



# KENYA

## Dapivirine Ring Rollout Scenarios

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**PROMISE** Preparing for Ring Opportunities through Market Introduction Support and Knowledge Exchange

OCTOBER 2021



# Context and key takeaways

## Context

- As Kenya considers introduction of the dapivirine ring, a new HIV prevention method for women, an outstanding question is how and where the ring should be introduced relative to oral PrEP
- To support decision making, the PROMISE Consortium developed this analysis to consider several possible scenarios, defined by HIV incidence among women and adolescent girls and young women (AGYW) as well as the current state of oral PrEP uptake across counties
- The following slides include an overview of these three scenarios as well as details on the analysis for each scenario

## Key Takeaways

- Across all three scenarios, four counties are high priority for the ring: Homa Bay, Kisumu, Siaya, and Migori
- Six other counties are also high priority in several scenarios: Kajiado, Kiambu, Kisii, Mombasa, Nairobi, and Nakuru
- Incidence patterns for all adult women over age 15 are similar to those for AGYW age 15 – 24, so similar counties are prioritized for both population groups
- Prioritizing counties that are high incidence vs. those counties that have the greatest numbers of new infections yields different priority counties for the ring
- There are a number of relatively small counties with above average HIV incidence but low PrEP uptake that could be a good fit for the ring if it is offered where PrEP is more difficult to access

# Scenarios Overview

|  | Description   | First priority             | Second priority        | Third priority                         | Fourth priority                                  |   |
|--|---|----------------------------|------------------------|--|--|---|
| <b>Scenario 1</b><br>Prioritizing high-incidence counties with large PrEP programs                                     | Rollout the ring where oral PrEP is already available in counties with high incidence among adult women (age 15+)   | Kisumu<br>Siaya            | Homa Bay<br>Migori     | Kajiado<br>Kisii<br>Mombasa<br>Nairobi | Busia<br>Kakamega<br>Kericho<br>Machakos         | Nakuru<br>Narok<br>Trans-Nozia<br>Uasin Gishu             |
| <b>Scenario 2</b><br>Prioritizing high-incidence counties with large PrEP programs, with a focus on AGYW (Age 15 – 24) | Rollout the ring where oral PrEP is already available in counties with high incidence among AGYW (age 15 – 24), prioritizing counties with DREAMS programming | Kisumu**<br>Siaya**        | Homa Bay**<br>Migori** | Kiambu**<br>Mombasa**<br>Nairobi**     | Busia<br>Kajiado<br>Kakamega<br>Kericho<br>Kisii | Machakos<br>Nakuru<br>Narok<br>Trans-Nozia<br>Uasin Gishu |
| <b>Scenario 3</b><br>Prioritizing counties with large numbers of new infections among adult women (Age 15+)            | Rollout the ring in counties with large numbers of new HIV infections in adult women (age 15+)  | Kisumu<br>Nairobi<br>Siaya | Homa Bay<br>Migori     | Kisii<br>Mombasa<br>Nakuru             | Kajiado<br>Kakamega<br>Kiambu<br>Uasin Gishu     |   |

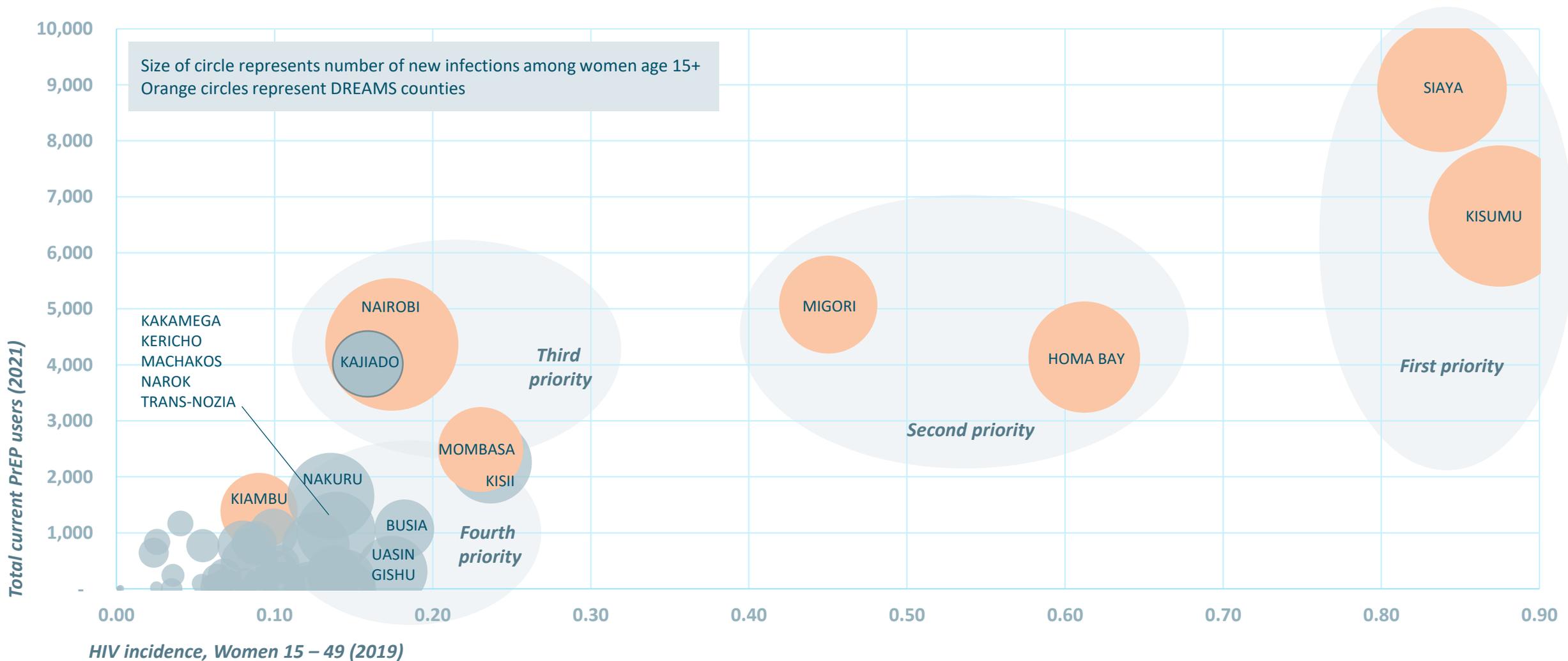
\*\* Counties with DREAMS programming

# Scenarios Overview

|  | First priority   | Second priority  | Third priority   | Fourth priority   | Total   |
|--|--|--|--|---|---|
| <b>Scenario 1</b><br>Prioritizing high-incidence counties with large PrEP programs                                     | 2 counties<br><br><b>4,539</b> annual new infections among women age 15+ | 2 counties<br><br><b>2,847</b> annual new infections among women age 15+ | 4 counties<br><br><b>4,407</b> annual new infections among women age 15+ | 8 counties<br><br><b>3,789</b> annual new infections among women age 15+  | <b>16</b> counties<br><br><b>15,582</b> annual new infections among women age 15+ |
| <b>Scenario 2</b><br>Prioritizing high-incidence counties with large PrEP programs, with a focus on AGYW (Age 15 – 24) | 2 counties<br><br><b>4,539</b> annual new infections among women age 15+ | 2 counties<br><br><b>2,847</b> annual new infections among women age 15+ | 3 counties<br><br><b>3,750</b> annual new infections among women age 15+ | 10 counties<br><br><b>5,058</b> annual new infections among women age 15+ | <b>17</b> counties<br><br><b>16,194</b> annual new infections among women age 15+ |
| <b>Scenario 3</b><br>Prioritizing counties with large numbers of new infections among adult women (Age 15+)            | 3 counties<br><br><b>6,833</b> annual new infections among women age 15+ | 2 counties<br><br><b>2,847</b> annual new infections among women age 15+ | 3 counties<br><br><b>2,403</b> annual new infections among women age 15+ | 4 counties<br><br><b>2,260</b> annual new infections among women age 15+  | <b>12</b> counties<br><br><b>14,343</b> annual new infections among women age 15+ |

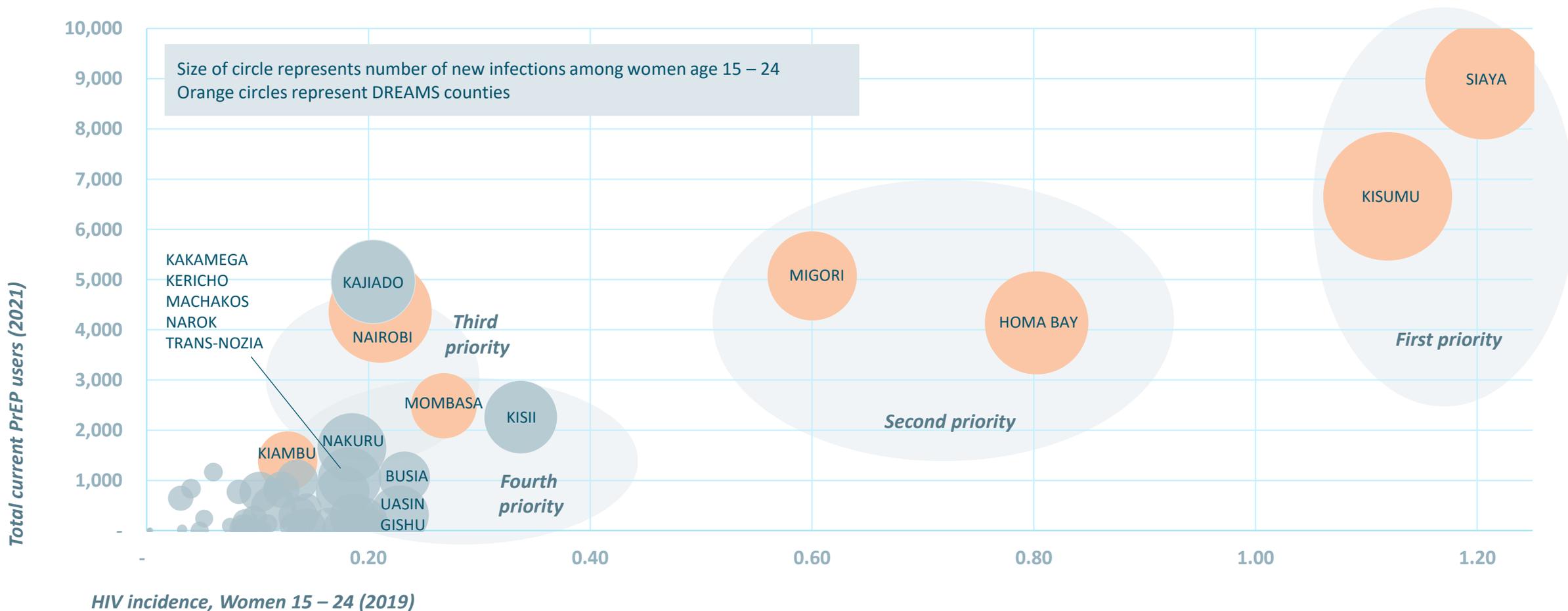
# Scenario 1

## Prioritizing high-incidence counties with large PrEP programs



# Scenario 2

## Prioritizing high-incidence counties with large PrEP programs, with a focus on AGYW (Age 15 – 24)



# Scenario 3

## Prioritizing counties with large numbers of new infections among adult women (Age 15+)

