HARM REDUCTION INFORMATION NOTE - KENYA



This information note has been compiled by Harm Reduction International (HRI) in collaboration with The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) to highlight the impact of US funding cuts in harm reduction in Kenya.

Last update: 26 March 2025.

1. Epidemiological data:

1.1 People who use drugs, HIV and Hepatitis C (HCV)

- There are an estimated 27,056 people who inject drugs living in Kenya, with the majority living in Nairobi, Kilifi, Kwale, Mombasa, Lamu and Kisumu.¹
- There is an estimated HIV prevalence of 11.3% among people who inject drugs.²
- The prevalence of HCV in the general population is 6.31%, and among people who inject drugs it is 20%.³

1.2 Prevention and harm reduction coverage

- Opioid Agonistic Therapy (OAT) coverage is 13.3%.⁴
- There are more than ten public methadone maintenance treatment (MMT) clinics in Kenya, and over 35 drop-in centres (DICs) providing needles syringe programmes (NSP).⁵
- The number of needles and syringes distributed per person per year to people who inject drugs is 189, falling below the recommended UN coverage of 200.⁶
- Take home naloxone and peer-to-peer distribution programmes for naloxone are available, although these programmes are precarious and highly vulnerable to changes in funding and regulations.⁷

Funding agency	PEPFAR ⁸	Global Fund ⁹
Partners	 Ciheb Kenya Liverpool VCT Care and Treatment (LVCT) 	Kenyan Red Cross SocietyMinistry of Health
Provinces/district covered	Mombasa, Kilifi, Nairobi and Kisumu	12-18 counties
Key interventions	 Non-disaggregated PrEP Medically Assisted Treatment (MAT) Other treatment and integrated interventions include HIV testing, HIV 	 PrEP HIV prevention, communication and demand generation Condoms and lubricants Needle and syringe programme

2. Harm Reduction Financing

	clinical services, HIV lab services, HIV/TB	 SRHR, hepatitis services and post violence OAT Community empowerment Removing human rights barriers
Total reach or target	3,797 (COP 2022 target)	
-	USD 1,162,700 (all interventions for	USD 12,358,804 (GC7)
People who use and	people who use drugs)	
inject drugs	USD 116,400 (only for prevention interventions - and it does not include MAT in the data source)	
Budget for OAT	USD 403,200 (2024)	USD 3,460,204 (GC7)
Budget for NSP	NA	USD 2,329,989 (GC7)
Budget for Overdose	NA	USD 54,651 (GC7)
prevention		
PrEP	USD 5,100 (2024)	USD 860,931 (GC7)

 PEPFAR and the Global Fund have provided the majority of funding for harm reduction programmes in Kenya. While the Global Fund has supported needle and syringe programmes and drop-in centres, PEPFAR support has primarily covered OAT programmes.

3. Impact of US funding cuts on harm reduction in Kenya¹⁰

- Approximately 28 clinics that offer HIV services, including some that offer OAT that relied heavily on PEPFAR funding, have had to close or reduce their services.
- The funding cuts have heightened the vulnerability of people who use drugs as without adequate support, they face greater risks of HIV infection and other health issues.
- In Nairobi, two clinics offer MAT/OAT: Ngara Mat Clinic and Mathari Mat Clinic. Ngara MAT Clinic (operated by Nairobi County in partnership with various partners) continues to provide uninterrupted services, benefiting from healthcare workers supplied by the county.
- Mathari MAT Clinic (under the national government) is experiencing service disruptions due to stop-work directives, leading to inadequate psychosocial support, particularly a shortage of counselors, and the absence of defaulter re-enrolment.
- The NOSET drop-in center in Kawangware, Kenya, funded by PEPFAR through Center for International Health Education and Biosecurity-Kenya (CIHEB), has been closed. Six peer educators previously working there have been put on leave pending further communication.
- Limited Drop-in Centre access: With NOSET closed, the only remaining operational drop-in centre is SAPTA, funded by the Global Fund.
- While no individuals have been turned away from sexual and reproductive health services, challenges have arisen, including a shortage of some family planning methods at SAPTA drop-in centre. Clients on HIV treatment are now facing a reduction in HIV drug refills from three months to one month supply. Additionally, a woman who uses

drugs on TB treatment missed doses initially at the NOSET drop-in centre but later received medication.

References

³ Global State of Harm Reduction 2024. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

⁴ UNAIDS, Country factsheet Kenya: https://www.unaids.org/en/regionscountries/countries/kenya

⁵ HRI 2022. https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-kenya/

⁶ UNAIDS. Health, rights and drugs — Harm reduction, decriminalization and zero discrimination for people who use drugs. Published online 2019.

⁷ NATIONAL GUIDELINES FOR HIV/STI PROGRAMMING WITH KEY POPULATIONS. Ministry of Health: National AIDS and STI Control Programme; 2014. Accessed April 5, 2023.

https://www.icop.or.ke/wp-content/uploads/2016/10/KP-National-Guidelines-2014-NASCOP.pdf ⁸ The data on this column are from https://www.dataetc.org/projects/pepfar/

⁹ The data on this column are from <u>https://data.theglobalfund.org/financial-insights</u> and

https://data.the global fund.org/location/KEN/access-to-funding

¹⁰ Based on email correspondence with KELIN and Women Nest Kenya

¹ Global State of Harm Reduction 2024. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/

² Global State of Harm Reduction 2024. https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/