

# Linkage to HIV Combination Prevention *Experience from Kenya*

Dr. Jonah Oientiah

MoH Kenya, Head \_ HTS section, NASCOP

**Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services**

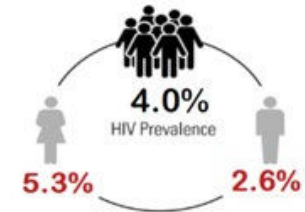
March 13-16, 2023 | Nairobi, Kenya



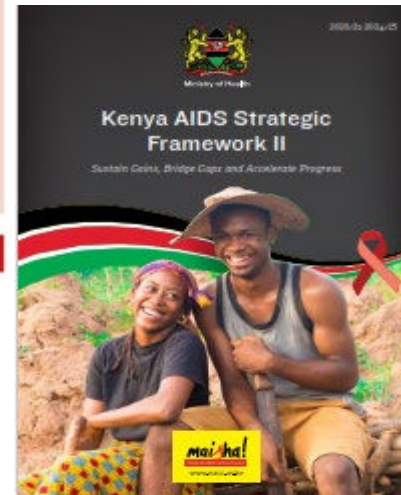
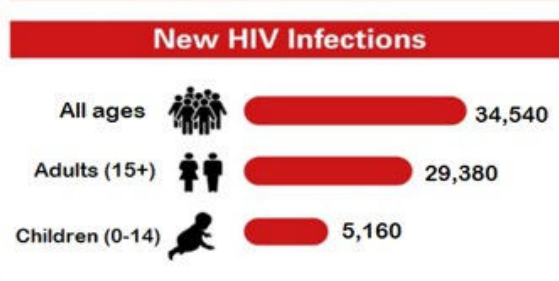
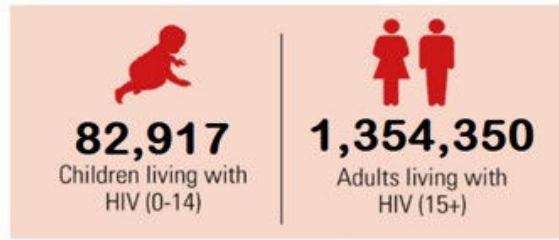
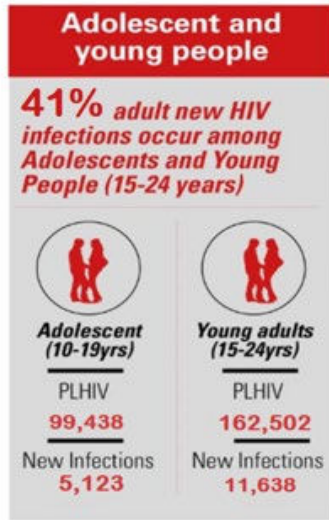
# Presentation Outline

- Country progress towards 95-95-95 targets
- Guiding policies for HIV testing and prevention services
- Facility and Community Testing and Linkage to Prevention Services
- Successes and challenges of combination prevention
- Future considerations for combination prevention

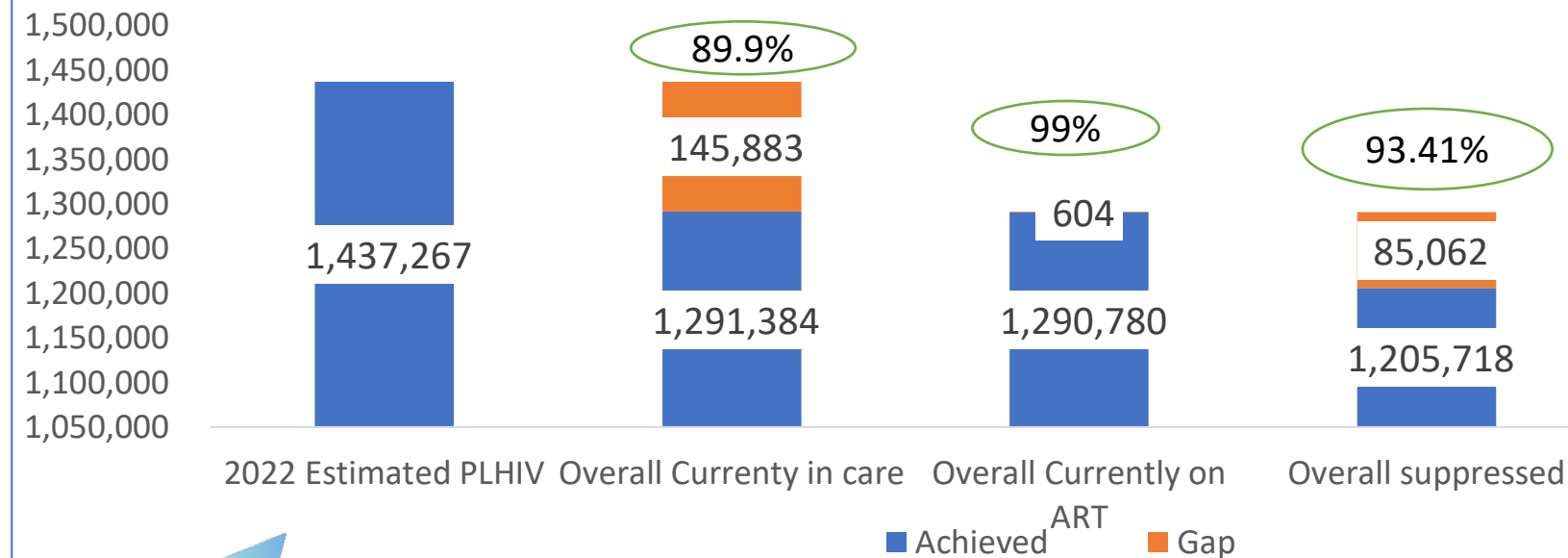
# Kenya Progress Towards The 95:95:95 Targets



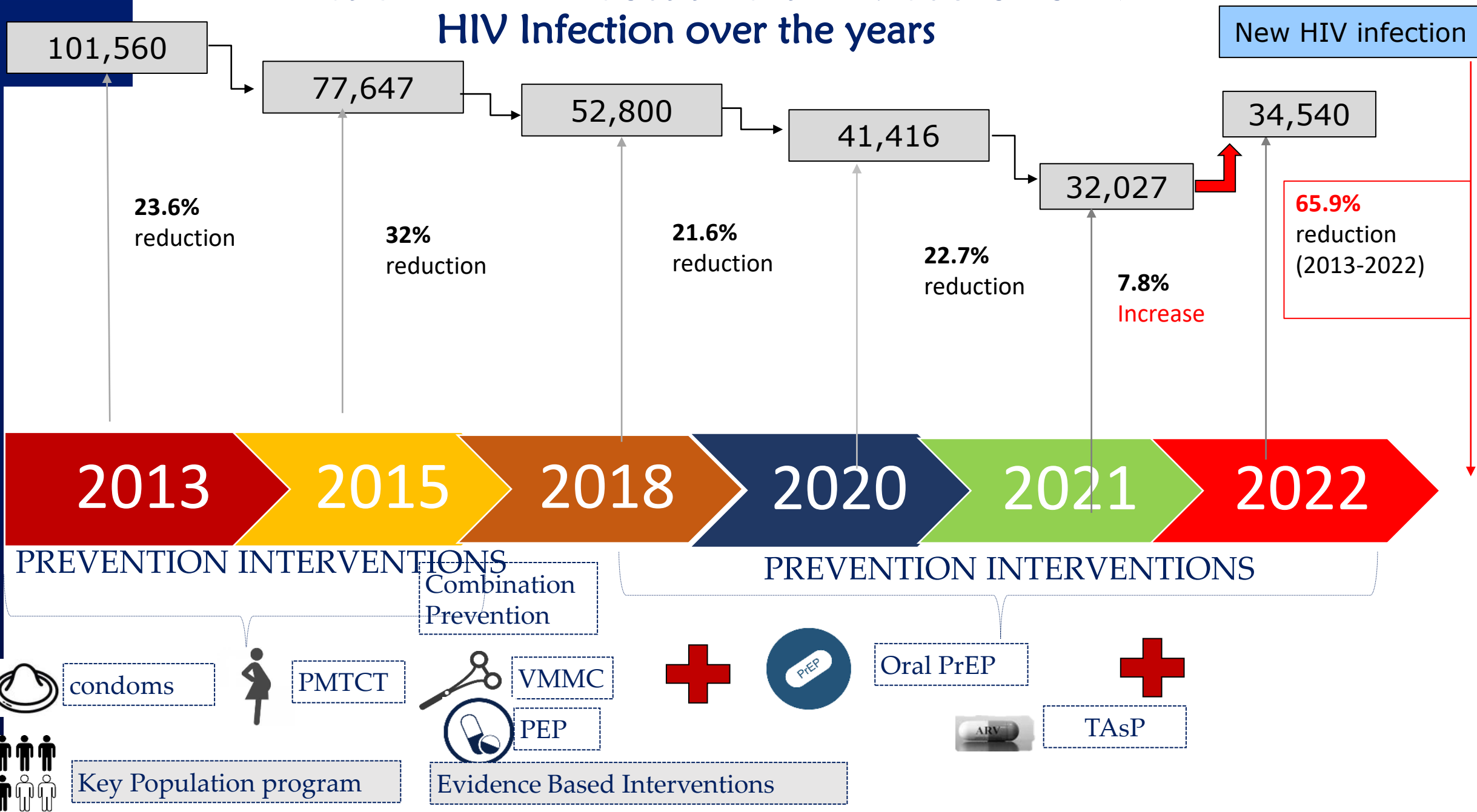
County	Prevalence
Homa Bay	16.2%
Kisumu	15.5%
Siaya	14.1%
Migori	10.4%
Busia	5.4%
Mombasa	5.4%
Kisii	4.7%
Samburu	4.6%
Vihiga	4.6%
Nairobi	4.3%
Uasin Gishu	4.0%



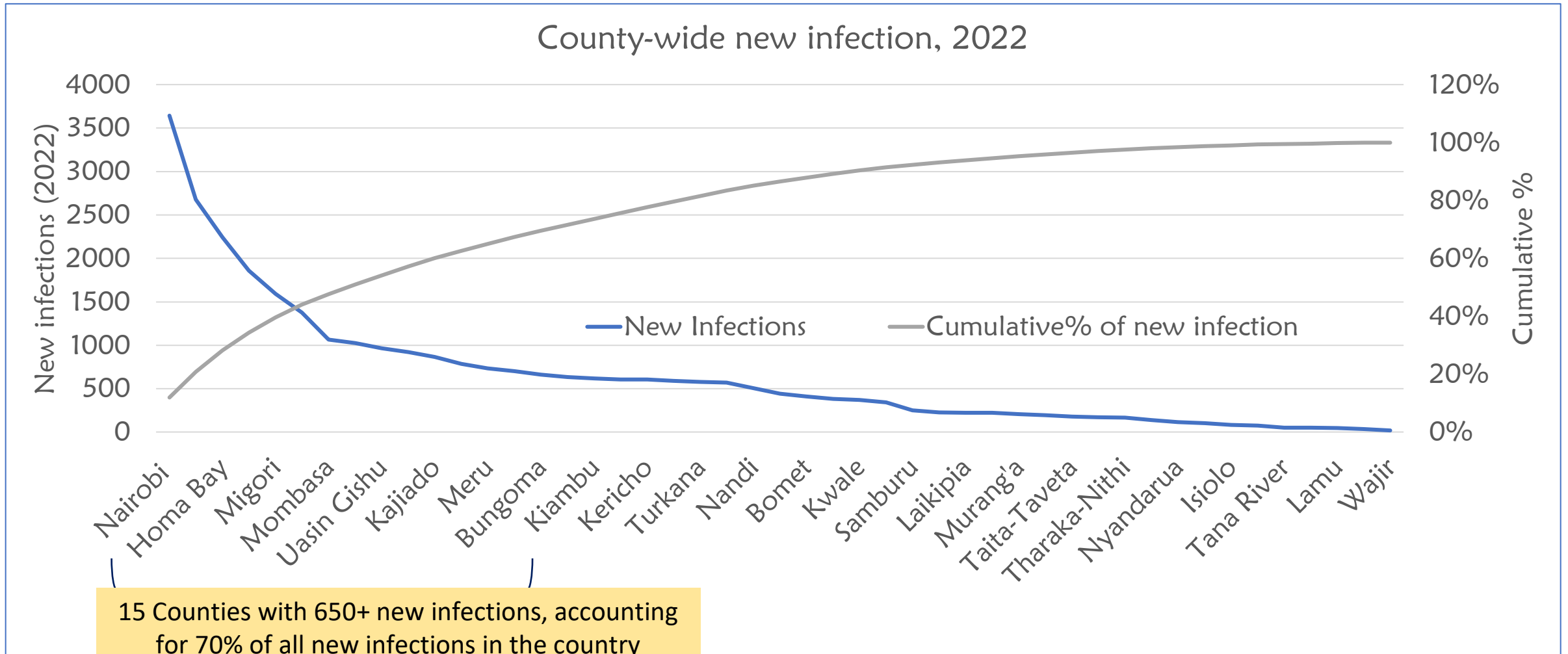
- **1.4 Million** estimated Persons Living with HIV in Kenya (*HIV estimates 2022*)
- **> 1.29 Million** on ART
- **93.4%** overall viral suppression on ART
- KASF II, 2020/21-2024/5 aims to **reduce new HIV infections by 75%** and AIDS-related mortality by 50%

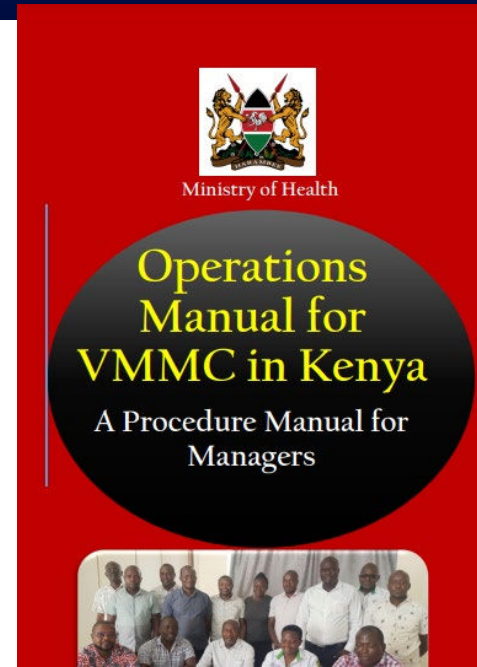
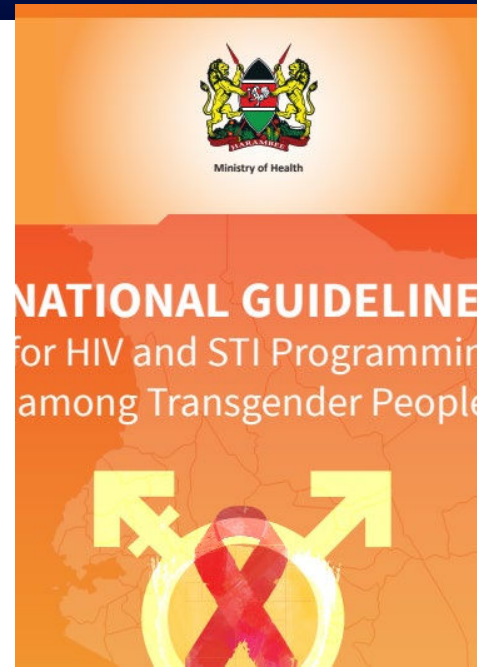


# There has been tremendous strides in Reduction of New HIV Infection over the years



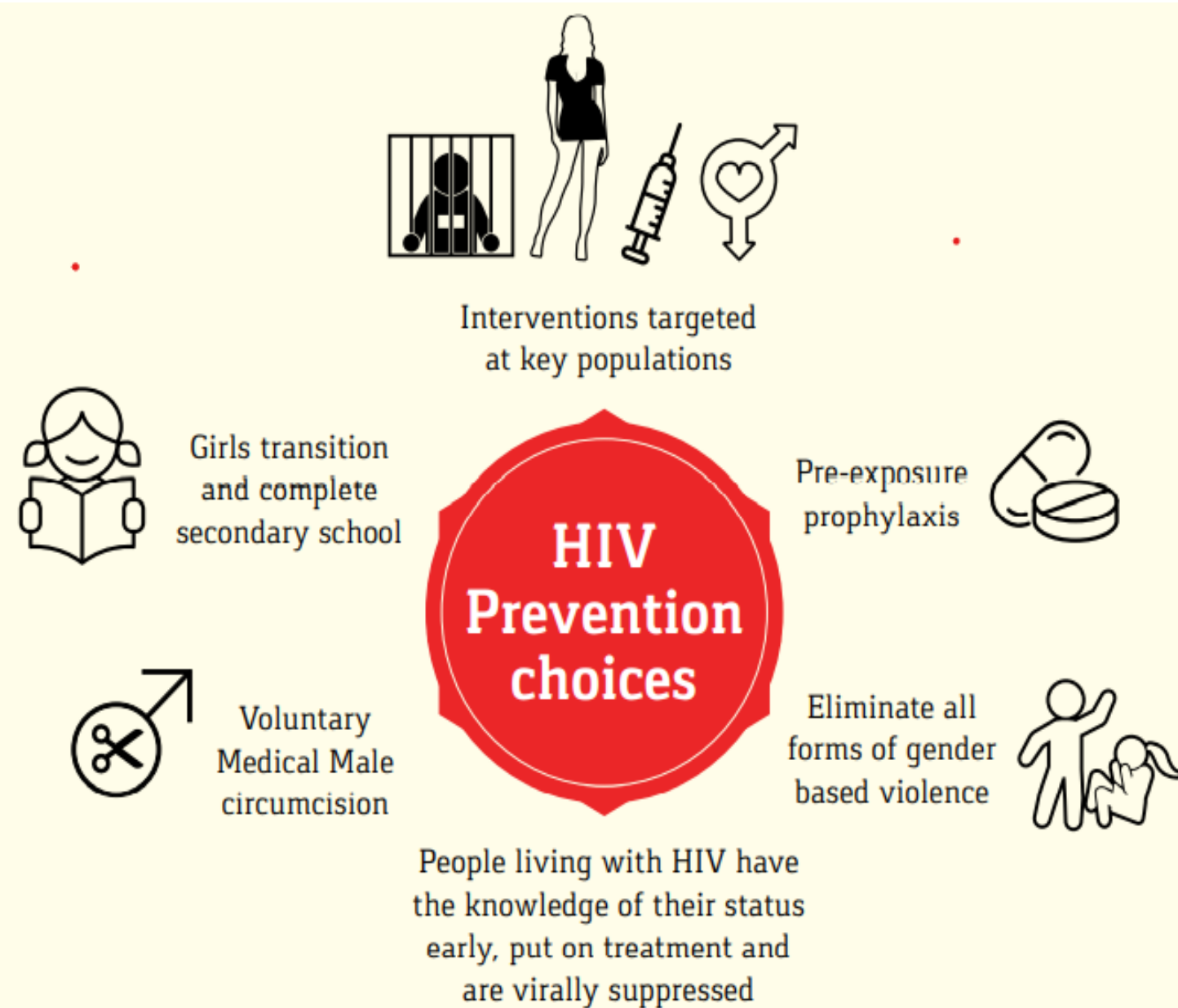
# Distribution of New HIV Infections - Kenya





# Guiding Policies for HIV Testing Services and Prevention in Kenya

# Overview of HIV Prevention in Kenya



## Kenya continues to scale up HIV prevention choices through the following interventions:

- Structural intervention: keeping girls in schools & Triple threat elimination campaigns
- Behavioural intervention
- Biomedical Interventions : PrEP i.e. Event Driven PrEP and Oral, PEP for exposed clients, VMMC
- MAT and quarterly HIV testing for key populations
- Targeted HTS and use of HIVST kits to reach the hard-to-reach populations

# Packages for All the Sub-Populations

Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions



## Essential Biomedical Interventions

- HIV testing Services
- ARV related prevention (PrEP, PMTCT, PEP)
- HIV care and treatment (U=U)
- Viral Hepatitis screening, vaccination, treatment and care
- Mental health screening and management
- Sexual and reproductive health services including STI, family planning, post-abortion care, cervical cancer screening and treatment
- Voluntary medical male circumcision
- Prevention of other communicable infections including TB



# Essential Combination Prevention Package for all populations

## Essential Behavioral Interventions (EBI)

- Peer education
- Targeted information, education, and communication
- Evidence-informed behavioral interventions for specific sub populations - Skills building  
- Respect K for all
- Promotion, demonstration, and distribution of male and female condoms and lubricants
- Risk assessment, risk-reduction counselling and risk reduction planning

## Essential Structural Interventions

- Addressing policy level barriers
- Reducing stigma and discrimination
- Community empowerment including ownership and leadership
- Violence prevention and response

# Packages for the different sub populations

## Key Populations

- Social Network Testing
- Needle and Syringe program - PWID
- Harm reduction interventions - PWID
- Opioid Substitution Therapy specially for prison settings – PWID
- Anal Health – MSMs
- Sister to Sister EBI for FSWs




## Vulnerable Populations

- Listen EBI – Fisherfolk
- Project Start EBI – People in prison setting
- Shuga EBI – Young People in prison setting
- Harm reduction – People in prison setting
- EBAN-K EBI – Discordant Couples

## AYP

- EBIs
  - My Health My Choice (MHMC)
  - Healthy Choices for a Better Future (HCBF)
  - Shuga
  - Family Matters Program (FMP)
- Social Network Testing
- School retention programs

# Priority Populations for Interventions Based on Epidemic Typology

Focus on populations based on county assessments	
<b>Generalizing Epidemic</b>	
<b>Mixed Epidemic</b>	
<b>Concentrated Epidemic</b>	



AGYW



Key Populations



PLHIV



Pregnant woman



Discordant couple



Fisher folk

# Community HIV Testing and Linkage to Prevention Services

Where	What	Who	When
<p>Community Setting</p> <ul style="list-style-type: none"> <li>• Workplace</li> <li>• Homes</li> <li>• DICES</li> <li>• Integrated Outreach</li> </ul>	<p><b>HIV Testing</b></p> <ul style="list-style-type: none"> <li>• During targeted community testing i.e. PNS, SNS, Family testing, targeted community hot spots</li> <li>• HIV risk reduction discussed at the community testing setting</li> <li>• In structured community outreaches the clinician carries PrEP, condom supplies</li> </ul> <p><b>Linkage</b></p> <ul style="list-style-type: none"> <li>• To treatment: positive client</li> <li>• Prevention: PrEP, STI Clinic, VMMC, condom provision</li> </ul>	<p>HTS Providers</p> <p>Directly assisted HIVST (Peer educators, Community Health Volunteers)</p>	<ul style="list-style-type: none"> <li>• Scheduled after contacting client (aPNS)</li> <li>• Anytime after identification of a positive client whose partner status is unknown (Self testing)</li> </ul> <p>Treatment : Same day or within 14 days after identification</p> <p>Prevention: Same day or as soon as feasible</p>

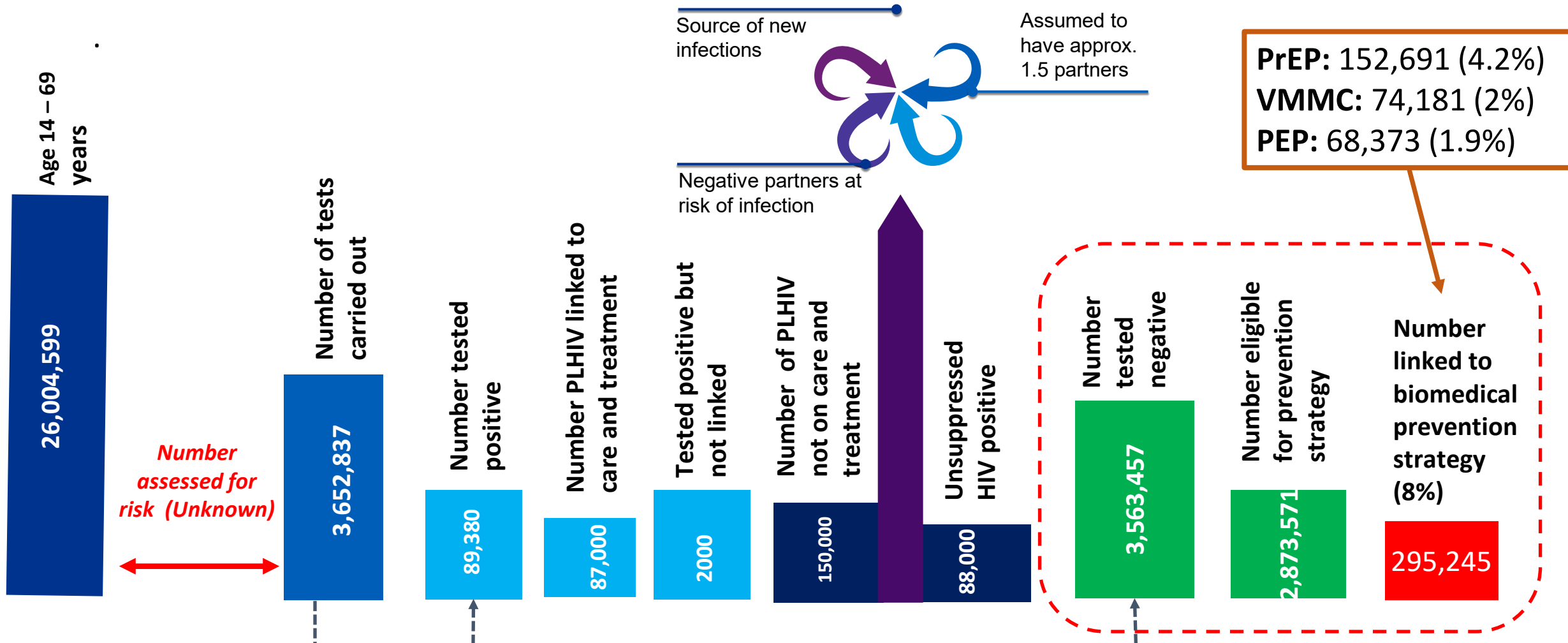
## Challenges

- Risk of GBV/IPV, poor documentation/incorrect client information
- Lack of locator information for clients newly tested
- Inadequate systems for facilitated referrals

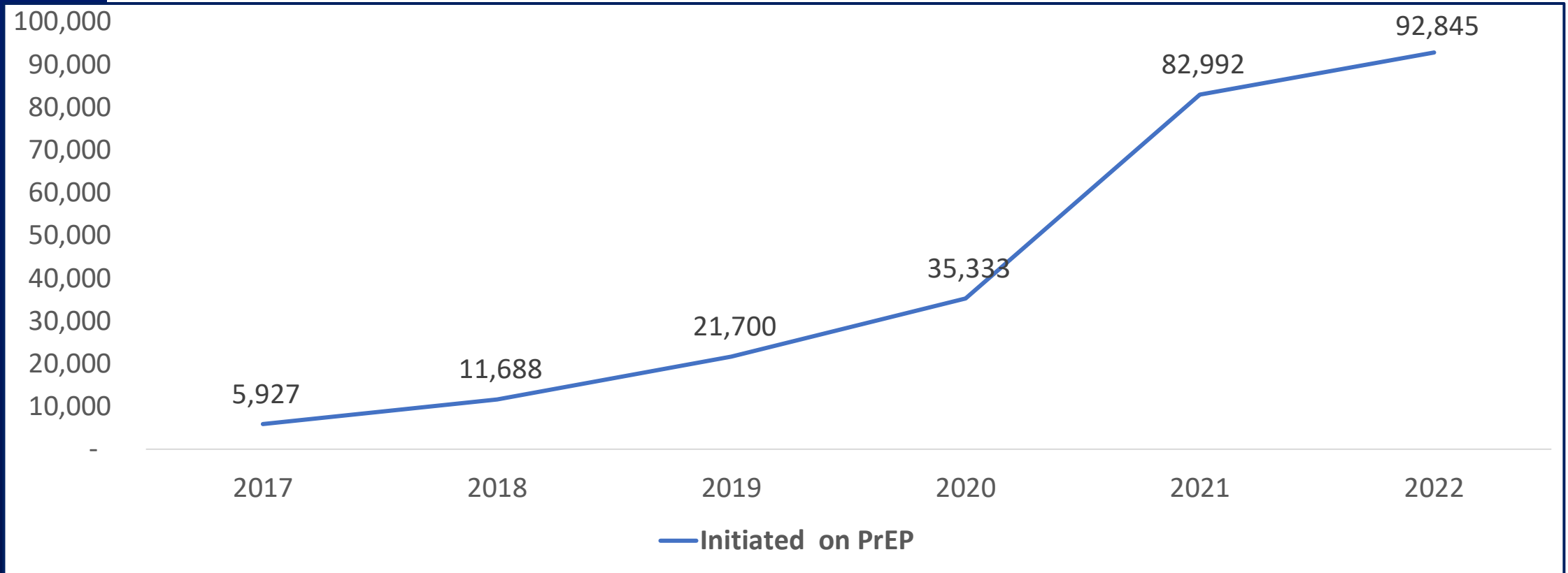
# Facility HIV Testing and Linkage to Prevention Services

Where	What	Who	When
<p>Facility Setting</p> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient               <ul style="list-style-type: none"> <li>○ TB, STI, VMMC, SRH Clinics</li> <li>○ Nutrition Clinics</li> <li>○ MCH</li> <li>○ CCC</li> <li>○ Special Clinics</li> </ul> </li> </ul>	<p><b>HIV Testing</b></p> <ul style="list-style-type: none"> <li>• HIV eligibility screening</li> <li>• GBV screening done for all with signs and symptoms</li> <li>• STI screening part of HIV eligibility screening</li> <li>• All identified with risk are offered a HIV test</li> </ul> <p><b>Linkage</b></p> <ul style="list-style-type: none"> <li>• To treatment: positive client</li> <li>• Prevention: PrEP, STI Clinic, VMMC, Condom provision</li> </ul>	<ul style="list-style-type: none"> <li>• HCWs</li> <li>• HTS Providers</li> </ul>	<ul style="list-style-type: none"> <li>• During clinic day/at point of service</li> </ul> <p>Treatment : Same day or within 14 days after identification Prevention: Same day or as soon as feasible</p>

# 2022 Kenya HIV Prevention Cascade



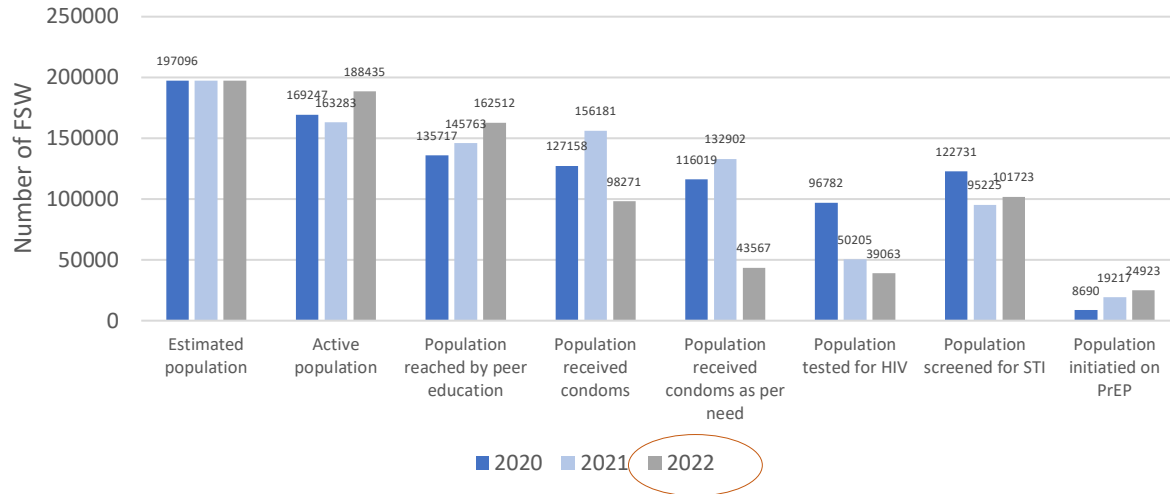
# Trends in PrEP initiation 2017 - 2022



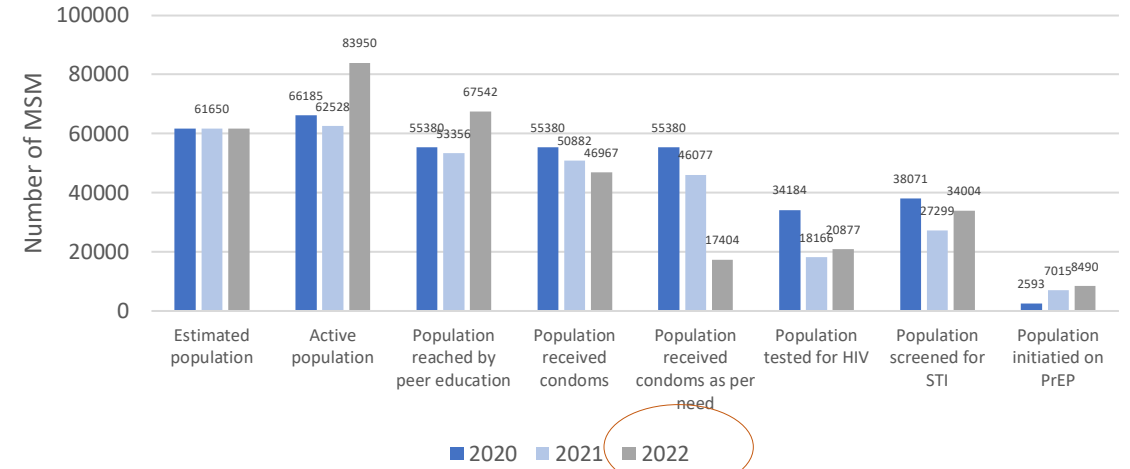
Increased PrEP uptake; as a result of integration in various service delivery points, increased demand creation as well as increased capacity and enabling policy

# Key Population Prevention Cascades

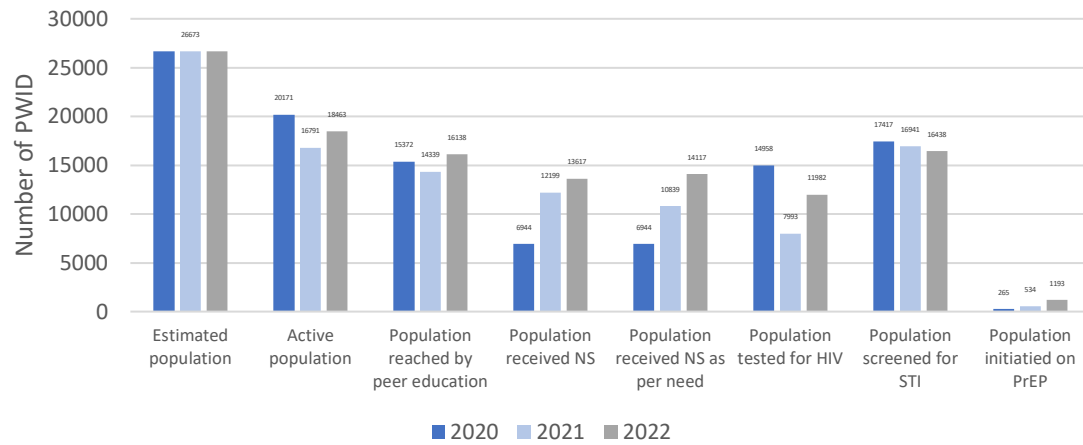
## Prevention cascade for FSW



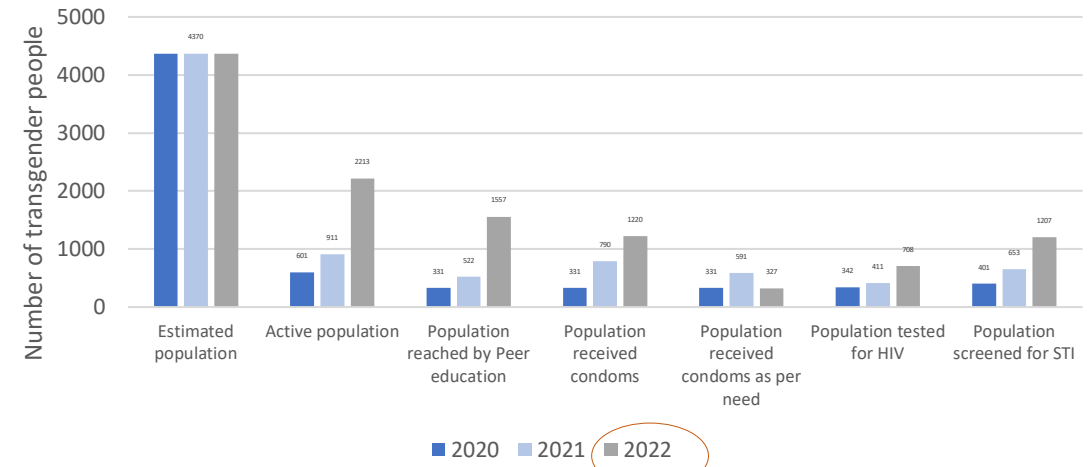
## Prevention cascade for MSM



## Prevention cascade for PWID



## Prevention cascade for transgender people





# Successes and Challenges in HIV Combination Prevention in Kenya

## Successes

- Improved documentation and uptake of Biomedical Prevention such as PrEP and PEP
- Increased access of combination prevention in all 47 counties.
- Reduced transmission of mother to child infection
- Reduction of new infection by about 44% since 2017
- Increased identification and treatment of STIs among PrEP client
- Increased risk awareness
- Leveraging the EMR to capture prevention data

## Challenges

- Siloed programming; sub-optimal linkage between HTS and other prevention strategies
- Knowledge gaps on HIV combination prevention data elements among service providers
- Most of the available data is for PrEP and PEP only; unavailable data for some prevention strategies such as condoms
- Increased HCW focus on HIV positive clients than those at risk of infection
- M&E systems not currently updated to capture linkage to prevention
- Myths and misconceptions about PrEP, PEP in the community

# The Future of HIV Combination Prevention in Kenya

## **Integration of HIV and SRH services;**

- To reach the AGYW accounting for about 27% of the new infections

## **Use of HTS as an entry point to HIV combination prevention**

- With introduction of HTS screening tools, all negative clients at ongoing risk will be linked to prevention.

## **Introduction of New HIV Prevention innovation e.g. injectables, ring**

- To address challenges of oral PrEP such as pill burden and frequency of dosing etc.
- Reduce frequency of clinical visits
- Address discontinuation among clients
- Increase options and choices among users

## **Strengthen differentiated approaches for different population typologies**

Thank you!

