Optimizing ART Adherence along the Continuum: Execution

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Kenya
Kenyatta National Hospital

- 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

2021 HIV EPIDEMIOLOGY IN KENYA

Adolescent and young people

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

<table>
<thead>
<tr>
<th>County</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homa Bay</td>
<td>17.2%</td>
</tr>
<tr>
<td>Kisumu</td>
<td>15.6%</td>
</tr>
<tr>
<td>Siaya</td>
<td>14.7%</td>
</tr>
<tr>
<td>Migori</td>
<td>10.9%</td>
</tr>
<tr>
<td>Mombasa</td>
<td>5.7%</td>
</tr>
<tr>
<td>Busia</td>
<td>5.4%</td>
</tr>
<tr>
<td>Nairobi</td>
<td>5.1%</td>
</tr>
<tr>
<td>Uasin Gishu</td>
<td>5.1%</td>
</tr>
<tr>
<td>Kisii</td>
<td>4.6%</td>
</tr>
<tr>
<td>Vihiga</td>
<td>4.1%</td>
</tr>
<tr>
<td>Nakuru</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

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)

79.5% of whose with a known HIV status were on one ART
96.0% of people on HIV treatment had suppressed viral load
90.6%

- Gap in attaining ‘first 95’, particularly in men
- Various DSD models implemented

Source: KENPHIA 2018
Kenya 95-95-95 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 one ART.
- **67.1%** of people on HIV treatment had suppressed viral load.

Source: KENPHIA 2018

- 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
ART Initiation & Regimen

- 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

- 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

- 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

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

• Self-report
• Pill count
• Viral load
  o 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
Health providers promote adherence

Patient provider relationship

Optimal patient care experience

Constructively affirming attendance

Solving problems with patients
Promoting retention in care

- 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

- Depression & other mental illnesses
- Stressful life
- Neurocognitive impairment
- Low health literacy
- Substance use
- Nondisclosure of HIV serostatus
- Stigma
- Low social support
Differentiated Care Model

- 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

- Detectable viral load
- At least 3 sessions

Patient education
Barriers to adherence
Adherence plan

Cognitive  Behavioural  Emotional  Social economic

- Referral & networking
Ideas in consideration

drug courier

doctor online
Questions

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Thank you