



PrEP Introduction & Scale-Up

Executive Summary: Kenya approved oral PrEP for HIV prevention in 2017, becoming one of the first African countries to integrate it into its national HIV prevention strategy. This approval followed successful demonstration projects and clinical trials, leading to a scale-up across approximately 2,500 health facilities where PrEP is administered, with over 550,000 initiations to date. However, retention issues, the unavailability of HIV testing kits for initiating clients, and difficulties in reaching vulnerable populations remain a challenge. Additional PrEP technologies, such as CAB and DVR, have since been introduced through implementation science and national programs to expand HIV prevention choices.

Key Insights

- **PrEP Uptake and Barriers:** Initial PrEP uptake has been higher among key populations, with challenges in reaching adolescent girls and young women due to funding priorities and stigma.
- **Collaborative Rollout Success:** Kenya's successful PrEP introduction benefited from collaboration with the MoH, using existing infrastructure and a standardized training approach.
- **Sustainability and Funding:** Kenya is developing a sustainability plan for HIV services, including PrEP, focusing on increasing domestic funding and improving product accessibility.
- **Demand Generation Challenges:** Demand generation for PrEP has been inconsistent, with a reliance on donor funding, and stigma remains a significant barrier to widespread uptake.
- **Regulatory and Stakeholder Engagement:** Active involvement of stakeholders and the MoH during product research and approval supported adoption and scale-up of new HIV prevention methods.

Key Implications

- **Targeted Efforts for Adolescents:** To improve PrEP uptake among adolescents, targeted awareness campaigns and service delivery outside HIV clinics are necessary.
- **Service Delivery Diversification:** Expanding PrEP delivery to more accessible locations like community pharmacies and family planning clinics can help reduce stigma and increase access for various populations.
- **Commodity shortages:** Restricted supplies of HIV testing kits and PrEP products can disrupt PrEP use, emphasizing the need for effective supply chain management, strategic procurement, and robust monitoring systems to ensure consistent access and provider confidence.
- **Comprehensive Training for Providers:** Health providers require ongoing training to support uptake and choice among PrEP methods.
- **Increased M&E and Data Use:** Strengthening M&E systems will be critical for tracking PrEP uptake, continuation, and effectiveness, especially with new product rollouts.

Best Practices & Recommendations – Supply Side

Regulatory & Normative Guidance

- The product developer submits an application to the Pharmacy and Poisons Board (PPB) for review, with approval depending on the developer's responsiveness and the PPB's workload.
- Researchers should engage the Ministry throughout their studies to ensure smooth adoption of new products. Kenya's regulatory process supports engagement. Additionally, involving and supporting communities in advocating for the product can expedite the approval process.
- Research institutions can address remaining questions for product introduction, while development and implementing partners generate evidence for national scale-up, with the TWG at the national level discussing policy issues.

Planning & Budgeting



- Governments must determine practical, feasible options and ensure access for all in need.
- Kenya is developing a sustainability plan for HIV services, including PrEP, by increasing domestic funding to 50% and securing affordable commodities through procurement and manufacturer negotiations.
- Including products in national programming and other real-world settings helps assess actual product use beyond studies, informing discussions on choice, resource allocation, and cost coverage.
- Government policies support the introduction of new products, and the health sector is ready to deliver them using existing systems.

Research, Monitoring, and Evaluation

- Data collection and reporting systems are in place, with efforts to adopt or update EMRs, define an indicator for PrEP need, and revise M&E tools to include DVR and CAB.
- Implementation science studies may precede national scale-up, focusing on ease of use, acceptability, and potential side effects within the population.
- Data is collected by population, age, and product, including switching data, while seroconversions on PrEP are monitored to track HIV drug resistance.
- Monitoring is done to ensure clients receive high-quality services and help identify service delivery issues.

Best Practices & Recommendations – Demand Side

Health Service Delivery

- About 2,500 facilities offer oral PrEP with trained staff and M&E tools, but capacity building is needed to help providers adapt to new methods and counsel effectively.
- Efforts are underway to make PrEP more accessible outside health facilities, including through peers, family planning centers, outpatient facilities, pharmacies, and community spaces, with a focus on reaching younger populations and reducing facility traffic.
- Providers are concerned about having sufficient commodities and avoiding stockouts of new products.

Demand Generation

- Demand generation begins after product procurement, provider training, and system readiness, with efforts like mass and print media planned to avoid overwhelming demand before availability.
- A dedicated subcommittee developed materials for oral PrEP, monitored progress, and led awareness efforts, with the national launch generating excitement.

Stakeholder Engagement

- Kenya's TWG actively involves stakeholders, including civil society, community organizations, private sector workers, and regulators, in scaling up new products. They participate in discussions on products, guidelines, and policies, their inputs contribute to inclusive and effective decision-making from inception to monitoring.
- There is a need for broad stakeholder engagement, including policymakers, to ensure they understand the transition to injectable PrEP/ARVs.