SITUATION ANALYSIS: KENYA COUNTY LEVEL

FSG in partnership with LVCT Health, Kiambu CHMT, Kakamega CHMT, Nairobi CHMT, and Siaya CHMT

July 2019
In June 2018, OPTIONS convened four counties for a learning collaborative

- To reflect on strengths, challenges, and shared learnings about PrEP delivery at the county level, OPTIONS partnered with Kiambu CHMT to convene four counties:
  1. Kiambu County
  2. Nairobi County
  3. Siaya County
  4. Kakamega County

- The following slides reflect on the situation analysis for county PrEP delivery, primarily for Kiambu county with a summary of cross-county insights
Strengths and challenges in national PrEP rollout

Each county in Kenya is operating within the national context for oral PrEP scale-up. Below are several highlights of the strengths and challenges that have emerged at the national level through Kenya’s PrEP rollout.

Current Strengths

- PrEP is available to all persons of substantial risk of HIV infection; FSW, MSM, sero-discordant couples and AGYW are target populations.
- Costing studies completed to inform delivery of PrEP.
- PrEP is available in 34 of 47 counties through KEMSA, with limited instances of shortages thus far.
- A preferred and alternative regimen are approved and included in national guidelines.
- Redistibution of test kits and HIV self-testing help to single out those who need confirmatory test vs. testing all.
- Risk assessments and self-testing kits distributed in KP drop-in centres.
- Training and tools in development or in place to address provider attitudes and stigma.
- National communication strategy is planned with WHO; national strategy will inform county strategies.
- Tools such as adherence counselling and peer educators are used to support demand and adherence.

Current Challenges

- There is no domestic financing for PrEP; advocacy and resource mobilization is needed.
- There is no current national demand creation strategy, though one is planned (see “individual uptake”).
- Tracking PrEP in ART system is difficult; need to develop a new system.
- Difficulty forecasting demand given drop-off rates at 1-month.
- Uncertainty around long-term procurement by Government of Kenya.
- Need provider capacity building for PrEP delivery.
- Delivery through ART sites creates access barrier (e.g., for AGYW).
- Reporting in pharmacies has been weak; KP clinics need to develop links with laboratory services.
- Demand for PrEP has decreased due to lack of sustained communication about PrEP.
- Demonstration projects have focused on KPs, thus creating demand in the high-risk general population is difficult.
- Developed M&E tools, but have not deployed them due to limited funds.
- Monitoring PrEP use among active clients is difficult; need to improve monitoring processes.
- Data entry into national DHIS system is suboptimal.
SITUATION ANALYSIS SUMMARY
Kiambu, Nairobi, Kakamega and Siaya Counties
## Snapshot of PrEP Roll-Out at County Level

<table>
<thead>
<tr>
<th></th>
<th>Kiambu</th>
<th>Kakamega</th>
<th>Siaya</th>
<th>Nairobi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Size</strong></td>
<td>1,942,506</td>
<td>1,941,663</td>
<td>981,557</td>
<td><strong>Data not available</strong></td>
</tr>
<tr>
<td><strong>Prevalence New Infections</strong></td>
<td>4.0% 2,783</td>
<td>4.5% 2,197</td>
<td>21.0%* 4,039*</td>
<td>6.1% 7,159</td>
</tr>
<tr>
<td><strong>Current # of Facilities Distributing PrEP</strong></td>
<td>50</td>
<td>107</td>
<td>141</td>
<td>73</td>
</tr>
<tr>
<td><strong>Current # of Clients on PrEP</strong></td>
<td>1,665</td>
<td>588</td>
<td>4,041</td>
<td><strong>Data not available</strong></td>
</tr>
<tr>
<td><strong>Breakdown of Clients Currently on PrEP</strong></td>
<td>- 30% SDC  - 9% AGYW  - 13% FSW  - 27% MSM</td>
<td>- 80% SDC  - &lt;1% AGYW  - 4% FSW  - &lt;1% MSM  - 16% Gen Pop</td>
<td>- 71% SDC  - 18% AGYW  - 3% FSW  - &lt;1% MSM  - 7% Gen Pop</td>
<td><strong>Data not available</strong></td>
</tr>
</tbody>
</table>

Common Strengths across Four Counties

Key strengths shared across the four counties relate to the strong **policy, guidelines, and structures** that support county delivery of PrEP. These include:

- Consistent **NASCOP** support
- **TWG structures** at the national and county levels
- PrEP inclusion in **strategic planning documents**, including the Kenya AIDS Strategic Framework (KASF), the Prevention Revolution Roadmap, and Kenya’s Fast-track Plan to end HIV and AIDS among Adolescents and Young People
- **Strong implementation partners** in each of the counties

In addition to a strength in the structures supporting PrEP delivery, counties share successful uptake across many facilities. All four counties have **more than 50 facilities delivering PrEP**.
Shared Challenges across Four Counties

Counties shared many challenges with PrEP delivery. Some of the most salient challenges include:

• Training and sensitizing **healthcare workers**

• Supporting **continuation** and significant loss to follow up among clients who enrolled in PrEP

• Delivering **PrEP to AGYW**, including finding effective delivery channels and generating awareness / demand among this cohort

• Developing **demand generation and advocacy** strategies

• Implementing **adequate M&E tools** that allow reporting to District Health Information System

• **Integrating** HIV with other health services and **lessening stigma**

• Sustainable **funding** sources for consistent PrEP scale up
FULL SITUATION ANALYSIS
Kiambu County
<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>1,942,506</td>
</tr>
<tr>
<td>Number of wards</td>
<td>60</td>
</tr>
<tr>
<td>Total health facilities</td>
<td>457</td>
</tr>
<tr>
<td>HIV testing sites</td>
<td>316</td>
</tr>
<tr>
<td>PMTCT sites</td>
<td>182</td>
</tr>
<tr>
<td>Care/treatment sites</td>
<td>76</td>
</tr>
<tr>
<td>Drop-in centres</td>
<td>6</td>
</tr>
<tr>
<td>Functional community units</td>
<td>105</td>
</tr>
<tr>
<td>Total partners supporting HIV</td>
<td>12</td>
</tr>
</tbody>
</table>
Kiambu County HIV Profile

**Context**
- Kiambu has an estimated 59,016 people living with HIV. That is a prevalence of 4% versus the national prevalence of 4.9% (HIV estimates 2018).
- 37,663 people on antiretroviral therapy (ART), ART coverage is 64% (DHIS2).
- New HIV infections in Kiambu is 2,763 (HIV estimates 2018).
- Kiambu’s HIV incidence is driven by a broad set of populations, including significant contributions from key populations and adolescent girls and young women (AGYW):

![Trends In New HIV Infections](chart1)

![5 Year Positive Identification Trends](chart2)
**HIV Prevention and Treatment in Kiambu**

### Current Efforts

- **High HIV/AIDS treatment coverage** via 76 ART sites (DHIS 2018):
  - Mother to child: 1,810 (120%)
  - Adults (>15 years of age): 35,819 (70%)
  - Infants/children (<15 years of age): 1,828 (85%)

- **HIV testing and counselling** is provided at 316 testing sites (Jan – Mar 2019):
  - FSW (73%)
  - MSM (37%)
  - PWID (54%)

- Percentage of individuals within key populations who were contacted for any **key population intervention** (Jan-Mar 2019):
  - FSW (78%)
  - MSM (77%)
  - PWID (93%)

- **Oral PrEP** was introduced in Kiambu targeting populations at substantial ongoing risk. Kiambu began to roll out PrEP in 2018.

### Remaining Challenges

- **Financial sustainability** for HIV treatment and prevention remains a challenge – the county has begun to develop additional domestic funding sources in light of substantial **funding gaps** in recent years.

- The current **health service system** faces challenges in **planning, coordination, and inadequate infrastructure investment**, leading to capacity constraints in HIV-AIDS clinics.

- **PLHIV** continue to face **high levels of stigma** across the county with little improvement since 2003.

- Current messaging and distribution channels are **insufficient** for reaching key populations; the County will need to continue to **adjust current strategies** in order to serve at-risk populations, and **invest in youth-friendly services/facilities**.

- **Risk perception is low** among certain target populations, which makes prevention uptake a constant challenge.
# Recent Progress on HIV

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>ESTIMATES 2016</th>
<th>ESTIMATES 2018*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated HIV prevalence overall</td>
<td>5.6%</td>
<td>4%</td>
</tr>
<tr>
<td>Estimated HIV prevalence males</td>
<td>2.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Estimated HIV prevalence females</td>
<td>8.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Estimated PLHIV</td>
<td>70,971</td>
<td>59,016</td>
</tr>
<tr>
<td>Estimated adolescents LHIV</td>
<td>3,022</td>
<td>2,507</td>
</tr>
<tr>
<td>Total new infections</td>
<td>4,249</td>
<td>2,763</td>
</tr>
<tr>
<td>New infections adolescents (10-19 years)</td>
<td>353</td>
<td>222</td>
</tr>
<tr>
<td>New infections among youth (15-24 years)</td>
<td>1,199</td>
<td>730</td>
</tr>
<tr>
<td>AIDS-related deaths</td>
<td>1,607</td>
<td>1,166</td>
</tr>
<tr>
<td>Mother to child transmission of HIV</td>
<td>4.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Adults on ART</td>
<td>23,887</td>
<td>34,417</td>
</tr>
<tr>
<td>Children on ART</td>
<td>1,747</td>
<td>1,972</td>
</tr>
</tbody>
</table>
There have been significant strides in scaling up of PrEP

- Kiambu County has included PrEP in the County AIDS strategic plan and already rolled out PrEP in 50 facilities
- Target populations to female sex workers (FSW), men having sex with men (MSM), serodiscordant couples (SDC), adolescent girls and young women (AGYW)
- A total of 1,665 clients are on PrEP as of March 2019 (210 FSW, 445 MSM, 492 SDC, 145 AGYW)

The current state of the PrEP discussion in the county revolves around implementation considerations

- Competence of healthcare workers to support PrEP delivery to young people, monitoring, and continued use
- Finding key delivery channels for reaching AGYW since the uptake is low
- Poor or lack of demand creation strategies for PrEP among AGYW and the communities around them
- Determining the impact of adding PrEP to prevention strategies for target populations
- The most significant current concerns about PrEP include:
  - How to address stigma associated with PrEP use
  - Sustainability for PrEP provision beyond current funding
  - Integration of PrEP across service delivery points
Kiambu PrEP Delivery Strengths & Challenges

**Current Strengths**

- County involvement in demonstration studies
- Availability of PrEP to all persons with substantial ongoing risk of HIV infection
- PrEP available in 50 facilities through ARV central sites
- Preferred and two alternative regimens approved in the current guidelines
- Availability of HIV testing kits including self-testing kits
- Kits available in KP drop-in Centres and in DREAMS sites
- Sensitization of community done within PrEP delivery sites
- Scale up project targeting the discordant couples
- M&E tools distribution to facilities by NASCOP
- County PrEP and KP TWG meetings exist

**Current Challenges**

- Difficulty in forecasting demand due poor refill rates
- Tracking PrEP in ART systems
- Need more capacity building for PrEP delivery
- Access barriers for AGYW and general population in ART sites
- Decreased demand for PrEP - lack of sustained PrEP communication
- Myths and misconception about PrEP
- Inadequate M&E tools
- Monitoring PrEP use among active clients in Facilities - need improved monitoring process

**PLANNING & BUDGETING**

- No specific domestic financing for PrEP - Need advocacy and resource mobilization
- Lack of demand creation strategy especially among AGYW
## Key Stakeholders for PrEP in Kiambu

<table>
<thead>
<tr>
<th>Category</th>
<th>Stakeholders</th>
</tr>
</thead>
</table>
| **Planning and Budgeting**                  | • Ministry of Health  
  • NASCOP  
  • NACC  
  • County Government  
  • County TWG  
  • CDC                                                   |
| **Supply Chain Management**                  | • KEMSA  
  • Pharmacy and Poisons Board  
  • GILEAD                                                    |
| **PrEP Delivery Platforms**                  | • Professional regulators  
  • Implementing partners  
  • Health Facilities  
  • Community Based Organizations                              |
| **Individual Uptake**                        | • Implementing partners  
  • Health Facilities  
  • Community Based Organizations                                |
| **Effective Use and Monitoring**             | • National HIV Reference Laboratory  
  • CDC  
  • Implementing partners  
  • Health Facilities  
  • Community Based Organizations                                |
| **Current Donors**                           | • PEPFAR, DREAMS partners, CHAI, Global Fund, UNAIDS, WHO                   |