

Access2Care policy brief

Implementing needle and syringe programmes in Kenya: changes, opportunities and challenges in HIV prevention

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: Ndimbii J, Guise A, Ayon S, Kalama M, Mclean S & Rhodes T (2016) 'Implementing needle and syringe programmes in Kenya: changes, opportunities and challenges in HIV prevention'. *African Journal of Drugs and Alcohol Studies*, 14 (2), 95-103. www.ajol.info/index.php/ajdas/article/view/133127

Background

There is a high HIV prevalence among people who inject drugs in Kenya. The sharing of used needles and syringes is a core risk for HIV.

A government-backed needle and syringe programme (NSP) has recently been introduced by community-based organisations. The programme is one of the first in the region and uses a flexible system of delivery, allowing for distribution from community drop-in centres and by outreach workers.

Understanding the delivery of NSPs in the Kenyan context is vital. Exploring the experiences of people who use drugs in engaging with the programme is important for supporting scale up.

Findings

Limited access before the NSP

Before the NSP, sharing of needles and syringes was reported as common.

People sourced needles and syringes from pharmacies, or personal connections with doctors, drug 'peddlers' and other people who use drugs. Access was limited, reflecting the cost but also the illegality of having a needle and syringe.

Due to fear of arrest many people reported hiding needles and syringes in drug using sites. This was linked to risk that others would find and use the hidden injecting equipment.

Success and continuing challenges of NSP implementation

The NSP led to many people reporting they were no longer sharing needles and syringes. Many were comfortable having a supply of injecting equipment and carrying it with them.

People who are injecting drugs were key in ensuring the NSP reached deep into the community through distributing needles and syringes to contacts and friends ('secondary distribution').

Pharmacies were still an important source for needles and syringes after the NSP introduction, linked to challenges in accessing community drop-in centres.

Sharing of needles and syringes was still reported. This was often by people living with HIV, linked to a hopelessness for the future.

Policy implications

■ NSP scale-up

The study shows that a NSP is acceptable and feasible in this context, and should be scaled-up.

■ Opportunities for adapting the NSP to context

Community-based organisations' projects need greater resources to ensure a fully accessible NSP. Pharmacies could be integrated within the programme to ensure greater reach. Secondary distribution among peer networks could be encouraged to provide injecting equipment to hard-to-reach and more vulnerable people who are using drugs.

■ Support to people living with HIV

Continued needle and syringe sharing by people living with HIV indicates the need for comprehensive support to engage people in HIV prevention, treatment and care.

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 (NASCP) 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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