

## **ENHANCING HEALTH CARE FOR PWUDS THROUGH ADVOCACY FOR UNIVERSAL HEALTH COVERAGE (UHC) FOR HCV & HARM REDUCTION**

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**Background:** Kenya's population is 47.5 million with 23,000 PWUDs. Rate of HIV and HCV in general population: 4.7% and 0.2-0.9 % respectively with 18.7% & 14-34% respectively among PWUD with 37-40% coinfection. Kenya's PWUD are mainly from low income slums urban settings. Most are street-based with little access to socio-economic life beyond street life. Their lack of legal documents particularly identity cards makes them unable to access UHC and other crucial services. Reasons for lack of IDs include: lack of supporting documents like birth certificates and school leaving certificates; ignorance; bureaucratic procedure; stigma and discrimination.

**Description of Intervention:** The goal of this project is social economic reintegration of PWUDs to establish sustainability of harm reduction and advocate for HCV response under UHC. PWUD paralegals under a local CBO: Community Advocacy and Paralegals Initiative of Kenya (CAPIK) created rapport with local administration, visited hotspots in Nairobi and collected data of 300 PWUD in need of IDs: 230men and70 women. One paralegal volunteered to use his thumbprint as guarantor that the PWUD were Kenyans.

### **Effectiveness:**

- 1<sup>st</sup> successful story of community advocating for community
- Avenue for advocacy for UHC for HCV response
- 210 PWUD have IDs: 23 women, 187 men
- They can register phone numbers, open savings accounts and form self-help groups
- Legality of street-based PWUD
- Increased support of Harm Reduction by local administration
- Improved relationship with police
- Reduced violence

### **Conclusion and next steps:**

- Advocate for coverage of harm reduction and HCV response under UHC
- Community can be great advocates of their own issues

**Disclosure of Interest:** Nothing to disclose.