

Perspectives of Recipients of Care in Kenya: Leveraging DSD to enhance HIV testing, care and treatment

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

March 13-16, 2023 | Nairobi, Kenya



Key Populations : RoC experiences

Background

- Key Populations (KP) include SWs, gay men and other MSMs, transgender, PWIDs, and prisoners etc.
- These populations are vulnerable and disproportionately affected
- In 2020, KPs and their sexual partners accounted for 62% of new HIV infections globally.
- Barriers of KPs to access HIV services
 - Stigma and discrimination
 - Gender-based violence
 - Police harassment
 - Insufficient community-based services

Key Populations : Transgender & Gender-Diverse RoC experiences

The work

- High HIV burden in transgender populations has been documented worldwide, yet some countries do not prioritize transgender people for HIV prevention programming. A recent study in Kenya found that HIV incidence among transgender women was 20.6 per 100 person-years, compared to 5.1 per 100 person-years among men who have sex with men exclusively.
- This shows that transgender people urgently need to be given priority in HIV prevention programming.
- In 2018, Kenya conducted a key population size estimation study that also mapped transgender people. The study found an estimated 4,305 transgender people in FSW and MSM hotspots. Though Kenya has been reaching some transgender people through the existing FSW and MSM programmes, it is essential to tailor HIV prevention interventions to specifically address the unique needs of transgender people.
- To address this gap, NASCOP'S Key Populations Programme, in partnership with transgender community members, implementing partners, and donors, developed the National Guidelines for HIV and STI Programming among Transgender People to standardize programming and the provision of services for the transgender community in the country.

Key Populations : Transgender & Gender-Diverse RoC experiences

Commonly preferred H.I.V testing services:

- **Rapid HIV Testing** (community centres/public facilities): Preferred for safety of the space, community interaction, access to mental health support, ease of access, time taken and access to compounded treatment for other comorbidities at facilities.
- **Mobile clinics:** Preferred for access in geographically hard to reach areas, staffed by trained healthcare providers with experience working with Trans*/GNC individuals and flexibility.
- **HIV Self-Testing:** This is a relatively new option where individuals can acquire a HIV self-testing kit and conduct the test themselves at home.

It's important to note that transgender individuals have unique healthcare needs that should be considered when providing HIV testing services. For example, hormone therapy.

Challenges Accessing HIV Services : RoC experiences

- **Availability of Appropriate Healthcare Facilities:** Healthcare facilities that are equipped to provide appropriate care to transgender and gender diverse individuals can help ensure that individuals have access to high-quality HIV prevention, testing, treatment, and care services.
- **Cultural Sensitivity and Competence:** Healthcare providers who are not culturally sensitive and competent can't provide gender-affirming care that is respectful of transgender and gender diverse individuals' identities and experiences, driving away uptake of services.
- **Unfavourable Policy environments:** Creates legal barriers, such as criminalizing transgender identities, a hostile environment for Trans* individuals seeking care, excludes funding for community lead HIV testing and treatment programs that specifically target Trans* individuals, and lack of recognition in critical areas of structural engagement.

Challenges Accessing HIV Services : RoC experiences

- **Legal Recognition:** Having no or valid legal identity documents that correspond with one's gender, limits access to resources, facilities and spaces that would otherwise facilitate access to quality HIV services. This also opens doors to further discrimination and isolation for ownership of one's identity, health and wellbeing.



Community led - Legal & Gender Recognition Movement (LGRM) efforts

Applying Differentiated Service Delivery Models to Achieve Impact

Historically, HIV studies and programmes have conflated men who have sex with men with transgender people, especially transgender women.

Leaders in the transgender community, globally, have called for an end to this conflation and for the recognition of the transgender population as a unique population, different from MSM. The World Health Organization's 2016 consolidated guidelines for key populations state, "the high vulnerability and specific health needs of transgender people necessitate a distinct and independent status in the global HIV response."

Differentiating delivering of HIV services in Kenya has provided tailored and responsive care to meet the diverse needs of Transgender and Gender Diverse individuals improving health outcomes, access to Trans* competent HIV services and providing patient-centered care.

Applying DSD Models to Achieve Impact

- ✘ **One-size-fits-all' approach to treating HIV/AIDS** ✘ ⇒ **“differentiated service delivery.”**
- **Working models of differentiated care:**
 - ***Adherence groups***: where stable HIV-positive patients join together to manage their treatment.
 - ***Multiple months' worth of medications*** during one **clinic** visit or receive medications at **community centers** instead of traveling to the clinic
 - ***Peer-led DSD model***, through training and employing other members of key populations to provide services to their peers. ie. information, counseling, and support to clients.
 - ***Integrated DSD model*** integrating services for different health conditions, needs and other range of services such as mental health.

Impact of DSD on Recipients of Care

- Improved engagement in care
- Increased satisfaction with care
- Reduced stigma and discrimination: **Care & treatment options designed with the input of recipients of care**
- Improved communication with healthcare providers
- Compounded treatment options that intersect (Integrated model) eg. gender affirming care
- Enhanced adherence and ownership



What next ?

- **Allocate resources:** Implementing differentiated care models that involve recipients of care require additional resources, such as funding for training, supervision, and support. In some settings, these resources may be limited, making it challenging to implement these models effectively.
- **Incorporate innovations that enhance DSD:** Digital health technologies, medication, research, implementation landscape.
- **Enhancing the individual capacity for recipients of care to take space, own their voice and co-design care & treatment models that represent them.**
- **Continuous Development, Adoption, Implementation and modification of effective policies that enhance and incorporate Differentiated Service Delivery**

CENTERING THE INDIVIDUAL

Enhancing the work and operating environment for the community & healthcare providers enables the next stage of Differentiated Care and Treatment

HIV Learning Network

The CQUIN Project for Differentiated Service Delivery



Thank you!

