90-90-90 Targets Update
The Kenyan 90-90-90 Journey
Sprinting towards 95-95-95

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Overview of HIV in Kenya

- 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

2015/16
- Test and Treat guidelines
- Caregiver Toolkit
- Adolescent package of care guidelines

2017
- HTS guidelines
- PrEP guidelines
- DSD Operational Guide

2018
- ART 2018 guidelines
- Guidance on VL load cut offs

2019
- HIV ST guidelines
- Guidance on use of DTG for WRA
- Guidance on phase out of NVP and EFZ for CALHIV
Key policies and guidelines towards 90-90-90

- Bi annual ART guideline Review
- GoK response to CALHIV needs
- Differentiated HIV Care
Kenya 90-90-90 Cascade
(Ages 0-64 years)

- 79.4% who tested positive or knew their HIV status.
- 95.7% of whose with a known HIV status were on ART.
- 88.4% of people on HIV treatment had suppressed viral load.

Source: KENPHIA 2018
Kenya 90-90-90 Cascade (by age 15-64 years and gender)

- **79.5%** of whose with a known HIV status were one ART
- **96.0%** of people on HIV treatment had suppressed viral load

Source: KENPHIA 2018

- 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 whose with a known HIV status were one 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

Source: KENPHIA 2018
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

**HIV Case identification 1st 90**
- Integration of HIV testing within all SDPs
- PITC
- aPNS

**ART Initiation 2nd 90**
- Test and treat Guidelines
- Escort on newly initiated for linkage
- Guidance on optimized regimens

**Viral Suppression 3rd 90**
- Adoption of optimal ART regimens as per WHO recommendations
- Implementation of DSD models
- Treatment literacy
- Peer support to vulnerable patients
Priority areas

**HIV Case identification > 95%**
- Targeted and differentiated HIV testing
- Scaling up impactful approaches, HIVST, index testing strategies

**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

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