OPTIONS *Optimizing Prevention Technology Introduction On Schedule*

OPTIONS COUNTRY SITUATION ANALYSIS

KENYA | MARCH 2020

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

OPTIONS OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

Snapshot of oral PrEP rollout in Kenya

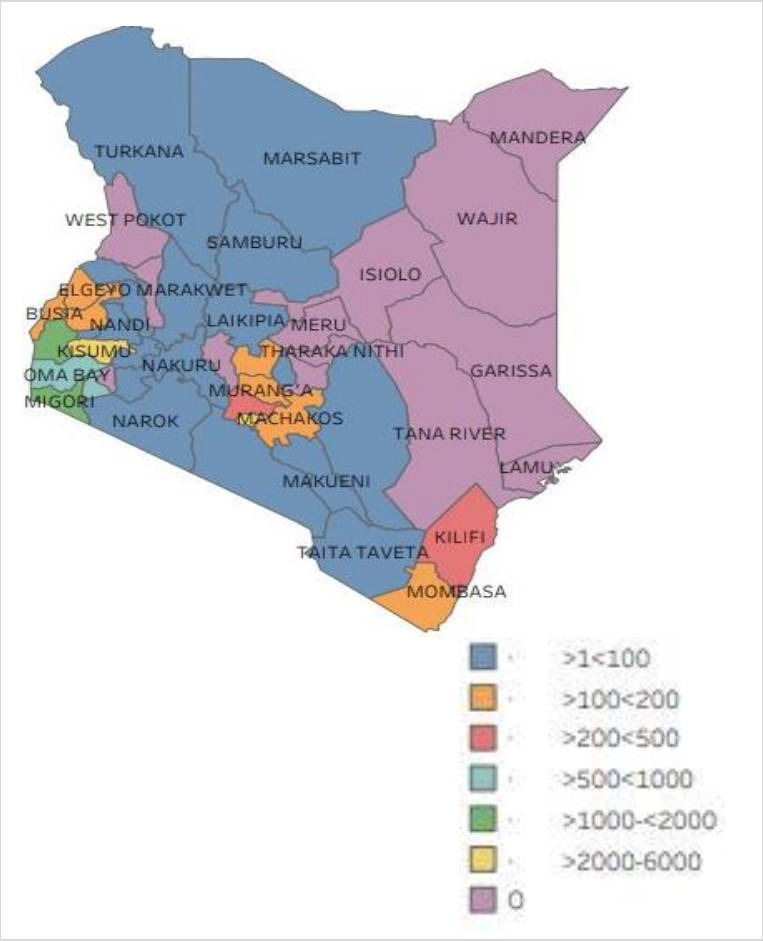
As of **December 2019**, oral PrEP rollout in Kenya has achieved the following reach:

Clients initiating oral PrEP**:** **71,000**

Counties with oral PrEP access: **47 out of 47**

Facilities distributing oral PrEP: **1,994**

Oral PrEP clients by county



Strengths and challenges in oral PrEP rollout

Current Strengths

PLANNING & BUDGETING

- **Costing studies** have been completed to inform delivery of oral PrEP.
- Oral PrEP is **available to all persons at substantial risk** of HIV infection; FSW, MSM, SDCs and AGYW are target populations.

SUPPLY CHAIN MANAGEMENT

- Oral PrEP is available in all 47 counties through KEMSA, with **limited instances of shortages.**
- A **preferred and an alternative regimen** are approved and included in the national guidelines.

PREP DELIVERY PLATFORMS

- KEMSA is distributing self-testing kits, to help identify high-risk populations for oral PrEP.
- Test kits have also been distributed to KP drop-in centres along with a standard **risk assessments tool.**

INDIVIDUAL UPTAKE

- **Training and tools** are in place to address stigma and provider attitudes.
- **A national combination prevention communication strategy** has been developed to create demand and improve adherence.

EFFECTIVE USE & MONITORING

- Tools such as **adherence counseling and peer education** are used to support demand and adherence.

Current Challenges

PLANNING & BUDGETING

- **No domestic financing is provided for oral PrEP;** advocacy and resource mobilization are needed.
- **No continuous campaigns** support oral PrEP **continuation** within mainstream media.

SUPPLY CHAIN MANAGEMENT

- Tracking oral **PrEP in ART system is difficult;** need to develop a new system.
- **Forecasting demand is challenging** given drop-off rates at 1 month.
- **Uncertainty** exists about long-term procurement by Government of Kenya.

PREP DELIVERY PLATFORMS

- **Capacity building** is needed for PrEP delivery.
- Delivery through **ART sites creates an access barrier** (e.g., for AGYW).
- **Reporting** in pharmacies has been weak; KP clinics need to **develop links with laboratory** services.

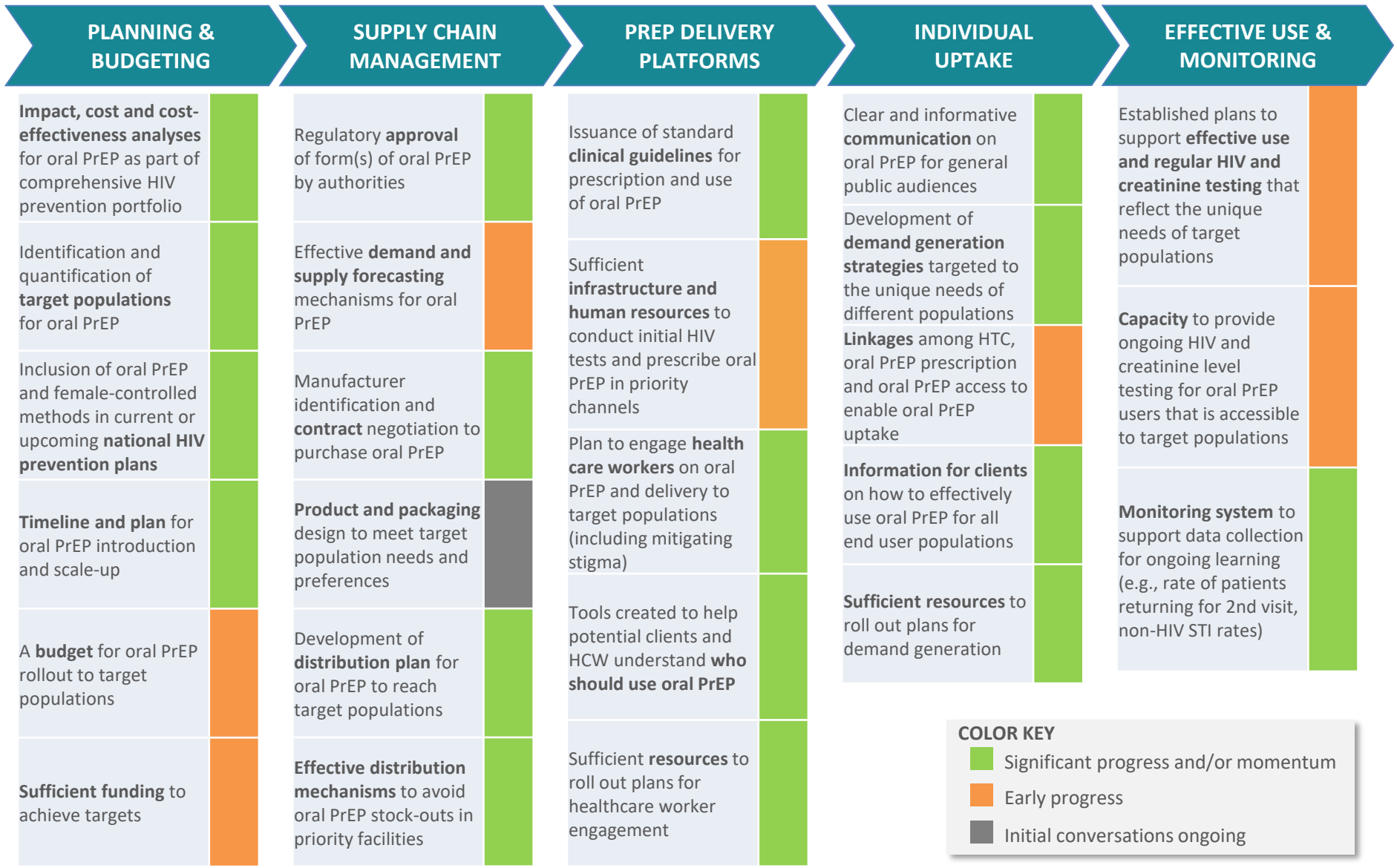
INDIVIDUAL UPTAKE

- **High drop-offs from oral PrEP** after the 1st month pose a challenge for continuation.
- Despite efforts, **stigma is still associated with oral PrEP for the general population,** given initial focus on key populations.

EFFECTIVE USE & MONITORING

- **M&E tools** disseminated but reporting by facilities and DICEs is not optimal.
- **Monitoring oral PrEP use among active clients is difficult** in health facilities; need to establish improved monitoring processes.

Kenya progress on oral PrEP rollout



Planning & budgeting

COLOR KEY
- Significant progress and/or momentum
- Early progress
- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes
Impact, cost and cost-effectiveness analyses for oral PrEP as part of comprehensive HIV prevention portfolio						• *No additional progress to report at this time*
Identification and quantification of **target populations** for oral PrEP						• Oral PrEP is available to anyone at substantial ongoing risk due to generalized rollout. • As of Dec 2019, 71,000 had ever been initiated on PrEP, against a target of 87,000. Of these, 26,640 were currently on PrEP, of whom 13% are AGYW. • Targets are being set using the OPTIONS PrEP-it tool.
Inclusion of oral PrEP and female-controlled methods in current or upcoming **national HIV prevention plans**						• Oral PrEP is mentioned in the Kenya AIDS Strategic Framework and included in the HIV Prevention Revolution Roadmap as part of recommended prevention interventions. • All 47 counties have also included oral PrEP in county-level HIV prevention strategies.
Timeline and plan for oral PrEP introduction and scale-up						• Oral PrEP is scaled up and is currently reaching all 47 counties, available through 1,994 facilities.
A **budget** for oral PrEP rollout to target populations						• Whereas the national as well as county governments have HIV program budgets, they do not have specific budget lines for oral PrEP. • Oral PrEP is currently entirely donor funded; no domestic resources have been committed for oral PrEP.
Sufficient funding to achieve targets						• Sufficient funding for scale-up in priority counties is available until September 2021; more funding for oral PrEP is needed from Oct 2021.

Supply chain management

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Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes
Regulatory **approval** of form(s) of oral PrEP by authorities						• Truvada is approved for prevention by the Pharmacy and Poisons Board • An additional regimen has been approved for use only if the preferred regimen is not available
Effective **demand and supply forecasting** mechanisms for oral PrEP						• Forecasting continues to be a challenge in most facilities due to the high drop-out rate among oral PrEP clients after month 1 of initiation.
Manufacturer identification and **contract** negotiation to purchase oral PrEP						• Procurement, warehousing and distribution of HIV commodities is managed centrally by KEMSA. • Distribution of oral PrEP products is integrated into the national supply chain pipeline for all ARVs.
Product and packaging design to meet target population needs and preferences						• The need for alternative packaging is recognized. Some implementing partners have tried alternatives (e.g., a bag), but no new solutions have been rolled out at scale.
Development of **distribution plan** for oral PrEP to reach target populations						• Distribution plans vary by target population and implementing partner. • NASCOP requires provision of oral PrEP to all who fit their eligibility criteria regardless of which population the facility/partner is targeting.
Effective distribution mechanisms to avoid oral PrEP stock-outs in priority facilities						• Oral PrEP is distributed through a national supply chain system. • Forecasting has been a challenge due to inconsistent use and low reporting through logistics management information systems (LMIS), which has led to stock-outs in some facilities.

PrEP delivery platforms

COLOR KEY
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- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes
Issuance of standard **clinical guidelines** for prescription and use of oral PrEP						• Clinical guidelines for prescription and use of oral PrEP are clear in the national guidelines
Sufficient **infrastructure and human resources** to conduct initial HIV tests and prescribe oral PrEP in priority channels						• Facilities providing oral PrEP are challenged by lack of access to lab services and reporting tools. • Investment is planned in lab networking and creation of more labs in areas with few/no labs.
Plan to engage **health care workers** on oral PrEP and delivery to target populations (including mitigating stigma)						• Available tools are clear on who should use or prescribe oral PrEP; job aids support delivery. • Providers are aware of oral PrEP as a prevention option; some have reservations about prescribing oral PrEP to certain groups (e.g. AGYW). • Some exercises to address stigma are currently included in national curriculum.
Tools created to help potential clients and HCW understand **who should use oral PrEP**						• Tools are available at community and facility levels. • Tools are used by peer educators and healthcare workers to provide information on and generate demand for oral PrEP.
Sufficient **resources** to roll out plans for healthcare worker engagement						• Most providers have been trained on oral PrEP delivery through either offsite or on-site training. A modular approach to facility-based training is now NASCOP's favored approach to capacity-building as it is more cost-effective and increases the number of healthcare workers who receive training.

Individual uptake

COLOR KEY
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- Early progress
- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes
Clear and informative **communication** on oral PrEP for general public audiences						• Despite initial momentum, awareness and knowledge of oral PrEP are still sub-optimal. • A national HIV & STI combination prevention communication strategy has been developed; an objective is to sustain the prevention messages.
Development of **demand generation strategies** targeted to the unique needs of different populations						• Low rate of clients are enrolling on oral PrEP; sustained oral PrEP-related communication is needed. • Implementing partners have limited funds, and thus focus on creating demand among specific target populations. • The communication strategy is targeted for each population based on needs.
Linkages among HTC, oral PrEP prescription and oral PrEP access to enable uptake						• HIV testing remains the main entry point for oral PrEP services. • Once a client is deemed eligible and wants to initiate oral PrEP, s/he receives a prescription from a nurse or clinical officer and can pick up oral PrEP in the pharmacy at most facilities.
Information for clients on how to effectively use oral PrEP for all end user populations						• Client support materials addressing adherence and continued use have been developed by the PrEP TWG and disseminated with job aids for providers to educate clients on oral PrEP.
Sufficient **resources** to roll out plans for demand generation						• Limited progress in this area — advocacy for increased government allocation for HIV prevention is ongoing.

Effective use & monitoring

COLOR KEY
- Significant progress and/or momentum
- Early progress
- Initial conversations ongoing

Readiness factor	April 2016	Dec 2016	May 2018	Dec 2018	Feb 2020	Progress notes
Established plans to support **effective use and regular HIV and creatinine testing** that reflect the unique needs of target populations						• An effort to network labs is ongoing at a county level, but it is still a big challenge. • A recent assessment of facilities providing oral PrEP found the majority have no access to creatinine tests; nearly all are providing HIV tests.
Capacity to provide ongoing HIV and creatinine level testing for oral PrEP users accessible to target populations						• The protocol for HIV testing with oral PrEP clients is clear. • Serum creatinine tests to calculate creatinine clearance should be done at PrEP initiation, 30 day review, and 12 month review. However, many healthcare facilities have inadequate supply of the laboratory reagents necessary to do these serum creatinine tests.
Monitoring system to support data collection for ongoing learning (e.g., rate of patients returning for 2nd visit, non-HIV STI rates)						• M&E tools were developed by May 2018 with clear indicators, such as rates of return and drop-offs. • However, by December 2018 they had not been printed and disseminated to all facilities. • By 2020, all facilities have the tools, although some do not use them consistently or upload data on KHIS. • An EMR system is currently under development to improve reporting.