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2018 CONTROLLING THE HIV EPIDEMIC SUMMIT

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

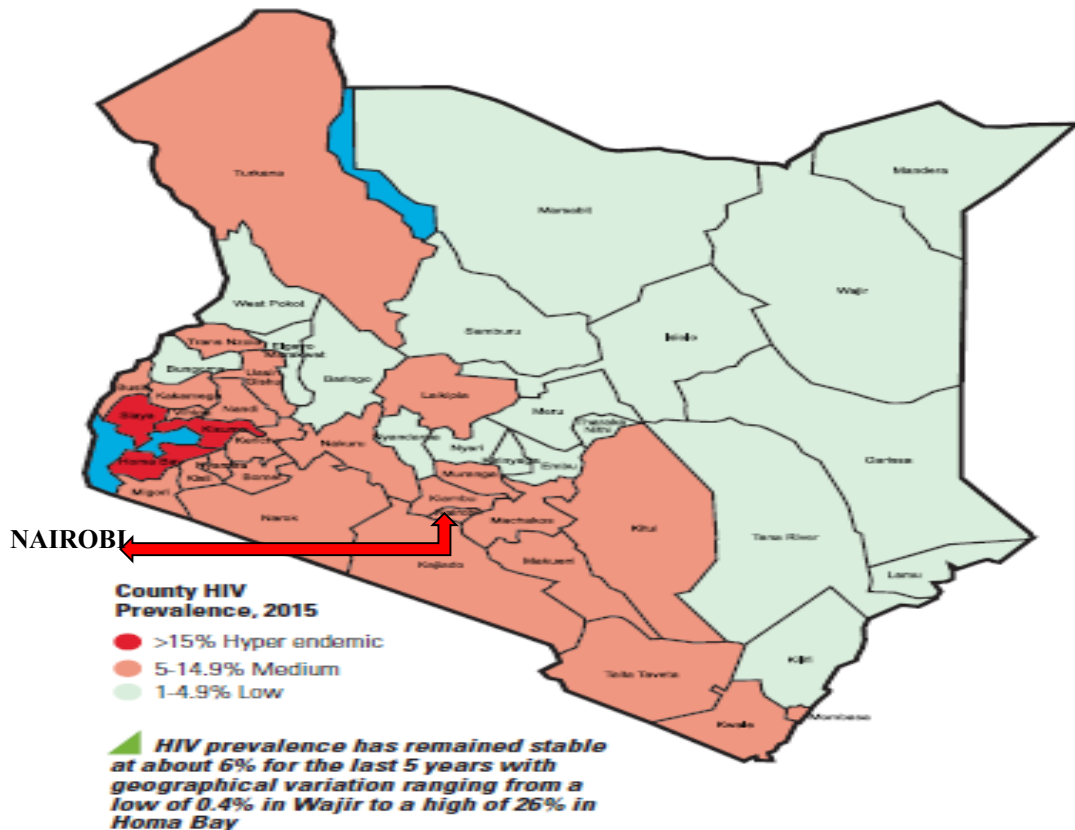


31,167

Men were infected with HIV in 2015

Source: Kenya HIV Estimates Report 2015

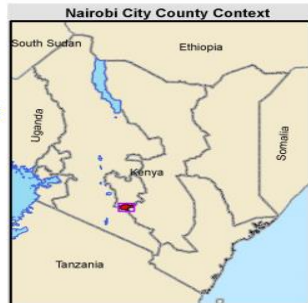
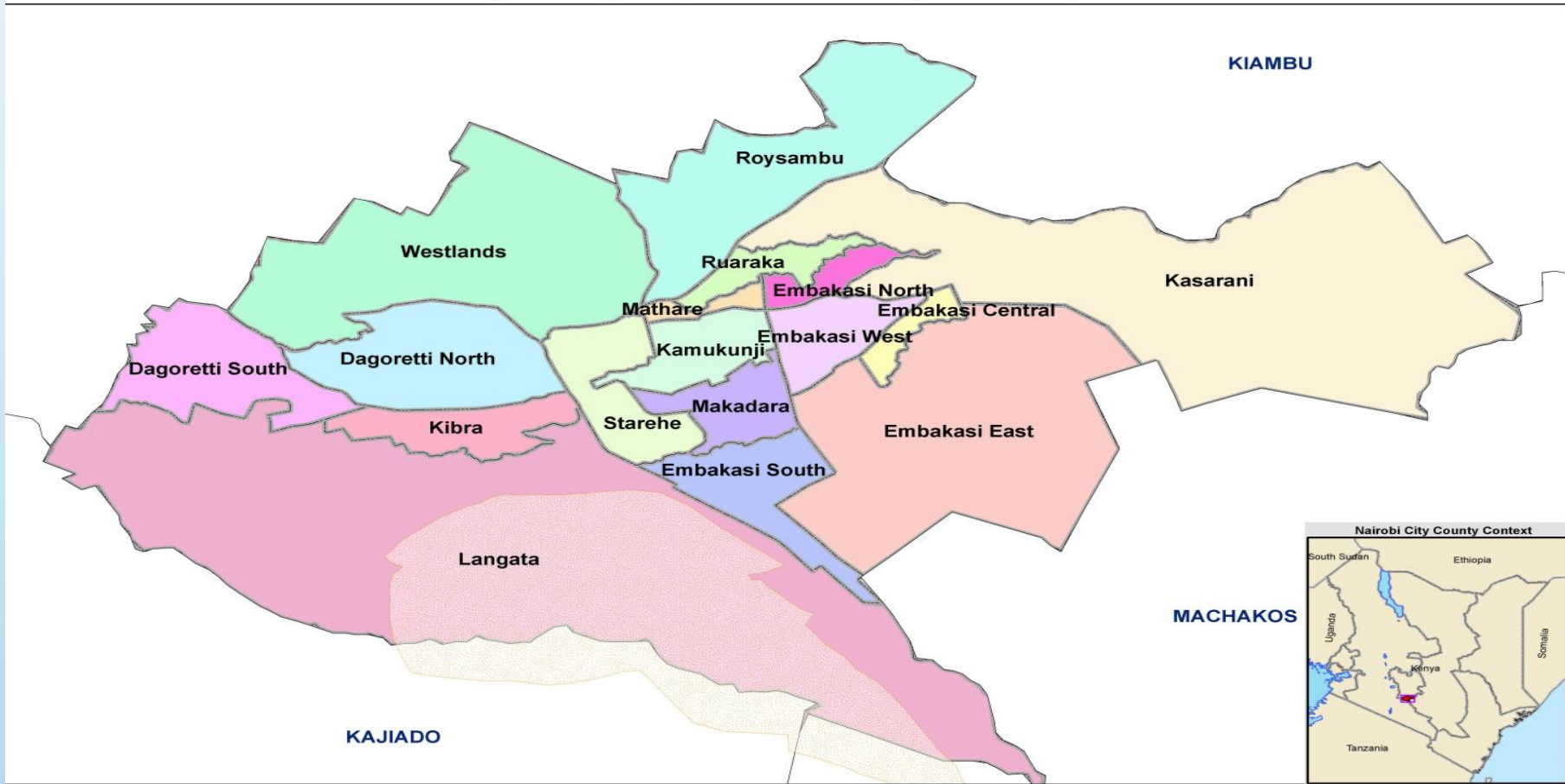
Figure 1: HIV Prevalence by County




City County Profile

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Nairobi City County Map - Constituency Boundary



 Park
 Constituency Boundary

1:125,000



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)**

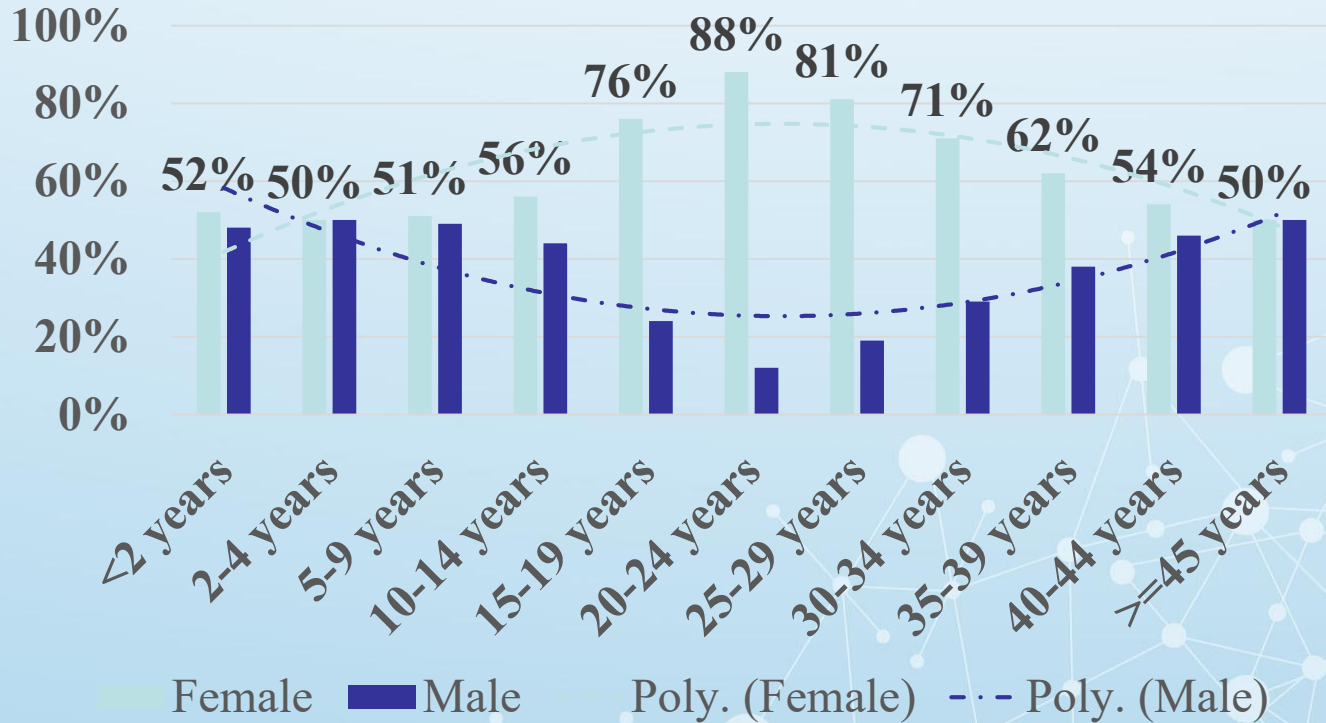
	OVERALL	ADULTS(15+)	ADOLESCENTS(10-19)	YOUNG ADULTS(15-24)	PAEDIATRICS(0-14)
People Living With HIV	171,510	163,287	10,758	23,671	8,223
New HIV Infections Annually	4981(5 th Ranked)	4,719	1,035(21%) (3 PER DAY)	2,282(46%) (7 PER DAY)	262
HIV Related Deaths	2437	2,177	175	267	260
Need For ART	157,335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

Source: HIV County Estimates 2015

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HIV+ PERSONS ON CARE AND TREATMENT BY AGE GROUPS



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.

Nairobi City KP Estimates



County Key Population Estimate



6,216
IDU



29,494
FSW



10,000
MSM

Source: MOT Study
2009

HIV Prevalence among Key Populations in Kenya

18.2%

MSM (Men Having sex with Men)

29.3%

FSWs (Female Sex Workers)

18.3%

IDU (Injecting Drug Users)

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

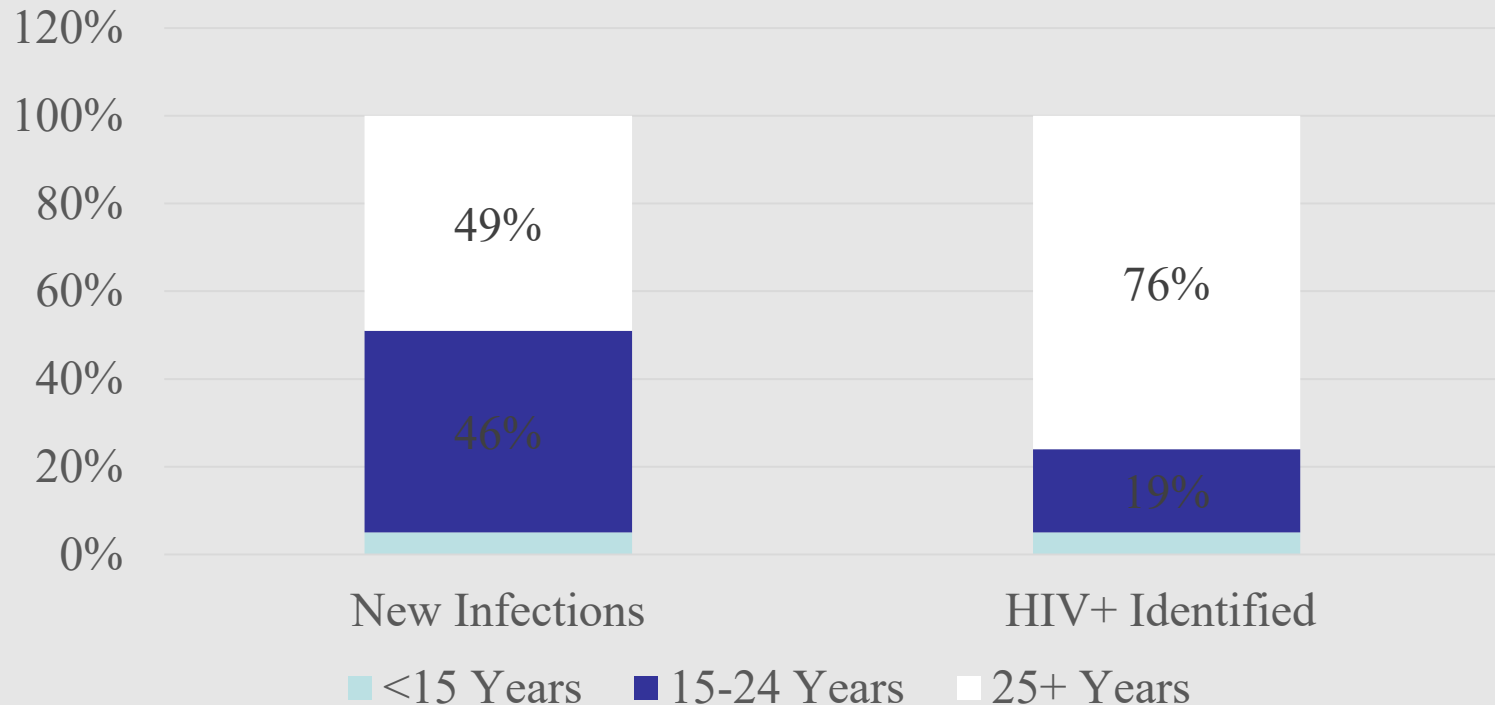
Source: Kenya AIDS epidemic Update: NACC 2012, Studies conducted between 2009 & 2011, Modes of transmission study, 2009

OUR PERFORMANCE IN 2017

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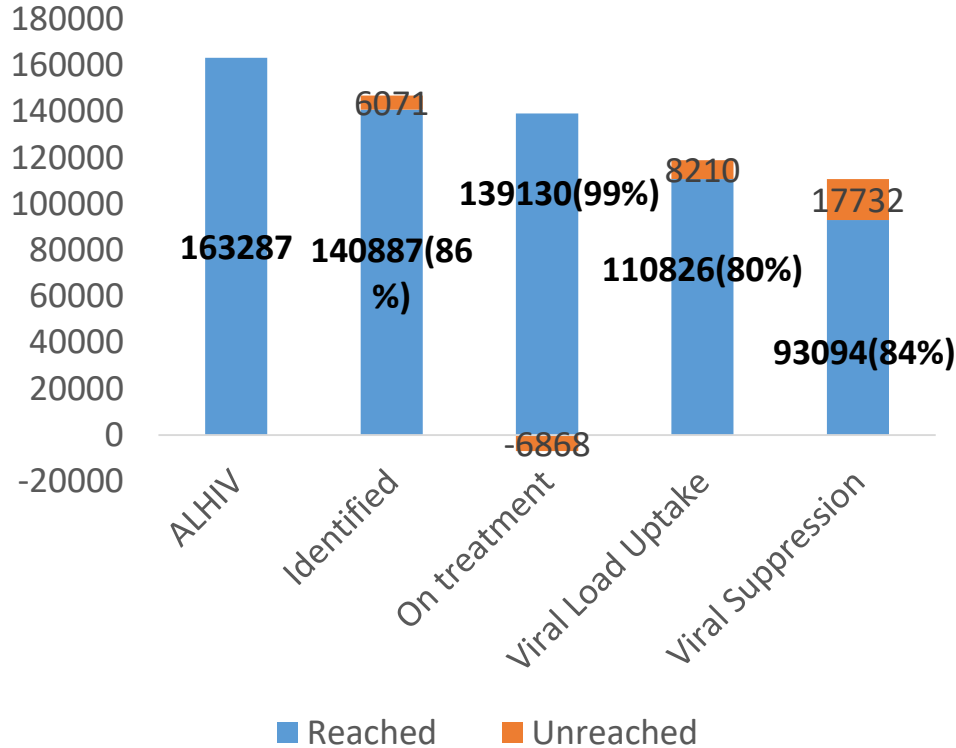
- **A total of 26,564 HIV +ves Identified**

46% of the new HIV infections occur among the young adults, however only 19% constitutes the total identified

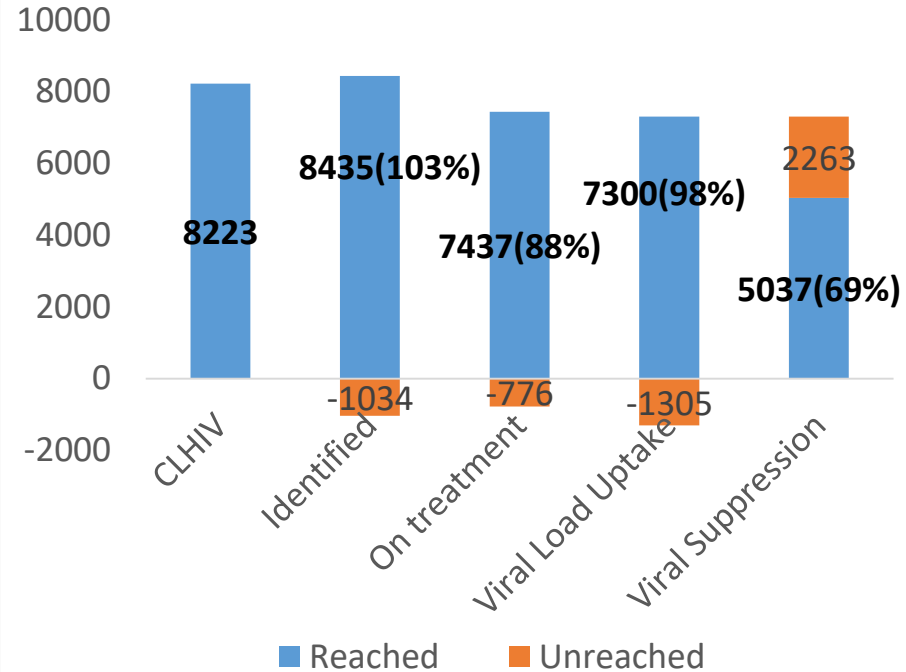


2017 ART CASCADES

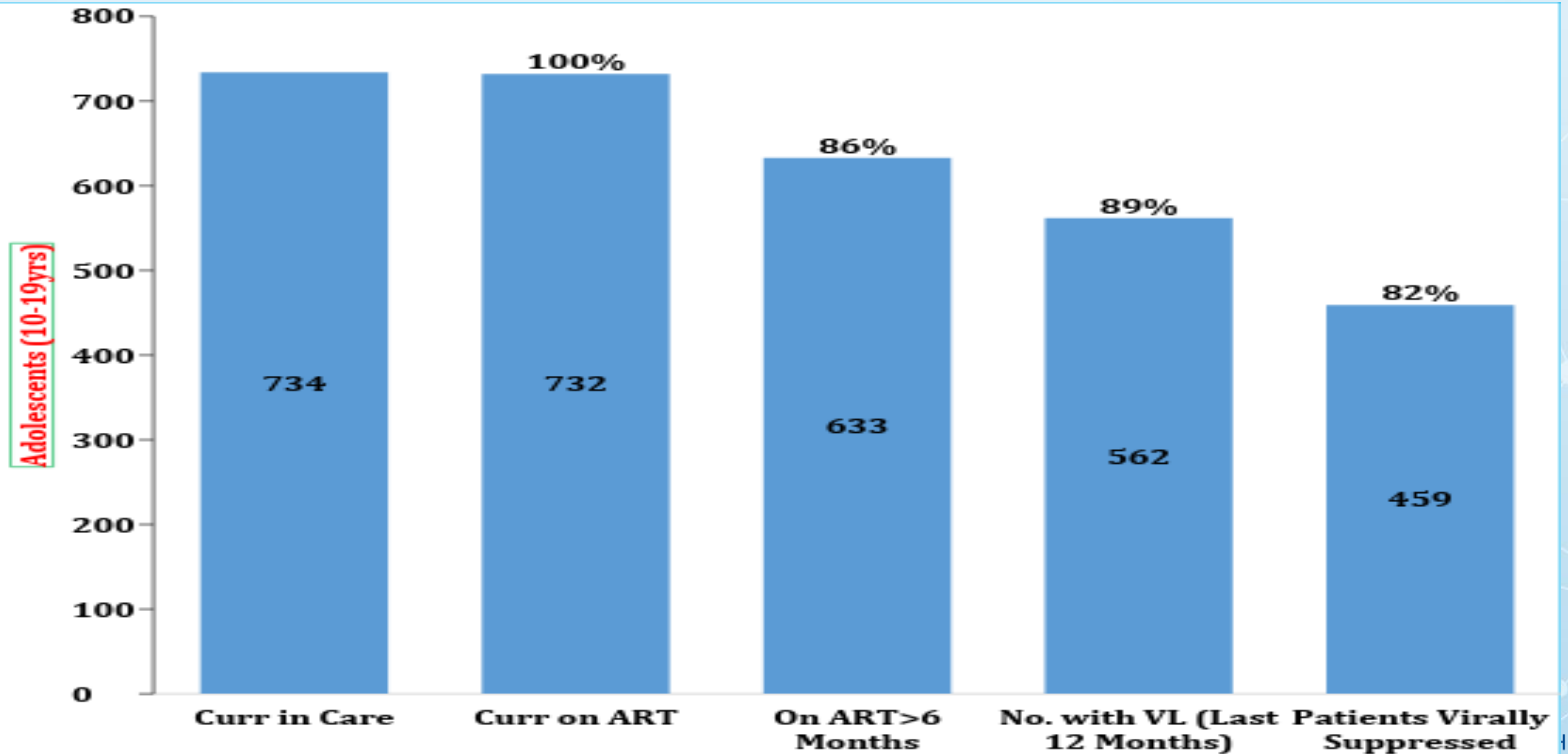
Progress Toward 90-90-90 For Adults



Progress Towards 90-90-90 for Children

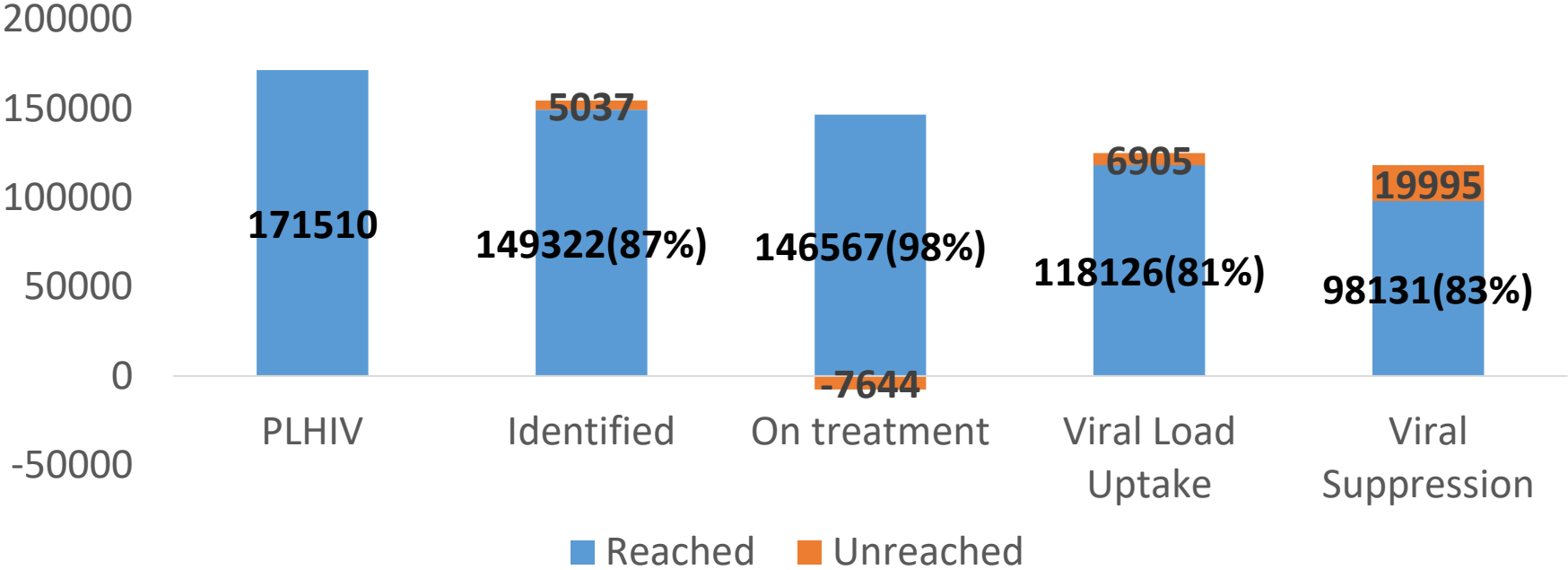


Adolescents ART Cascade 2017 (N=33 Sites)



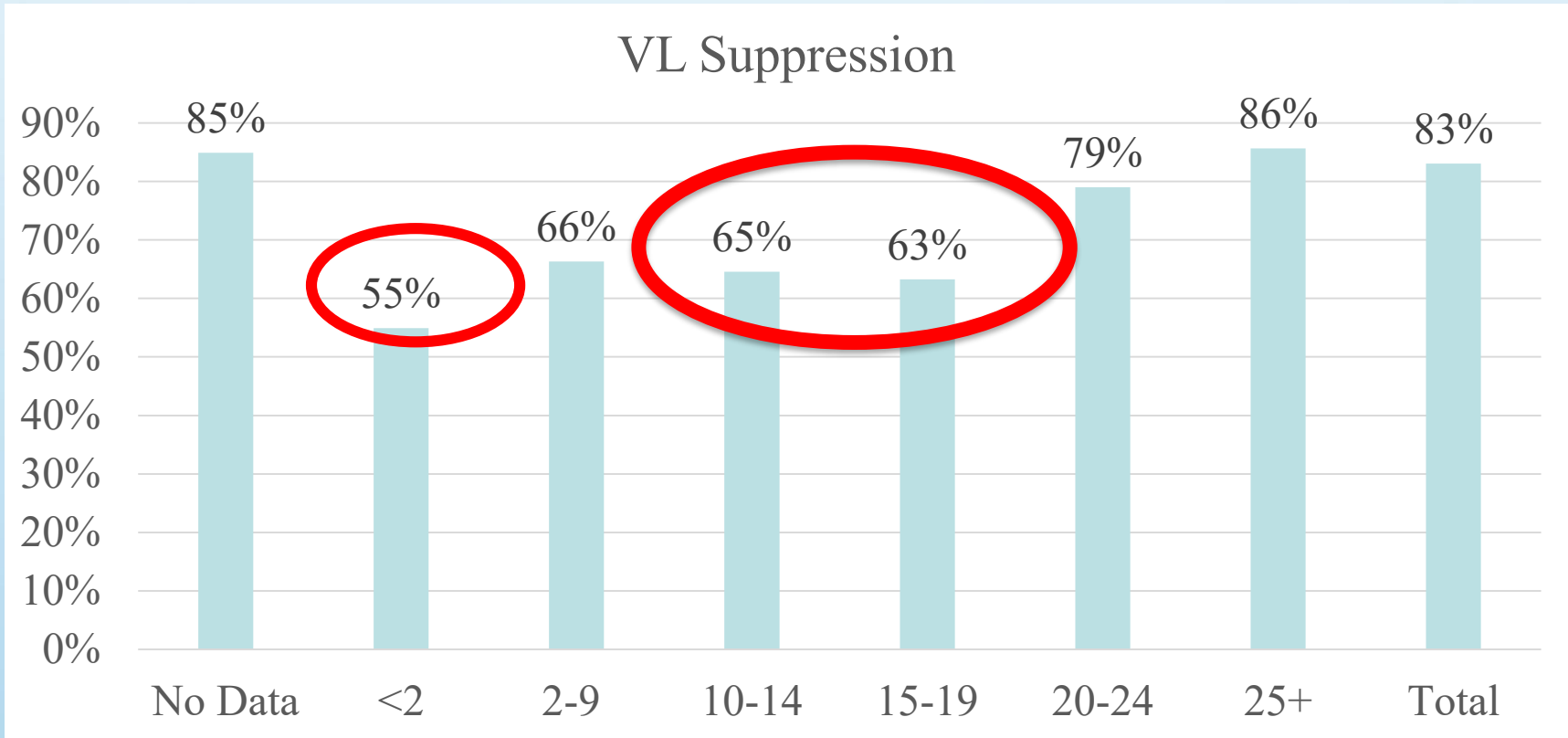
OVERALL 2017 ART CASCADE

Progress Towards 90-90-90 for PLHIV

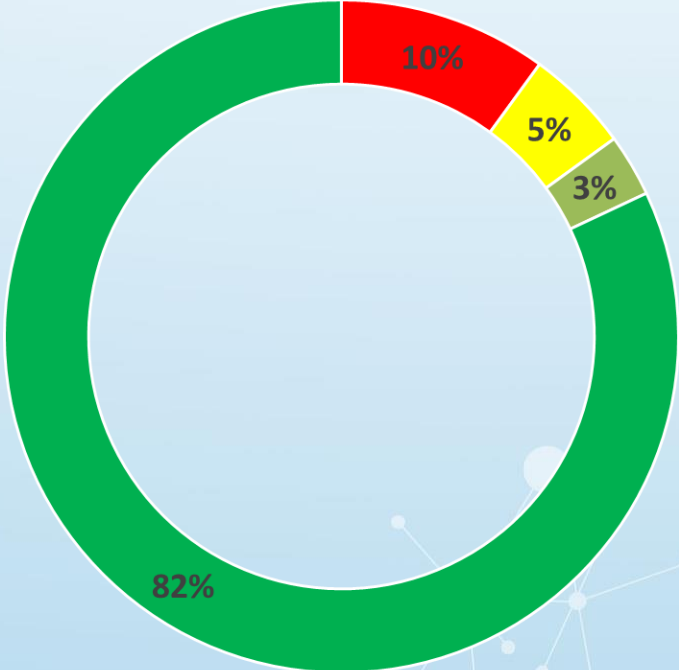


Viral load suppression is a challenge, overall suppression is 67% for adults and children

VIRAL SUPPRESSION IS LOWEST AMONG CHILDREN BELOW TWO YEARS AND TEENAGERS



RETENTION AND MORTALITY RATE FOR 12 MONTH COHORT

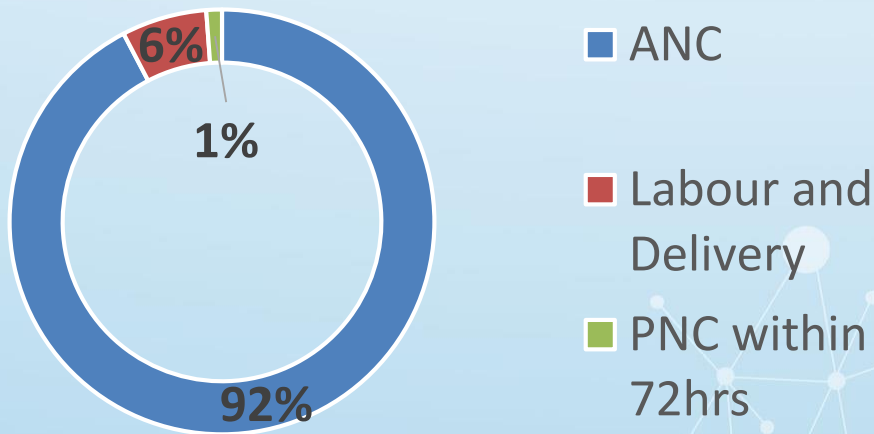


The 12-month retention rate is at 82%
Mortality is at 3%

■ LTFU ■ Default & stopped ■ Dead ■ Alive

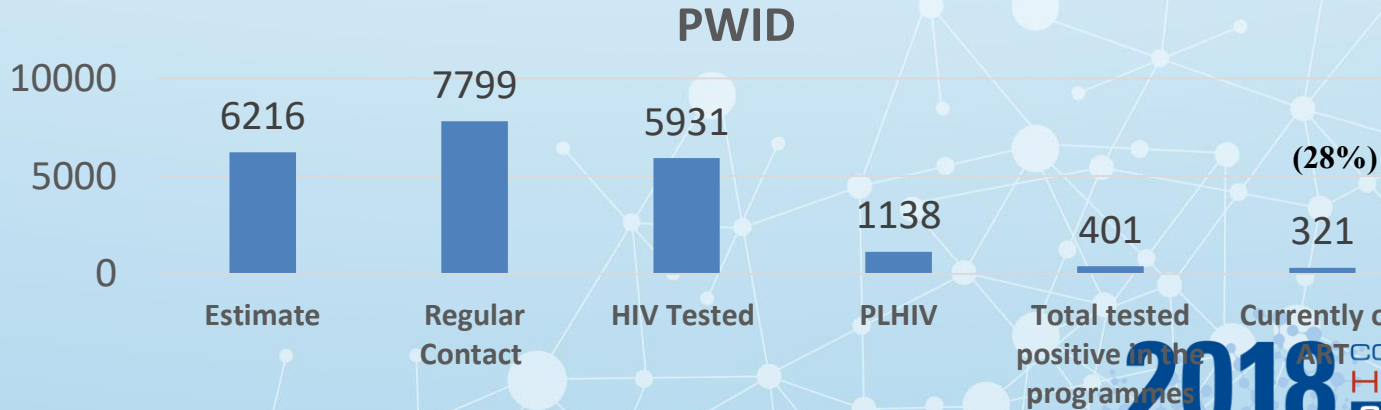
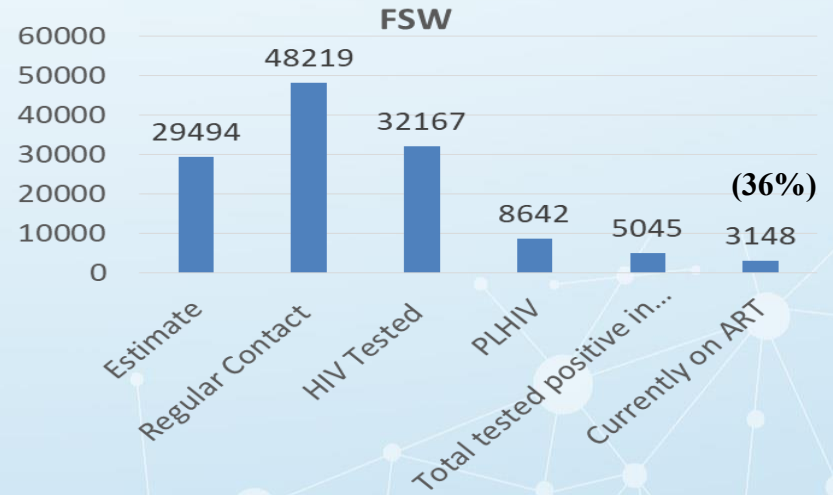
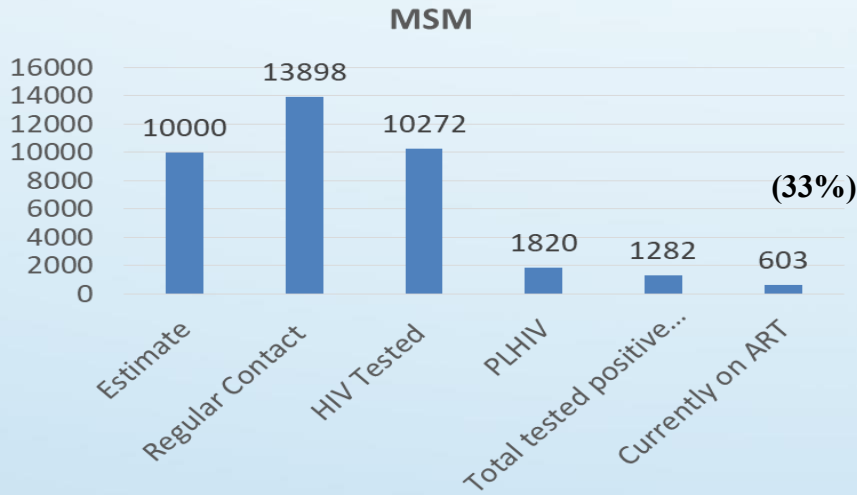
eMTCT

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



Enrollment and Retention on PrEP (April 2017-Feb 2018)

Subcounty	General Population		AGYW		MSM		FSWs		Discordant	
	Initiated	Retained	Initiated	Retained	Initiated	Retained	Initiated	Retained	Initiated	Retained
Kamukunji	137	56	20	20	08	08	133	120	104	69
Kasarani	50	30	21	10	2	2	815	465	20	10
Makadara	15	12	61	354	4	1	363	108	78	52
Langata	59	52	285	264	5	5	58	36	226	167
Ruaraka	57	15	487	250	1	0	215	148	72	38
Dagoretti	99	83	231	219	129	102	219	152	231	174
Starehe	134	72	0	0	837	439	376	156	95	79
Westlands	106	30	154	130	4	3	39	30	62	55
Embakasi east	5	4	233	126	0	0	76	62	36	35
Embakasi west	52	29	1	0	2	0	122	52	221	129
Total	714	381	1840	1373	992	560	2,416	1,329	1,145	808
		53%		74%		56%		55%		70%

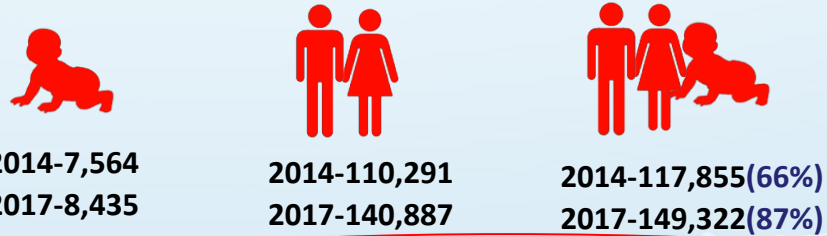
Have we accelerated.....



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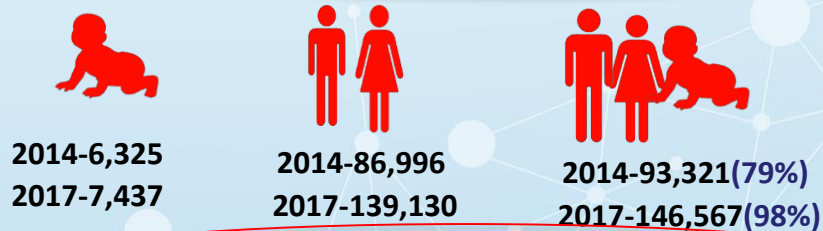
90-90-90 Progress from 2014 to 2017

90% of those who are HIV positive identified



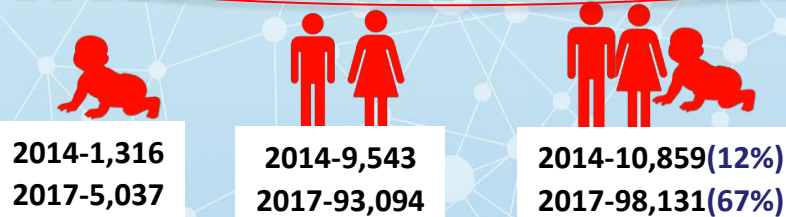
Increased persons knowing status by 21%

90% of those identified are on ART



Increased persons on ART by 19%

90% of those on ART are virally suppressed



Increased persons with viral suppression by 55%

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%

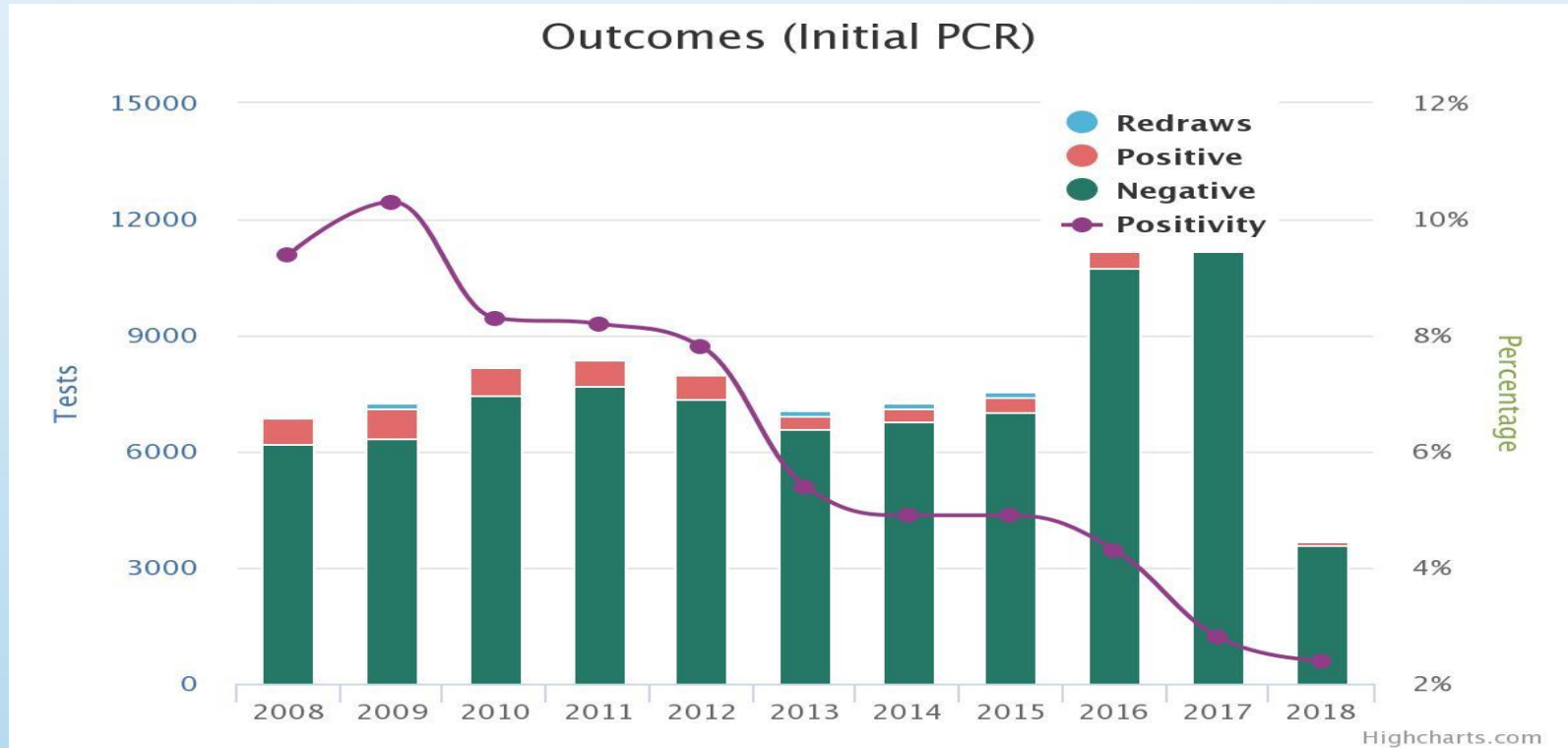
VMMC services increased by 2%



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...

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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, VMCC, 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



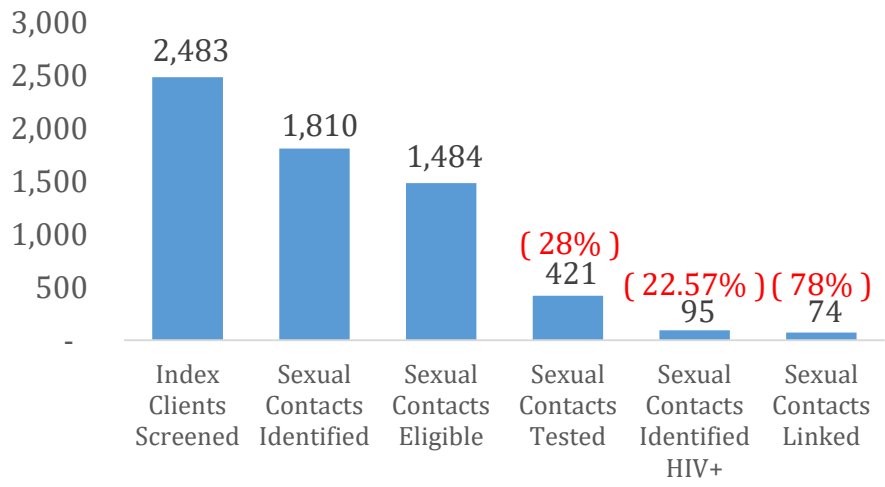
HIV Testing Services

- HTS outreaches (targeted; Boda Boda) and RRI
- 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)

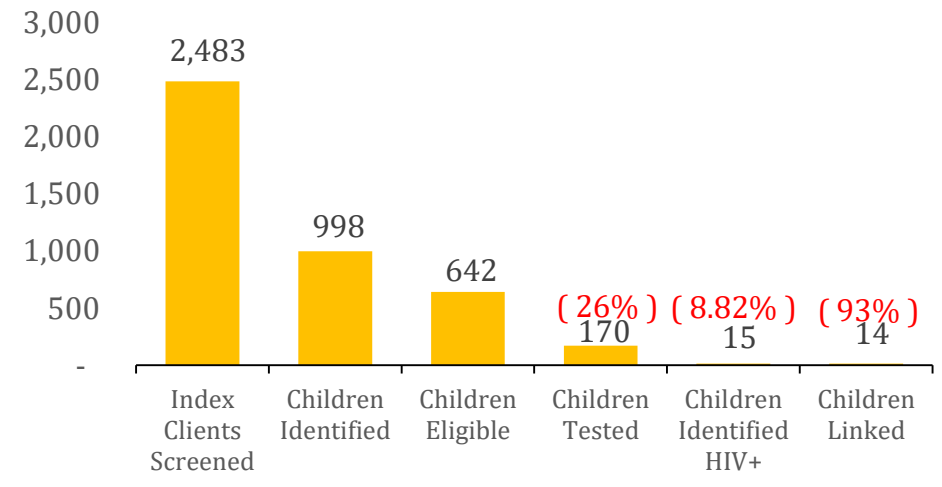


aPNS Cascade (July 2017 - March 2018 N = 40 Facilities)

Sexual Contacts (15+ years)



Children (<15 years)



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

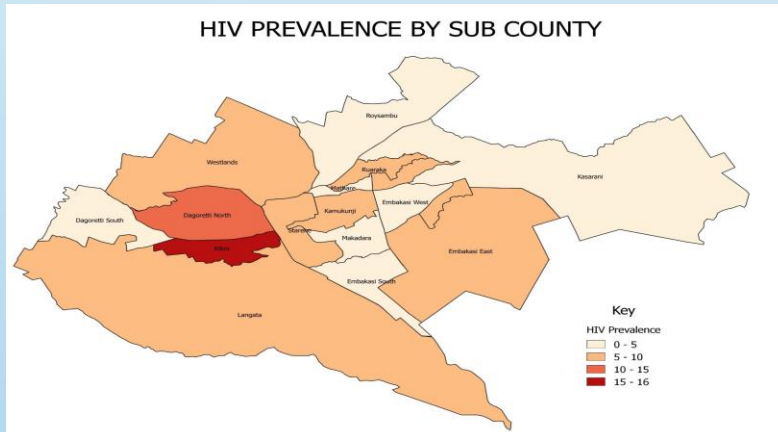
- Test and Treat across board
- Capacity Building ; sensitization of 300 HCWs on new HIV guidelines, DTG and tools
- Patient Support Groups
- Enhanced defaulter tracing and community tracking through CHVs & Peer mentors
- Viraemia registers/ targeted adherence counselling
- Differentiated Care Services(in 64 sites(54,109pts), 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

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