Harm reduction in context of COVID-19 in Kenya

INHSU Africa Advocacy RoundTable
Virtual meeting
1st July 2020
Outline

• Objective of the presentation
• Background information-COVID-19 in Kenya
• Key successes in harm reduction in context of COVID-19
• Key challenges in harm reduction in context of COVID-19
Objective

• To understand key issues for people who use drugs regarding access to prevention, treatment and care particularly in the context of COVID-19
• First case of COVID-19 discovered in Kenya on 13 March 2020
• Over 5000 cases have been reported in the last 4 months.
• Number of infections and deaths have been increasing
• Kenya under dusk to dawn curfew-9pm to 4am
Background information-
COVID-19 in Kenya

- Cessation of movement into and out of the Nairobi Metropolitan Area, Mombasa and Mandera counties.
- Due to the surge in infections the healthcare system has been overwhelmed and resulted to homebased care of patients.
Key success in harm reduction in context of COVID-19

• Medically Assisted Therapy (MAT) clinic clients in areas that experienced lockdown had access to methadone through mobile dispensing.
• Continued dosing of methadone during COVID-19 in all the MAT clinics.
• Commencement of methadone dosing at Mombasa Shimo Tewa prisons.
• Nutritional support for PWUDs during COVID-19.
Key challenges in harm reduction in context of COVID-19

Behavioural interventions in context of COVID-19

• Mobilization of PWUDs at the DIC and during outreach has been slow.

• Disruption of PWUDs needles and syringes distribution at the start of the pandemic creating a possibility increased sharing and risk of blood borne infections such as HIV and hepatitis.

• Peer education session at the DIC and during outreach adversely affected.
Key challenges in harm reduction in context of COVID-19

Behavioural interventions in context of COVID-19

• Psychosocial support sessions at the MAT clinic slowed to reduce congestion at the clinics

• Increase in the number of PWUDs who are homeless.

• Low risk perception of COVID-19 by PWUDs with many of them not adhering to preventive measure like wearing masks consistently.

• Loss of livelihoods for PWIDs leading to increase in poverty
Bio-medical interventions in context of COVID-19

• Increased cases of MAT defaulting by PWUDs

• New inductions in the MAT clinics stopped.

• Access to methadone for clients who are on quarantine in Mombasa infrequent.

• Pregnant WWID not going to hospital for pre-natal care due to fear of COVID-19 infections.

• Immunization of children of drug users affected because PWUDs fear infection with COVID-19
Key challenges in harm reduction in context of COVID-19

Bio-medical interventions in context of COVID-19

• ARVs uptake by some PWUDs interrupted at the start of the pandemic due to movement restrictions some counties.
Key challenges in harm reduction in context of COVID-19

Structural Interventions in context of COVID-19

- Increase in police violence during curfew hours especially for the homeless PWUDs
- Police raids in the drug using site (Kawangware Nairobi) and destruction of handwashing stations.
- Increase in police arrest of PWUDs
- Increase of stigma and discrimination of PWUDs by general public due to perception that they could be COVID-19 infected.
Key challenges in harm reduction in context of COVID-19

Structural Interventions in context of COVID-19

• Increase in intimate partner violence among WWUDs
• Increase in violence/mob justice by the general public due to PWIDs involvement in petty crime.
Thank you