



**PROMOTING THE RIGHT TO HEALTH OF SEXUAL
MINORITIES IN KENYA WORKSHOP REPORT**



VENUE: HARLEQUINS HOTEL, NAIROBI

DATES: 23rd & 24th September 2009

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List of Acronyms and Abbreviations

AFRA-KEN	Artistes for Recognition and Acceptance
AI	Anal Intercourse
ART	Antiretroviral Therapy
GALCK	Gay and Lesbians Coalition of Kenya
GCM	Global Campaign for Microbicides
GC 14	General Comment 14
G- Kenya	Gay Kenya
HCWs	Health Care Workers
HRBA	Human Rights Based Approach
IHRS	International Human Rights Standards
ICESR	International Covenant on Economic, Social, Cultural Rights
LGBTI	Lesbians, Gays, Bisexuals, Transgender, Intersex
MARPS	Most at Risk Programs
MMAAK	Movement of Men Against Aids in Kenya
MOT	Most At Risk Populations
MWA	Minority Women in Action
MSM	Men who have sex with men
PEP	Post Exposure Prophylaxis
PHI	Public Health Innovations
PREP	Pre Exposure Prophylaxis
KELIN	Kenya Ethical and Legal Issues Network on HIV/AIDs
KU	Kenyatta University
UDHR	Universal Declaration of Human Rights
UN:	United Nation
UON	University Of Nairobi
WSW	Women who have Sex with women

1.0 INTRODUCTION AND BACK GROUND

Sexual minorities, including men who have sex with men (MSM) and transgender people, face high rates of HIV prevalence. However, many lack basic human rights protections and access to HIV services that would help reduce HIV infections and meet the 2006 commitment of member states to “ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups.”

The term “men who have sex with men” - frequently shortened to MSM - describes a behavior rather than a specific group of people. It includes self-identified gay, bisexual, or heterosexual men, many of whom may not consider themselves gay or bisexual. Sex between men occurs in every culture and society, though its extent and public acknowledgement vary from place to place. MSM have not for long been recognized as an integral part of Kenya’s society. The society disapproval and criminalization of same sex in Kenya foster disclosure and minimal public health interest in MSM. As a result there has been paucity of information on health related risks that MSM are exposed to by their lifestyles, the prevention and health care strategies. Continued stigmatization and discrimination at health care facilities, lack of confidentiality and capacity to accept the sexual minorities by health care workers (HCWs) deny them their right to the highest attainable standard of health as a fundamental human right.

1.1 OPENING REMARKS AND CLIMATE SETTING

The 2 day forum organized by HERAF on “Promoting the Right to Health of Sexual Minorities in Kenya” was held on 23rd and 24th September 2009 at Harlequin hotel, Nairobi. It was supported by AKIBA- UHAKI FOUNDATION.

Beatrice Gachambi a Program Officer at HERAF opened the forum by asking one of the participants to lead in a word of prayer. She then asked all participants to introduce themselves and the organizations or institutions which they represented. She involved all participants in setting up ground rules which were as follows:

1. Switch off the mobile phones or put them on the silent mode.
2. Observe time.
3. Be brief and to the point while making contributions.
4. Respect for each other’s opinions and accommodate each other.
5. Participation by all attendants.
6. Share freely and openly. Commissioner Winfred Lichuma added that on this rule culture shock to be allowed.
7. Talk one at a time.
8. Begin and end the forum would end with a word of prayer.

Beatrice asked the participants of their expectations and they expressed as follows:

1. Understanding sexual minorities and their rights to health
2. Challenges faced by sexual minorities in relation to health
3. Getting enlightened on ways of safeguarding and promoting the health rights of sexual minorities
4. Interactions and experience sharing
5. Initiate a dialogue between health care workers and sexual minorities

1.3 BRIEF ABOUT HERAF

Beatrice informed participants about Health Rights Advocacy Forum (HERAF) as an NGO that brings together health professionals, NGOs, FBOs and PLWA organizations to advocate for health as a fundamental human right in Kenya. HERAF was established in 2006 as a project of Kenya human rights commission KHRC and registered as an NGO in Kenya in 2007. She described in brief HERAF's vision, mission, goal and objectives.

HERAF's Vision, Mission and Goal

Vision

- ❖ A Kenya where health is upheld and enjoyed as a fundamental human right.

Mission

- ❖ To be a leading human rights organisation that promotes and empowers Kenyans to realise the right to health for all.

Goal

- ❖ To be a visible leader in promoting, protecting and empowering Kenyans to enjoy the right to health at all times.

Objectives

- ❖ To create awareness and inform and educate health professionals, civil society and communities on health as a fundamental human right;
- ❖ To influence Kenya's health policies to guarantee promotion, respect and protection of the right to health;
- ❖ To provide leadership among health professionals and the general population in identifying and addressing emerging health rights issues in Kenya and
- ❖ To advocate for an efficient health financing system that ensures equity, accountability and the sustainability of Kenya's health care system.

1.4 PURPOSE OF THE FORUM

The purpose of the forum was to strengthen the capacity of health care providers to safeguard the rights of sexual minorities including dealing with stigma and discrimination in Kenya's health facilities.

The specific objectives of the forum were to:

1. Discuss the human rights of the sexual minorities
2. Explore challenges faced by sexual minorities in access to health and HIV/AIDS services
3. Identify strategies to be put in place to improve access to health and HIV/AIDS services in Kenya's health service.

1.5 EXPECTED RESULTS

Immediate

- ❖ Allow for interactions between sexual minorities and health care providers.
- ❖ Disseminate information regarding sexual minorities' right to health.
- ❖ Create a pool of HCWs sensitized on health rights of sexual minorities.
- ❖ Identify human rights and policy gaps hindering enjoyment of health rights by sexual minorities.

Short term

- ❖ Create more awareness in the community on rights of sexual minorities.
- ❖ Change of attitude of HCWs regarding sexual minorities.
- ❖ Provision of more LGBTI friendly health services.
- ❖ Reduced stigma and discrimination in health care facilities.
- ❖ Improved number of sexual minorities accessing health care facilities.

Long term

- ❖ Reduced risk of HIV infections among sexual minorities in Kenya.

2.0 OUTPUTS OF THE FORUM

2.1 Human Rights and Sexual Minorities

The forum started with a presentation by Winfred Lichuma, a Commissioner with KNCHR. She introduced the concept by reading out two different cases from “Unspoken Facts. A History of Homosexuality in Africa”, one of a transgender and the other of a lesbian both of who had been married and had faced violation of their rights at one point in their lives. At this point Lichuma engaged the participants in trying to understand the reason for certain sexual orientations and whether these determines how prone one becomes to violation of their rights. Habit and genes came up as causes of certain sexual orientations specifically in reference to gays and lesbians. It was also notable from a comment made by a lesbian participant that some people cannot tell why they are attracted to same sex partners.

“I cannot tell why I get attracted to other girls. I realized that I was more attracted to girls and falling in love with them since when I was in class three and have grown with that feeling despite much torture and counseling. It was not my wish to be a lesbian”

While some countries allow free practice of homosexuality others have put in place laws that criminalize it. Lichuma noted that a country like South Africa allow MSM to marry and even adopt children. Kenya is among those countries that criminalize same sex under section 162 of the Penal Code. This criminalization and the social norms have left the people who practice same sex to remain continue doing their activities behind bars. There has been denial of existence of people engaging in same sex for along time. This has aggravated their risk to HIV/AIDS and violation of their human rights including right to health. Lichuma stressed the point that the relationship is there and a major driver of HIV/AIDS. She noted that the sexual minorities are getting infected and that there is a need to deal with the situation. She embraced the importance of putting policies in place that cater for the LGBTI.

That the sexual minorities are facing much discrimination, stigmatization and condemnation is a truism that cannot be ignored. However little thought is given to how their human rights are violated. Lichuma defined *human rights as freedoms and entitlements that accrue to all human beings by virtue of being human*. Therefore when one’s sexual orientation is different, it does not make them lesser human being. Sexual minorities (lesbians, gays, bisexuals, transgender, intersex - LGBTI) and queer (Q) people therefore have rights entitled to them regardless of their sexual orientation or gender identity. LGBTI and Q have a right to treatment despite the laws that have been put in place and therefore there is a need for the health care providers to provide health care service without discrimination and stigmatization.

Lichuma defined *sexual rights as not to mean copulation without restrictions as opponents would proclaim. Rather, it’s a mean to putting an end to discrimination against consenting LGBTI persons of their sexual orientation or sexual identity*. There is

therefore a need to stop violating their rights. The definition excludes pederasty (man-boy relationship).

According to the UN and right to health of LGBTI that the legal prohibition of same sex relations in many countries, in conjunction with a widespread lack of support or protection for sexual minorities against violence and discrimination, impedes the enjoyment of sexual and reproductive health by many people with lesbian, gay bisexual, or transgender identities or conduct

LGBTI face several human rights violations such as right to privacy, employment, education, family life, housing, employment and discrimination against them on grounds of their sexual orientation and gender identity. These violations aggravate vulnerability to violation of their right to health. They are also subjected to direct violations, whereby their physical or mental health is compromised because of their actual or perceived sexual orientation or gender identity. LGBTI around the world have been arrested, tortured, killed, sentenced to death, committed to medical or psychiatric institutions and treated with "aversion therapy" including electroshock therapy or forced rape. Intersex individuals, especially those with visibly typical anatomy, have been subjected to surgery against their will, for example to 'correct their ambiguous genitalia.

LGBTI are also subject to right to health violations which Lichuma highlighted as follows:

1. Failure to recognize and consider the diversity of their special health care needs.
2. LGBTI youth are susceptible to poor health and health risks. Studies have shown that teenage gays are 2-3 times victims of suicide than heterosexual teenagers.
3. Social pressure to conform to the heterosexual norm makes them highly susceptible to mental health problems and places their personal safety at risk. Lichuma mentioned that studies have shown that lesbians are more likely to smoke, abuse alcohol, weigh more, suffer stress compared to heterosexual women. This impact negatively in their health resulting in conditions such as heart disease, cervical cancer and stroke among others.

Homophobia is a health hazard among sexual minorities especially gays and lesbians. The heterosexist assumption has made many gays and lesbians to refrain from talking to their doctor about who they have sex with, leading to denial of the information so needed by them in regard to their health. It is a health challenge is that health care providers don't necessarily know the sexual orientation of their patient. This can prevent them from asking certain questions, probing for certain risk behaviors or looking for indications of particular illness. This unfortunately does a disservice to their clients thereby denying them of their right to health.

LGBTI patients suffer ostracism, invasive questioning, rough physical handling, derogatory comments, and breach of confidentiality, shock, embarrassment, unfriendliness, pity, condescension and fear. This has resulted in delays in medical treatment among them, hiding their sexual orientation both of which perpetuate the negative cycle of treatment. In case of Kenya where homosexual activities are

criminalized, HIV and AIDS education and other forms of preventive health care that should be tailored to LGBTI communities are suppressed. Failure to take into account LGBTI in health policy setting equals to violation of their rights and resultantly failure to adequately plan for their intervention in regard to their right to health and HIV/AIDS.

There is need to put in place discriminatory actions such as protecting a person's freedom to be recognized as the gender they wish to be identified as a must, freedom to change genders including use of medical procedures is relevant in protecting rights of LGBTIs and freedom to define one's own gender identity, as one aspect of essential of self-determination. Lichuma stated that courts in the UK have held that the government's refusal to recognize the post-operative genders of two transsexual women was discriminatory and a violation of their right to privacy.

Lichuma briefly introduced the concept of the **Yogyakarta Principles** which she said relates to application of human rights law in relation to sexual orientation and gender identity launched on 26th March 2007. They comprehensively examine the situation of protection of all human rights for all persons, regardless of sexual orientation or gender identity. The principles are based on the international law principle that affirms that all persons, regardless of sexual orientation are entitled to full enjoyment of human rights entitlements. Particularly, she mentioned that Principle 17 guarantees the right to health without discrimination on the basis of sexual orientation and gender identity.

As a way forward, she mentioned that particular attention should be paid to LGBTI youth and the culture shift necessary in society as a whole to ensure that their health needs are protected. Additionally, there is need to create safe space for LGBTI devoid of isolation both within our community and the health care setting. She said that education and creation of awareness on human rights and right to health are a considerable strategy.

2.2 Access to HIV and Health Services

In addressing the issue of access to HIV and health services, Lichuma introduced the Human Rights Based Approach (HRBA) –a methodology used in development generally while doing programming. The approach seeks to identify causes of any development problem which can be used to formulate appropriate responses. The main focus areas of the approach include: the most vulnerable, root causes, right – holders (government in most cases) and duty – bearers (in this case the sexual minorities) and empowerment. Right –holders are entitled to their rights, to claim them, hold duty – bearers accountable as well as respect those rights.

The core elements of HRBA are as follows:

- ❖ Assessment and analysis of the human rights claims and capacities of rights-holders and human rights obligations and capacities of duty bearers.
- ❖ Analysis of immediate, underlying and structural causes of the non-realization of rights.
- ❖ Programmes develop capacities to build the capacity of rights-holders to claim their rights and of duty bearers to fulfill their obligations.

- ❖ Programmes monitor and evaluate programme outcomes and processes as well as evolving capacities guided by human rights standards and principles.
- ❖ Programming is informed by recommendation of international human rights mechanisms.

A causality analysis for access to health for LGBTI identifies the immediate, underlying and root causes of violation of their right to health. Lichuma involved participants problem tree of LGBTI in access to health was developed and the following were the results:

- ❖ **Immediate causes** -stigma, discrimination, fear, lack of awareness, peer influence/habit.
- ❖ **Underlying causes**-criminalization/legal setting, culture/taboo, morality, socialization
- ❖ **Root causes** - socio- economic factors, biological factors. Whether parenting and genetics are root causes of certain sexual orientation interested a heated debate among participant and the conclusion made by one of the subject is that there is need for more exposure to the studies of the LGBTI to be able to understand their issues about the causality of their orientations.

According to article 1 of the Universal Declaration of Human Rights (UDHR), all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. She added that LGBTI are not exclusion of these rights.

On the right to health, Lichuma maintained that governments and public authorities should put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time as stated in Article 12, General Comment 14 of UDHR. GC 14 outlines the following as the criteria for evaluating the right to health:

- ❖ *Availability*-functioning public health and health and health-care facilities, goods and services as well as programmes have to be available in sufficient quantity.
- ❖ *Accessibility*- services must be accessible to everyone without discrimination.
- ❖ *Acceptability*-all health services and goods must respect medical ethics and be sensitive to gender. It must respect confidentiality.
- ❖ *Quality*-health facilities, goods and services must be scientifically and medically appropriate and of good quality.

Lichuma concluded by all persons must remember the guiding principles in HRBA programming that are defined in PANEL;

- **Participation**
- **Accountability**
- **Non-discrimination and equality**
- **Empowerment**
- **Linkages to human rights standards**

2.3 Safeguarding the Rights to Health of Sexual Minorities in Kenya

Nguru Karugu of Public Health Innovation and a consultant for GALCK facilitated this session. He outlined the commonly observed barriers to accessing health care for LGBTI resultantly convert to violation /denial of their health rights. They were as follow:

- ❖ Criminalization of same sex. This has instigated fear in lesbians and gays causing them to hold from obtaining healthcare services especially from public health facilities. The health care providers are not clear on how to handle this group of persons once they present at the facilities because of the illegality of their relationship.
- ❖ Stigma and discrimination from the society at large as well as the health care providers. This includes isolation, denial of treatment, invasive enquiries, calling for brigades by nurses and even forced treatment based on the assumption that these people have a mental problem. As a result the LGBTI have turned to self medication and consultation among themselves making uninformed decisions regarding their special health needs. This puts them at a higher risk of HIV/AIDS, STIs and other health conditions.
- ❖ A lesbian participant shared her experience saying that she visited a public health care facility with her girlfriend for an HIV test and the health care worker was called a brigade to come see them and this made them feel so unappreciated. She added that most of the time the health care providers are more inquisitive of “who does what” and ignoring the patient’s main purpose of being there. Another lesbian expressed her dissatisfaction that when she visited a health facility with urine infection, where she was forced to do a pregnancy test despite having explained that she had never in her life have had sex with a man. A health care provider however countered this by explaining that this was done as medical rule for the condition that she presented. A medical student pointed that it’s a challenge for doctors to explain to patient what is being to them and why and that’s where a misunderstanding comes in.
- ❖ Lack of information on appropriate HIV and holistic health care services for LGBTI. Health care providers are not informed on the way to handle LGBTI clients. The medical curriculum teaches the normal while the practice presents the abnormal. A gay participant expressed that the only way to deal with such a situation is to have a gay doctor who understands them and who would be to handle them appropriately in relation to their health needs. Nguru noted that lesbian’s health is an issue especially on how they engage gynecologists for their services. He also noted that there are no specialist doctors to deal with intersex and transsexuals health issues.
- ❖ Forced medical treatment. People engaging in same sex as well as transsexuals are forced into medical diagnoses following perceptions that they have a mental

problem and their conditions can be collected. Intersex persons are forced to undergo forced surgeries in order to correct their presumed ambiguous genitalia.

- ❖ Violence and torture. Gays and lesbian participant reported being harassed and even arrested by police, the community members and even being gang raped. A health care provider presented a case of a gay from coast that had approached her for medication after being inhumanly gang raped by twelve men. In a separated sitting with one of the lesbian, she explained that she had been beaten up severally even by the parents of her girlfriend who wanted her to live their daughter alone. She also gave a case where she was almost beaten up while she got into one of the lady's wash rooms in town centre. Intersex person have ended up even dropping out of school as `a result of scolding and torment from fellow students and teachers which may cause them trauma. This torture and violation affect the health of LGBTI.
- ❖ Lack of research into matters of sexual minorities and the issue related to their health. Research has been curtailed by the legal settings that criminalize same sex engagement. In addition, not many people are willing to undertake research related to the sexual minorities. Under funding has also been a major hindrance for research.

From a study of 500 MSM by university of Nairobi and population council, Nguru noted that stigma and discrimination, financial and employment issues, STI&HIV and human rights are the most discussed issues about LGBTI. The study showed that most MSM know about HIV but assume that infection can only through vaginal intercourse.

As way forward, Nguru pointed out the importance of creation of awareness and empowerment among LGBTI and health care providers with an aim of strengthening their capacity in regard to the health rights of the subject. A gay man added that there is need for health care providers to maintain professionalism during treatment of LGBTI regardless of the values they hold. If a health care provider is not in apposition to handle a case then it would be professional of him/her to refer the patient to another doctor.

The health care providers expressed that LGBTI patients should allow culture shock when they visit health care facilities as most of the health care providers are socialized to deal with the 'normal' i.e. heterosexual. They insisted that the 'who does what' inquisitions are to make them understand the patient better as well as create rapport to form base for treatment. Most participants agreed that there was need to integrate LGBTI health within the medical curriculum and that LGBTI as the right holders should be able to realize their rights as well as the health care providers as the duty bearers to know deliver their obligations to scratch. He added that health care providers should familiarize themselves with the Ministry of Health service charter.

Beatrice concluded the session by stating clearly that no one by virtue of their sexual orientation is excluded from getting ill at one point in their life and therefore all persons are entitled to health rights and equal treatment at health facilities. She called for change

of attitude among the health care workers on how they handled LGBTI patients. ‘Change starts with a single person.’

2.4 Microbicides and Sexual Minorities-Less Silence, More Science

This was a session facilitated by Pauline Irungu of Global Campaign for Microbicides. She initiated her presentation by noting that there has been an assumption of universal approach of HIV/AIDS which has led to loosing out in the fight against the epidemic. She added that it is crucial to be specific because vulnerability differs. According to Pauline, MSM are more vulnerable to HIV /AIDS since most of them engage in anal sex which is four times more vulnerable to HIV infections than is the case with the vaginal sexual intercourse due to the thin layers of the anal wall.

Pauline noted that strategies have been put in place for prevention of HIV and that others are still underway. Prevention tools are approached from three levels with different prevention tools been administered as follows:

- ❖ *Prior to exposure:* right focused behavior change, VCT, STI screening & treatment. Prevention vaccines, pre-exposure prophylaxis (PREP) and male circumcision are still under way for this level.
- ❖ *Point of transmission:* male and female condoms and lubrication, use of ART to prevent prenatal transmission (PMTCT), provision of clean injecting equipments and post exposure prophylaxis (PEP). Vaginal and rectal microbicides as well as cervical barrier are still being looked into.
- ❖ *Treatment level:* improved ARV therapy, treatment for opportunistic infections, basic care and nutrition, education and behavior change. Therapeutic vaccines which could stop progression of disease are still under research.

Pauline defined a *Microbicide as a substance that can reduce transmission of HIV while applied vaginally or rectally*. She however noted that no Microbicide is available anywhere in the world yet. She added that there is on going research towards it and that once in the market they will not be 100% effective just like condoms. Microbicides may only be 50-60% effective but this can make a huge public health difference in relation to HIV infection. Currently, microbicides are being developed in form of gels and balms meant designed for application .In future, rectal microbicides may also be available in form of suppositories and gel capsules.

Pauline went on to say that there is need for rectal Microbicide for all heterosexuals and homosexuals. A single act of anal unprotected anal intercourse is 5-80 times more likely to result in HIV transmission than a single act of vaginal intercourse. Anal intercourse (AI) way above some other forms of HIV transmission and therefore there is need to target people who engage in anal intercourse with proper prevention, counseling and other strategies to look in to HIV/AIDS. Anal intercourse is common globally with

developed countries reporting 10-20% AI¹ and most heterosexual engaging in unprotected AI. Pauline said that there has been a noticeable increase of AI in East Africa.

She highlighted a study she had done among young gays in Rongai in Nairobi where they said that they were not at risk of HIV/AIDS because they did not have girlfriends but have boyfriends-an assumption that HIV can not be transmitted through anal intercourse.

Unlike vaginal microbicides, rectal microbicides are still in their early stages of development. This has been as a result of several challenges which include:

- ❖ Scientific/biological differences between the structure of vagina and that of rectum. Vaginal has a thicker epithelium and therefore more equipped for protection unlike the rectum whose epithelium is a single layer and a single intercourse through the anus can cause trauma and breakage. The vagina has fewer CD4 cells than the rectum which has more inflammatory cells under its surface making it more susceptible to infections. HIV virus would survive better in an alkaline PH in the rectum rather than an acidic PH in the vagina. The rectum is an open ended organ thus creating a larger surface area for infections to run through.
- ❖ More complex safety issues. Potential microbicides need to be tested for safety both for vaginal and rectal use. Pauline noted that there is likely hood of abuse of Microbicide due to desperation and therefore the need to test for safety.
- ❖ Lack of resources. Funders do not focus on funding rectal microbicides. Most funding comes from the government and private donors like Melinda & Bill Gates. However she noted that there are little investments in Microbicide from private sector pharmaceuticals who are the engine of biotechnology research and pegged this to political interference and disinterest.
- ❖ Lack of understanding of need even among scientists and political and cultural reluctance to address anal sex due to stigma, denial and homophobia associated with it.

Pauline concluded by saying that there is need for much advocacy for microbicides and safe sex practice at all levels adding that if people can accommodate condoms then it would also be easy for them to accommodate microbicides and lubricants. She called on HERAF and other advocacy like minded organizations and individuals to push for faster drug registration in the country including Microbicide once research on them is complete. She referred microbicides as a classic public health good.

¹ Anal Intercourse

2.5 Universal Access to Health and HIV for Sexual Minorities: STI and ARVs Treatment

Dr. Sarah Masyuko of NASCOP led the participants of the forum in this session. She started by stating that although there has been 50% reduction in HIV/AIDS prevalence over the last ten years, it still remains a major challenge in Kenya. HIV prevalence is spread across several factors such as age, sex, region and population. Kenya has a mixed epidemic both generalized epidemic where all kinds of people can be infected and concentrated epidemic which points to the most vulnerable population. According to MOT 2008; Kenya has a prevalence of 7.1% (1.3m).

Sarah noted with concern that there are very low levels of HIV testing in Kenya. She continued to state that only 36% of Kenyans know their HIV status. The implication is that there is high spread of infection because of the assumption that one does not have the virus. *Mpango wa Kando* campaign is one of the strategies that has been put in place to address this issue.

Dr.Sarah defined *sexual minorities as a group of people whose sexual identity, orientation or practice differ from majority of surrounding society*. She added that MSM and transgender persons are considered some of the most at risk population and therefore most vulnerable to HIV due to their sexual practices. HIV prevalence is high among MSM, about 10% of total new infections in 2008. She noted that many of them lacked basic human rights protection and access to HIV services. Additionally, they face high levels of stigma and discrimination as well as abuse of their human rights and right to health. She observed that most MSM may also be married and most of them engage in unprotected anal sex which implies high spread of HIV among the populations.

According to Dr Sarah, sexual minorities face several challenges in Kenya including high levels of stigma and discrimination which has resulted into MSM getting married in order to hide their status as well as conform to the heterosexist norms of the society. They also face legal challenges as homosexuality, sex work and IDU is not allowed in Kenya. This criminalization limits access to healthy services for sexual minorities especially those who engage in same sex relationships who most of the time are also IDUs. It is difficult provide needle exchange as IDUs are not allowed. Provision of condoms in prison is seen as promoting homosexuality between prisoners. Dr.Sarah said that lack of national level initiated programs targeting most at risk populations is also a major challenge in the country. She also pointed out that there is lack of advocacy programs targeted toward sexual minorities in relation to health and HIV services.

In concluding her presentation, Dr.Sarah gave a way forward on how to tackle these challenges as follows:

- ❖ There is need for recognition of people with different sexual identities/orientations within our society.
- ❖ Interventions targeting MARPS² including MSM and transgender particularly in access to health services should be put in place.

² Most at risk populations

- ❖ It is of importance to remove legal barriers in the countries that criminalize homosexuality in order to allow easier and freer access to prevention and care for MSM and WSW and strengthen referrals between preventing, care and treatment among them.
- ❖ Condoms and water based lubricants should be made available and at an affordable price and that there should be consistent use of condoms and lubricants.
- ❖ Quality treatment for STI and HIV related services, VCT and specialized clinics should be made available for the sexual minorities.
- ❖ Sexual minorities should be empowered to participate in social, political life as well as policy and decision making of their country.
- ❖ Specified and targeted information for prevention and risk reduction of HIV and STI should be availed to sexual minorities as well as promotion of hepatitis B immunization for them.
- ❖ There is need for provision of IEC through continued training and sensitization of health care providers to avoid discrimination against MSM and other sexual minorities.

In reacting to Dr.Sarah's presentation, a health care provider stated that there is a need to break the silence about sexual minorities. She explained that keeping quiet about them just because they are a 'social vice' does not do us well in trying to intervene in HIV/AIDS and general health care for them and the entire society. She went to say that health care providers should take part in promoting and advocating for the right to health of the sexual minorities.

Another health care worker in the forum asked HERAF and other like minded organizations to arrange more forums and discussions in which health care providers can be sensitized on issues to do with sexual minorities and their health. This would contribute to the change of attitude of health care providers and improve care and treatment of sexual minorities and this would lead to improved health of the entire society.

A gay representative from GALCK³ expressed that they were planning to do mobile outreaches with VCT services where they would bring together HCW⁴ and sexual minorities as a strategy to sensitize them on their right to health.

2.6 Improving Human Rights and Health Services for Sexual Minorities

This session was facilitated by George Gathenya, a health consultant who started by explaining that sexual minorities are human beings who are entitled to human rights including right to health. He went on to say that they face many challenges in accessing health services as a result of the stigma and discrimination in our country. He stated that Sexual minorities are viewed as an abnormal lot in our country and this lead even to denial of health services in health care facilities. He noted that there is a need for

³ Gay and Lesbians Coalition of Kenya

⁴ Health care workers

improved health care access to the community as a whole not excluding sexual minorities. This would mean that there are adequate health facilities as well as human resources for health. He added that commodities such as drugs should be made accessible and that the supply management system should be efficient. Sexual minorities should also be considered to contribute to the formulation of health policies of the country as only them who can understand their health needs well and therefore can better present what they would want put in the policy for them.

Gathenya said that attitude and unwillingness to embrace a change of culture has contributed largely to the failure to realize the rights of sexual minorities as well as their right to health. He called on HCW and community at large to change their attitudes which is a major influencer of access to health for sexual minorities. He stated that in order to guarantee access to health for sexual minorities there is need for the following:

- ❖ Specific health facilities both private and public at all geographical zones to address specified health needs of sexual minorities.
- ❖ More human resources for health who are well trained on health issues of sexual minorities. There is need to integrate topics about sexual minorities in the medical curricula.
- ❖ Genuine commodities with clear and easy to understand instructions should be made available and accessible for sexual minorities. This include male and female condoms, water based lubricants. The supply chain system for these commodities must also be effective.
- ❖ As a preventive measure, health related data regarding sexual minorities should be adequate and accessible as well as opportunities for desegregating such data.
- ❖ Sexual minorities should also improve on their health seeking behavior .This would be addressed through health education and behavior change communication among them.
- ❖ Sexual minorities should also realize that the society is changing and that there is more acknowledgement and understanding about them. Therefore they should come out more openly in the pursuit of realizing their human rights and right to health which will see to an improvement in access to health for them.

3.0 Conclusion and Way Forward

3.1 Conclusion

For the right to health of sexual minorities to be respected in the health care system, there is need for change attitudes and perceptions among the health care workers towards the sexual minorities and vice versa. There is also need for strengthening of the health facilities to ensure that they effectively address the health need of the sexual minorities. The government should ensure that health care services including HIV and STI services

are available and accessible to the sexual minorities groups void of stigma and discrimination by the health care workers.

To improve utilization of health care services by sexual minorities in Kenya, health care providers will need capacity strengthening on issues of sexual minorities in relation to health and HIV services. This will be instrumental in understanding sexual minorities concerns about stigmatization of their sexual behaviors, orientations and identities in health facilities.

3.2 Way Forward

As a way of concluding the 2 days workshop, participants were led by Beatrice from HERAF in coming up with a way forward from the forum. The following was agreed as the way forward:

- ❖ There is need for more forums and discussion meetings between health care providers, policy makers and sexual minorities to continue creating awareness and sensitizing them on sexual minorities and their health rights and health needs. HERAF was requested to organize another forum like this in order to reach out to more health care workers and in response to this, Beatrice said that this was subject to availability of funds.
- ❖ Participants in this forum and discussions should take responsibility of giving feedback at their specific places of work to reach out to more health care workers and sexual minorities groups
- ❖ HERAF and organizations dealing with issues of sexual minorities and individual should network to create organizational data base to make it easy for sexual minorities to reach them.
- ❖ As part of the way forward, the sexual minorities group asked the health care workers present who were willing to give medical services to the sexual minorities groups to give them their contacts. A list was circulated and majority of the health care workers committed themselves to give services to the sexual minorities.
- ❖ There is need to advocate for more funding into projects and research regarding sexual minorities as well as reform in legal systems in Kenya.
- ❖ There is need to advocate for safer sex including consistent use of condoms and water based lubricants among sexual minorities especially MSM and WSW.
- ❖ There is need for change of attitude among health care providers in regard to sexual minorities. This will come along as a result of more forums like this.
- ❖ Health care services for sexual minorities should be integrated in public health facilities and creation of LGBTI friendly environment in the facilities.

- ❖ Sexual minorities should be proactive and get engaged in the health policy setting in Kenya.
- ❖ Sexual minorities have a right to health. Therefore there should be equal treatment and care up to 100% for all according to the need presented in the health facility.

Annex 1: List of participants

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Annex 2: Workshop Programme

Day 1 Wednesday, 23rd September 2009

Time	Activity	Responsible
8:30 – 9.00 am	Arrival & Registration	Grace Gathua , HERAF
9:00 – 10.00 am	Climate setting: Introductions, Welcome Remarks and Official opening Background and workshop objectives	Beatrice Gachambi, HERAF
10:00 – 11.00 am	Human rights and rights of sexual minorities	Winfred Lichuma , KNCHR
11:00 – 11.30 am	Tea Break	ALL
11:30 – 1.00 pm	Access to HIV and Health Services: Rights Based Approach	Winfred Lichuma, KNCHR
1:00 – 2.00 pm	Lunch	ALL
2:00 – 3.30 pm	Safeguarding the Rights of Sexual Minorities in Kenya	Mr.Nguru Karugu, PHI
3.30 – 3.50 pm	Less silence, more science: New HIV prevention options and sexual minorities	Pauline Irungu, GCM
3:50 – 4.30 pm	Experience Sharing	LGBTI
4:30 – 5.00 pm	Tea and departure	ALL

Day 2 Thursday, 24th September 2009

Time	Activity	Responsibility
8:30 – 9.00 am	Arrival & Registration	Helen Nyawira, HERAF
9.00 – 9.30 am	Recap of previous days events	Grace Gathua, HERAF
9:00 – 11.00 am	Sexual Minorities & Universal Access to HIV Services in Kenya	Dr.Sarah , NASCOP
11:00 – 11.30 am	Tea Break	
11:30 – 1.00 pm	STI &ARV Treatment for Sexual Minorities – Experience sharing	Dr.Sarah , NASCOP
1:00 – 2.00 pm	Lunch Break	ALL
2:00 – 3.30 pm	Improving Human Rights & Health Services for Sexual Minorities	George Gathenya – Health Consultant
3:30 – 4.00 pm	Way Forward	Beatrice Gachambi, HERAF
4:00 - 4:30	Closing Remarks	Beatrice Gachambi, HERAF
4:30	Tea & Departure	ALL