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Fighting for an AIDS-free generation

Ensuring access and uptake of HIV prevention among key populations in Kenya: The K-PAP Project

Key Populations and HIV in Kenya

Key populations (KPs) are defined as populations that experience disproportional risk of acquiring and being impacted by HIV. Key populations include female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), transgender individuals, and people in enclosed settings such as prisons. There are an estimated 280,000 KPs in Kenya. The country has an HIV prevalence rate of 4.7%, and this prevalence is much higher among FSW, MSM, and PWID, who experience HIV prevalence rates of 30.0%, 18.2%, and 18.3%, respectively. These high rates necessitate responsive programming that addresses structural barriers faced by KPs (criminalization, biases in access to health information and services, stigma and discrimination, violation of sexual rights) and highlight the need to facilitate access to behavioral and biomedical interventions. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) prioritizes people-centered care, particularly for vulnerable populations including key populations.

In Homa Bay County, Kenya, approximately 1.2 million people live on the banks of Lake Victoria. KPs living in Homa Bay face unique needs and vulnerabilities and require tailored services and delivery models. Inspired by EGPAF's previous successes implementing the Red Carpet Program (RCP)¹ in Homa Bay, the Key Populations Access to PrEP (K-PAP) Project adapts a KP-focused model that engages youth and adult KPs. With support from Gilead, EGPAF adapted elements of the evidence-based RCP model to provide tailored prevention services and support for KPs in Homa Bay County, Kenya, through facility, community, and peer-led means.

Key Populations Access to PrEP (K-PAP) Project

EGPAF's Key Populations Access to PrEP (K-PAP) project began implementation in February 2022 and will conclude in August 2023. K-PAP has four main aims: to increase awareness and demand for PrEP services by KPs in Homa Bay; to increase KP engagement in services; to build capacity of healthcare workers (HCWs) and improve KP-friendly service; and to foster scalable, KP-friendly PrEP infrastructure in Kenya. The KPs included in K-PAP include FSWs, MSM, and PWIDs.

Intentional engagement and collaboration with KP stakeholders from the community were essential elements in the design and implementation of this project. Prior to implementation, the project used community mapping to identify local KP stakeholders. EGPAF leveraged in-country KP networks including the Kisumu Sex Workers Alliance and the Key Populations Consortium. Other key stakeholders in the implementation of project activities include the Ministry of Health, the National AIDS Control Council, LVCT Health, and NASCOP.

EGPAF provides a comprehensive suite of facility and community-based services for KPs in the K-PAP project, which is underpinned by a trained peer cadre [Figure 1]. K-PAP identified and trained KP peer champions to support service delivery. KP champions are KP members from the community who serve as peer navigators, educators, service providers, and supporters of KPs throughout project activities. K-PAP activities are strategically integrated with and aligned to project activities in the PEPFAR-CDC funded Vukisha 95 project, where EGPAF is a consortium partner with LVCT Health. Community-based activities conducted by KP peer champions were designed to meet local KP needs and occur in convenient places.

K-PAP established three Centers of Excellence (CoE) to provide prevention services for KPs. These facilities have drop-in centers (DICE) that provide quality, responsive services including testing, counseling, screening, and initiation on PrEP, and referrals for other services.

¹ https://www.pedaids.org/wp-content/uploads/2021/05/2021RCPKenyaBrief_0406.pdf

K-PAP project activities include PrEP advocacy forums facilitated by KP champions, community dialogues with MSM and FSW to build understanding, awareness and to link to retention services, hot spot delivery of PrEP, and mobile outreaches. K-PAP also offers moonlight services and island camps in the form of service delivery pop ups for KPs residing or working on islands on Lake Victoria. Other service delivery models include snowballing modalities such as the “bring a friend initiative” focused on MSM populations and conducted to increase reach and harness the power of social networks. KP peer champions hold community advocacy forums to discuss PrEP, clarify misconceptions, and link their members to care. KP peer champions are paired with HIV testing service providers to provide community testing services. KP peer champions lead activities with support from EGPAF and multi-disciplinary teams (MDT) at K-PAP facilities and meet weekly to review performance and discuss strategic decisions in response to challenges that arise.

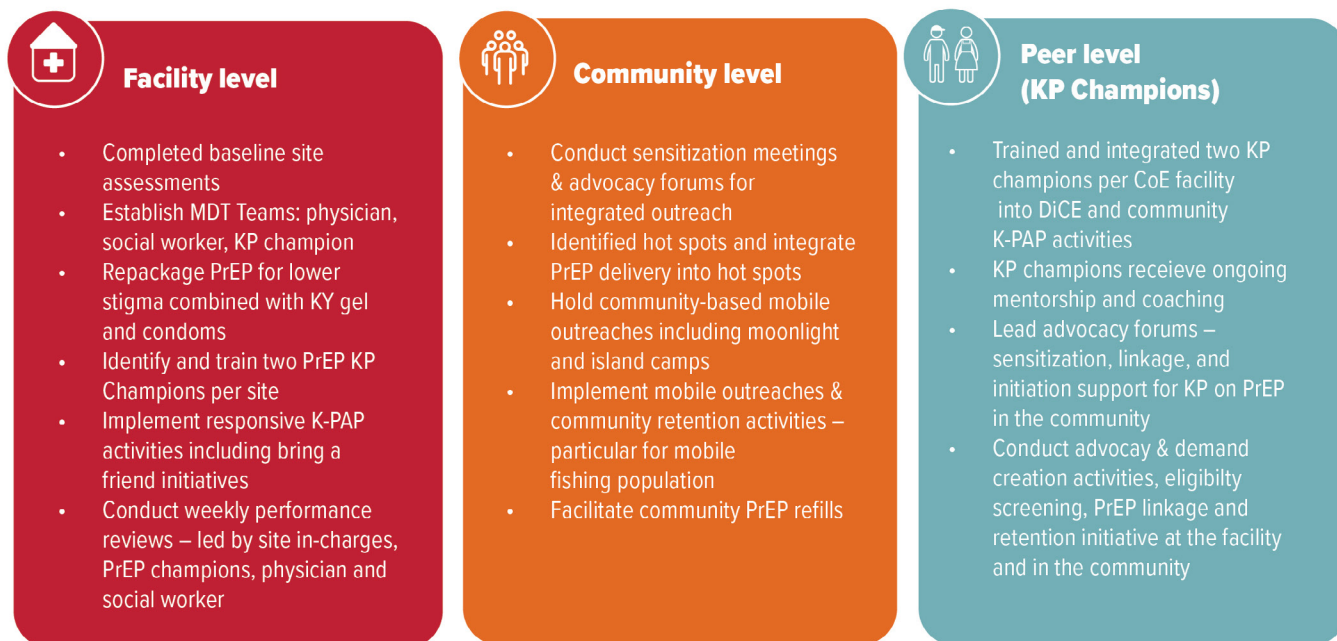


Figure 1. K-PAP Program Activities

K-PAP Impact and Reach

K-PAP implementation began in February 2022. In 2022, K-PAP activities reached a total of 29,691 members of KPs (22,952 FSW, 6,464 MSM, 275 PWID). Baseline data from K-PAP facilities was collected prior to program implementation. Compared to the pre-implementation period during 2021, an increase in reach, screening, and initiation of PrEP was observed from February to December in 2022 at the K-PAP facilities [Figure 2]. KPs identified as eligible for PrEP increased from 5% to 16% following the implementation of K-PAP; similarly, initiation of PrEP among eligible KPs increased from 68% to 86% between 2021 and the end of 2022.

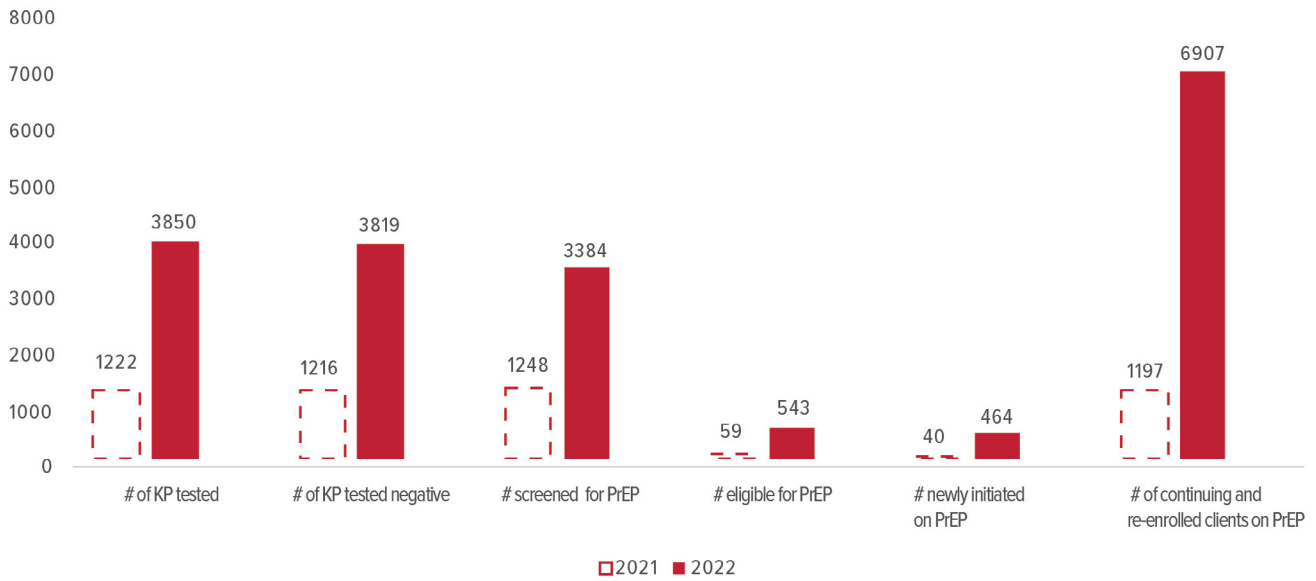


Figure 2. Pre and Post K-PAP results across three K-PAP facilities comparing 2021 and 2022

Throughout 2022, as part of the HIV testing efforts, (facility-based, provider-initiated, and social-network testing) 3,850 KPs were tested: 0.8% tested positive and were linked to ART initiation, and 99.2% tested negative and were enrolled in K-PAP services conducted by KP peer champion. By the end of 2022, 3,384 KPs were screened for PrEP eligibility, with 16% (543) deemed eligible for initiation. Of those eligible, 86% (464) started PrEP. Continuity and re-enrollment on PrEP also improved among KPs following K-PAP’s implementation. Throughout the project period, 6,907 KPs at the drop-in centers supported by K-PAP either continued using PrEP or re-started PrEP after a period of discontinuation.

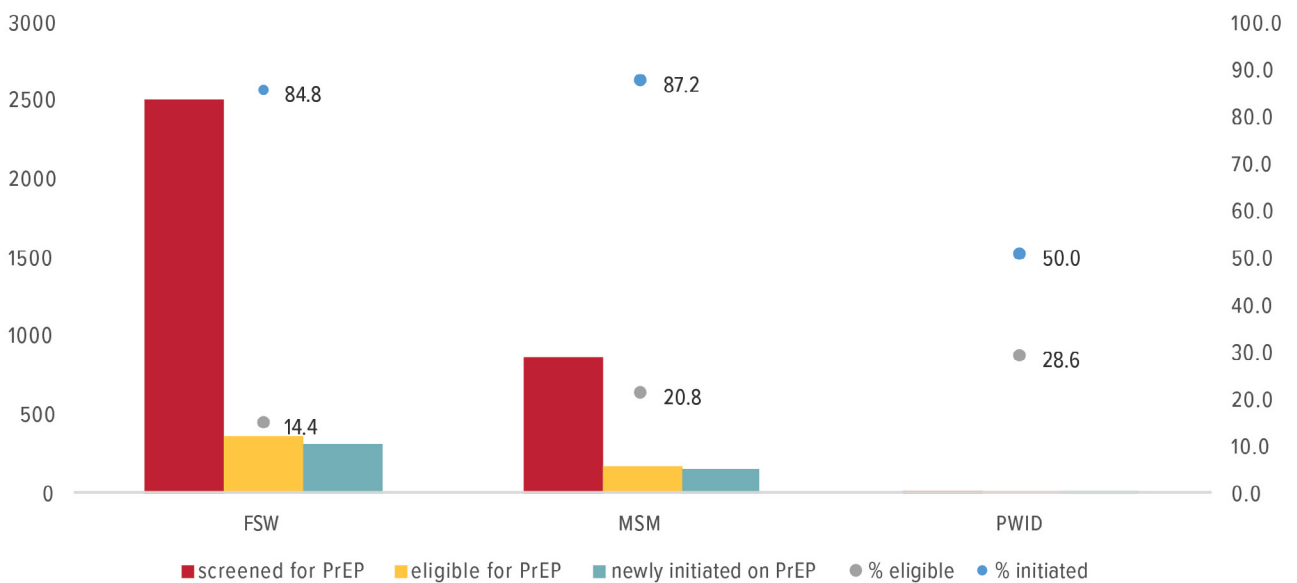


Figure 3. PrEP Cascade among Key Populations Engaged by K-PAP in three CoE facilities in 2022

EGPAF supported county-level KP Technical Working Groups (TWG) that share progress on a quarterly basis. Due to programmatic success and interest from the Ministry of Health, four KP champions transitioned to support KP-focused

programming at Ministry-supported facilities. Additional KP champions were identified, trained, and continued to support programming to ensure no gaps in services occurred to replace the previous KP champions.

Challenges

Despite overall successful implementation of the project, several challenges arose that affected the efficacy of the K-PAP services.

- **Supply chain disruptions:** Sufficient stock of PrEP, test kits, clean gloves, and condoms was at times not available. In response, EGPAF prioritized optimization of the supply chain to facilitate early awareness of supply risks and support an appropriate response.
- **Mobile Populations:** Some KPs are also members of highly mobile populations, including fisherfolk in catchment areas. High mobility results in difficulty ensuring ongoing engagement in care. In response, K-PAP engaged with peer champions from these communities and de-centralized services, including offering moonlight services and hot spot PrEP delivery.

Lessons learned

K-PAP outcomes reveal the effectiveness of peer champion systems and show the benefit of maintaining a community-centered approach focused on PrEP uptake among FSW, MSM, and PWID. K-PAP best practice actions include:

- ▶ Identify and engage KP stakeholders upon initiating the project to ensure buy-in, support, and responsive tailoring of project activities
- ▶ Align strategies of K-PAP activities within the Vukisha 95 project to facilitate access to additional resources and activities for reach, including beach testing where HIV testing and services are provided to fisherfolk during peak hours on the beaches of Lake Victoria
- ▶ Integrate PrEP into all service delivery points at facility and community levels, including outreach efforts
- ▶ Collaborate with local and national health authorities on communication and updates about K-PAP activities and successes
- ▶ Use social networks to identify KPs eligible for prevention or treatment services through snowballing and bring a friend initiatives
- ▶ Conduct weekly performance reviews to discuss progress and solutions and share experiences and best practices
- ▶ Capacitate peer cadres to provide tailored, peer-level services in an amenable and friendly manner
- ▶ Prioritize community-based demand-creation activities to increase awareness and understanding of the availability, eligibility, and efficacy of HIV prevention services for KPs

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