

The proposed law intended to further the provisions of article 45 (2) of the constitution of Kenya and to protect the family will not only consolidate all existing laws relating to unnatural sexual acts but also increase the penalty for those convicted of engaging or promoting the acts to imprisonment for life or commensurate sentence.

I request your office to grant necessary facilities in aid of this urgent endeavor.

Thank you.

Yours faithfully,

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Hon. George Peter Kaluma, MP.

**HOMA BAY TOWN CONSTITUENCY**

GPK/gpk.
4.4 Decriminalisation of key populations

+ **COP23 Target**: PEPFAR will fund KP-led advocacy to ensure that human and health rights of KPs are addressed and upheld.

+ **COP23 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.

+ **COP23 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 is taken where appropriate.

+ **COP23 Target**: PEPFAR will expand KP-led service delivery by supporting an additional five (5) organisations to implement comprehensive HIV services.

+ **COP23 Target**: PEPFAR will collaborate with GoK, Global Fund and communities of key populations to review laws that criminalise key populations in Kenya.

**GAP:** 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.⁶

**GAP:** Archaic 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 Acts 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.

**GAP:** Discussions on sustainability and integration of KP service delivery that 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.

**GAP:** PEPFAR is yet to support KP communities to advocate for a better legal environment. The much-needed reforms will not only make it safer for KPs to receive services and feel safer to go to the facilities and remain in care, but they will also feel safer in their own communities.

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**4.5 Implementation challenges**

+ **COP23 Target**: PEPFAR will fund KP-led organisations that are already funded but not offering comprehensive services to offer comprehensive KP friendly services.

+ **COP23 Target**: PEPFAR will fully fund the human resources needed at the KP-led organisation to ensure quality service delivery.

+ **COP23 Target**: PEPFAR will train healthcare workers on recency testing.

+ **COP23 Target**: PEPFAR will fully fund KP-led organisation to offer quality services to key populations.

+ **COP23 Target**: Review the IBBS data storage to ensure that data collected from IBBS is securely stored and does not pose threats to key populations in the future.

**GAP:** In KP organisations that have to refer clients to the main facility, the organisations conduct outreaches with the support staff from the main facility and new cases identified are linked to the facility by the staff from the main facility. However, facility staff don’t do a good job at linkage once clients are handed over to them. Linkage is 100% when done by community organisations directly.

**GAP:** There are no SW-led programs in Nakuru county funded by PEPFAR. Since the new IP Deloitte took over, there has been transition from NOPE, North Star Alliance and others who offered services to SW in DICs in favour of integrated services. This transition has since led to the low linkage result reported by PEPFAR, as community members are not comfortable at the main facilities.

**GAP:** In Nakuru, USAID reduced the number of HTS providers and clinicians to some of the KP-led organisations stating they hired a lot of clinicians and HTS providers at the main facility and services should be referred to those main facilities despite the fact that KPs preferred to get service at the DIC instead of the main facility resulting in the county’s low linkage result.

**GAP:** PEPFAR’s low self-test kit distribution outcome is a result of poor distribution of self-test kits among key populations due limited up to eventual lack of stocks of self-test kits.

**GAP:** PEPFAR is giving organisations targets for recency testing and not training healthcare workers to offer recency testing.

**GAP:** PEPFAR targets continue to increase while the funding is reducing. The current budget given to KP-led organisations is not sufficient. There are no resources to cover service delivery effectively and administrative needs such as salaries and health insurance for staff.

**GAP:** There is a proposal to store IBBS data in government servers. We are concerned that this will pose threats for criminalised populations. In the past IBBS data has not been stored in government servers to ensure the safety of KPs. We are also concerned that the funding for IBBS is not enough to cover the study as GF funding is not enough to cover what PEPFAR is not covering.

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⁶ https://gh.bmj.com/content/6/8/e006315
5. Strategic Pillar 1: People who use drugs (PWUD)

GAP: This entire section contains recommendations that communities of people who use drugs have raised for years and that PEPFAR is yet to adopt and implement.

We resubmit all the recommendations for consideration. PEPFAR, GoK and Global Fund need to implement these recommendations to better serve people who use drugs.

Barriers to quality service provision for people who use drugs

<table>
<thead>
<tr>
<th>Issues</th>
<th>Community experience</th>
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<tbody>
<tr>
<td>A lack of methadone services close to PWUD</td>
<td>+ Transport to methadone sites every day is costly.</td>
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<tr>
<td></td>
<td>+ Facilities do not offer take-home doses even for stable MAT clients.</td>
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<tr>
<td>Methadone sites have no comprehensive services</td>
<td>+ Any health needs beyond harm reduction and ART collection are referred.</td>
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<td></td>
<td>+ Referral is costly and PWUD are treated poorly at general facilities.</td>
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<tr>
<td>Human resources gaps</td>
<td>+ Only one (1) doctor is dispensing per facility, yet some facilities have more than 1,000 MAT clients.</td>
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<td></td>
<td>+ Many PWUD are still yet to be enrolled in the methadone programme despite community demand.</td>
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<tr>
<td>Short methadone dispensing hours</td>
<td>+ Methadone sites only open from 6am to noon.</td>
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<tr>
<td>Commodities</td>
<td>+ There is no access to naloxone for overdose treatment in the community.</td>
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<tr>
<td>Quality service gaps</td>
<td>+ There is no psychosocial support provided for PWUD on ART.</td>
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<td></td>
<td>+ 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.</td>
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<tr>
<td></td>
<td>+ 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).</td>
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<tr>
<td></td>
<td>+ There is no service provision without masks at the methadone sites, yet PWUD cannot always afford to buy masks.</td>
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</tbody>
</table>
5.1 Methadone take home doses

+ **COP23 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.

+ **COP23 Target:** PEPFAR will review learnings from sites already offering methadone take-home doses to support wider rollout across MAT sites.

**GAP:** Stable methadone clients are still forced to go to the facility every day. 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.

5.2 Women who use drugs (WUDs)

+ **COP23 Target:** Comprehensive, integrated services, including sexual and reproductive health services, are offered for women who use drugs at all PEPFAR-supported methadone sites.

+ **COP23 Target:** PEPFAR disaggregates data of people who use drugs to track the services offered to women who use drugs specifically.

+ **COP23 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 hepatitis testing and Treatment
  - Access to TB screening and treatment
  - Access to cervical cancer screening and treatment
  - Access to psychosocial support and counselling
  - Access to economic empowerment and life skills
  - Support with post-recovery re-engage with the community and family

**GAP:** Among people who use drugs, WUDs 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 come from male partners, and women have few options to negotiate.

**GAP:** 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.

**GAP:** 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.

**GAP:** 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.

**GAP:** PEPFAR is yet to continuously review and expand services for women who use drugs. More effort should also be made to look at and share disaggregated data on women who use drugs.

5.3 Methadone Enrollment

+ **COP23 Target:** PEPFAR will enrol and induct all PWUDs on waiting lists into the MAT programme.

+ **COP23 Target:** PEPFAR will increase targets for PWUDs to accommodate new PWUDs in need of MAT services.

+ **COP23 Target:** PEPFAR will support additional human resources for the expansion of the MAT programme.

**GAP:** 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. PEPFAR’s claim that Global Fund is supporting the gap that is unsupported by PEPFAR is untrue, and the program needs to truly review the gaps in services needed by PWUDs.

**GAP:** PEPFAR’s PWUD targets are low. Very few PWUDs get services beyond prevention. PEPFAR has continuously set low targets for all services needed by PWUD, from PrEP, to testing, to treatment, to viral suppression.

**GAP:** The programme needs to support human resources for the expansion of MAT provision. Sites are unable to scale up MAT services due to a lack of human resources.

5.4 Access to overdose treatment

+ **COP23 Target:** PEPFAR, Global Fund and GoK will review the guidelines to allow naloxone to be administered at the community level.

**GAP:** There is no naloxone in the community of PWUD to stop overdose. 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. The policy needs to change to allow naloxone in the community where it is actually needed.
6. Strategic Pillar 1: Mothers and children

6.1 Review of laws that criminalise vertical transmission of HIV

**COP23 Target:** PEPFAR will work with GoK and communities of women living with HIV to review and change laws that criminalised vertical transmission of HIV from mother to child.

**GAP:** Laws that criminalise transmission make people fear sharing their HIV status and fuel stigma and discrimination. A review of these laws needs to be undertaken to support already struggling mothers to disclose their status without fear of penalty.

6.2 Gender-based violence

**COP23 Target:** PEPFAR will track services offered to the victims of GBV beyond medical services to support referral of victims for legal support and ensure they receive it.

**GAP:** PEPFAR quarterly data showed the highest-ever reported cases of GBV in the country. All agencies reached their target showing the need to continue tracking and supporting people facing GBV. However, PEPFAR is only offering medical support for those facing GBV and no legal support. GBV care is incomplete when the program only focuses on the medical needs of the victim. The program should also offer legal support.

7. Strategic Pillar 3: AIDS and comorbidities

7.1 Advanced HIV and cryptococcal meningitis

**COP23 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).

**COP23 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.

**COP23 Target:** 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.

**COP23 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.

**GAP:** There was no mention of PEPFAR’s support for cryptococcal meningitis in the last COP. PEPFAR needs to support monitoring care and treatment of cryptococcal, especially given that it is the second largest killer of PLHIVs.
GAP: 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.

7.2 TB screening and testing

+ **COP23 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.

+ **COP23 Target:** 100% of PLHIV, including CLHIV, with positive urine-LAM results, immediately initiate TB treatment while awaiting confirmatory rapid molecular test results.

+ **COP23 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.

GAP: Not 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.

GAP: Not all PEPFAR-supported sites 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).

GAP: Not all contacts are traced and contacted including household and other close contacts whenever an individual is believed to be at risk of or is diagnosed with TB.

8. Enabler 1: Community-led monitoring

+ **COP23 Target:** PEPFAR funds a well-resourced CLM data collection and advocacy effort led and implemented by key populations and PLHIVs.

GAP: CLM is crucial for the assessment of the quality of services received by PLHIV and KP. We commend PEPFAR for supporting both

PLHIV and KP data collection. We recommend the increase of resources for data collection to ensure all PEPFAR-supported counties are covered with data collection by PLHIV and KPs.

GAP: CLM needs to be community-led as documented in the country CLM framework that is well resourced with funds, expertise and continuity of programming.
# PRIORITY INTERVENTIONS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1. Strategic Pillar 1: Sustainability</strong></td>
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<tr>
<td>“PEPFAR/Kenya has worked closely with the GOK, civil society and other stakeholders to reach a consensus on the COP22 approach and is committed to engage with the GOK in regular high problems. level meetings to review progress, identify gaps and find solutions to emerging problems.” - SDS p. 9</td>
<td>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. COP23 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, the provision of HRH, commodities, supply chain strengthening, community-level and community-led interventions.</td>
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<tr>
<td>“Table 2.2.1: Summary of Key strategic shifts for COP22 by population group: Expansion of differentiated service delivery (DSD) models beyond multi month dispensing (MMD) including high risk categorization and follow up, community DSD, Community ART Groups, and Community Drug Distribution Points.” -SDS p. 23</td>
<td>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.</td>
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<tr>
<td>“The GOK local ownership of the HIV response and recognizes the need to increase has already identified transitioning of donor supported Term programs as a flagship project, including HIV commodities and human resources for health (HRH) in the Medium Plan (MTP) IV for the health sector. In COP22, PEPFAR will deepen engagements with the GOK towards local ownership of PEPFAR supported programs starting with HIV commodities and HRH.” - SDS p. 25</td>
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<tr>
<td><strong>COP23 Target:</strong></td>
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<tr>
<td>PEPFAR will ensure that IPs meet the target set for finding PLHIV in need of testing and link them to care.</td>
<td>COP23 Target: PEPFAR will ensure that IPs meet the target set for finding PLHIV in need for testing and link them to care.</td>
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| **2. Strategic Pillar 1: HIV Testing, positivity rates and linkage** | | |
| For those people, especially men and young people, who are reluctant to come to health facilities for HIV testing, COP22 will create greater availability of HIV self-test kits, as well as supporting confirmation testing and linkage to care. SDS p. 47 | PEPFAR will ensure that IPs meet the target set for finding PLHIV in need of testing and link them to care. | COP23 Target: PEPFAR will ensure that IPs meet the target set for finding PLHIV in need for testing and link them to care. |
| PEPFAR Kenya will also work with the NCCP to develop a treatment referral directory for ease of tracking referrals through phone calls/SMS and coordinate with referral sites to ensure linkage and timely access to treatment services. SDS p.52 | | |
### 3. Strategic Pillar 1: ART Continuity

#### 3.1. Supply chain stockouts

<table>
<thead>
<tr>
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<tr>
<td>In reference to Table 9 COP22 Supply Chain Plan: “The gap shown for ARVs includes the country requirement for 1 year and buffer stocks to maintain a 6 Months buffer stocks.” - SDS p. 77</td>
<td>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. 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. PEPFAR will support refill of depleted buffer stock of commodities and medicines in the country’s reserves.</td>
<td>COP23 Target: An immediate resolution must be reached between PEPFAR, Global Fund and the GoK to ensure tax-free approval for commodities to enter Kenya. COP23 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. Government of Kenya COP23 Target: Provide long-term waivers for donated commodities. COP23 Target: Honour the commitments by Kenya and put money for the HIV response in the Kenya budget and ensure the implementation of those funds to respond to HIV. Global Fund COP23 Target: Review the support provided to the country, including counterpart financing, to ensure accountability of Global Fund resources. PEPFAR COP23 Target: PEPFAR will support the refill of depleted buffer stock of commodities and medicines in the country’s reserves.</td>
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</table>

#### 3.2. Retention

| | PEPFAR will review all PEPFAR supported site registers and make sure all sites find missing PLHIV that were disengaged from treatment and offer welcome back service to ensure the return and increased retention of PLHIV | COP23 Target: PEPFAR will review all PEPFAR-supported site registers and make sure all sites find missing PLHIV that were disengaged from treatment and offer welcome back services to ensure the return and increased retention of PLHIV |

#### 3.3. Community-based and community-led ART distribution

| Expansion of differentiated service delivery (DSD) models beyond multi-month dispensing (MMD) including high risk categorization and follow up, community DSD, Community ART Groups, and Community Drug Distribution Points  SDS p 23 | PEPFAR will ensure the scale-up of community-based and community-led ART distribution models to support at least 50% of PLHIV. PEPFAR will offer PBFWS stable in DSD models before pregnancy the option to continue in this option during pregnancy and breastfeeding. PEPFAR and GOK will review the guideline to include 6MMD and annual visits for PLHIV | COP23 Target: PEPFAR to ensure scale-up of community-based and community-led ART distribution models to support at least 50% of PLHIV. COP23 Target: PBFWS stable in DSD models before pregnancy are given the option to continue in this option during pregnancy and breastfeeding. COP23 Target: Review the guideline together with GOK to include 6MMD and annual visits for PLHIV |
### 3.4. Viral load access

In COP22, with availability of VL testing and commodity security, strategies will be put in place to ensure high VL coverage (including line-listing and recalling clients due for VL tests), as well as addressing structural barriers leading to lower VL suppression among PWID. U=U messaging will be implemented to improve retention in care and suppression. - SDS p. 74

<table>
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<tr>
<th>COP23 Target:</th>
<th>PEPFAR will immediately resume routine viral load testing for people living with HIV.</th>
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<tr>
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<td>PEPFAR will immediately find and offer viral load to all PLHIV still yet to receive viral load testing from the last funding cycle.</td>
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<td>PEPFAR will immediately review failing counties and improve viral load suppression among pregnant and breastfeeding mothers.</td>
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<td>PEPFAR will fund innovations such as the addition of centrifuge machines at the KP drop-in centres for VL samples to increase viral load testing among KPs.</td>
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</table>

### 3.5. Treatment support for children under 15.

There are an estimated 83,000 children living with HIV (CLHIV) with 45% of those living in the five high burden counties. Across the treatment cascade, results for children under the age of 15 years are poor, with an overall estimated 85% with known HIV status, 87% on treatment and 86% virally suppressed and an estimated mortality at 20% and 10% for infants <1 year and children aged 1-4 years respectively. The high mortality indicates possible challenges along the continuum of care. With most pediatric infections due to MTCT, the overriding emphasis in order to reach an AIDS free generation must lie in improved PMTCT services. FY22Q2 results show that across the cascade, there is low pediatric case identification with an overall yield of 2.2%, a diminishing cohort growth and viral load coverage of 39% with VLS at 86%. SDS pg 54.

| COP23 Target: | PEPFAR will review and conduct assessments on sites not meeting testing, linkage and retention targets for children under 15. |

### 3.6. Treatment support among young people.

Therefore, the overall approach to AYP for COP22 will be to expand DREAMS activities in the seven counties where DREAMS is already being implemented, with a focus on reaching more wards, and ensuring population-level coverage of the most vulnerable AGYW within each ward. Additionally, PEPFAR will focus support for high impact prevention interventions in the six MOH priority counties, in line with the MoH package of services for AYP, and also support the provision of youth friendly prevention, care and treatment programs across all 40 PEPFAR supported Counties. PEPFAR will harmonize the package of services to reach the other AGYW not in the DREAMS program, and also provide services to ABYM in other counties as part of the national AYP package. - SDS p. 64-65

| COP23 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. |
|              | PEPFAR will support collaboration with GoK and youth groups to increase treatment literacy among the youth across PEPFAR-supported counties for both AGYW and ABYMs. |
|              | PEPFAR will integrate mental healthcare support as part of the services offered to young people. |
|              | PEPFAR will ensure to reach young people in need of services beyond the support offered in DREAMS. |

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### 3.7. Opening hours

Not mentioned

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<td>Extended flexible opening hours at all PEPFAR-supported facilities will be from 5 am to 7 pm on weekdays and 8 am to 4 pm on weekends. PEPFAR will put boards up at the entrance of all PEPFAR-supported sites outlining facility operating hours and HIV services offered.</td>
<td>COP23 Target:</td>
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### 4. Strategic Pillar 1: Key Populations

#### 4.1. Supporting competent KP-led organisations in the age of sustainability

“PEPFAR’s KP programming is aligned to the Kenya AIDS Strategic Framework II, and is implemented following the National Guidelines for HIV/STI programming with Key Populations. A comprehensive package of biomedical, behavioral and structural interventions are offered to KPs”. - SDS p. 72

PEPFAR will review the successes between KP-led organisations and non-KP-led organisations offering services to KPs.

PEPFAR will increase investment in key population-led service delivery.

PEPFAR will include KPs leaders in discussions on transition and sustainability of programs.

PEPFAR will review its investment in key population funding to ensure that it actually reaches KP implementers and further key populations.

| COP23 Target: | Review the successes between KP-led organisations and non-KP-led organisations offering services to KPs. COP23 Target: Increased investment in key population-led service delivery. COP23 Target: Include KPs Leaders in discussions on transition and sustainability of programs. COP23 Target: A review of PEPFAR investment in key population funding to ensure that it actually reached KP implementers and further key populations. |

#### 4.2. Quality service delivery for transgender people in Kenya

Not mentioned.

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 levels to be used in training for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people.

PEPFAR will fund transgender-led organisations to sensitis 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.

PEPFAR will collaborate with GoK and trans-led organisations to prioritise the delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.

| COP23 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 levels to be used in training for healthcare workers (HCW) including community health volunteers (CHVs) who provide health to transgender people. COP23 Target: PEPFAR will fund transgender-led organisations to sensitis 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. COP23 Target: PEPFAR will collaborate with GoK and trans-led organisations to prioritise the delivery of primary care, gynecologic and urologic care, reproductive options, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments. |
### 4.6. Condom and water-based lubricants for key populations

“During the development of COP22, a series of listening sessions with clients identified a number of concerns. Commodity stockouts over the last year or so of condoms, lubricants, rapid test kits, and HIV self-test kits have severely impacted HIV prevention programs...” - SDS p. 74

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<td>PEPFAR will procure and distribute condoms and water-based lubricants for all PEPFAR-supported sites to ease stockouts.</td>
<td>COP23 Target: PEPFAR procures and distributes condoms and water-based lubricants for all PEPFAR-supported sites to ease stockouts.</td>
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<td></td>
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<td>COP23 Target: Global Fund accounts for its support for condoms and water-based lubricants.</td>
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### 4.7. Decriminalisation of key populations

“In COP22, the following strategies will address the identified gaps noted above: a) Sensitization and training of health workers on risk assessment, eligibility criteria and attitudinal change [...]” - SDS p. 44

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<td>“In COP22, the following strategies will address the identified gaps noted above: a) Sensitization and training of health workers on risk assessment, eligibility criteria and attitudinal change [...]” - SDS p. 44</td>
<td>PEPFAR will fund KP-led advocacy to ensure that human and health rights of KPs are upheld. PEPFAR will fund KP-led organisations to sensitize health workers and law enforcers on the rights of key populations and increase collaboration between these groups to address challenges. 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 is taken where appropriate. PEPFAR will expand KP-led service delivery by supporting an additional five organisations to implement comprehensive HIV services. PEPFAR will collaborate with GoK, Global Fund and communities of key populations to review laws that criminalise key populations</td>
<td>COP23 Target: PEPFAR will fund KP-led advocacy to ensure that human and health rights of KPs are upheld. COP23 Target: PEPFAR will fund KP-led organisations to sensitize health workers and law enforcers on the rights of key populations and increase collaboration between these groups to address challenges. COP23 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 is taken where appropriate. COP23 Target: PEPFAR will expand KP-led service delivery by supporting an additional five organisations to implement comprehensive HIV services. COP23 Target: PEPFAR will collaborate with GoK, Global Fund and communities of key populations to review laws that criminalise key populations</td>
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### 4.8. Implementation challenges

“In COP22, Kenya will carry out a long overdue integrated bio-behavioral survey (IBBS) which will help establish baseline estimates and measure impact of HIV programming among KP. In addition, COP22 will strengthen peer community outreach activities to identify new HIV infections and provide KP-competent, person-centered, non-discriminatory, ethical, comprehensive services in drop-in centers and health facilities. SDS P. 8

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<td>PEPFAR will fund KP-led organisations that are already funded but not offering comprehensive services to offer comprehensive KP friendly services. PEPFAR will fully fund the human resources needed at the KP-led organisation to ensure quality service delivery. PEPFAR will train healthcare workers on recency testing. PEPFAR will fully fund KP-led organisations to offer quality services to key populations. PEPFAR will review the IBBS data storage to ensure that data collected from IBBS is securely stored and does not pose threats to key populations in the future</td>
<td>COP23 Target: PEPFAR will fund KP-led organisations that are already funded but not offering comprehensive services to offer comprehensive KP friendly services. COP23 Target: PEPFAR will fully fund the human resources needed at the KP-led organisation to ensure quality service delivery. COP23 Target: PEPFAR will train healthcare workers on recency testing. COP23 Target: PEPFAR will fully fund KP-led organisation to offer quality services to key populations. COP23 Target: Review the IBBS data storage to ensure that data collected from IBBS is securely stored and does not pose threats to key populations in the future</td>
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<td><strong>5. Strategic Pillar 1: People who use drugs</strong></td>
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<tr>
<td><strong>5.1. Methadone take-home doses</strong></td>
<td>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.</td>
<td>COP23 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.</td>
</tr>
<tr>
<td>&quot;PEPFAR will collaborate with NASCOP to develop policies to improve methadone access, explore opportunities to integrate health services in MAT clinics, and improve service quality through continuous quality improvement measures.&quot; - SDS p. 73</td>
<td>PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.</td>
<td>COP23 Target: PEPFAR will review learnings from sites already offering methadone take-home doses to support wider roll out across MAT sites.</td>
</tr>
<tr>
<td><strong>5.2. Women who use drugs</strong></td>
<td>PEPFAR will fund comprehensive, integrated services, including sexual and reproductive health services for women who use drugs at all PEPFAR-supported methadone sites.</td>
<td>COP23 Target: Comprehensive, integrated services, including sexual and reproductive health services, are offered for women who use drugs at all PEPFAR supported methadone sites.</td>
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<tr>
<td>&quot;A number of shortcomings have been highlighted in the People’s COP ranging from limited working hours; service quality; the need for take home doses of methadone and community availability of naloxone; the addition of sexual reproductive health services in MAT clinics; and particular for this population access to economic empowerment opportunities. PEPFAR will collaborate with NASCOP to develop policies to improve methadone access, explore opportunities to integrate health services in MAT clinics, and improve service quality through continuous quality improvement measures.&quot; - SDS p. 73</td>
<td>PEPFAR will share disaggregated data of people who use drugs to track the services offered to women who use drugs specifically.</td>
<td>COP23 Target: PEPFAR disaggregates data of people who use drugs to track the services offered to women who use drugs specifically.</td>
</tr>
<tr>
<td>&quot;There is substantial support from PEPFAR towards prevention services across target populations such as MSM, FSW, PWID, Transgender and OVC. They also provide substantial support for GBV programming.&quot; - SDS p. 107</td>
<td>PEPFAR will ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:</td>
<td>COP23 Target: PEPFAR should ensure that MAT services are expanded to include the following minimum package of service for women who use drugs:</td>
</tr>
<tr>
<td><strong>PEOPLE’S COP23 – COMMUNITY PRIORITIES – KENYA</strong></td>
<td>+ Access to methadone</td>
<td>+ Access to methadone</td>
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<td>+ Access to naloxone</td>
<td>+ Access to naloxone</td>
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<td>+ Shelter for women (and their children) who might not have a place to go once enrolled on methadone</td>
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<td></td>
<td>+ Sexual and reproductive healthcare for women offered in the same place as the methadone to offer pregnancy service, STI screening, cancer screening etc.</td>
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<td></td>
<td>+ Sanitary equipment for menstruation</td>
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<td>+ Access to HIV testing and treatment</td>
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<td>+ Access to ART for PLHIV</td>
<td>+ Access to ART for PLHIV</td>
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<td>+ Access to hepatitis B testing &amp; vaccination</td>
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<td>+ Access to TB screening and treatment</td>
<td>+ Access to TB screening and treatment</td>
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<td>+ Access to cervical cancer screening and treatment</td>
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<td>+ Access to psychosocial support and counselling</td>
<td>+ Access to psychosocial support and counselling</td>
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<td>+ Access to economic empowerment and life skills</td>
<td>+ Access to economic empowerment and life skills</td>
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<td>+ Support with post-recovery re-engage with the community and family.</td>
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<tr>
<td>5.3. Methadone Enrollment</td>
<td>PEPFAR will enrol and induct all PWUDs on waiting lists into the MAT programme. PEPFAR will increase targets for PWUDs to accommodate new PWUDs in need of MAT services. PEPFAR will support additional human resources for the expansion of the MAT programme.</td>
<td>COP23 Target: PEPFAR will enrol and induct all PWUDs on waiting lists into the MAT programme. COP23 Target: PEPFAR will increase targets for PWUDs to accommodate new PWUDs in need of MAT services. COP23 Target: PEPFAR will support additional human resources for the expansion of the MAT programme.</td>
</tr>
<tr>
<td>5.4. Access to overdose treatment</td>
<td>PEPFAR, will collaborate with Global Fund, and GoK to review the guidelines to allow naloxone to be administered at the community level.</td>
<td>COP23 Target: PEPFAR, Global Fund, and GoK will review the guidelines to allow naloxone to be administered at the community level.</td>
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<tr>
<td>6. Strategic Pillar 1: Mothers and Children</td>
<td></td>
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</tr>
<tr>
<td>6.1. Review of laws that criminalise vertical transmission of HIV</td>
<td>PEPFAR will work with GoK and communities of women living with HIV to review and change laws that criminalised vertical transmission of HIV from mother to child.</td>
<td>COP23 Target: PEPFAR will work with GoK and communities of women living with HIV to review and change laws that criminalised vertical transmission of HIV from mother to child.</td>
</tr>
<tr>
<td>6.2. Gender-based violence</td>
<td>PEPFAR will track services offered to the victims of GBV beyond medical services to support referral of victims for legal support and ensure they receive it.</td>
<td>COP23 Target: PEPFAR will track services offered to the victims of GBV beyond medical services to support referral of victims for legal support and ensure they receive it.</td>
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A number of shortcomings have been highlighted in the People's COP ranging from limited working hours; service quality; the need for take home doses of methadone and community availability of naloxone; the addition of sexual reproductive health services in MAT clinics; and particularly for this population access to economic empowerment opportunities. PEPFAR will collaborate with NASCOP to develop policies to improve methadone access, explore opportunities to integrate health services in MAT clinics, and improve service quality through continuous quality improvement measures. - SDS p. 73

PEPFAR, will collaborate with Global Fund, and GoK to review the guidelines to allow naloxone to be administered at the community level. COP23 Target: PEPFAR, Global Fund, and GoK will review the guidelines to allow naloxone to be administered at the community level.

Enhanced Gender-based violence (GBV) prevention and response through community sensitization, referrals & linkages, post-violence care, forensic and legal services SDS p 23

For women this will include increasing the family-centered clinics, addressing gender-based violence, providing sexual reproductive health services, better linkages between MNCH and CCC clinics, and ensuring a “screen and treat approach” for cervical cancer screening and treatment. SDS p 50.

In COP 22, these gaps will be addressed. For those PBFW who test negative, risk assessment and provision of HIV prevention services including the option of PrEP will decrease incident infections; all clients irrespective of pregnancy status will be screened for intimate partner violence and gender-based violence. SDS p 54

Furthermore, poverty, negative gender and cultural norms, early marriage, teenage pregnancy, high levels of gender-based violence and reduced economic opportunities disproportionately affect AGYW. SDS p 64

PEPFAR will track services offered to the victims of GBV beyond medical services to support referral of victims for legal support and ensure they receive it. COP23 Target: PEPFAR will track services offered to the victims of GBV beyond medical services to support referral of victims for legal support and ensure they receive it.
<table>
<thead>
<tr>
<th>SDS 2022 &amp; Data, COP23 Planning Level Letter</th>
<th>Language to include in COP23</th>
<th>Target</th>
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<tbody>
<tr>
<td><strong>7. Strategic Pillar 3: AIDS + comorbidities</strong></td>
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<tr>
<td><strong>7.1 Advanced HIV + cryptococcal meningitis</strong></td>
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<td>“During home visits, case workers will support counseling on treatment adherence as well as follow up and link ART defaulters back to care.” - SDS p. 59</td>
<td>PEPFAR will support 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).</td>
<td>COP23 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).</td>
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<td></td>
<td>PEPFAR will increase active linkage support for PLHIV with AHD started/restarted on ART in general hospital facilities by the inclusion of individual case management/accompaniment to the CCC to reduce morbidity and mortality.</td>
<td><strong>COP23 Target:</strong> 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.</td>
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<td></td>
<td>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.</td>
<td><strong>COP23 Target:</strong> 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.</td>
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<td></td>
<td>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 test; 7) CRAG+ getting lumbar puncture (LP); 8) LP negative getting fluconazole prophylaxis.</td>
<td><strong>COP23 Target:</strong> 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.</td>
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<td><strong>7.2. TB screening and testing</strong></td>
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<td>“More sensitive screening and diagnostic tools such as chest x-ray+ CAD, GeneXpert UltraMTB Rif ultra, TrueNat and assay platforms will be deployed/strengthened, and LF TB LAM testing scaled up in line with WHO Guidelines.” - SDS p. 52</td>
<td>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.</td>
<td>COP23 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.</td>
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<td>PEPFAR will immediately initiate TB treatment while awaiting confirmatory rapid molecular test results for 100% of PLHIV, including CLHIV, with positive urine-LAM results.</td>
<td><strong>COP23 Target:</strong> 100% of PLHIV, including CLHIV, with positive urine-LAM results, immediately initiate TB treatment while awaiting confirmatory rapid molecular test results.</td>
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<td>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.</td>
<td><strong>COP23 Target:</strong> 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.</td>
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<td>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).</td>
<td><strong>COP23 Target:</strong> 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).</td>
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<td>8. Enabler 1: Community-led monitoring</td>
<td>Language to include in COP23</td>
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<td>&quot;PEPFAR will grant new awards to civil society organizations (CSOs) and community based organizations (CBOs) to implement CLM activities within COP21, leading to important client feedback of service quality for COP22.&quot; - SDS p. 8</td>
<td>PEPFAR will fund a well-resourced CLM data collection and advocacy effort led and implemented by key populations and PLHIVs.</td>
<td><strong>COP23 Target</strong>: PEPFAR funds a well-resourced CLM data collection and advocacy effort led and implemented by key populations and PLHIVs.</td>
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<td>&quot;Plans are in place to secure a fourth partner who will focus on the quality of care and services provided to key, priority, and vulnerable populations. All of these partners will set the groundwork for PEPFAR’s contribution to the ongoing national CLM program.&quot; - SDS p. 75</td>
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<td>&quot;In COP22, PEPFAR is committed to ensuring our CLM program remains fully aligned with national guidelines and protocols.&quot; - SDS p. 76</td>
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