

Differentiation of Re-engagement to Care in Kenya, Next Steps

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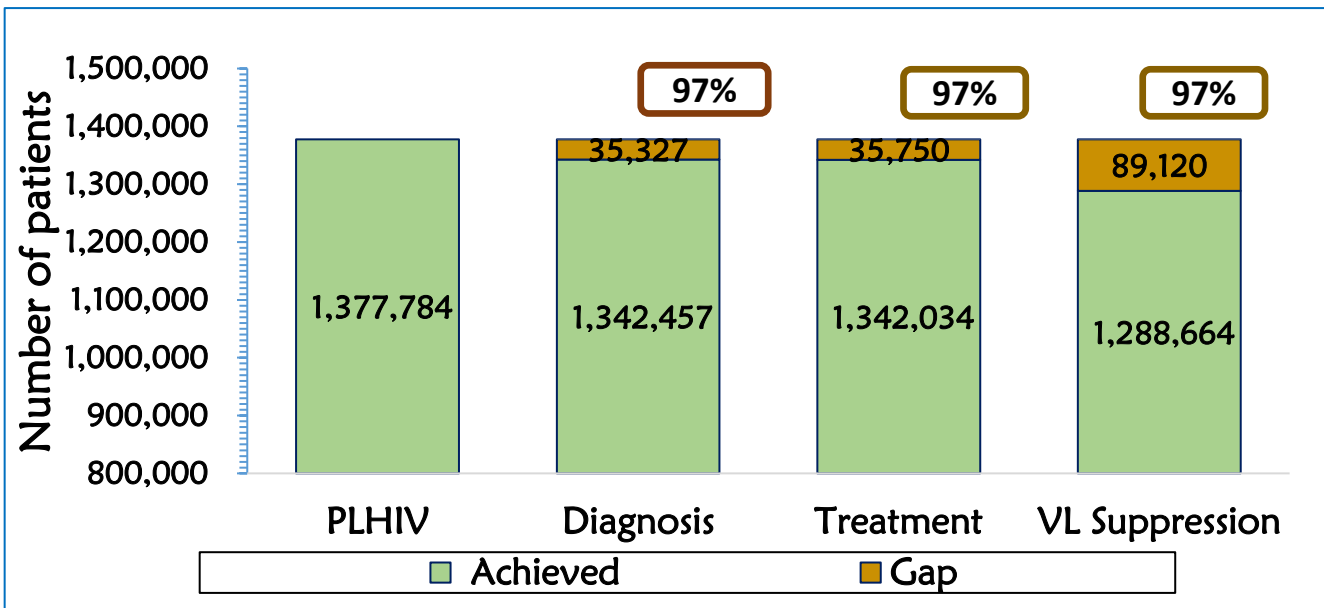


Presentation Outline

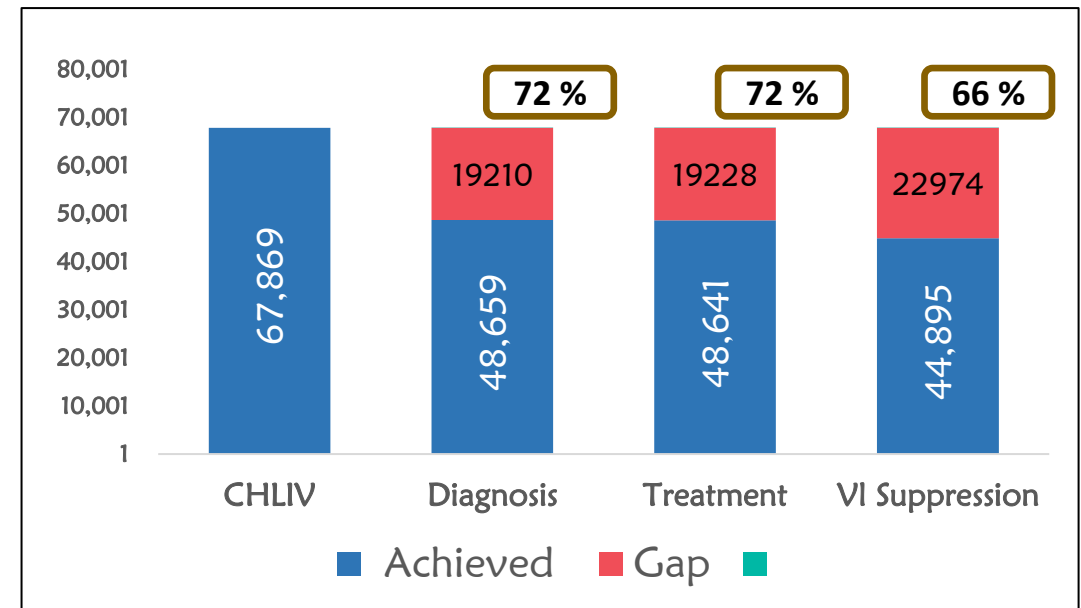
- Overview: Kenya HIV epidemic, policy guidance, ART cohort and treatment interruptions
- Interventions to support maintaining people on care
- Re-engagement pathways
- Next steps

Kenya Progress Towards the 95:95:95 Targets June 2024

Overall Cascade



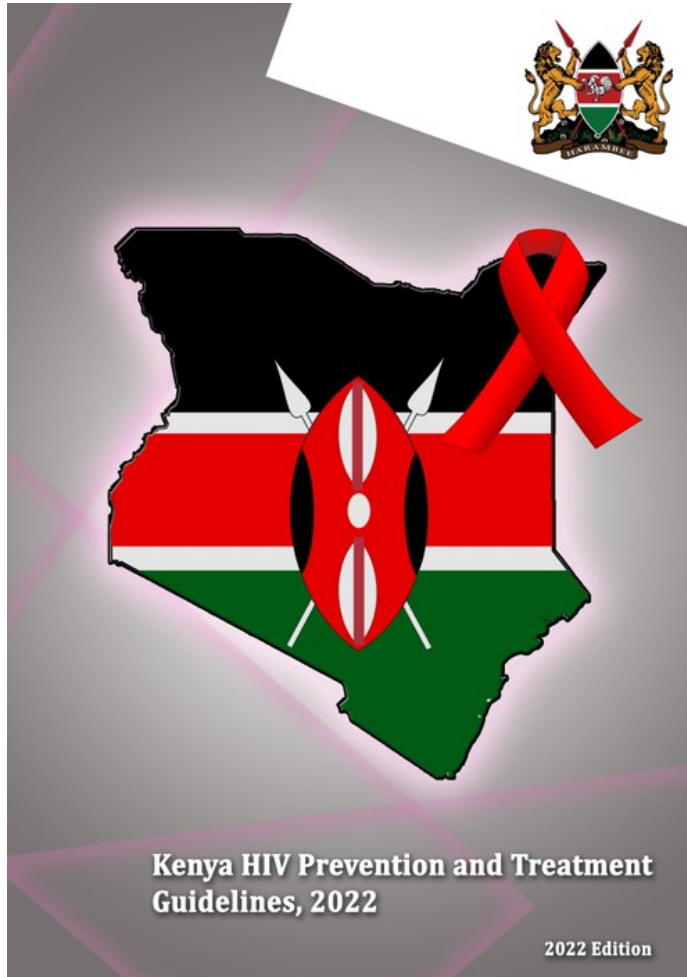
Children Cascade



While the overall performance for the 1st 95 is high; Coverage for children remains low at 72%; 72; 66%

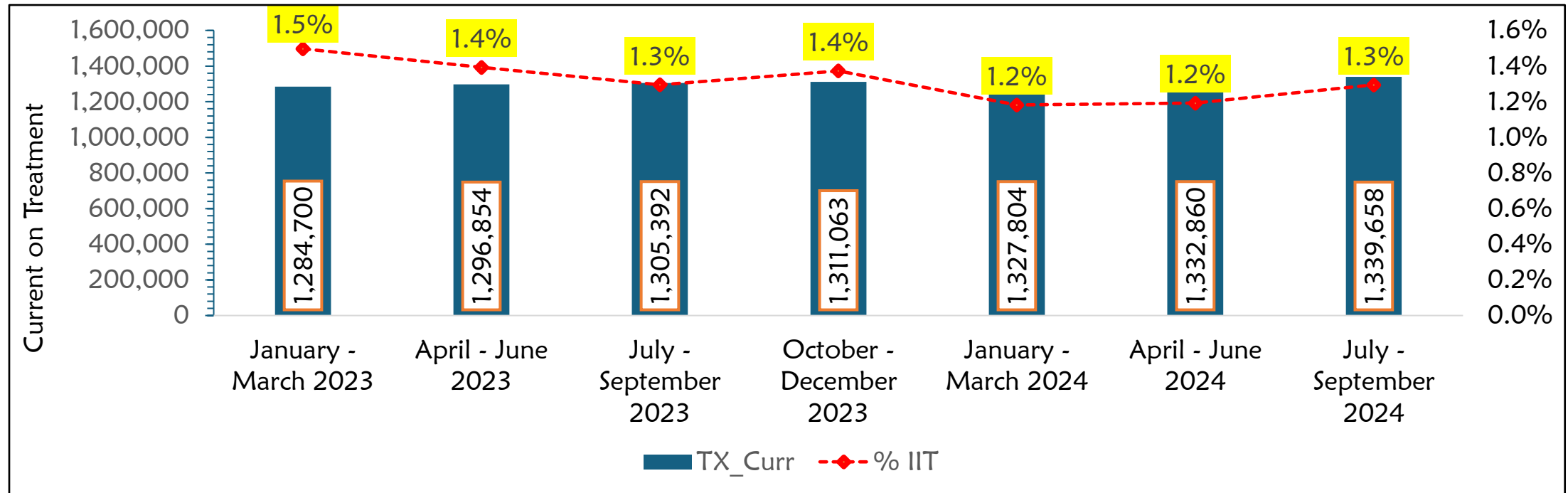
Policy Guidance in Kenya

Support ART & Maintaining ROC on Care



- Test & Treat
- ART as soon as possible preferably **within 14 days**
- **Same day ART** : children, pregnant and breastfeeding women living with HIV
- Treatment preparation, ongoing adherence support
- Categorization and person-centered DSD
 - At enrollment/re-engagement: well vs unwell
 - After 6 months of ART: established vs not established
- Screening for AHD: new on ART, returning to care after 3mo, treatment failure
- Tracing and re-engagement of treatment interrupters
- Return to care package

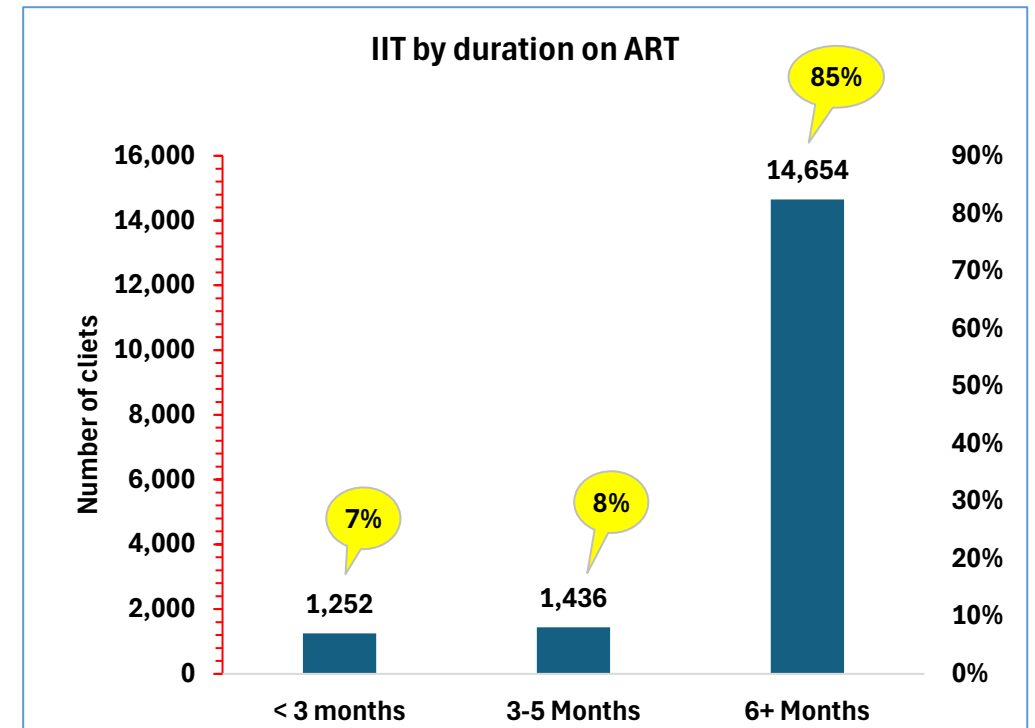
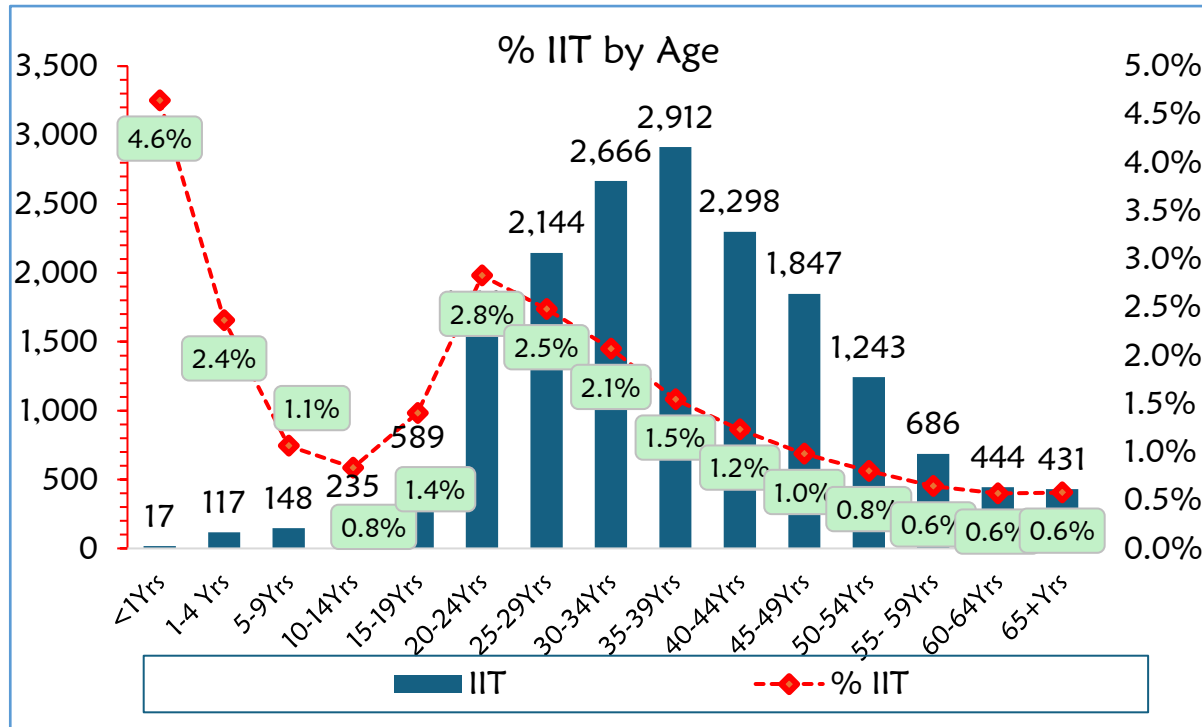
Cohort Growth on ART & Interruption in Treatment (IIT) Trends



Source: DATIM, Sep 2024

- Overall treatment interruption rate remains generally steady: goal is IIT rate <1 %
- Declining net growth on ART over time

Cohort Growth on ART & Interruption in Treatment (IIT) Trends

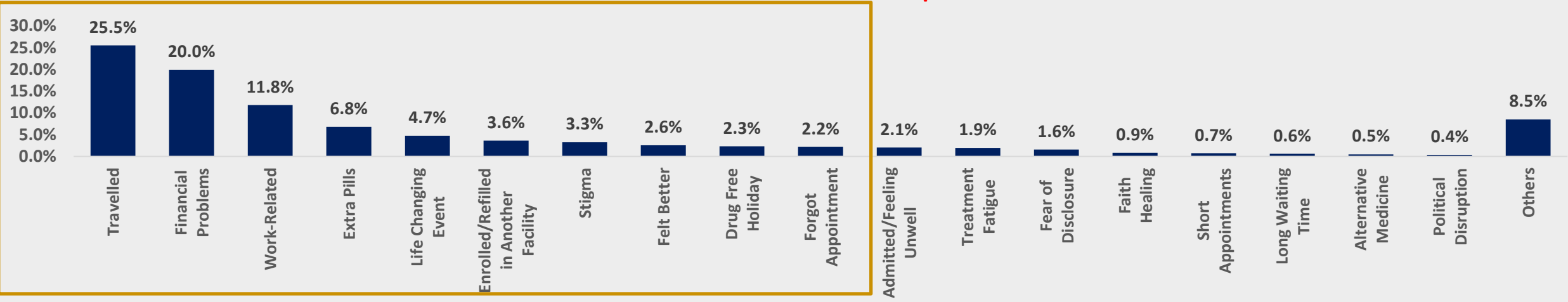


Source: DATIM, Sep 2024

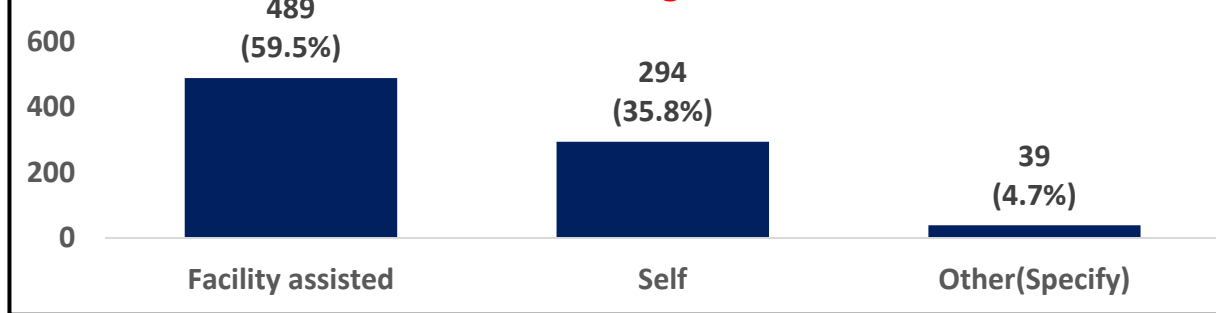
- Highest rate of interruptions highest amongst < 5yrs, youthful and highly mobile 20-34 age group and among those who are less than 6 months on treatment.
- ROC established on ART (> 6 months) account for the highest (85%)

Understanding Clients' Perspectives on Factors Associated With Treatment Interruption and Return to Care in 22 Counties Through P-Survey Tool on kEMR (N = 822) , Nov 2023

Reasons for Treatment Interruption



Reasons for Initiating Return to Care



The questionnaire was designed to yield valuable insights into the intricate dynamics of **factors contributing to an interruption in treatment and influencing individuals returning to care after interruptions**

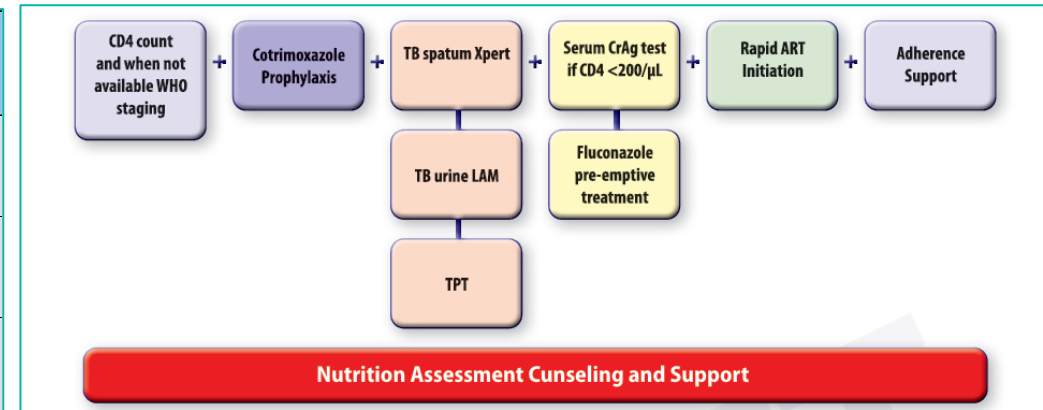
AHD Amongst Clients Re-engaging to Care after 3 Months

CD4 Uptake amongst at risk populations, Oct 2022 - Nov 2023

Category of Clients	Total Clients	CD4 Done	% CD4 Done	CD4 <200/<25%	% CD4 <200/<25%
New on ART	66,642	27,405	41.1%	9,101	33.21%
Return to Care after 3 Mo	56,981	4,322	7.6%	1,192	27.58%
Treatment Failure	37,646	4,667	12.40%	1,017	21.79%

Source: Kenya NDWH

Package of Care for AHD

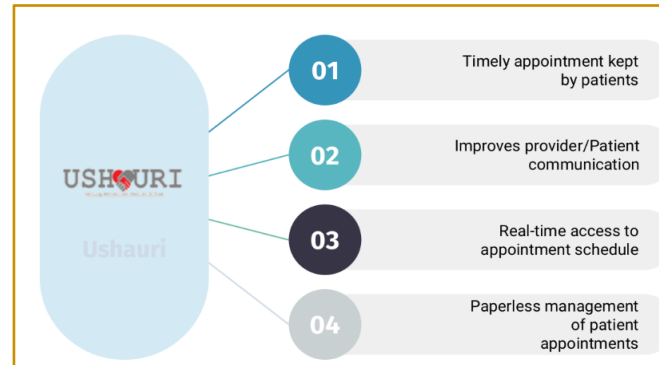


Source: Kenya AHD Implementation Guidance 2024

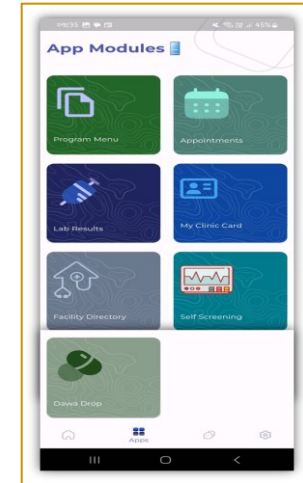
- 28% of ROC who re-engaged on care who had a CD4 done
- The Kenya HIV prevention and treatment guidelines and the AHD implementation guidance 2024 provide for the AHD package of care for AHD to minimize mortalities

Innovative Applications to Support Engagement in Kenya

- **USHAURI - Mobile & Web-based Platform**
- **Appointment reminder, treatment adherence and wellness messages**
- **HCW - electronic appointment diary & tracing module**



- **NISHAURI Client App**
 - **Appointments schedules**
 - **Personalized appointments plans**



INTELLIGENT Early Warning solution using Machine Learning: At site level

What is it?

- An intelligent alert system that relies on a **Machine Learning** statistical model to identify and flag persons at risk of Interrupting in Treatment

How does it work?

1. Clinical providers receive alerts **(1)** regarding persons risks status and scores
 2. Providers can customize interventions accordingly with guidance on risk factors **(2)** to avert the risk
 3. Availability of reports to guide programming & monitoring **(3)**
- Provide targeted appointment SMS to clients at risk of treatment interruption

KenyaEMR 18.3.0, powered by OpenMRS
Kirwara Sub District (10639)

Government of Kenya
Ministry of Health

Home | Clinician | Logged in as Super User | My Profile | Log Out | Help

WATIRI
Female, Unique Patient Number

Eligible for COVID-19 Vaccination | **IIT high risk: 70.0%**
On ART | Low Level viremia | Due for CACX Screening

Information

Patient has missing National ID Number and other registration identifiers.

Check in for visit

HIV Care

Last WHO stage: WHO STAGE 1 ADULT (01-Feb-2022)
Last CD4 count: 528 cells/uL (28-Jan-2015)
Last CD4 percentage: None
Last Viral Load: 200.0 copies/ml (01-Jun-2022)
Regimen: TDF/3TC/DTG
Started: 20-Nov-2019

Provider Actions

- Patient Overview
- Patient Summary
- Find/Create Patient
- Contact Listing

IIT Risk Score

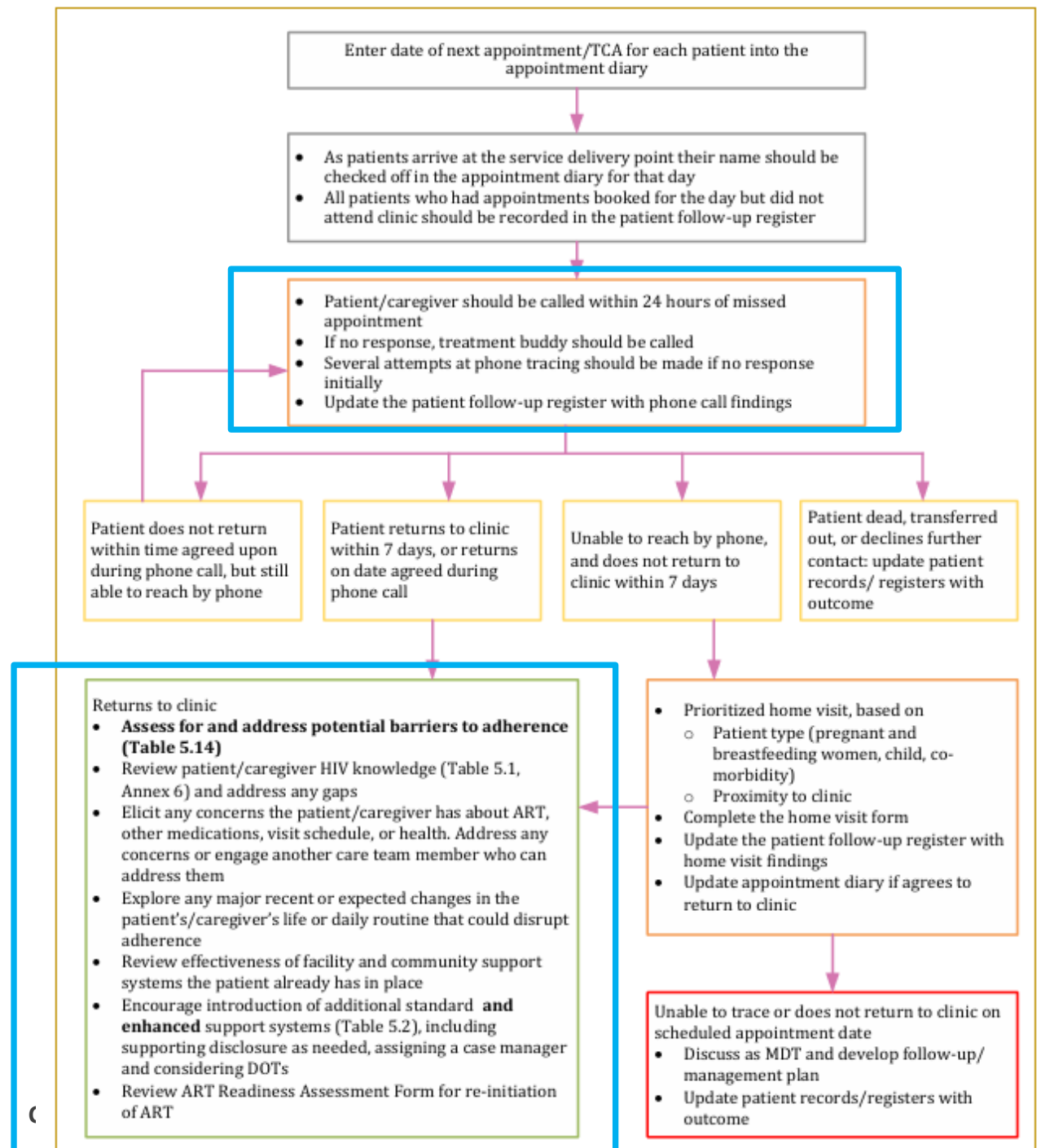
Risk Score	0.702508807
Evaluation Date	29-Jul-2022
Description	High Risk
Risk Factors	RecentIIT 3 RecentUnscheduled 4 OptimizedRegimen Y Stable Y NumHIVRegimens 1



Re-thinking differentiated pathways for re-engagement to care in Kenya, next steps

Current Kenya Algorithm

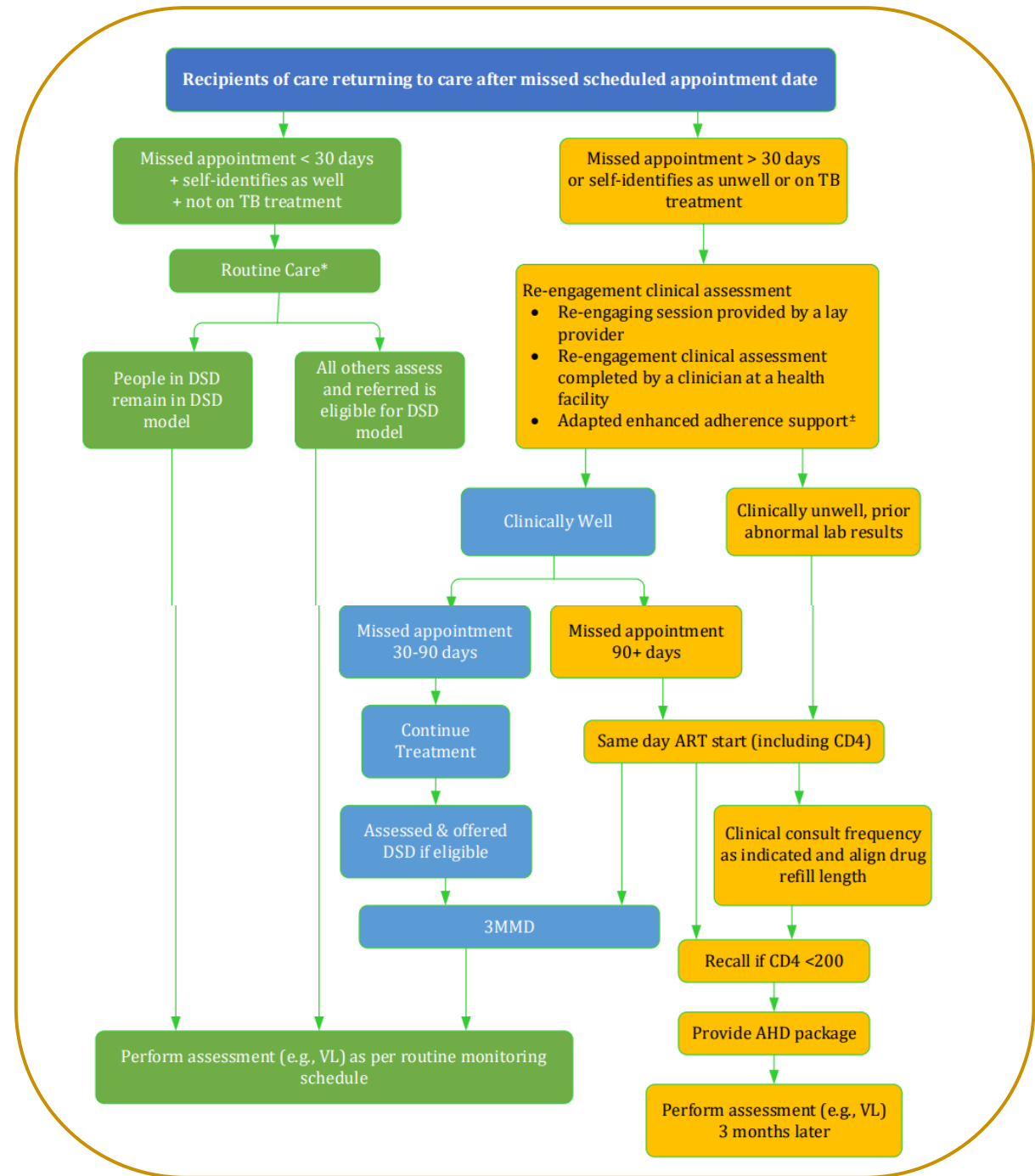
- Tracing
- Re-engagement to care



Proposed revisions: Kenya differentiated pathways for Re- engagement

Considerations

- Duration since missed appointment
- Clinical assessment at re-engagement



Prioritization of Tracing after 7 days of missed appointments

- People with advanced HIV disease
- Specific populations
 - Pregnant and breastfeeding women
 - Children and adolescents 0-19 years of age
- People in the first 6-months on ART (including those who have re-initiated in the past 6 months)
- People with abnormal lab results (e.g. high viral load)
- People who tested positive and did not initiate treatment

Next Steps

- Finalization and review of proposed re-engagement and prioritization pathways tracing pathways
- Inclusion of adopted pathways to support re-engagement in the Kenya National guidelines for HIV, STI and viral hepatitis, 2025 (revision started)
- Simplified job aids for HCWs
- Sensitization of HCWs and recipients of care
- Enhanced data use for decision-making, person-centered support for re-engagement

Acknowledgements

- Kenya Ministry of Health
- County, Healthcare Workers
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- NEPHAK
- IAS
- WHO
- ICAP CQUIN