

Access2Care policy brief

HIV treatment and care for people who inject drugs in Kenya: experiences of community supported clinic-based care

This policy brief summarises findings from in-depth research implemented by the Kenya AIDS NGOs Consortium and London School of Hygiene & Tropical Medicine in partnership with the International HIV/AIDS Alliance.

For the full findings of research go to: Guise A, Rhodes T, Ndimbii J, Ayon S & Njaji O. (2016) 'HIV treatment and care for people who inject drugs in Kenya: a short report'. *AIDS Care*, 28(12):1595-1599. www.tandfonline.com/doi/full/10.1080/09540121.2016.1191606

Background

Kenya is experiencing an HIV epidemic among people who inject drugs, with prevalence recently estimated at 18.3%, and 44% for women.

People who inject drugs experience a range of barriers to HIV treatment and care access. The Kenyan government and civil society partners have sought to develop community oriented HIV care for people who inject drugs to overcome these potential barriers, including through community-based outreach support. We explored people who inject drugs experiences of these services to support their development.

Findings

Some of the people who inject drugs we interviewed are able to access care, whilst others report challenges. We found three main themes to understand these care experiences:

Managing addiction, hardship and the costs of care

Many felt unable to prioritise care within the challenges of addiction and poverty. Central challenges were finding money to cover travel costs to the clinic, as well as the need to buy heroin to address withdrawals. Support from outreach projects could help some overcome these

challenges of cost and addiction. For those able to access drug rehabilitation this also enabled these challenges to be addressed.

The silencing of HIV in the community

Stigma and fear of discrimination from the community prevented some from seeking care. HIV was little discussed amongst people who use drugs. Some people were however able to get support from family and friends and overcome the limitations of stigma.

Discrimination and support in the clinic

Discrimination within clinics was also a challenge, with people reporting being made to wait separately and longer, and being talked about. Support and good relationships with health care providers were also reported.

Policy implications

■ Existing care, with outreach support to clinics is accessible for some and should continue

Some people who inject drugs, often with family and outreach support, can access care and regain health.

■ Clinic adaptations and enabling services could increase access

Additional flexibility such as extended opening hours, and support through opioid substitution treatment, drug rehabilitation and livelihoods programmes could help others.

■ Decentralising care to the community would provide further options

Models of care that involve including peers in facilitating adherence, integrated management and community dispensing of antiretroviral treatment (ART) should be explored.

For more information on this research please contact info@kanco.org

The study was implemented with Nairobi Outreach Services Trust (NOSET), The Omari Project and Teenswatch. The Kenyan National AIDS and STIs Control Programme (NASCOP) and the National AIDS Control Council (NACC) were key partners directing strategy and implementation of the study. The International HIV/AIDS Alliance supported the research as a part of the Community Action on Harm Reduction Programme (www.cahrproject.org) funded by the Dutch government, with the London International Development Centre also providing support.

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