Nairobi City’s Progress Towards Ending the HIV Epidemic

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Presentation Outline

- Kenya HIV Situation
- City County Profile
- Key Achievements
- Key Activities and Milestones
- Challenges
- 2018 Priorities
Kenya HIV situation

National HIV Prevalence is 5.91

5.5% | 6.3%

1.5 Million
Kenyans were living with HIV in 2015

98,170
Children (0-14 years) were living with HIV in 2015

77,647
Kenyans were infected with HIV in 2015

6,613
Children were infected with HIV in 2015

39,868
Women were infected with HIV in 2015

31,167
Men were infected with HIV in 2015

Figure 1: HIV Prevalence by County

HIV prevalence has remained stable at about 6% for the last 5 years with geographical variation ranging from a low of 0.4% in Wajir to a high of 26% in Homa Bay.

Source: Kenya HIV Estimates Report 2019
City County Profile
Nairobi County HIV Profile

- Total County Population-4,697,274
- HIV Prevalence-6.1% (9th County In Prevalence Ranking)
  - Female-7.6%
  - Male-4.7%
- People Living With HIV-171,510 (1st Ranked)

<table>
<thead>
<tr>
<th></th>
<th>OVERALL</th>
<th>ADULTS(15+)</th>
<th>ADOLESCENTS(10-19)</th>
<th>YOUNG ADULTS(15-24)</th>
<th>PAEDIATRICS(0-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Living With HIV</td>
<td>171,510</td>
<td>163,287</td>
<td>10,758</td>
<td>23,671</td>
<td>8,223</td>
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<tr>
<td>New HIV Infections Annually</td>
<td>4981(5th Ranked)</td>
<td>4,719</td>
<td>1,035(21%) (3 PER DAY)</td>
<td>2,282(46%) (7 PER DAY)</td>
<td>262</td>
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<tr>
<td>HIV Related Deaths</td>
<td>2437</td>
<td>2,177</td>
<td>175</td>
<td>267</td>
<td>260</td>
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<tr>
<td>Need For ART</td>
<td>157,335</td>
<td>148,999</td>
<td>9521</td>
<td>21,304</td>
<td>8,336</td>
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<tr>
<td>Need For EMTCT</td>
<td>7008</td>
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<td></td>
<td></td>
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</tbody>
</table>

Source: HIV County Estimates 2015
66% (84,307) of the HIV+ on ART are female while 34% (43,045) are males.

76% to 88% of the young adults aged 10-24 years HIV+ who are on ART are females.
HIV Prevalence among Key Populations in Kenya

- MSM (Men Having sex with Men): 18.2%
- FSWs (Female Sex Workers): 29.3%
- IDU (Injecting Drug Users): 18.3%

“33% of the new HIV infections occur in Key Populations”

OUR PERFORMANCE IN 2017
46% of the new HIV infections occur among the young adults, however only 19% constitutes the total identified.
2017 ART CASCADES

Progress Toward 90-90-90 For Adults

- ALHIV: 163287
- Identified: 140887 (86%)
- On treatment: 139130 (99%)
- Viral Load Uptake: 110826 (80%)
- Viral Suppression: 17732 (84%)

Progress Towards 90-90-90 for Children

- CLHIV: 8223
- Identified: 8435 (103%)
- On treatment: 7437 (88%)
- Viral Load Uptake: 7300 (98%)
- Viral Suppression: 5037 (69%)
Adolescents ART Cascade 2017 (N=33 Sites)

- Curr in Care: 734
- Curr on ART: 732
- On ART > 6 Months: 633
- No. with VL (Last 12 Months): 562
- Patients Virally Suppressed: 459
Viral load suppression is a challenge, overall suppression is 67% for adults and children.
VIRAL SUPPRESSION IS LOWEST AMONG CHILDREN BELOW TWO YEARS AND TEENAGERS
The 12-month retention rate is at 82%
Mortality is at 3%
eMTCT

92% of HIV+ women are identified during the ANC visits in Nairobi County
Only 1% of the HIV+ Women identified at post-natal visit

- 93% of Women attending ANC know their HIV status
- 97% tested for syphilis
- Infant Prophylaxis= 94%
- Maternal Prophylaxis= 89%
**KP ART Cascades**

### MSM

- **Estimate:** 10,000
- **Regular Contact:** 13,898
- **HIV Tested:** 10,272
- **PLHIV:** 1,820
- **Currently on ART:** 1,282
- **Total tested positive in the programmes:** 603
- **Positive in the programmes (33%)**

### FSW

- **Estimate:** 29,494
- **Regular Contact:** 48,219
- **HIV Tested:** 32,167
- **PLHIV:** 8,642
- **Currently on ART:** 5,045
- **Total tested positive in the programmes:** 3,148
- **Positive in the programmes (36%)**

### PWID

- **Estimate:** 6,216
- **Regular Contact:** 7,799
- **HIV Tested:** 5,931
- **PLHIV:** 1,138
- **Currently on ART:** 401
- **Total tested positive in the programmes:** 321
- **Positive in the programmes (28%)**

*Art: Controlling the HIV Epidemic*
# Enrollment and Retention on PrEP  
(April 2017-Feb 2018)

<table>
<thead>
<tr>
<th>Subcounty</th>
<th>General Population</th>
<th>AGYW</th>
<th>MSM</th>
<th>FSWs</th>
<th>Discordant</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Initiated</td>
<td>Retained</td>
<td>Initiated</td>
<td>Retained</td>
<td>Initiated</td>
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<tr>
<td>Kamukunji</td>
<td>137</td>
<td>56</td>
<td>20</td>
<td>08</td>
<td>133</td>
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<tr>
<td>Kasarani</td>
<td>50</td>
<td>30</td>
<td>21</td>
<td>2</td>
<td>815</td>
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<td>Makadara</td>
<td>15</td>
<td>12</td>
<td>61</td>
<td>4</td>
<td>363</td>
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<tr>
<td>Langata</td>
<td>59</td>
<td>52</td>
<td>285</td>
<td>5</td>
<td>58</td>
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<tr>
<td>Ruaraka</td>
<td>57</td>
<td>15</td>
<td>487</td>
<td>1</td>
<td>215</td>
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<td>Dagoretti</td>
<td>99</td>
<td>83</td>
<td>231</td>
<td>129</td>
<td>219</td>
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<td>Starehe</td>
<td>134</td>
<td>72</td>
<td>0</td>
<td>837</td>
<td>376</td>
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<td>Westlands</td>
<td>106</td>
<td>30</td>
<td>154</td>
<td>130</td>
<td>49</td>
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<tr>
<td>Embakasi east</td>
<td>5</td>
<td>4</td>
<td>233</td>
<td>126</td>
<td>76</td>
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<tr>
<td>Embakasi west</td>
<td>52</td>
<td>29</td>
<td>1</td>
<td>2</td>
<td>122</td>
</tr>
</tbody>
</table>

| Total           | 714                | 381   | 1840| 1373 | 992        | 560      | 2,416      | 1,329   | 1,145   | 808 |
|                 | 53%                | 74%   | 56% | 55% | 70%        |          |            |         |         |     |

- **AGYW**: Adult General Young Women
- **MSM**: Men Who Have Sex With Men
- **FSWs**: Female Sex Workers
- **Discordant**: Individuals with differing HIV status between themselves and their sexual partners.
Have we accelerated............
90–90–90 Progress from 2014 to 2017

- 90% of those who are HIV positive identified
  - 2014: 7,564, 2017: 8,435
  - Increase: 2017-2014 = 881

- 90% of those identified are on ART
  - 2014: 6,325, 2017: 7,437
  - Increase: 2017-2014 = 1,112

- 90% of those on ART are virally suppressed
  - 2014: 10,859, 2017: 98,131
  - Increase: 2017-2014 = 87,272

Increased persons knowing status by 21%
  - Increase: 2017-2014 = 110,291

Increased persons on ART by 19%
- 2014: 6,325, 2017: 149,322
  - Increase: 2017-2014 = 143,097

Increased persons with viral suppression by 55%
- 2014: 10,859, 2017: 146,567
  - Increase: 2017-2014 = 135,708

(66%)
(87%)
(98%)
(12%)
(67%)
Progress from 2014 to 2017 contd.

- Increased Number of
  - CCCs from 169 to 203
  - EMTCT sites from 180 to 302

- Infant prophylaxis increased from 52% to 94%
- Maternal prophylaxis increased from 72% to 89%
- VMMC services increased by 2%
- Persons tested for HIV increased from half a million to over 1 million
- Percentage of TB Patients starting on ART increased from 80% to 91%
EID positivity over time (5.4% in 2013 – 4.3% in 2017)
HOW HAVE WE DONE IT...
Leadership and Governance

• Political good will and strong leadership (Governor and CEC) with specific commitments for increased domestic HIV resource allocation
• Dissemination and Implementation of the Nairobi city county AIDS strategic plan aligned to the Kenya AIDS Strategic Framework
• Development of MTEF for HIV 2018 to 2021

Partners Coordination

• Strong partnership and coordination of stakeholders with increased private sector involvement
• Establishment of the County Multi-sectoral HIV and AIDS committee that meets quarterly to review progress by the various technical working groups (Adolescent/C&T,KP,M&E,EMTCT,VMMC,PREP)
• Coordinated Trainings and Supervision
Elimination of Mother To Child HIV transmission (eMTCT)

- Integrating HIV treatment (HAART) into MCHs has provided a one stop shop for our HIV-infected pregnant women and their infants up to 2 years.
- Engagement of mentor mothers in 86 Facilities and linked to community to support linkage and retention to care and psychosocial support at both facility and community level (Due to reduction in mentors in 2017, drop in prophylaxis (89%).
- SCPHNs enrolled as eMTCT champions.
- We Men Care Program to encourage Male Partner Engagement and Testing.

TB/HIV Collaboration

- Strengthened TB/HIV supervision at county and sub county levels.
- Integration of TB/HIV services in health facilities.
- Scaled up IPT and TB screening for CCC clients.
Key Populations Program
- Enhanced KP Services, including MSM /MAT Services integrated in 4 public facilities. 382 clients enrolled in MAT clinic (HTS Quarterly (6.7% prevalence) and 100% linkage
- NSP services
- Targeted testing outreaches for KPs
- Key Population Hot spot Mapping

PREP & VMMC Programs
- PREP rolled out and scaled up to 44 sites, trainings and sensitization to communities done
- Trained 75 VMMC surgeons and assistants
HIV Testing Services

- HTS outreaches (targeted: Boda Boda) and RRIs
- HIV self testing (HIVST) roll out in May 2017 (28 pharmacy outlets) and to scale up in 2018 (11 public sites)
- Roll out of aPNS (88 sites)

**aPNS Cascade (July 2017 - March 2018 N = 40 Facilities)**

### Sexual Contacts (15+ years)

- Index Clients Screened: 2,483
- Sexual Contacts Identified: 1,810
- Sexual Contacts Eligible: 1,484
- Sexual Contacts Tested: 421
- Sexual Contacts Identified HIV+: 95
- Sexual Contacts Linked: 74

- 28% (22.57%) (78%)

### Children (<15 years)

- Index Clients Screened: 2,483
- Children Identified: 998
- Children Eligible: 642
- Children Tested: 170
- Children Identified HIV+: 15
- Children Linked: 14

- 26% (8.82%) (93%)
### Adolescent Program

- Capacity Building and Training of Health care workers towards effective and youth friendly service delivery
- Collaboration with Ministry of Education/School Health programs
- Youth led initiatives- NCC launched the SAUTI SIKIKA (Adolescents Living With HIV, Nairobi Chapter)
- Also the City Youth Advisory Council
- Partnered with the DREAMS Program to empower AGYW, mobilize communities, strengthen families & reduce AGYW’s sexual risk (>50,000 girls)
- PrEP uptake highest among AGYW due to support programs
- Support for Adolescents living with HIV, OTZ, Support Groups, Adolescent clinic days, Stigma reduction
- Adolescent HIV prevention concerts, The MAISHA League
- Placement of adolescent customer care desks manned by adolescents; so far 8 facilities with 15 pax
Care And Treatment
- Test and Treat across board
- Capacity Building; sensitization of 300 HCWs on new HIV guidelines, DTG and tools
- Patient Support Groups
- Enhanced defaulter tracing and community tracking through CHVs & Peer mentors
- Viraemia registers/ targeted adherence counselling
- Differentiated Care Services (in 64 sites (54,109 pts), with 30% of the stable patients who make up 58% of the total patients enrolled on DC)
- Clinical Support Center Established at STC Casino; ECHO to be set up

Laboratory Strengthening
- Improved linkage to viral load testing at reference laboratory
- All laboratories connected to EQA systems for HIV and TB related tests – RTQII, Proficiency testing for HIV testing
- RTQII for 53 sites
- Regular training and updates on new HTS testing algorithm
- Regular Commodity TWGs
Data Management

- DQAs done quarterly on all HIV related data
- Scaled up EMR for HIV services
- Biannual performance review held
- New tools received and facilities sensitized
- HIV Granulated Report Developed
- Measure of Care Continuum and other data at the county and sub-county levels.
- Jointly with IAPAC, NCC launched a Fast-Track Cities dashboard to measure and monitor progress around 90-90-90 and other local targets.
Challenges

➢ Highly mobile and unstable population & unclear settlement areas thus making it difficult to follow-up
➢ Prevention Programs need strengthening (PREP, Condom Education)
➢ Data/Reports timeliness and completeness; Quality gaps; Low uptake of EMR
➢ About 60% of population seek care in the private sector where there is a high turnover of health providers raising quality issues in terms of care and data reports
➢ Stigma persists particularly in the growing numbers among key populations
➢ Challenges providing quality care to adolescents & children e.g. issues of access, dose adjustments for children, counseling & disclosure
➢ Viral suppression poor especially for adolescents and young children
➢ Occasional HIV test kit stockouts
➢ Low yield for community testing
➢ Few KPs living with HIV identified and started on treatment
Key Priorities for 2018

- Targeted HIV Testing Services for KPs and Adolescents
- Scale up Adolescent friendly help desks to 10 additional facilities
- Scaling up of EMR to 80% of CCCs
- Scale up Third 90- Viral Load Uptake through RRIs and Facility Audits.
  - Increased Viral load suppression through adherence trainings for HCWs, PLHIV and care givers.
  - Support group meetings for PLHIVs
- Capacity Building of HCWs and Community Volunteers
- Continued Private sector engagement in HIV program
- Advocacy for Increased Financing from the county government
- Scale up of PREP services to 2 additional facilities per sub county
- Increased focus on primary prevention
- Roll out HIVST in 10 public facilities
- Scale up Differentiated Care Services to all CCCs
ARVs SAVED OUR LIVES

For free HIV Testing
Call: 0722 293 960

Testing and ART are free in all government facilities