



### Key Facts

According to the 2014 Kenyan AIDS Prevention Roadmap, 21% of new HIV infections in Kenya each year occur among AGYW ages 15 to 24.

In 2012, the HIV prevalence in Kenya for AGYW aged 15-19 was 1.1%.

In 2012, the HIV prevalence in Kenya for young women 20-24 was 4.6%.

### Key Policies & Laws

Kenya AIDS Strategic Framework (KASF) 2014/15–2018/19

HIV Prevention Revolution Road Map—Countdown to 2030

2016 Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infections

Framework for the Implementation of Pre-Exposure Prophylaxis of HIV in Kenya

Adolescent girls and young women (AGYW), ages 15-24, continue to be disproportionately burdened by HIV/AIDS in sub-Saharan Africa. Daily HIV pre-exposure prophylaxis (PrEP) offers a unique opportunity for persons at substantial risk of acquiring HIV, including AGYW, to reduce their chances of acquiring HIV. As policymakers plan for the rollout of PrEP across sub-Saharan Africa, policymakers and stakeholders should assess whether PrEP policies and programs are considering the unique needs of AGYW.

In reviewing the literature concerning access to PrEP for AGYW, we identified 13 policy considerations that policymakers and stakeholders should evaluate when developing or reviewing PrEP-related policies to help increase AGYW access. We sorted these considerations into five categories: (1) AGYW-friendly delivery systems; (2) Clinical eligibility and adherence support; (3) Legal barriers and facilitators; (4) Affordability mechanisms; and (5) Community and AGYW outreach (Figure A). We analyzed these considerations in a report titled *Policy Considerations for Scaling Up Access to HIV PrEP for Adolescent Girls and Young Women: Examples from Kenya, South Africa and Uganda's Policy Environments*. This brief summarizes our findings from Kenya.

Figure A. AGYW Access to PrEP Framework



### 1. How will PrEP services be offered in locations that cater to AGYW?

The Kenya ART Guidelines and Kenyan PrEP Implementation Framework state that PrEP could be made available in a range of settings, including youth-friendly outlets, drop-in centres for key populations, HIV clinics and community settings that meet the criteria of an integrated prevention center.

### 2. What type of training will health care providers undergo on providing PrEP services to AGYW?

The Kenya ART Guidelines state that PrEP may only be prescribed by a health care professional who has completed training on the national guidelines for the use of ARVs as PrEP. Kenya's Task Sharing Policy Guidelines expressly authorize PrEP by medical officers, nurses, midwives, clinical officers and pharmacists. The Kenyan PrEP Implementation Framework recognizes the importance of trained "Peer educators, community health volunteers, youth networks among others [who] will promote PrEP use at community level." This framework also notes that PrEP is not a standalone intervention, and PrEP training should be incorporated in other HIV training programs.



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**3. How is clinical eligibility for PrEP defined, and does it allow for individualized assessments of substantial risk for AGYW?** The Kenya ART Guidelines state that PrEP should be offered to HIV-negative individuals who are at “significant risk” of acquiring HIV infection and defines “high risk” for acquiring HIV as meeting at least one of these:

- Sexual partner is known to be HIV-positive and not on ART, on ART < 6 months, suspected poor adherence to ART or most recent viral load is detectable.
- Sexual partner(s) are of unknown HIV status and are at high-risk for HIV infection (has multiple sexual partners, has had sexually transmitted infection [STI], engages in transactional sex, injects drugs, from high HIV burden settings).
- Engaging in transactional sex.
- History of recent STI.
- Recurrent use of post-exposure prophylaxis.
- History of sex whilst under the influence of alcohol or recreational drugs as a habit.
- Inconsistent or no condom use or unable to negotiate condom use during intercourse with persons of unknown HIV status.
- Injection drug use where needles, syringes are shared.
- Serodiscordant couples trying to conceive.

**4. Are pregnant and breastfeeding women eligible for PrEP?** The Kenya ART Guidelines state that pregnancy and breastfeeding are not contraindications to provision of PrEP.

**5. What types of PrEP adherence education, support mechanisms and monitoring will be used to improve PrEP adherence amongst AGYW?** The Kenya ART Guidelines state that adherence should be assessed during every visit (at minimum every 3 months). The Kenya PrEP Implementation Framework also states that additional adherence support and client follow-up will be conducted at the community and facility level.

**6. Do age of consent laws permit all or substantially all AGYW at substantial risk of acquiring HIV to self-consent to PrEP services?** The age of consent in Kenya for medical treatment is generally 18 years of age. The Kenya ART Guidelines state that adolescents aged 15 years and above and emancipated minors can provide self-consent to HIV testing and counseling, but is silent regarding the age of consent for PrEP.

**7. Can caregivers and other non-parental guardians consent to PrEP services on behalf of**

**AGYW who are not old enough to self-consent to PrEP?** The Kenyan laws and policies we reviewed did not expressly address whether caregivers can consent to PrEP on behalf of minors.

**8. Can AGYW be subject to criminal penalties, either directly or indirectly, for engaging in sex work?** Kenya criminalizes sex work, directly or indirectly, to varying degrees.

**9. Can AGYW be subject to criminal penalties for engaging in consensual sex with other adolescents?** The laws and policies we reviewed did not expressly address whether minors engaging in consensual sex can be subject to criminal penalties.

**10. Is PrEP medication registered by the country’s drug regulatory authority for prevention and for use in adolescents?** Kenya’s Pharmacy and Poisons Board has approved TDF/FTC for PrEP for people aged 15 years and above who are at substantial risk of sexually acquiring HIV-1 infection.

**11. How will the confidentiality of AGYW seeking PrEP be protected?** The laws and policies we reviewed did not expressly discuss confidentiality protections for AGYW using PrEP.

**12. Are mechanisms in place to make PrEP services available for free or at an affordable price for AGYW?** The Kenyan PrEP Implementation Framework estimated that Kenya’s financial gap in PrEP implementation is more than US\$300 million over the next five years. Strategies mentioned to address the financial gap included: national and county government allocations, streamlining existing donor and partner funds, health insurance coverage for PrEP (both private and public) and integrating PrEP prevention into existing program structures.

**13. How will education and marketing outreach campaigns be used to educate AGYW and the community about PrEP?** Kenya’s PrEP Implementation Framework includes a communication plan for increasing knowledge of PrEP services, creating a positive perception towards PrEP, and increasing demand for PrEP among the target audience. The plan addresses the importance of designing communication strategies for specific populations, including AGYW, and references the use of social media platforms to reach young people.