DSD IMPLEMENTATION EXPERIENCE IN KENYA

CQUIN ANNUAL MEETING JOHANNESBURG SOUTH AFRICA

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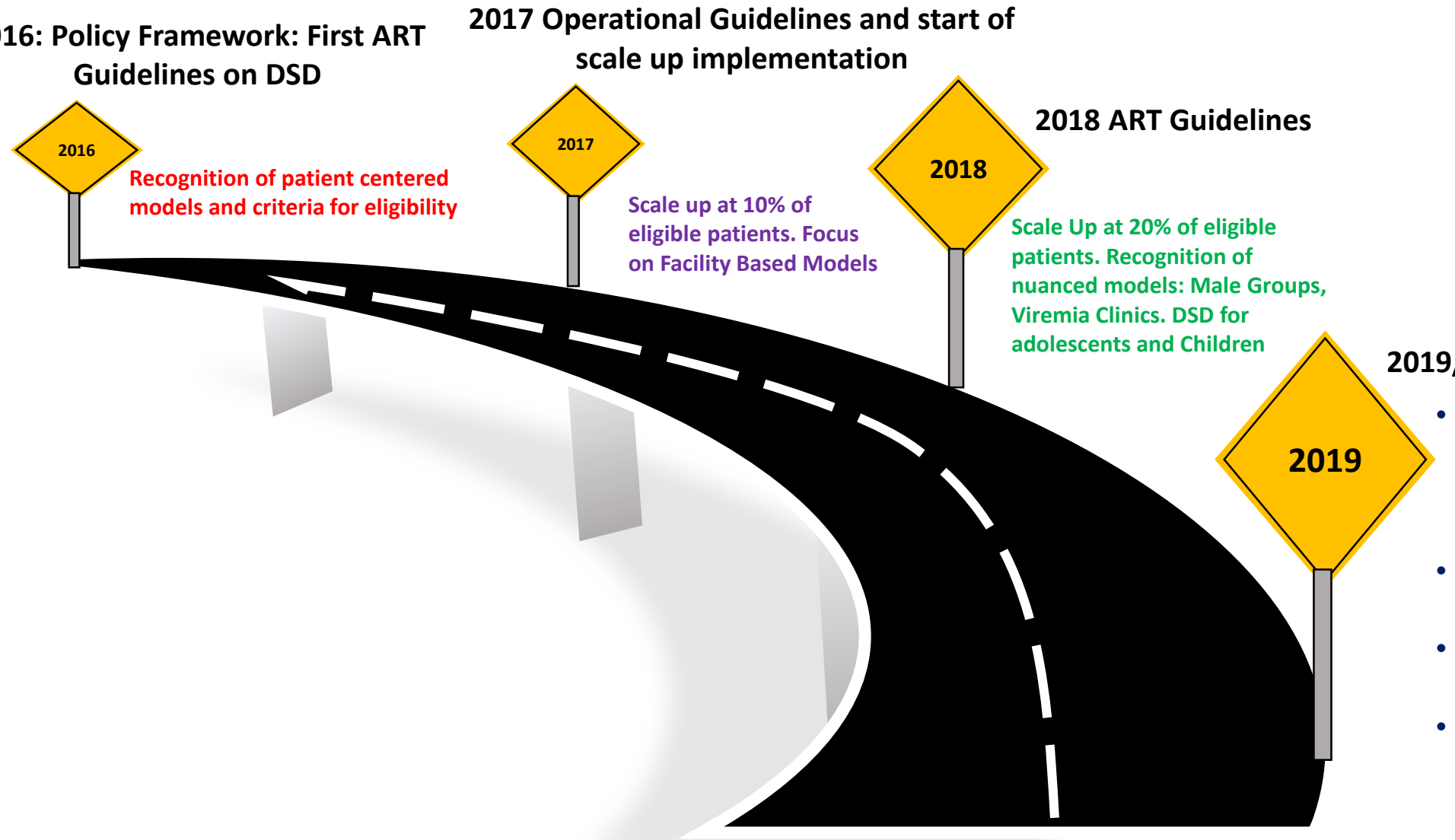
JOURNEY | INNOVATIONS | LESSONS LEARNT | OPPORTUNITIES | CONCLUSION

Kenya's goal for Patient-Centered models of treatment have been 3 fold:

- That recipients of Care have **their needs centered on them** coupled with positive patient experience
- That the Health System isn't **overburdened**
- That the clinical and **patient-related outcomes** are at an optimum

JOURNEY

Kenya's Context of Differentiated Service Delivery and Progress So far



2019/2020 Revision of Guidelines

- Scale Up at 60% of eligible patients. ~ 350,000 on a form of DSD Model (majority being MMS).
- Scale up of DSD for children and adolescents
- Considerations of other populations: KP
- Conversations on M and E and use of EMR to capture outcomes

INNOVATIONS

1

Context Specific Models and Cross Learning from best practice

Context Specific Models:

a) **PAPA and MAMA Care**: Family based Model targeting children, adolescents and their caregivers

- Pairing of Caregiver with child or adolescent in context of their VL Suppression rate
- Scale up on-going in 2019 with **95% viral load Suppression among beneficiaries**

Caregiver and Child on ART

VIRAL LOAD OF CHILD AND CAREGIVER

- Care giver and Child with VL Suppression → Caregiver trainings; Reduced Frequency of clinic visits 3-4mo (Multi-month prescribing, MMP)
- Care giver Suppressed Child NOT → Caregiver training; Frequency of clinic visits monthly,+/- regimen switch, once stable transition to MMP
- Child Suppressed and Care giver NOT → Caregiver training, Family PSS, home visits, DOTS, Social work evaluation where applicable ,+/- regimen switch, once stable transition to MMP
- Child and Care giver NOT suppressed → Caregiver training, Family PSS, home visits, DOTS, Social work evaluation where applicable ,+/- regimen switch, once stable transition to MMP

INNOVATIONS

2

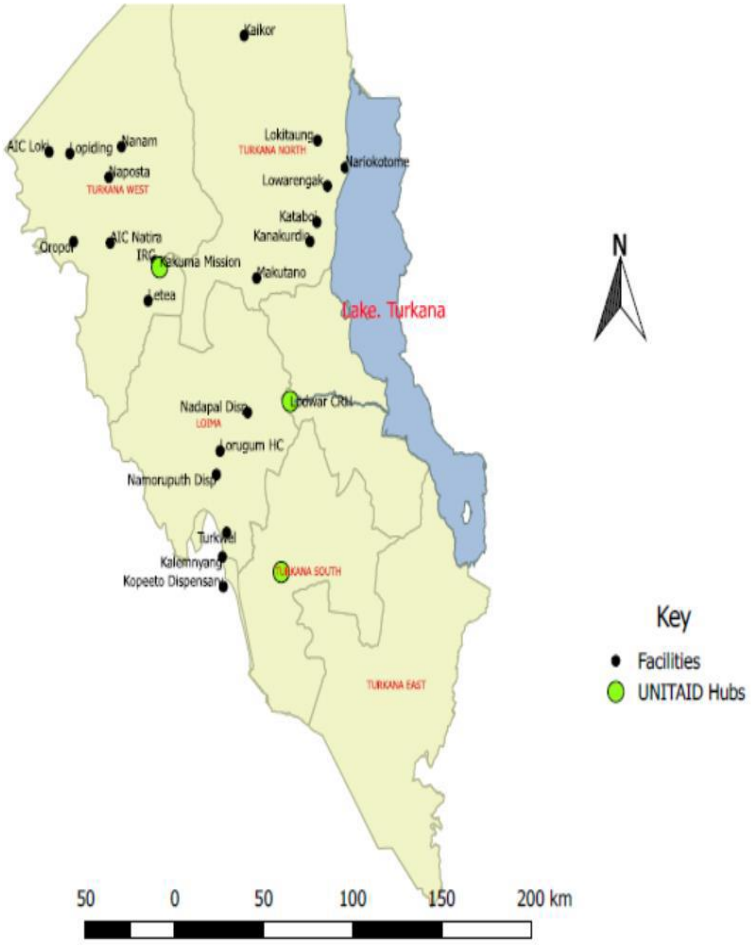
Context Specific Models and Cross Learning from best practice

Context Specific Models:

b) **Male Adherence Clubs in Northern Kenya**:

Turkana County. and arid region with inter-facility distances >60Kms average.

- Patriarchal and nomadic society. Data showed men had poor VL suppression at 60%. Male Adherence Clubs formed with mandate of men fully owning their health:
  - 100% HIV testing for spouse and Children
  - Up to date Viral Load Testing and Suppression
  - Zero Stigma and discrimination, adherence to ART and clinical appointments
  - Household economic strengthening/Income Generation



Post Intervention VL Suppression Rate at 92%

INNOVATIONS

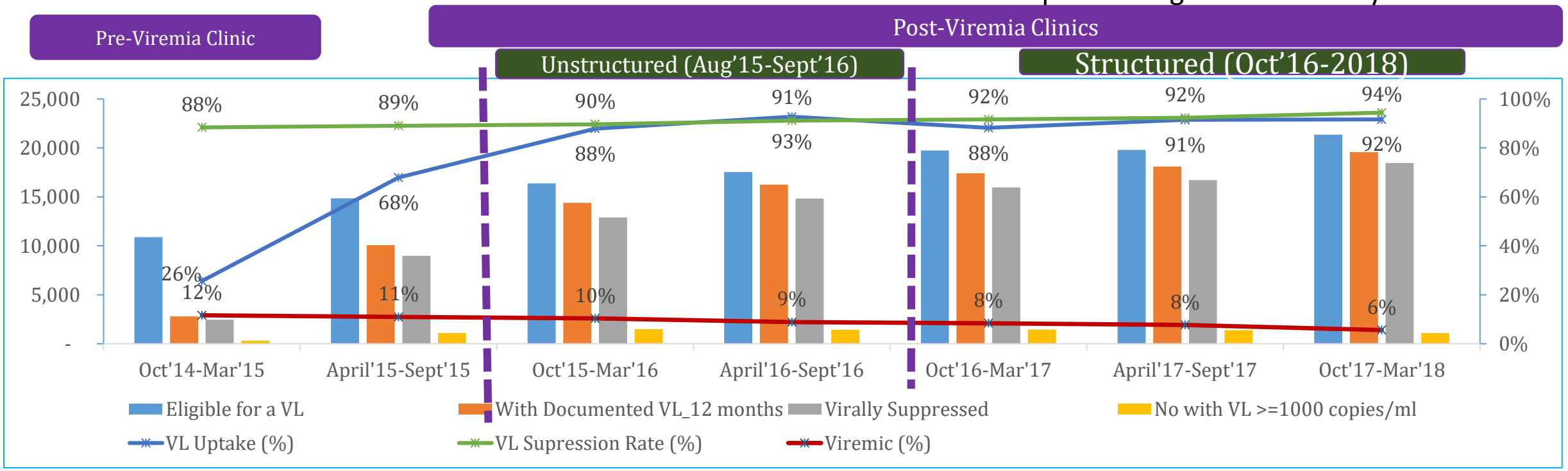
3

Context Specific Models and Cross Learning from best practice

Context Specific Models:

c) **Viremia Clinics**: Dedicated Clinics that differentiate service delivery for patients with virologic failure that combines a differentiated patient flow, case management and robust follow up. Implementation began in 2017 with universal scale up currently. **Kenya's VL Suppression is currently at 92% of all patients on the Treatment Cohort**

*Best Practice Data from an Implementing Partner in Kenya



INNOVATIONS

4

Context Specific Models and Cross Learning from best practice

Cross Learning from Best Practice:

a) **Community ART Groups in Zambia Exchange Visit**: Scale Up in Kenya has been modest comparing with Facility Fast Track model with Multi-Month Scripting. Zambia has had experience with CAG for years

- **Scale up ongoing with best practice in Siaya County in Western Kenya**
  - Clients with community stigma issues can comfortably receive ART at facility based groups (FADG)
  - Use of experienced peer educators brings in comfort and acceptance by clients on Community ART Groups
  - Nuanced innovation is the potential of using Community ART Groups to optimize partner notification and Index Testing

INNOVATIONS

5

Context Specific Models and Cross Learning from best practice

Cross Learning from Best Practice:

b) ART Pick Up for Private Pharmacies: Nigeria

c) Automated Drug Pick Up: South Africa

- NOT in practice in Kenya but has stirred conversations on sustainability and costs as well as the future of HIV Care beyond PEPFAR

LESSONS LEARNT

What have been the challenges and critical lessons in implementation that will inform future plans?

Policy Environment

a) Has generally been strong in Kenya. (2016-2019)
b) Challenge? To operationalize policy at national and county government with regard to:
   - Full care provider competence and understanding of guidelines
   - To effect structural changes such as patient flow at facility level to fully optimize certain models of DSD e.g. facility FAST TRACK Models
c) Harmonization of M and E Instruments
   - Data collection and reporting need to be standardized and simple to collect. Should be led by Ministry of Health in order to tell the country picture
   - Opportunity of using EMR to collect variables of interest. Kenya has a national data repository (Data Warehouse) that collates data from disparate EMRs

Maintaining standard and quality of Clinical Care

a) Cadence of accountability through proper case management as well as monitoring clinical and data metrics for those on Differentiated Service Delivery

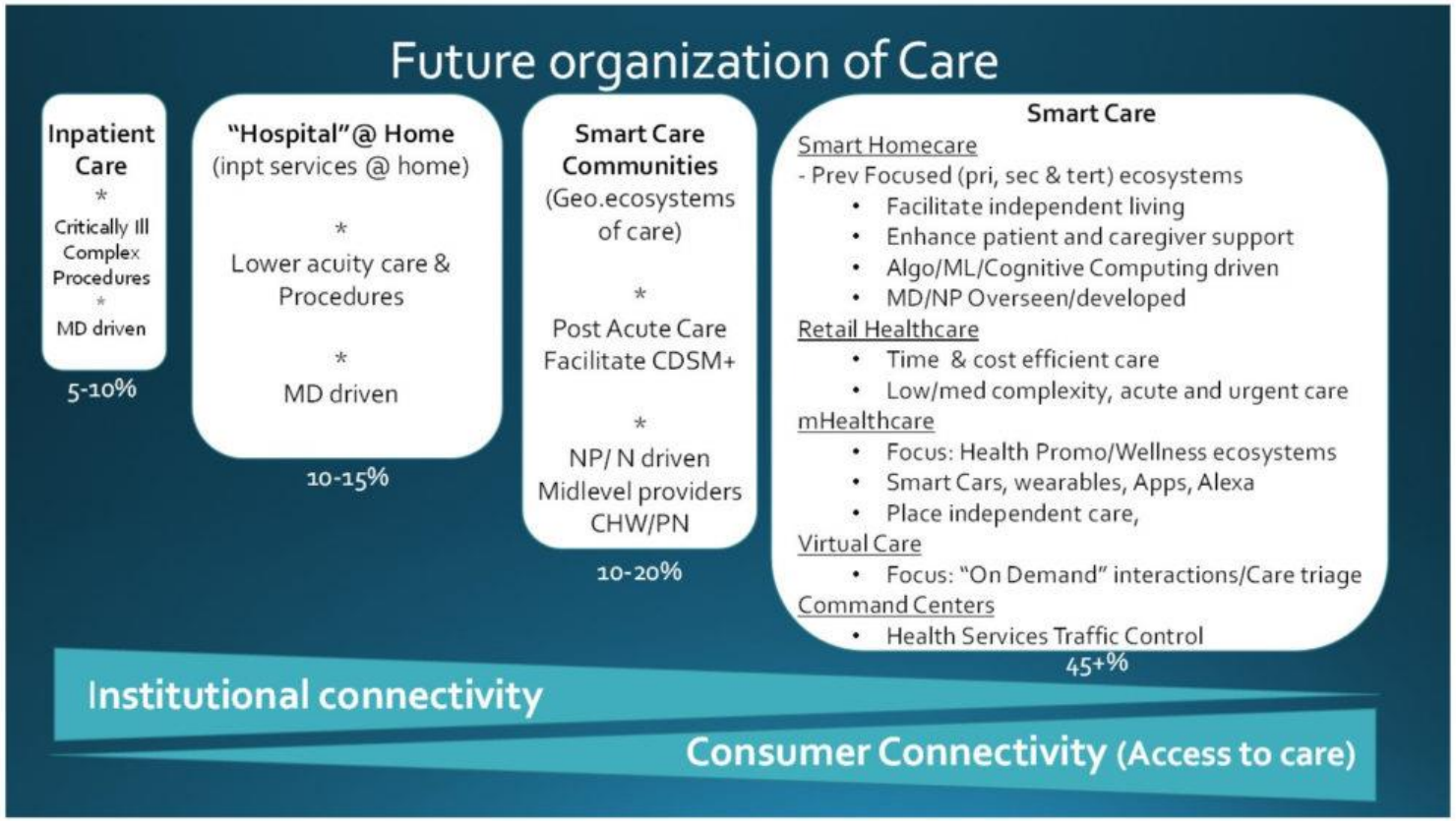
Cost of Models

a) Community Based Models: Additional transactional costs need to be factored in delivering HRH and commodites to Community

OPPORTUNITIES

What's the future of DSD in Kenya?

The world is moving from institution based (Facility) to consumer (Patient centered care)



Opportunities and future plans for Kenya

- *Ensure the policy environment is always based on latest evidence*
- *Move beyond Coverage to contextual and specific population service delivery as well as clinical and structural outcomes*
- *Leverage on the large existing network of EMRs and National Data Repository to collect national data on coverage and outcomes*
- *Continue to collaborate and cross learn from other stakeholders and countries on best practices*

Source: Gibbons CM, Shaikh Y. 2017. A Vision of the Future: Organization and Delivery of Healthcare in the Digital Age. *Health Management Policy and Innovation,* Volume 2, Issue 2.

CONCLUSION

At the end of the day, Differentiated Service Delivery should be patient centered and increasingly patient experience becoming even more relevant in context of a rapidly growing and changing technological landscape

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