

**AIDS  
2020**

**23RD INTERNATIONAL  
AIDS CONFERENCE**

**VIRTUAL**

PRE-CONFERENCES  
30 JUNE - 3 JULY

# 90-90-90 Targets Update

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# The Kenyan 90-90-90 Journey

## *Sprinting towards 95-95-95*



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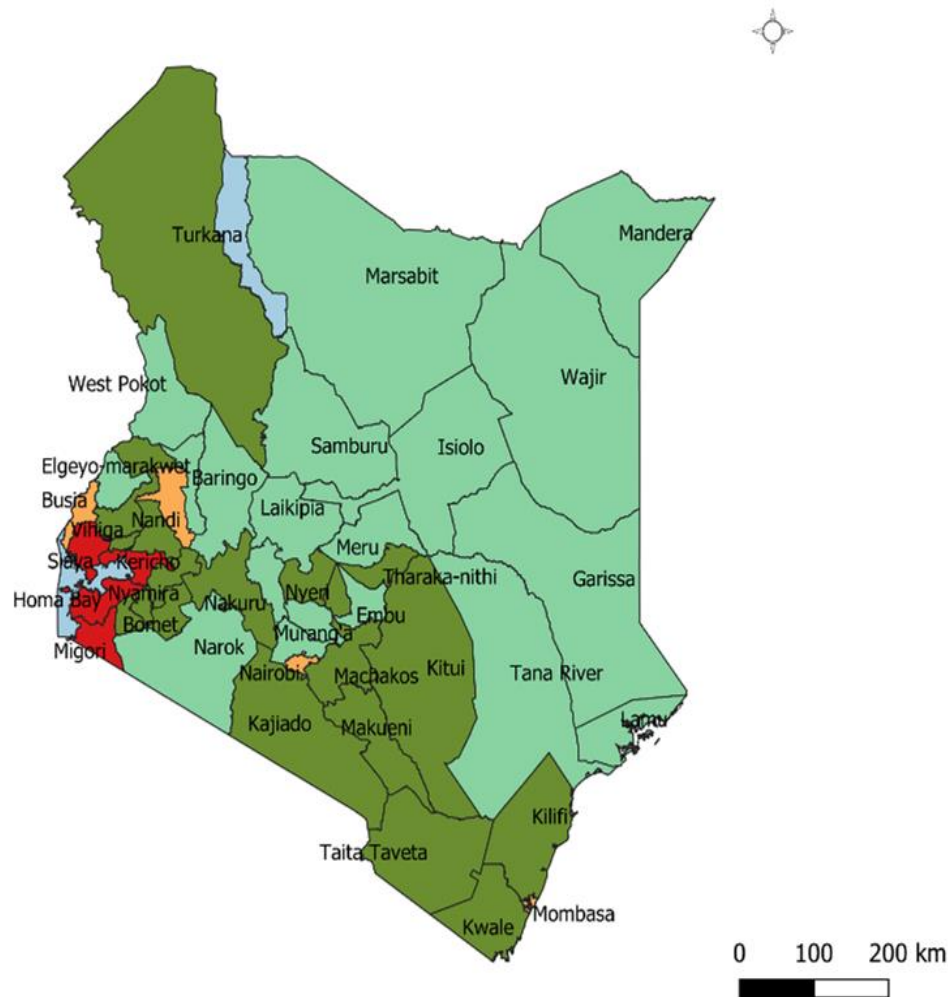
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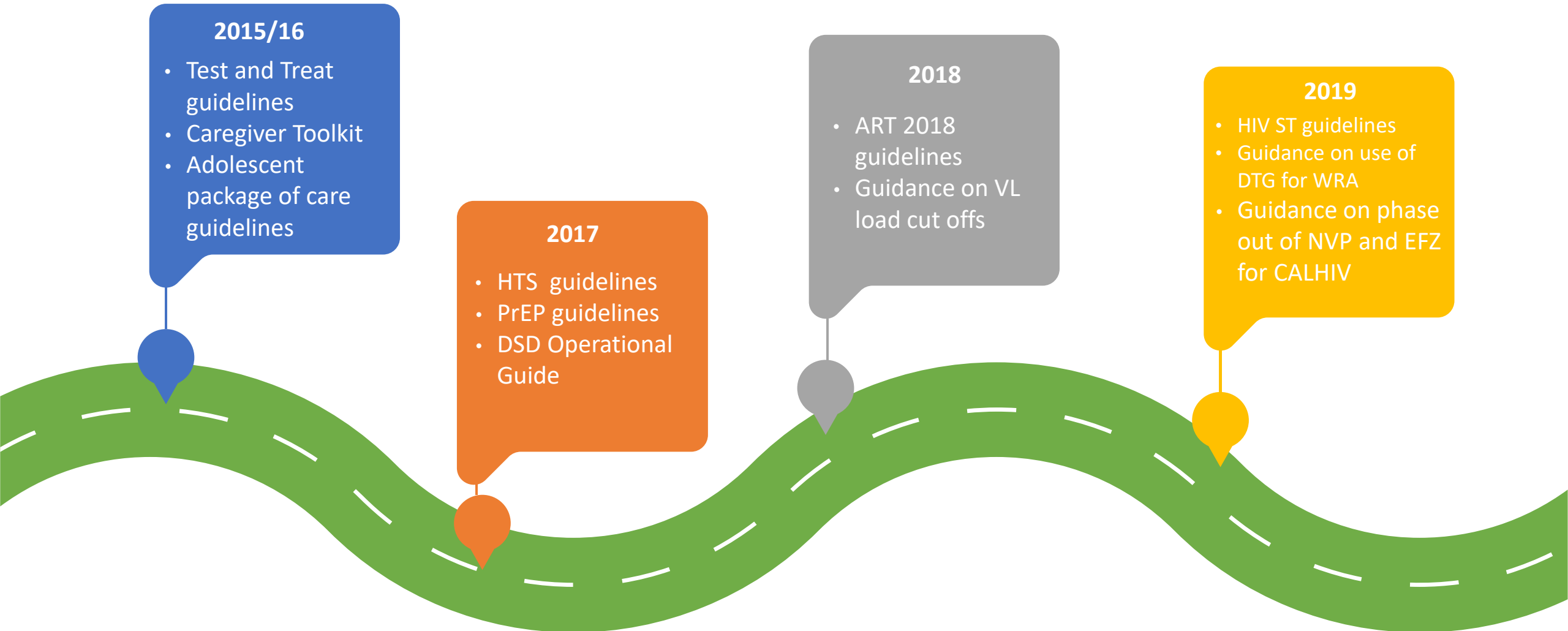


Kenya HIV Prevalence 2020



- National prevalence: **4.9%** (Female 6.6% Males 3.1%)
- Geographic variation (Highest burden 19.6% in Homabay County and lowest burden <0.1% in Garissa County)
- 70% of infections found within 9 high burden counties.
- KASF 2014/15-2019/20: Focus programming to high and medium burden counties towards epidemic control.
- 42% of new HIV infections occur among adolescent and young people

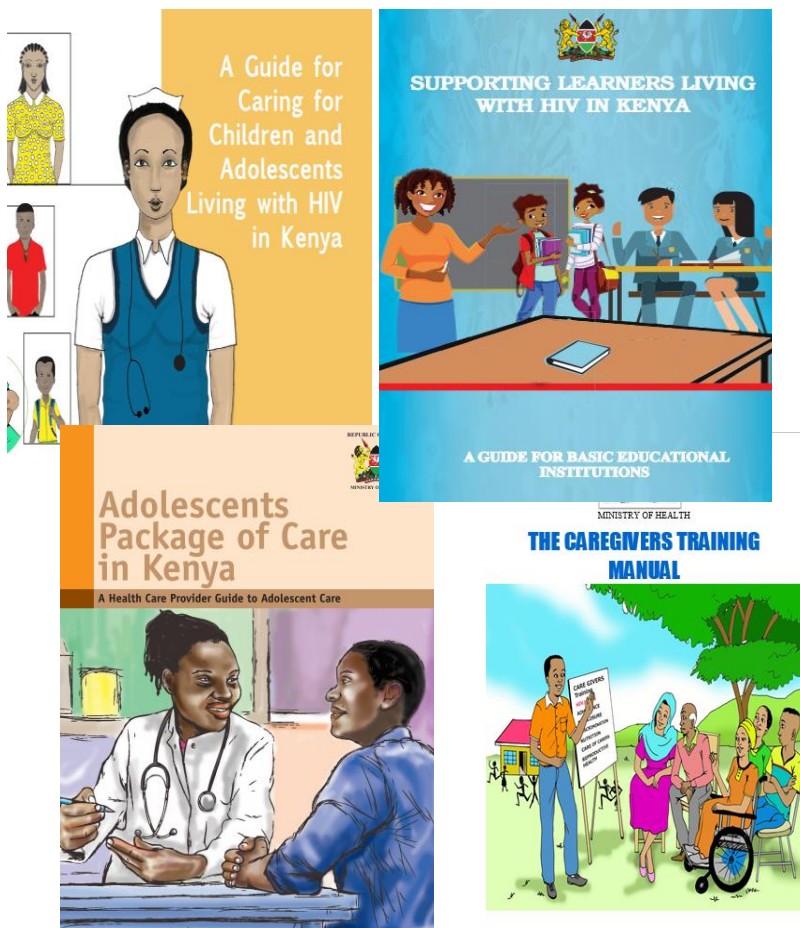
# Policy roadmap towards 90-90-90



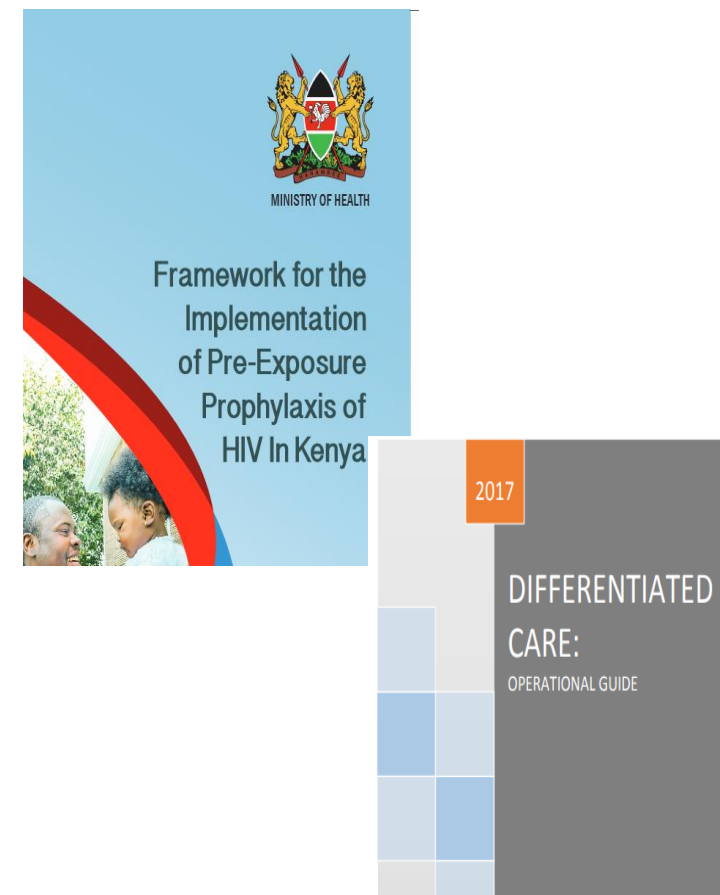




Bi annual ART guideline Review



GoK response to CALHIV needs



Differentiated HIV Care

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# Kenya 90-90-90 Cascade

(Ages 0-64 years)

**79.4%**

who tested  
positive or  
knew their HIV  
status.



**95.7%**

of those with a  
known HIV  
status were on  
ART



**88.4%**

of people on HIV  
treatment had  
suppressed viral  
load



# Kenya 90-90-90 Cascade

(by age 15-64 years and gender)

**79.5%**

♀ 82.7% ♂ 72.6%

who tested  
positive or  
knew their HIV  
status.



**96.0%**

♀ 96.6% ♂ 94.5%

of those with a  
known HIV  
status were on  
ART



**90.6%**

♀ 90.4% ♂ 90.9%

of people on HIV  
treatment had  
suppressed viral  
load



- Gap in attaining 'first 90', particularly in men
- Various DSD models implemented for adults LHIV to support retention in care
- TLD adopted as 1st line ART for eligible adults

# Kenya 90-90-90 Cascade

## (by age 0-14 years)

**78.9%**

who tested positive or knew their HIV status.



**93.2%**

of those with a known HIV status were on ART



**67.1%**

of people on HIV treatment had suppressed viral load



- Gap in attaining both the 'first 90' and 'third 90'
- Need to further desegregate data by age to appreciate age-specific barriers in care
- Those with a HIV positive caregiver likely to be tested and linked to care if found HIV



# Role of MOH-NASCOP

## Strategic Information

- Generation of data and encourage data use for informed decision making
- Conducting research
- Documentation of innovations and dissemination for scale up

## Coordination

- Establishment of TWGs and CoE
- Engagement and collaboration with stakeholders such as PLHIV networks, CSOs, county governments, donors, other relevant ministries and development partners



## Technical oversight

- Though supportive supervision and mentorship
- Training and capacity building sessions
- Sensitization of stakeholders and CHMT
- Continuous on the job education
- Initiate pilots or innovations

## Standards and guidance

- Develop and disseminate new standards and guidance
- Monitor adherence to the guidance
- Assure quality is maintained
- Share good practices

# What has worked

01

## HIV Case identification 1<sup>st</sup> 90

- Integration of HIV testing within all SDPs
- PITC
- aPNS

## ART Initiation 2<sup>nd</sup> 90

- Test and treat Guidelines
- Escort on newly initiated for linkage
- Guidance on optimized regimens

02

03

## Viral Suppression 3<sup>rd</sup> 90

- Adoption of optimal ART regimens as per WHO recommendations
- Implementation of DSD models
- Treatment literacy
- Peer support to vulnerable patients

# Priority areas

01

## HIV Case identification > 95%

- Targeted and differentiated HIV testing
- Scaling up impactful approaches, HIVST, index testing strategies

03

## Overarching

- Guideline review to adopt WHO recommendations
- Strengthen multi-sectoral collaboration
- Human centered design for implementation
- Address age and gender related barriers

## Viral Suppression >95%

- Optimal ART formulations for CALHIV
- Expansion DSD models to address needs of children
- Strengthen peer led approaches
- Strengthen HIV literacy among caregivers of CALHIV
- Support a private sector engagement of DSD

02

*Thank you*