



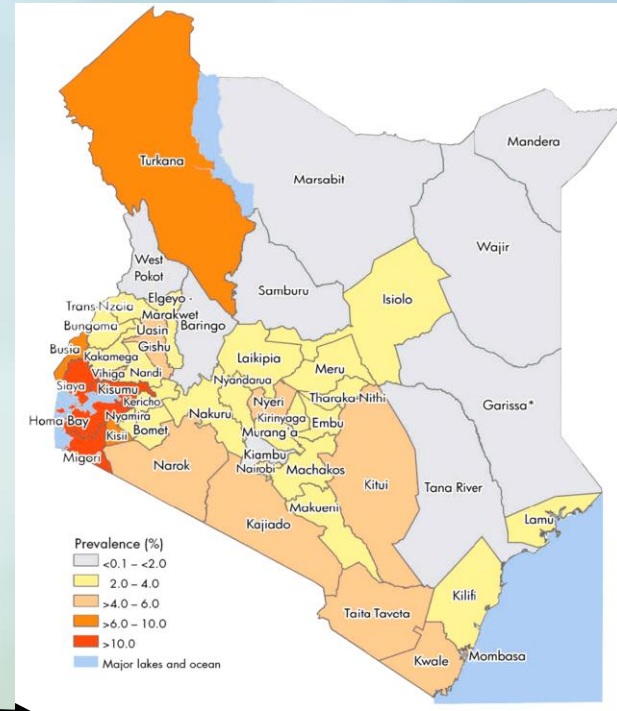
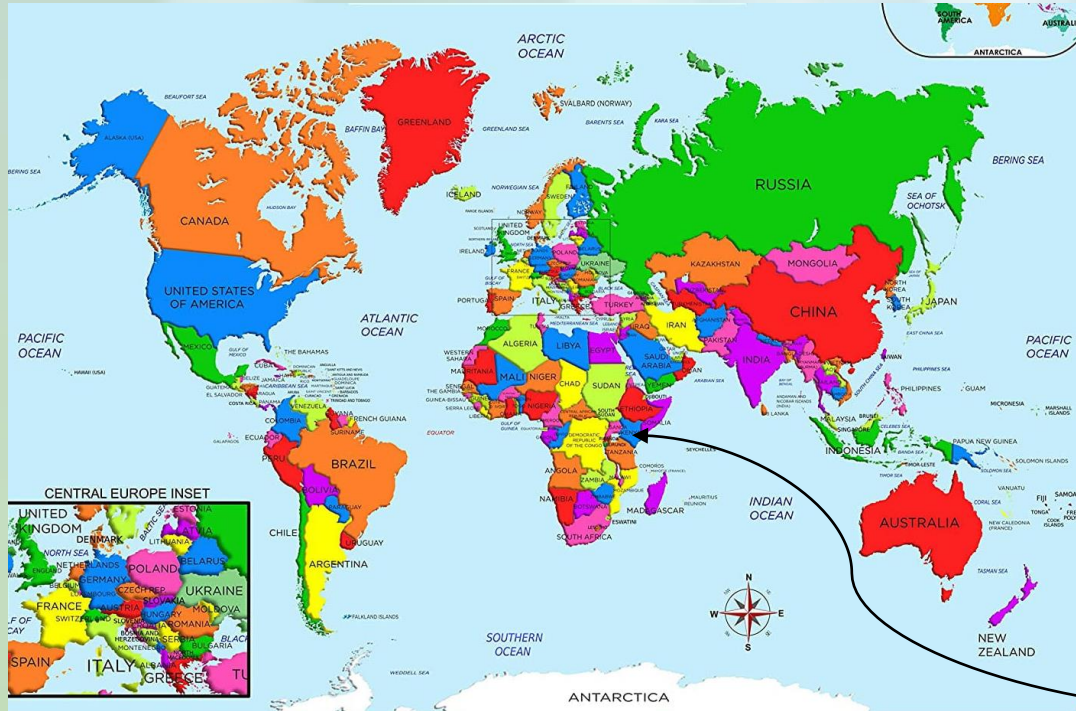
Optimizing ART Adherence along the Continuum: Execution

John Kinuthia, Kenyatta National Hospital, Nairobi, Kenya

Adherence 2022 • November 7-9 • Washington, DC

Kenya

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Kenyatta National Hospital

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- Largest National, Teaching & Referral Hospital in Kenya
- Teaching hospital for the University of Nairobi
- Advanced care to PLWH referred from facilities across the country
- HIV services supported by US government agencies since 2001
- ~10000 PLWHIV enrolled in care

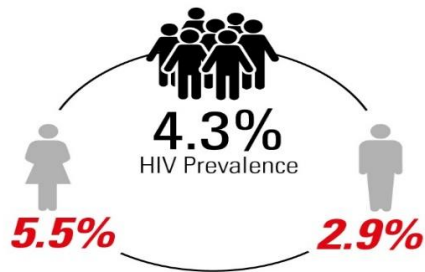


HIV/AIDS status in Kenya

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2021 HIV EPIDEMIOLOGY IN KENYA



County	HIV Prevalence
Homa Bay	17.2%
Kisumu	15.6%
Siaya	14.7%
Migori	10.9%
Mombasa	5.7%
Busia	5.4%
Nairobi	5.1%
Uasin Gishu	5.1%
Kisii	4.6%
Vihiga	4.1%
Nakuru	4.1%

Adolescent and young people

42% adult new HIV infections occur among Adolescents and Young People (15-24 years)



Adolescent (10-19yrs)

PLHIV

99,159

New Infections
5,294



Young adults (15-24yrs)

PLHIV

173,228

New Infections
11,229



78,465

Children living with HIV (0-14)



1,356,806

Adults living with HIV (15+)

New HIV Infections

All ages

32,027

Adults (15+)

26,826

Children (0-14)

5,201

Kenya 95-95-95 Cascade

(by age 15-64 years and gender)

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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 95', particularly in men
- Various DSD models implemented

Kenya 95-95-95 Cascade

(by age 0-14 years)

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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 95' and 'third 95'
- Those with a HIV positive caregiver likely to be tested and linked to care
- Addressing 3rd 95 in CALHIV:

ART optimization, support caregiver literacy, strengthen collaboration with MoE

Source: KENPHIA 2018

ART Initiation & Regimen

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- All individuals with confirmed HIV infection eligible for ART
- ART started as soon as possible
 - even on the **same day** as confirming their HIV diagnosis

Preferred first-line ART for infants, children, adolescents and adults

- Birth to 4 weeks
AZT + 3TC + NVP
- > 4 weeks to < 15 years old
 - < 30 kg: ABC + 3TC + DTG
 - ≥ 30 kg: TDF + 3TC + DTG
- ≥ 15 years old
TDF + 3TC + DTG



Patient ART preparation

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- Goals of therapy
- Prescribed regimen
- Importance of adherence
- Effect of suboptimal adherence
- Facilitating factors and potential barriers to adherence
- Develop strategies to overcome those barriers

HTS counsellor

Clinician

Adherence counsellor

Pharmacist/Technologist

ART initiation-1st 6 months

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- Patient monitored closely
 - adverse drug events
 - identify and address barriers to adherence
 - development of IRIS
- Where feasible follow-up the same care provider

Follow up schedule

- 2 weeks
- 4 weeks
- Monthly X3
- Every 3 months

Monitoring ART Adherence

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Assessed & addressed in
constructive & non-judgmental
manner at every clinic visit

- Self-report
- Pill count
- Viral load
 - Positive reinforcement when viral load undetectable

Viral Load monitoring

HIV exposed Infants (+ve PCR)

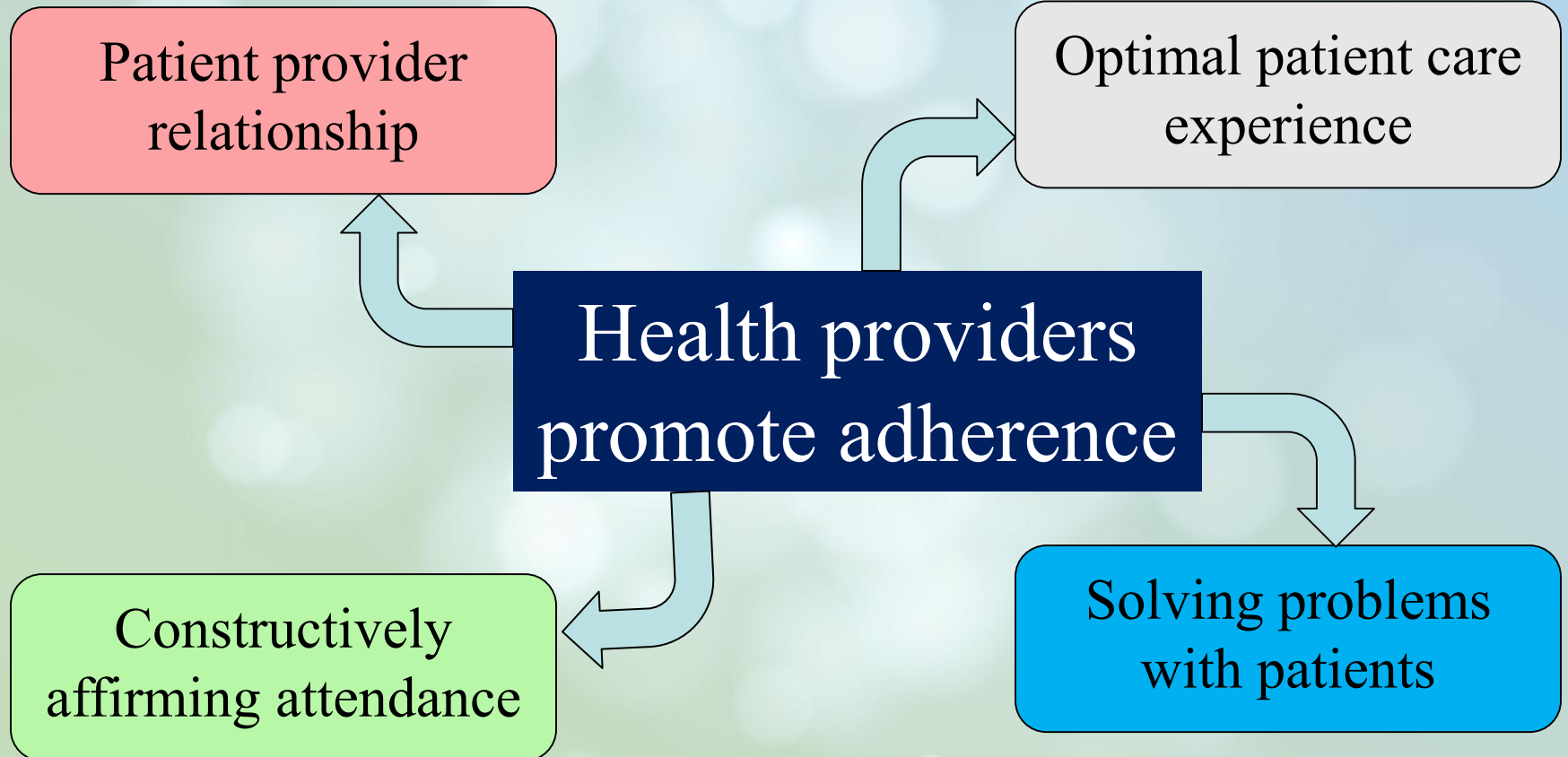
- at the time of ART initiation

Age 0-24 years old

- 3 months after ART initiation
- every 6 months thereafter

Age ≥ 25 years old:

- 3 months after ART initiation
- month 12, and then annually



Promoting retention in care

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- Patient ART preparation
 - Good patient-provider relationship
- Visit reminders
 - 48 hrs/one week before
- Support groups
 - Facility/Community based
- Call or home visits for missed visits
- Identify & address substance use and mental health problems

- Flexible clinic times



- Popular among working men

Psychosocial barriers to adherence

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Depression
& other
mental
illnesses

Low health
literacy

Neurocognitive
impairment

Nondisclosure
of HIV
serostatus

Low social
support

Stressful
life

Substance
use

Stigma

Differentiated Care Model

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- Patient centred
- Fewer visits for patients doing well
- Allow extra resources to be devoted to patients not doing well.
- Longer intervals for stable patients
 - 3 or six months
 - Pharmacy refill



Enhanced adherence counselling

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- Detectable viral load
- At least 3 sessions

Patient education

Barriers to adherence

Adherence plan



Cognitive

Behavioural

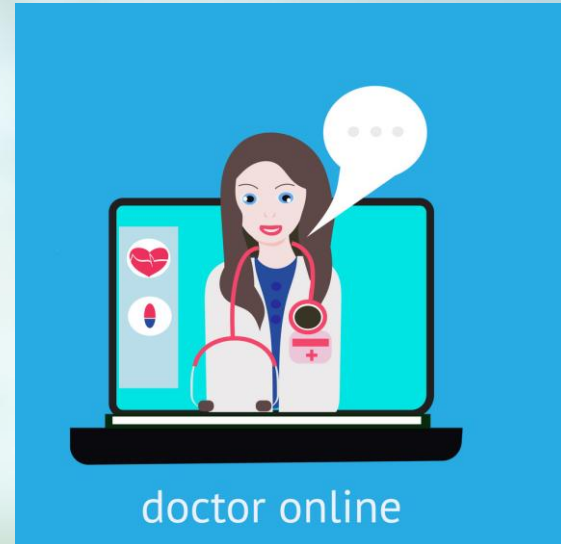
Emotional

Social economic

- Referral & networking



Ideas in consideration





Questions

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Thank you