Ministry of Health

Status of implementation of Oral Pre-exposure Prophylaxis for HIV in kenya

October 2018

NASCOP

JIPENDE JIPrEP

This document contains relevant information on the provision of Pre-Exposure Prophylaxis (PrEP) in Kenya as at October 2018. All reasonable precautions have been taken by NASCOP to verify the information contained in this document.

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Recommended citation for this Assessment is as follows: Ministry of Health, National AIDS & STI Control Programme. Status on implementation of Oral Pre-exposure Prophylaxis for HIV in Kenya 2018. Nairobi, Kenya: NASCOP, October 2018. Print.

Design and layout: Collins Joshua Etemesi

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ACKNOWLEDGEMENT

This report was developed by the National AIDS and STI Control Program (NASCOP) of the Ministry of Health with support from various partners and stakeholders as a compilation of reports received from counties providing Oral PrEP in 2018.

I wish to recognize the role played by multiple stakeholders in supporting the convening of the county progress review meetings that led to the development of this report including the financing from the Global Fund, Clinton Health Access Initiative and the support from the various implementing partners at county level including JHPIEGO through Jilinde project , PEPFAR supported implementing partners among others.

My special and sincere appreciation goes to the NASCOP team that coordinated the planning and development of this status update and all the County Health Management teams that actively participated and provided progress updates on the progress they have made in implementing PrEP.

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1 BACKGROUND

Globally, approximately 1.8 million people acquire HIV infection annually. In Sub Saharan Africa, about 800,000 people were infected with HIV 2017[1] while in Kenya, 44,800 people aged above 15 years and 8,000 aged 0-14 years were infected with HIV in 2017[2] .

In 2015, the World Health Organization (WHO) recommended the use of Antiretroviral Therapy (ART) to prevent the acquisition of HIV infection by HIV uninfected persons at substantial risk of acquiring HIV infection known as Pre-Exposure Prophylaxis (PrEP). The Ministry of Health, Kenya, in 2016 recommended use oral PrEP as part as part of combination of prevention interventions for populations at substantial ongoing risk of HIV infection. The pace for introduction of oral PrEP was set through its recognition in the Kenyan HIV Prevention Revolution Roadmap – 2013 and the Kenya AIDS Strategic Framework (KASF) – 2014/15-2019/20 as a key-evidenced based prevention intervention that would be necessary in contributing to the goal of reducing new HIV infections by 75% by 2020. Following inclusion of PrEP in national guidelines in 2016, the country launched a PrEP implementation framework in May 2017, setting grounds for national scale up.

In March 2018, NASCOP conducted a facility assessment to establish availability, readiness and capacity of facilities to provide PrEP services across the country. The report showed significant progress in the scale up of PrEP with about 852 health facilities offering PrEP countrywide. With scale up, various gaps were identified in the provision of PrEP ranging from sub-optimal access to baseline laboratory tests, lack of documentation and reporting tools, lack of communication and advocacy materials and lack of access to PrEP in the facilities.

The national government in conjunction with county governments have been working on various initiatives in response to the identified gaps. In view of the significant progress made in the past one and a half years, NASCOP convened clustered county progress review meetings in order to determine progress made in implementing PrEP and prioritization of implementation at county level.

[1] UNAIDS 2017
[2] Kenya HIV Estimates Report 2018

1.1 Objective

The overall objective of the cluster county meetings was to review national wide implementation of oral PrEP in all counties.

1.1.1 Specific objectives

- Review the county status in the progressive implementation of PrEP.
- To plan for continued PrEP scale up in the counties
- To provide the counties with an opportunity to learn from each other.
- Disseminate the findings of the PrEP facility assessment conducted in March 2018.
- Deliberate on possible solutions to challenges identified with PrEP implementation in counties

2 COUNTY HIV EPIDEMIC

The HIV epidemic in Kenya is geographically diverse, with the 2017 incidence rates ranging from 7.7 % in Homa Bay County to 0% in Wajir County. Despite the progress made in controlling the HIV epidemic with decline in the national prevalent rates from over 10% to current 4.9%, some counties such as Siaya, Homabay, Migori and Kisumu still have prevalence rates above national levels (table 1).

Table 1: County HIV epidemic

County	Population (15-49)	Prevalence	Estimated PLHIVs (15+)	New Infections (15+)	Incidence (per 1000)	Estimated PLHIVs (14-24)	New Infections (15-24)
Nairobi	2762979	6.1%	182856	6499	2.2	24918	2587
Mombasa	753615	4.1%	38548	1490	1.9	4702	562
Kwale	376961	3.8%	17877	691	1.6	2181	261
Kilifi	648359	3.8%	30597	1183	1.6	3732	446
Lamu	65301	3.0%	2445	95	1.3	298	36
Taita Taveta	186958	4.1%	9462	366	1.7	1154	138
Tana River	131999	1.3%	2071	80	0.5	253	30
Garissa	240711	0.8%	2356	0	0.0	641	0
Mandera	361691	0.2%	805	0	0.0	219	0
Wajir	239084	0.1%	262	0	0.0	71	0
Embu	280690	2.8%	9866	363	1.1	1241	112
Marsabit	138156	1.4%	2372	87	0.5	298	27
Meru	723841	2.4%	22090	813	0.9	2778	251
Isiolo	72118	3.2%	2889	106	1.3	363	33
Makueni	423557	4.2%	22621	832	1.6	2845	257
Kitui	460928	4.5%	26375	970	1.7	3317	299
Machakos	580788	3.8%	27695	1019	1.4	3483	314
Tharaka Nithi	189686	3.2%	7779	286	1.2	978	88
Nyeri	419858	3.7%	20559	952	1.8	1949	265
Nyandarua	327846	3.5%	15355	711	1.8	1456	198
Kiambu	1063838	4.0%	56622	2623	2.2	5369	730
Murang'a	522207	4.2%	29144	1350	2.0	2763	376
Kirinyaga	334656	3.1%	13893	644	1.6	1317	179
West Pokot	291692	1.6%	5524	104	0.3	668	45
Turkana	554426	3.2%	21343	403	0.7	2582	175
Trans Nzoia	512279	4.3%	26610	503	0.9	3218	218
Narok	510830	2.7%	16810	317	0.6	2033	138
Nandi	481028	2.0%	11712	221	0.4	1417	96
Nakuru	1107660	3.4%	45549	860	0.7	5509	374
Elgeyo Marakwet	225906	1.6%	4400	83	0.3	532	36
Laikipia	262743	2.7%	8530	161	0.5	1032	70
Kericho	465250	2.9%	16111	304	0.6	1949	132
Kajiado	491041	3.9%	22850	432	0.8	2764	187
Bomet	425359	1.9%	9761	184	0.4	1181	80
Baringo	332468	1.3%	5397	102	0.3	653	44
Samburu	130302	1.8%	2820	53	0.4	341	23
Uasin Gishu	629652	3.9%	29640	560	0.8	3585	243
Bungoma	683469	3.2%	27648	999	1.3	3962	338

Kakamega	843617	4.5%	48752	1761	1.8	6986	596
Busia	364555	7.7%	35527	1283	3.1	5091	434
Vihiga	266061	5.4%	18346	663	2.0	2629	224
Siaya	443839	21.0%	113605	3419	7.7	16881	1641
Kisii	653544	4.4%	34950	1052	1.5	5193	505
Migori	490384	13.3%	79146	2382	5.0	11761	1143
Kisumu	570237	16.3%	112862	3396	6.3	16771	1630
Homa Bay	509038	20.7%	128199	3858	8.2	19050	1852
Nyamira	344139	4.2%	17537	528	1.4	2606	253
TOTAL/National							

3 METHODOLOGY

In total, 46 out of 47 counties participated in the two-day review meetings; Mandera County did not participate in the county review meetings due to logistical challenges. The counties were clustered geographically into eight clusters with each cluster hosting 5-7 counties. The participants in each cluster included representatives from the National and County governments (county, sub county and facility staff) and implementing and development partners.

Prior to the meetings, the national team prepared and shared presentation and work plan templates to all counties to be populated with county specific information on the current status of PrEP implementation.

The National AIDs & STI Control Programme (NASCOP) with financial support from the Global Fund, Clinton Health Access Initiative (CHAI) and implementing partners, convened the meetings. The meetings took place between 29th October -23rd November 2018.

The key highlights for the meetings were:

- National and county status updates presentations
- Implementing partner presentations
- PrEP online dashboard presentations with data specific to counties in the clusters
- Work planning and discussion of county work plans

The key highlights of the national presentation were national status of PrEP implementation, National coordination structures, indications for PrEP, package of PrEP services, Surveillance for Drug Resistance among Sero-converters, reporting, key lessons, planned activities and available resources for PrEP in Kenya.

The key highlights of the county presentations were: Package of HIV prevention services, Coordination mechanisms for PrEP, number of facilities offering PrEP, preferred Service Delivery Points (SDP's), Type of Populations receiving PrEP, Number current/ever started on PrEP, Reasons for PrEP discontinuation, Adherence and continuation strategies, Demand creation strategies and opportunities and challenges encountered in the implementation of PrEP.

The PrEP Online dashboard presentation focused on demonstration on access and navigation of the PrEP public portal at https://prep.nascop.org and private portal at https://prep.nascop.org/assessment

The key highlights of implementing partners' presentations focused on the number counties, facilities supported and areas of support, which included capacity building, human resource, commodities, laboratory, monitoring and evaluation.

4 PrEP IMPLEMENTATION STATUS IN THE COUNTIES

4.1 HIV prevention strategies in use at the counties

All the 46 counties reported providing a mix of combination prevention interventions that included:

i. Biomedical:

Some of the biomedical interventions identified were HTS, distribution of condoms and lubricants, screening for alcohol and drugs use and addiction support, provision of PrEP and PEP, HBV and HBC screening for PWID, HPV screening for FSWs, VMMC, TB and STI screening, FP/SRH services.

ii. Behavioral:

Behavioral interventions included: Establishment of support groups, outreaches to the community to create awareness, sensitization of HCWs in KP programming, targeted interventions towards harm reductions, empowering KP to negotiate for safer sex and HIV risk assessment and risk reduction.

iii. Structural:

Advocacy with law enforcing authorities to improve protection of FSW and MSM through human rights approach, strengthen KP participation in policy development and implementation, linkage of KP to health facilities for continuum of care and strengthening KP programming in health facilities.

4.2 PrEP implementation and coordination status in the counties

Implementation of PrEP services in the counties commenced as following the launch of the 2016 Guidelines for Use of ARVs for Treating and Preventing HIV infection Kenya which for the first-time recommended use of oral PrEP. However, majority of the counties started implementation in 2017 after the launch of the PrEP implementation framework 2018 (Fig.1)

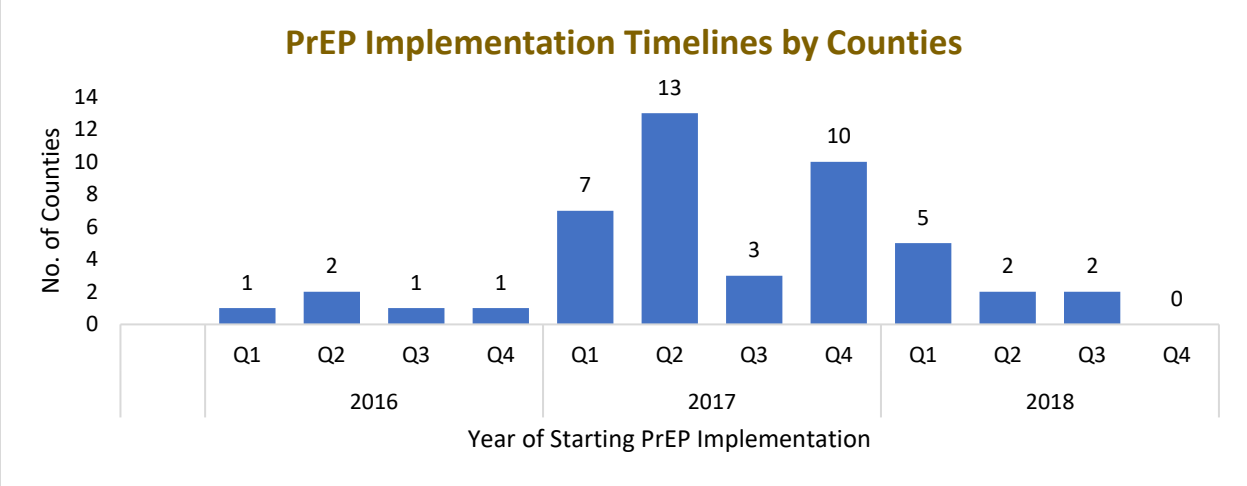

Figure 1: PrEP implementation timelines by counties

A review of PrEP coordination mechanisms in the counties showed that 24 counties have integrated the PrEP agenda in already existing TB/HIV or HIV only technical working groups while in 21counties, PrEP activities were mainly coordinated by the CASCOs without being included in specific technical working groups.

4.3 PrEP implementing partners in the counties

Counties reported implementing partners supporting PrEP implementation and number of facilities supported per county. Three counties namely Kericho, Tana River and Wajir reported no partner support for PrEP (table 2)

Table 2: Distribution of Implementing Partners supporting PrEP services by county

County	Partner	No. of facilities supported*
Baringo	AFYA NYOTA YA BONDE	11
Bomet	NOPE ICL	7 19
Bungoma	AMPATH PLUS LVCT KARP ACE AFRICA	35 4 2 1
Busia	AMPATH PLUS APHIA PLUS KARP	14 7 1
Elgeyo Marakwet	AMPATH PLUS	36
Embu	HOPE WWK HEALTHSTART	1 1

	AFYA KAMILISHA	31
Garissa	EGPAF AFYA IMARISHA Refugee IPS	2 19 3
Homa Bay	EGPAF AFYA ZIWANI IRDO KCCB KARP SEARCH	104 32 2 15 3
Isiolo	APHIA PLUS IMARISHA HEALTHSTART EGPAF	18 1 1
Kajiado	HEALTH STRAT AMREF BOH AFYA NYOTA YA BONDE CHAK KANCO HWWK	1 1 12 1 1 1
Kakamega	APHIA PLUS HEALTHSTART EGPAF KANCO KARP	80 2 1 1 2
Kericho		-
Kiambu	JILINDE (NOPE, MPEG) PARTNERS IN PREVENTION UON CRISSP PLUS AFYA KAMILISHA	9 7 14 5
Kilifi	JILINDE PARTNERS SCALE-UP DOH	10 3 8
Kirinyaga	UON CRISSP PLUS AFYA KAMILISHA CHAK HWWK	19 11 5 1
Kisii	JILINDE LVCT UMB IRDO AFYA ZIWANI KARP	10 1 20 1 1 3
Kisumu	JILINDE LVCT PARTNERS SCALE-UP AMPATH UOW PRIYA	6 6 7 1 16

	FACES AFYA ZIWANI NRHS ANZA MAPEMA	61 9 1
Kitui	JILINDE CHS NAISHI CHAK	2 36 13
Kwale	JILINDE (ICRH-K, TEENS WATCH, DIANI HC) UN ODC/KOMBANI MAT	3 1
Laikipia	CHS CHAK HSDSA	2 1 8
Lamu	AFYA PWANI	5
Machakos	JILINDE CHS NAISHI CHAK GOLD STAR NETWORK	11 28 5 1
Makueni	CHS NAISI HWWK NORTH STAR ALLIANCE	27 5 3
Marsabit	APHIA PLUS IMARISHA	2
Meru	HEALTH STRAT AFYA KAMILISHA CHAK HWWK	3 48 3 2
Migori	LVCT JILINDE UMB PARTNERS SCALE-UP AFYA ZIWANI	ALL DICES 4 4 2 2
Mombasa	JILINDE LVCT PARTNERS SCALE-UP	10 13 3
Muranga	CHS TEGEMEZA PLUS HWWK PARTNERS IN PREVENTION AFYA KAMILISHA CHAK GOLD STAR NETWORK	20 1 1 7 1 1
Nairobi	EDARP AFYA JIJINI UOM JILINDE CHAK LVCT AHF	14 7 11 19 2 7 1

	PHDA	3
	PACT COE	1
	PIPS	2
	IOM	1
	PIPS/AFYA JIJINI	2
	JILINDE/UOM	3
Nakuru	HWWK	2
	NSA	2
	AFYA NYOTA YA BONDE	36
	FAIR	2
	KNOTE	1
Nandi	WRP	29
	AMPATH	1
Narok	WRP	21
	CHAK	7
	HSDA CLUSTER 2	22
Nyamira	JILINDE	1
	USAID/AFYA ZIWANI	100
	IRDO	1
	KASH	1
Nyandarua	CHS	4
	AFYA KAMILISHA	1
	CHAK	2
Nyeri	CHS	17
	PARTNERS IN PREVENTION	2
	AFYA KAMILISHA	4
	CHAK	5
	HWWK	1
Samburu	RED-CROSS	2
	AFYA NYOTA YA BONDE	21
Siaya	CHS	119
	KARP	11
	IRDO(DICES)	4
	IRDO(COMMUNITIES)	2
	NGIMA for sure	6
Taita Taveta	JILINDE	4
Tana River	AFYA PLUS IMARISHA	-
Tharaka Nithi	HWWK	1
	CHAK	4
	AFYA KAMILISHA	3
	DREAMS-K TRUST	2
Trans Nzoia	EGPAF	1
	AMPATH PLUS	19
	REDCROSS	1
	FHI 360	1
Turkana	EGPAF	4

	FHI LINKAGES	3
Uasin Gishu	HWWK AMPATH PLUS NORTH STAR ALLIANCE	1 15 1
Vihiga	LVCT AFYA PLUS KARP	8 22 1
Wajir	-	-
West Pokot	AMPATH PLUS	5

***The number of facilities in some counties includes all facilities including some that do not provide PrEP but rather reflects all partner supported sites.*

4.4 Facilities offering PrEP in Kenya

As at October 2018, 1498 health facilities were offering PrEP in Kenya spread across 46 counties.

4.4.1 Facilities offering PrEP by county

All the 46 counties that participated in the progress had facilities offering PrEP services. Homa Bay had the highest number of facilities providing PrEP at 156 while Marsabit had the lowest number of facilities at 2 sites.

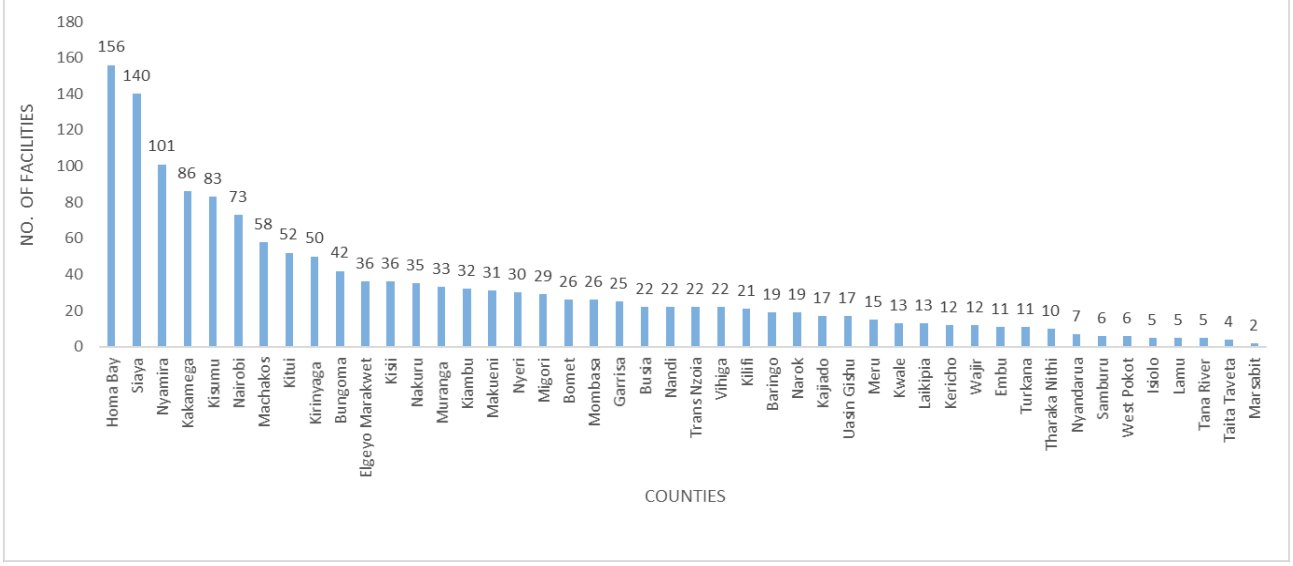

Figure 2: Distribution of facilities offering PrEP by county.

4.4.2 Facilities Offering PrEP by level

PrEP is offered across all levels of healthcare including private and faith-based organization. Of the 1498 health facilities offering PrEP as at October 2018 majority were Health Centres (Figure 3).

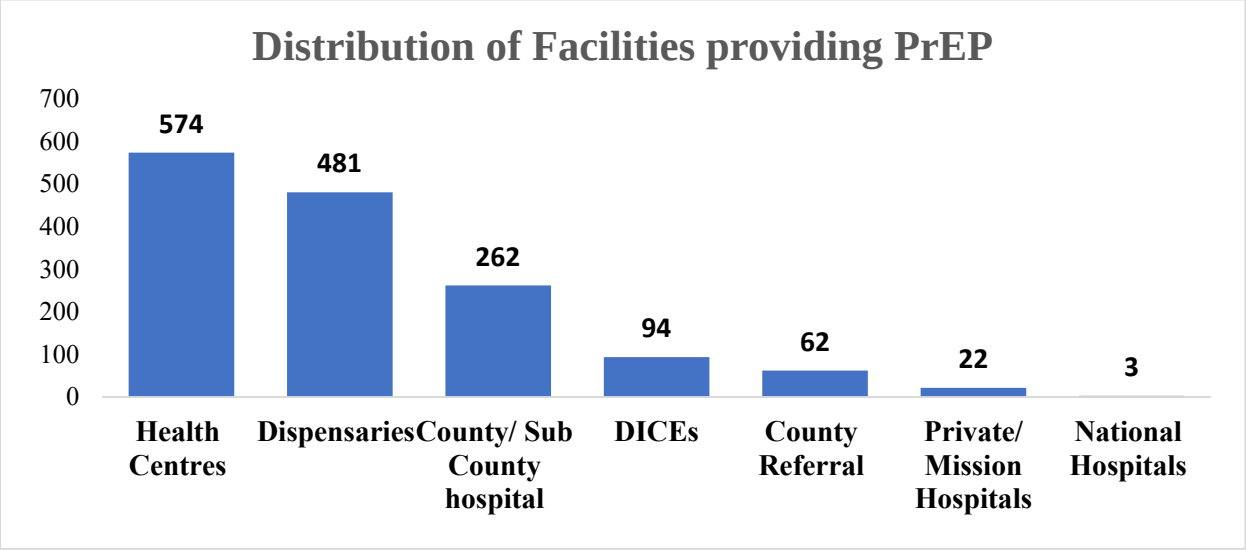

Figure 3: Distribution of facilities providing PrEP by level.

4.4.3 Service Delivery Points (SDP's)

In the facilities that provided oral PrEP, six different service delivery points were identified. The HIV treatment comprehensive care Centres (CCC) were the most preferred SDP with 1323 (88%) of facilities providing PrEP in the CCC (figure 4). Others include safe spaces that target adolescent and young girls, drop in Centres (DICEs) that offer services to key populations, maternal child health clinics and inpatient and outpatient departments.

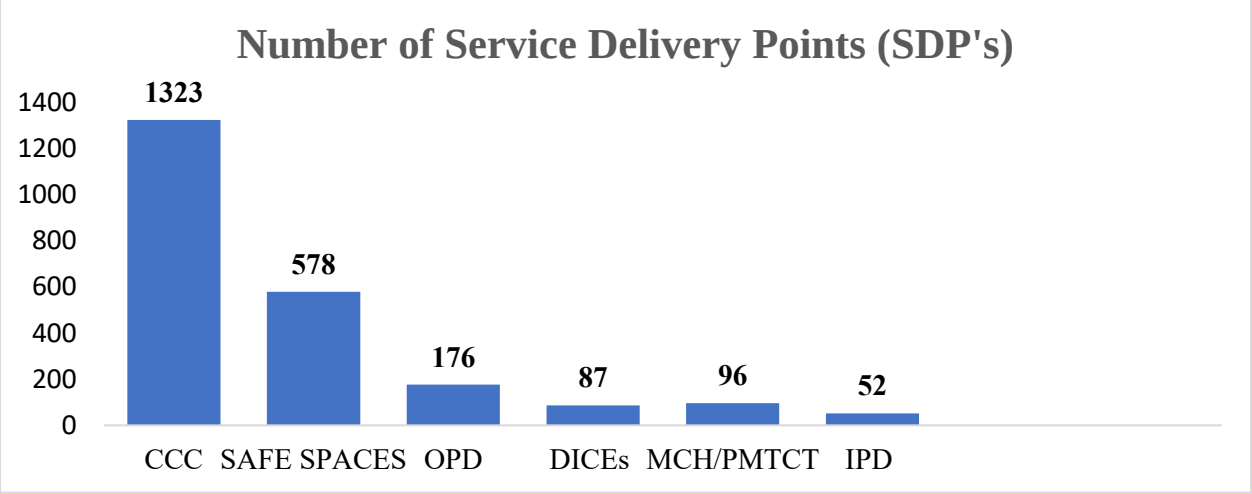

Figure 4: Service delivery points in PrEP providing facilities

4.5 Clients ever started on PrEP vs. clients currently on PrEP

Nationally, the number of clients ever started on PrEP were 46,035 while number of persons on PrEP were 23,141 as at October 2018. A total of 20 counties had more than 250 clients ever started on PrEP while 26 counties had less than 250 clients ever started on PrEP. Counties that had initiated the largest number of clients on PrEP had the largest number of discontinuations from PrEP namely Kisumu and Nairobi (figures 5 & 6).

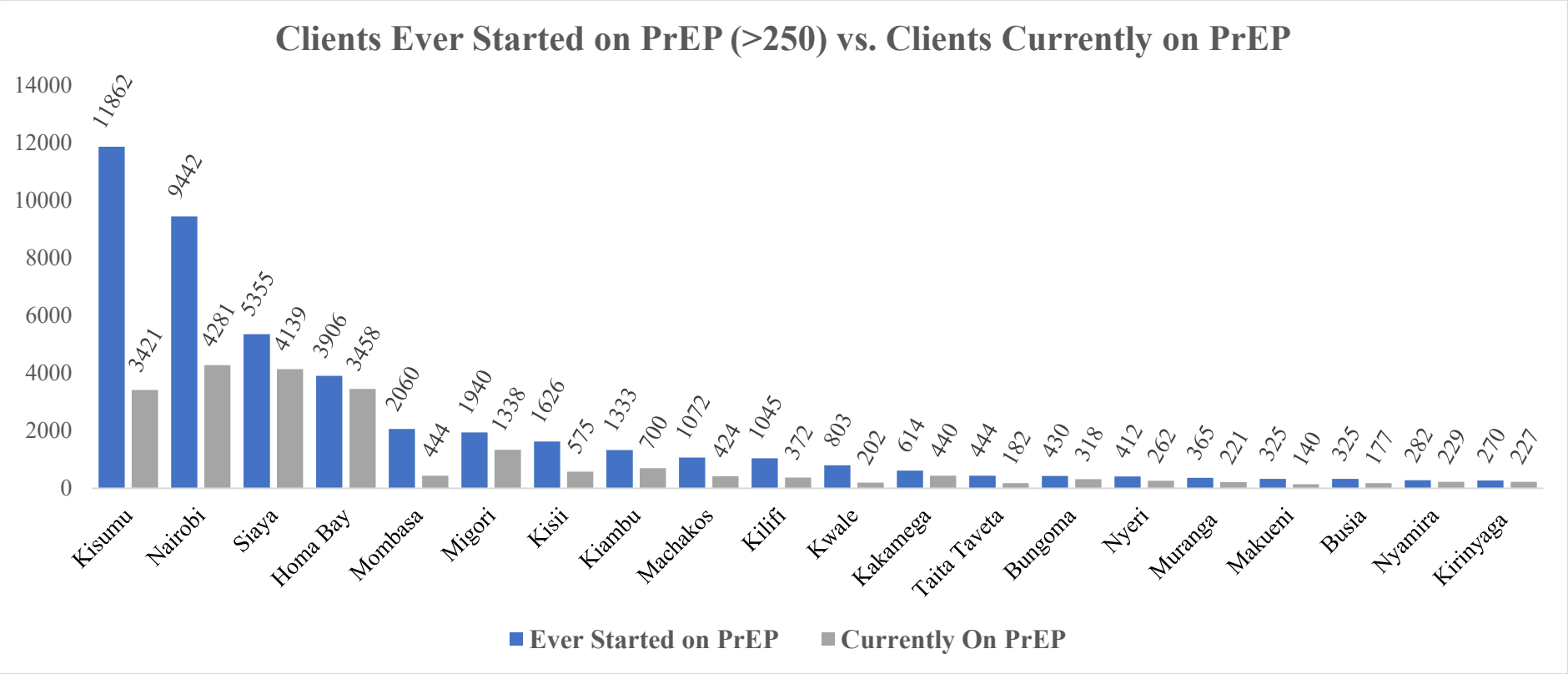

Figure 5: Clients ever started on PrEP (>250) vs. clients currently on PrEP

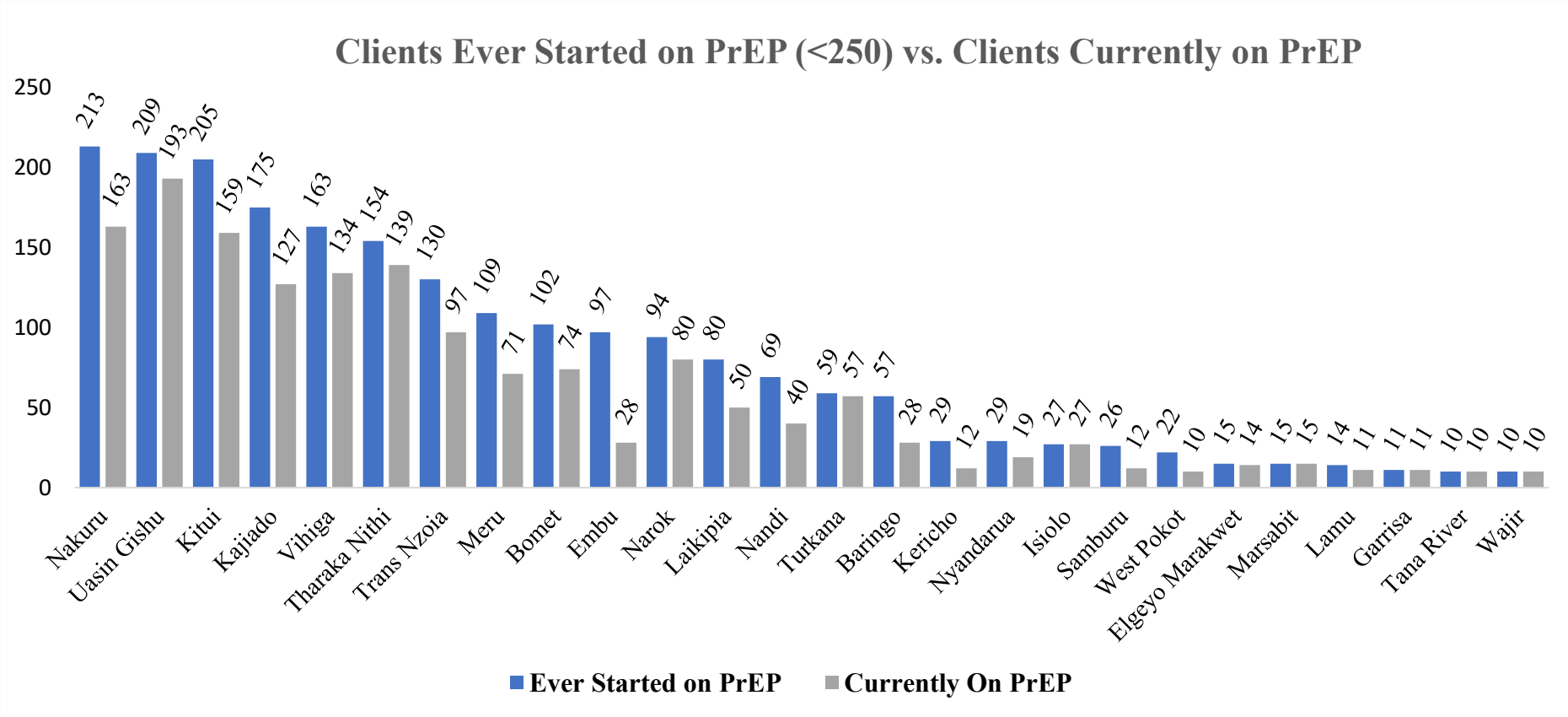

Figure 6: Clients ever started on PrEP (<250) vs. Clients currently on PrEP

4.5.1 Clients currently on PrEP by population type

Different populations were receiving PrEP in the counties. These included; Discordant Couples, Adolescent Girls & Young Women (AGYW), Men who Have Sex with Men (MSM), Female Sex Worker (FSW), People Who inject Drugs (PWID) and the General Population (GP). Persons categorized as general population include those who meet the national eligibility criteria for PrEP but do not fit into any of the other key categories. Discordant couples accounted for 47.9% of persons receiving PrEP (figure 7).

N = 19,851

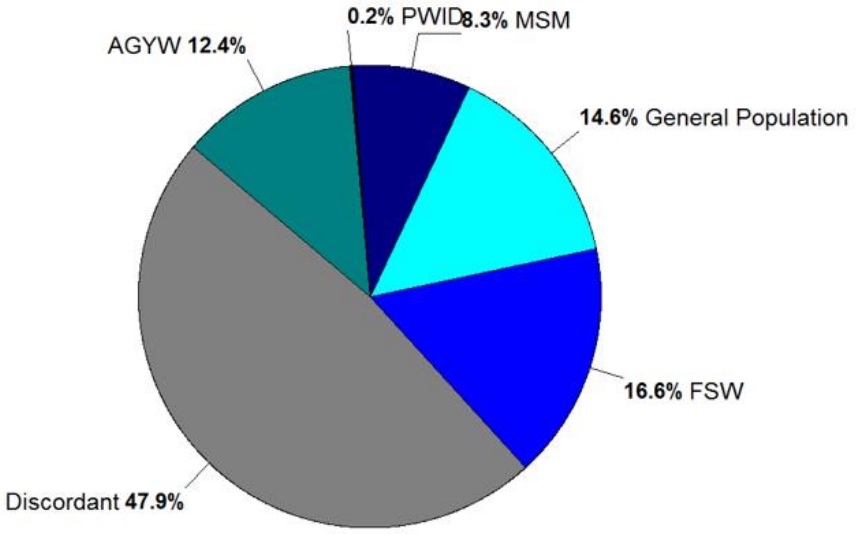

Figure 7: Number of clients on PrEP by population type

**Excludes persons on PrEP who were not categorized*

4.5.2 Distribution of persons on PrEP by age and population

Table 3: Distribution of clients by age and population type

Age Category	AGYW	Discordant	FSW	General Population	MSM	PWID	TOTAL
Below 15	4	17	4	41	0	0	66
15-19	529	302	182	135	85	0	1233
20-24	1885	1436	714	461	753	6	5255
25-30	45	2347	1282	739	483	8	4904
30-40	5	3599	953	979	275	15	5826
Above 40	1	1811	155	550	42	8	2567
TOTAL	**2469**	**9512**	**3290**	**2905**	**1638**	**37**	**19851**

4.5.3 Clients currently on PrEP by age and gender

Data from counties shows that 65% of those accessing PrEP are women. The age group 20-24years had the highest number on PrEP as shown in figure 8.

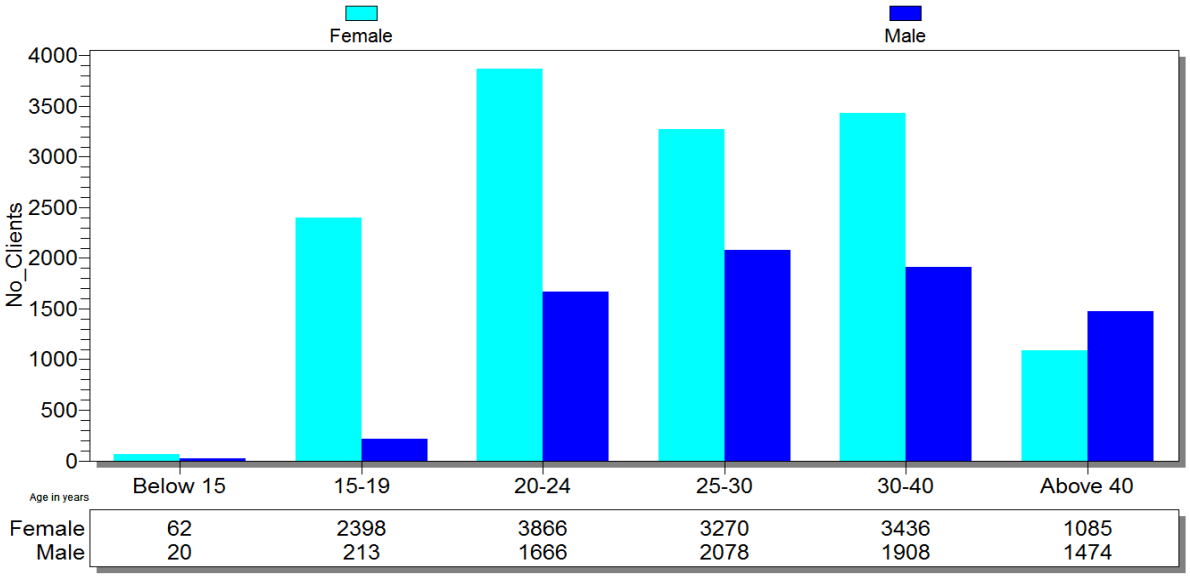

Figure 8: Clients currently on PrEP by age and gender

4.6 Reasons for discontinuation by population type

Nationally, the number of clients ever started on PrEP were 46,035 while number of persons on PrEP were 23,141 as at October 2018.

Based on data from counties, 22,721 clients were reported as having discontinued PrEP across different population types. Clients from the general population had the highest number of clients who discontinued accounting for 57 % (12,868) of those documented to have discontinued PrEP (table 4). Among those who discontinued, 50% (11,745) were lost to follow up while 34 % (7702) were stopped by the clinicians.

Table 4: Reasons for discontinuation by population type

Reasons	AGYW	Discordant	FSW	General Population	MSM	PWID	TOTAL
Client Opted out	0	8	0	0	0	0	8
Deceased	0	32	6	5	0	0	43
Lost to Follow up	1059	1433	1836	6794	590	33	11745
Others	424	464	1	2058	14	0	2961
Partner Separation	0	10	0	0	0	0	10
Pregnancy	0	5	0	1	0	0	6
Sero-Converted	3	36	9	26	6	0	80
Stopped by Clinician	1583	1449	564	3980	118	8	7702
Transfer Out	0	3	40	0	0	0	43
Viral Suppression by partner	0	117	2	4	0	0	123
TOTAL	**3069**	**3557**	**2458**	**12868**	**728**	**41**	**22721**

4.7 PrEP adherence and continued use strategies

Several approaches were adopted to enhance adherence and continuation across the various counties. A summary of the key strategies identified are shown in table 5 below.

Table 5: Strategies for PrEP adherence and continuation

Strategy	No. of Counties
Reinforcement of adherence counselling at all levels	21
Use of SMS reminders	19
Formation of PrEP clubs and support groups	21
Defaulter tracing	9
Use of PrEP champions	**7**
Integration of PrEP services with other services	6
Shorter waiting time in clinics-including express services	5
Integrated outreaches for KP	4
PrEP provision at pharmacies	2
Community and client dialogue on PrEP Issues	2

4.8 PrEP Demand Creation and Advocacy Strategies

Various demand creation strategies were used across all counties. Some cutting across all populations while others were specific for key populations (table 6).

Table 6: PrEP. Demand Creation & Advocacy strategies in the counties

Strategies	MSM	FSW	AGYW	PWID	DISCORDANT COUPLES	GENERAL PUBLIC
Snowball approach	√					
Use of brother to brother approach	√					
Health education at hotspots	√	√	√	√	√	√
Increasing service delivery points	√	√	√	√	√	√
Sensitization/ mentorship of Health care providers	√	√	√	√	√	√
Mapping and identification of hotspots for targeted interventions	√					
Advocacy	√	√	√	√	√	√
Creating awareness on the availability through outreach officers, Peer educators	√	√	√	√	√	√
Use of local FM stations and social media	√	√	√	√	√	√
Family days					√	√
Couple counselling					√	√
Use of sister to sister		√			√	√
Assisted Partner Notification (aPNS)	√				√	√
Social networking	√			√		
Key Populations outreaches	√	√				

4.9 Best Practices

A review of county progress in implementation of PrEP found that counties implemented a variety of best practices. The following is a summary of best practices across various focal areas.

i. Service delivery

- Paired clinic attendance among discordant couples who acted as treatment buddies
- Fast tracking for PrEP clients to reduce waiting time
- Integration of PrEP services into other departments
- Psychosocial support groups

ii. Communication and advocacy

- Use of glow in the dark bags to create awareness
- Use of pill carriers to address the challenge or rattling of pills and improve adherence
- Targeted outreaches for key population
- Use of PrEP champions to create awareness and link potential clients to services
- Use of Local FM stations to create awareness and talk shows by service providers to address myths and misconceptions to increase uptake of PrEP
- Integration of PrEP messages to routine facility-based health talks at the outpatient and Comprehensive care clinics
- Use of SMS and phone call reminders for clients with upcoming appointments

iii. Human resource capacity building

- Adoption of modular PrEP training for HCWs to increase coverage of training in the facilities
- Use of ECHO platform to provide continuous education on PrEP

iv. Monitoring and Evaluation

- Improvisation of PrEP registers to collect data where routine MOH tools were not available
- Adoption of EMR to collect real-time client-level longitudinal data

5 CHALLENGES IN THE SCALE UP OF PrEP

During the clustered county progress review meetings, various challenges in the delivery and uptake of PrEP were identified in the different thematic areas. The table below summarizes the key challenges and interventions that counties have or need to put in place and identifies required national level interventions.

Table 7: Challenges in scale up of PrEP and proposed mitigations.

PrEP Thematic Area	Challenges	County level interventions	National level interventions
Service delivery	Attitudes and beliefs of service providers influencing decision not to initiate PrEP to some populations such as AGYW and MSMs	Health care worker sensitivity training	PrEP Training for counties with no partner support
	Weak linkages between HTS and PrEP SDPs Few service delivery points for PrEP as services were majorly offered at the CCC's	Strengthening linkage for potential client from HTS to PrEP SDPs	
	Stigma associated with the collection of PrEP from CCCs	Integration of PrEP to other services such as OPD, dispensing in Pharmacy Dispensing of drugs in OPD	
	Change of hotspots due to migration of key populations leading to low continuation on PrEP.	Mapping out hotspots for various population types	
	Identification of potential PrEP clients	Improved aPNS	
	Increase in STI's as PrEP is not being used together with condoms	Emphasis & demonstrate condom use Distribution of condoms	National STI Surveillance
	Low continuation rates	Community sensitization on importance of use PrEP	
		Adoption of client follow up mechanism and appointment management	

Laboratory	Poor access and uptake of baseline laboratory tests (Cr, HBsAg and HCV serology) Majority of the counties did not have equipment and reagents	Laboratory networking	
	High fees charged to clients for baseline laboratory tests	Subsidising the cost of laboratory services	
		Encourage clients to register with NHIF under the UHC to cater for the cost of services	
		Lobby with county government to waiver the cost of laboratory tests	
Monitoring and evaluation	Missing data sets on DHIS therefore poor reporting on DHIS 2	Support facilities to report on DHIS using MOH 731 Plus Capacity building on reporting	Monitoring DHIS 2 reporting
	Lack of M& E tools for data collection & reporting	Engage implementing partners to support printing	Distribute M& E tools
	Lack of county specific targets for PrEP	Mapping of populations & develop targets	Capacity building on target setting
	Knowledge gap on PrEP data elements by staff at the facilities	Capacity building on the M & E tools	Training of County TOTs
	Poor documentation practices in facilities leading to inaccurate data and quality gaps	Integration of PrEP in county data review meetings	
Commodity security	Stock outs/ erratic supply of TDF/FTC in facilities across majority of the counties	Timely ordering of commodities	Distribution of commodities
	Expiry of commodities in some counties	Redistribution of commodities within the county	
	Poor quantification and weak reporting systems for commodities	CHMT / SCHMT/ partners to strengthen PrEP reporting & forecasting	
	Poor pharmacovigilance reporting	Conduct training & mentorship for pharmacovigilance	

	Packaging of PrEP commodities as other ARVs and rattling noise from the package resulted to stigma	Client education and provision of pillboxes	
Human Resources	Low uptake of PrEP training across all counties	• Leverage on existing facility-based CMEs to provide information on PrEP • Conduct modular training • Mentorship by partners and C/SHMT • Use of ECHO platform.	Training for 7 counties with no partner support
	Understaffing of HCW's in facilities	Lobby with the county government & partners to employ	
	High staff turnover in the facilities	Staff motivation	
	Staff rotation & transfers after training	Engagement with the human resource at county level	
Communication and advocacy	Low perception and awareness of PrEP in the communities	Usage of community strategy platform to increase community awareness on PrEP (CHVs, PrEP champions)	National level media engagement
	Religious beliefs and misconception that PrEP was promoting promiscuity	Dissemination of PrEP information through local media, Chief Baraza, churches & mosques	To distribute IEC materials developed to all counties
	Lack of IEC materials on PrEP	Partners to support printing of IEC materials developed & translation of materials to local languages	Develop standard PrEP Messages for different target groups
	Lack of materials in local languages		
	Myths and misconceptions about PrEP in the community		
	Unstructured system of PrEP advocacy due to lack of funding		Develop and disseminate PrEP communication strategy
	Lack of standardised PrEP messages		

6 DISCUSSION

Since the inclusion of oral PrEP in the national guidelines in 2016 and the subsequent launch of the national PrEP implementation framework in 2017, oral PrEP provision has been scaled up nationally across all 47 counties.

While the national level has a specific PrEP coordination technical working group with several subcommittees, coordination mechanisms at county level were varied, ranging from none, to integration of PrEP into existing prevention and treatment working groups or having standalone PrEP TWGs. Overall coordination in most counties requires strengthening.

Oral PrEP services while being offered across various levels of health care, in both public and privately-owned facilities and being offered at various service delivery points, are primarily currently offered within HIV treatment Centres. This may due to ease of integration into settings that already know how to prescribe and dispense ART and the ability to reach and easier to define at risk population; that of persons in Sero-discordant relationships. Generally, there were more female clients receiving PrEP than males. This may be attributed to additional targeted interventions focusing on females such as DREAMS for adolescent girls and young women (AGYW) and other projects targeting with female sex workers (FSW). However, while women account for majority of women across most age categories, above 40 years however, more males were receiving PrEP as compared to female, likely due to multiple sexual partners.

Despite implementation of various strategies to promote adherence, continuation on PrEP presents a challenge, especially given the high loss to follow up among those discontinuing PrEP. This may be due to a mix of factors that range from service delivery factors, educational and literacy factors and client related factors that need to be further understood and addressed.

7 LESSONS LEARNT

A number of lessons learnt were highlighted by the various counties during the progress review.

- AGYW have a greater decline in cascade after HIV testing; other declines throughout cascade for MSM & FSW, as well
- Synchronizing couple visits make them keep their appointments, improves adherence, strengthening relationships, more intimate, happier families, reduce conflicts, safer conception
- Some clients in Sero-discordant relationships were not willing to discontinue PrEP even after positive partner attains viral suppression
- With introduction of a new services, capacity building of health care workers and community sensitization is key to improve uptake
- Investment in EMR for monitoring and evaluation can greatly improve quality of data and reporting rates
- Demand creation for services is mainly by the positive client in discordant relationships.
- Networking and collaboration with partners both facility and community has shown increased uptake for PrEP

8 RECOMMENDATIONS

Table 8: Recommendations

Thematic Area	Strategy	Recommendation
1. Monitoring & Evaluation	Reporting	• NASCOP to develop an EMR module for PrEP • Distribution of M& E tools and training on their use • Counties & partners to strengthen DHIS 2 reporting
2. Communication and advocacy	Demand creation	• Training of health care providers on demand creation • Health care providers value clarification exercise to change attitudes and beliefs that are barriers to PrEP uptake • Adoption of peer led community outreaches • Conduct integrated in reaches and outreaches to aid PrEP scale up • Community mobilization and education to help fight stigma, myths and misconceptions • Advocacy for PrEP and key populations • Distribution of IEC materials and promotional messages on different platforms
	Adherence	• Adherence counselling and client preparations • Use of pillboxes and other devices to enhance adherence • Counselling on side effects
3.Service Delivery	Client Support	• Integration of PrEP with other prevention strategies such as VMMC and condoms to aid PrEP is scale up and ensure that it is used effectively in ensuring that there are zero new HIV infections • Subsidizing cost baseline laboratory tests • Integration of PrEP services with OPD and other departments to reduce stigma • Same day clinic schedules for discordant couples to improve continued use of PrEP by the negative partner • Optimizing service delivery points for PrEP so that they are one stop centres • Routine capacity building of service providers is key in successful roll out of PrEP

ANNEXURES

Table 9: Cluster Meeting Organisation.

Dates	Venue	Cluster 1	Cluster 2	Venue
31st October - 1st November 2018	• Siaya • Bomet • Busia • Vihiga • Bungoma	Kisumu, The Vic Hotel	• Migori • Kisii • Nyamira • Kisumu • Homabay • Narok	Bomet, Brevan Hotel
Dates	**Cluster 3**	**Venue**	**Cluster 4**	**Venue**
5th - 6th November 2018	• Laikipia • Meru • Isiolo • Kericho • Samburu • Nyandarua	Nakuru, The Alps Hotel	• Tharaka Nithi • Nyeri • Marsabit • Elgeyo Marakwet • Tana River	Meru, Alba Hotel
Dates	**Cluster 5**	**Venue**	**Cluster 6**	**Venue**
8th - 9th November 2018	• Trans Nzoia • Kakamega • West Pokot • Uasin Gishu • Turkana • Nandi • Baringo • Nakuru	Kericho, Sunshine Hotel	• Garissa • Machakos • Embu • Kirinyaga • Wajir • Muranga	Thika, The Luke Hotel
Dates	**Cluster 7**	**Venue**	**Cluster 8**	**Venue**
13th – 14th November 2018	• Kajiado • Mombasa • Kitui • Makueni • Kiambu Makueni	Machakos, Gelian Hotel	• Kilifi • Kwale • Lamu • Taita Taveta	Mombasa, Pride Inn

Table 10: Distribution of PrEP offering Facilities by Levels.

County	DICES	Dispensary	Health Centres	County/ Sub County Hospitals	County Referral	National Hospitals	FBOs /Private
Isiolo	0	1	2	1	1	0	0
Mombasa	4	10	8	3	1	0	0
Trans Nzoia	2	0	9	6	1	0	4
Elgeyo Marakwet	0	1	26	8	1	0	0
Makueni	3	8	12	7	1	0	0
Kakamega	1	34	37	14	0	0	0
Kericho	1	1	2	7	1	0	0
Kiambu	6	4	10	9	3	0	0
Kitui	2	8	29	12	1	0	0
Laikipia	0	4	3	4	2	0	0
Meru	1	2	2	7	1	0	2
Nakuru	1	6	12	14	2	0	0
Nandi	0	5	13	3	1	0	0
Baringo	0	2	11	5	1	0	0
Samburu	0	0	3	2	1	0	0
Turkana	0	4	5	1	1	0	0
Uasin Gishu	2	0	8	6	0	1	0
West Pokot	0	1	2	2	1	0	0
Homa Bay	5	104	28	13	1	0	5
Kisii	2	5	14	14	1	0	0
Kisumu	8	39	22	9	5	0	0
Migori	5	11	6	6	1	0	0
Narok	2	1	13	2	1	0	0
Nyamira	1	52	39	8	1	0	0
Marsabit	0	0	0	1	1	0	0
Nyandarua	0	1	3	1	2	0	0
Nyeri	1	2	16	10	1	0	0
Tharaka Nithi	1	1	2	5	1	0	0
Kilifi	8	2	4	2	1	0	4
Kwale	3	2	5	3	0	0	0
Lamu	0	1	1	2	1	0	0
Taita Taveta	2	0	1	0	1	0	0
Tana River	0	1	1	2	1	0	0
Embu	1	2	2	5	1	0	0
Garissa	0	3	14	7	1	0	0

Kirinyaga	1	21	22	5	1	0	0
Machakos	4	18	29	6	1	0	0
Muranga	1	6	14	6	1	0	5
Nairobi	19	2	44	5	1	2	0
Wajir	0	0	0	0	12	0	0
Bomet	0	12	9	4	1	0	0
Bungoma	1	14	15	11	1	0	0
Busia	0	5	11	5	1	0	0
Siaya	4	77	44	14	1	0	0
Vihiga	0	6	11	2	1	0	2
Kajiado	2	2	10	3	0	0	0
Total	**94**	**481**	**574**	**262**	**62**	**3**	**22**

Table 11: PrEP Clients by Sub- Population

County	AGYW	Discordant	FSW	General Population	MSM	PWID	TOTAL
Baringo	0	28	0	0	0	0	28
Bomet	1	56	0	12	0	0	69
Bungoma	0	91	79	25	123	0	318
Busia	18	88	0	25	0	0	131
Elgeyo Marakwet	0	14	0	0	0	0	14
Embu	0	15	11	0	3	0	29
Garissa	0	6	0	5	0	0	11
Homa Bay	208	1039	87	696	5	1	2036
Isiolo	0	26	0	0	1	0	27
Kajiado	0	142	21	0	7	0	170
Kakamega	2	372	16	50	0	0	440
Kericho	2	8	2	0	0	0	12
Kiambu	43	141	121	81	101	0	487
Kilifi	0	50	122	2	21	0	195
Kirinyaga	0	114	54	55	4	0	227
Kisii	0	122	429	22	2	0	575
Kisumu	668	1250	214	439	138	25	2734
Kitui	0	101	55	3	0	0	159
Kwale	0	5	24	0	11	0	40
Laikipia	0	49	1	0	0	0	50
Lamu	0	11	0	0	0	0	11
Machakos	1	235	145	16	18	0	415
Makueni	0	110	17	7	2	0	136
Marsabit	0	15	0	0	0	0	15

Meru	0	37	14	19	0	0	70
Migori	0	410	0	264	0	0	674
Mombasa	1	31	236	0	154	0	422
Muranga	0	193	18	8	1	0	220
Nairobi	69	1468	1057	471	984	11	4060
Nakuru	0	149	4	10	0	0	163
Nandi	0	69	0	0	0	0	69
Narok	0	77	2	0	0	0	79
Nyamira	0	39	146	31	13	0	229
Nyandarua	0	19	0	0	0	0	19
Nyeri	0	147	18	71	6	0	242
Samburu	0	13	0	0	0	0	13
Siaya	1447	2129	128	330	34	0	4068
Taita Taveta	0	8	80	0	0	0	88
Tana River	0	10	0	0	0	0	10
Tharaka Nithi	0	42	74	21	0	0	137
Trans Nzoia	7	75	5	10	0	0	97
Turkana	0	0	18	58	0	0	76
Uasin Gishu	2	144	37	0	10	0	193
Vihiga	0	125	8	1	0	0	134
Wajir	0	10	0	0	0	0	10
West Pokot	0	10	0	0	0	0	10
TOTAL	**2469**	**9293**	**3243**	**2732**	**1638**	**37**	**19412**

Table 12: Distribution of clients on PrEP by Gender

County	Female	Male	Total
Baringo	12	16	28
Bomet	42	27	69
Bungoma	152	166	318
Busia	78	53	131
Elgeyo Marakwet	8	6	14
Embu	15	14	29
Garissa	3	8	11
Homa Bay	1367	669	2036
Isiolo	5	22	27
Kajiado	77	93	170
Kakamega	250	190	440
Kericho	7	5	12
Kiambu	278	209	487
Kilifi	152	43	195
Kirinyaga	155	72	227
Kisii	520	55	575
Kisumu	1988	746	2734
Kitui	98	61	159
Kwale	24	16	40
Laikipia	13	37	50
Lamu	8	3	11
Machakos	277	138	415
Makueni	72	64	136
Marsabit	3	12	15
Meru	48	22	70
Migori	462	212	674
Mombasa	246	176	422
Muranga	112	108	220
Nairobi	2011	2049	4060
Nakuru	62	101	163
Nandi	40	29	69
Narok	28	51	79
Nyamira	180	49	229
Nyandarua	14	5	19
Nyeri	135	107	242
Samburu	6	7	13
Siaya	2964	1104	4068
Taita Taveta	83	5	88
Tana River	0	10	10

Tharaka Nithi	103	34	137
Trans Nzoia	41	56	97
Turkana	43	33	76
Uasin Gishu	115	78	193
Vihiga	72	62	134
Wajir	6	4	10
West Pokot	6	4	10
TOTAL	**12381**	**7031**	**19412**

Table 13: Reasons for discontinuation by counties.

County	AGYW	Discordant	FSW	General Population	MSM	PWID	TOTAL
Baringo	0	16	2	0	0	0	18
Bungoma	0	43	34	13	22	0	112
Busia	28	75	0	34	0	11	148
Elgeyo Marakwet	0	1	0	0	0	0	1
Embu	0	5	53	0	10	0	68
Homa Bay	0	0	8	43	3	1	55
Kajiado	0	9	25	4	3	0	41
Kakamega	0	174	0	0	0	0	174
Kericho	1	3	1	0	0	0	5
Kiambu	2	99	210	0	196	0	507
Kilifi	17	72	173	711	4	0	977
Kirinyaga	0	28	5	8	1	0	42
Kisii	0	41	868	38	104	0	1051
Kisumu	2644	1433	158	9220	120	24	13599
Kitui	0	33	1	12	0	0	46
Kwale	0	1	82	647	65	0	795
Laikipia	0	30	0	0	0	0	30
Lamu	0	2	1	3	0	0	6
Machakos	0	147	406	22	71	0	646
Makueni	0	0	0	0	0	0	0
Meru	0	19	5	13	0	1	38
Migori	41	156	254	49	63	2	565
Mombasa	0	0	0	1616	47	0	1663
Muranga	0	118	3	23	0	0	144
Nairobi* **	0	0	0	0	0	0	0
Nakuru	0	37	0	1	0	0	38
Nandi	0	11	0	18	0	0	29
Narok	0	21	0	0	0	0	21
Nyamira	0	8	28	18	12	0	66
Nyandarua	0	1	0	4	0	0	5
Nyeri	0	66	18	14	2	0	100
Samburu	0	6	0	0	0	0	6
Siaya	333	842	27	8	4	2	1216

Taita Taveta	3	0	85	328	0	0	416
Tharaka Nithi	0	4	4	6	0	0	14
Trans Nzoia	0	30	2	1	0	0	33
Turkana	0	1	1	0	0	0	2
Uasin Gishu	0	1	0	0	1	0	2
Vihiga	0	12	4	14	0	0	30
West Pokot	0	12	0	0	0	0	12
TOTAL	**3069**	**3557**	**2458**	**12868**	**728**	**41**	**22721**

*** Some counties did not provide further disaggregation

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Status of Implementation of Oral Pre-exposure Prophylaxis for HIV in Kenya

Ministry of Health

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