Overview and Status of PrEP in Kenya

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Kenya Stakeholders Meeting on REACH February 8, 2018













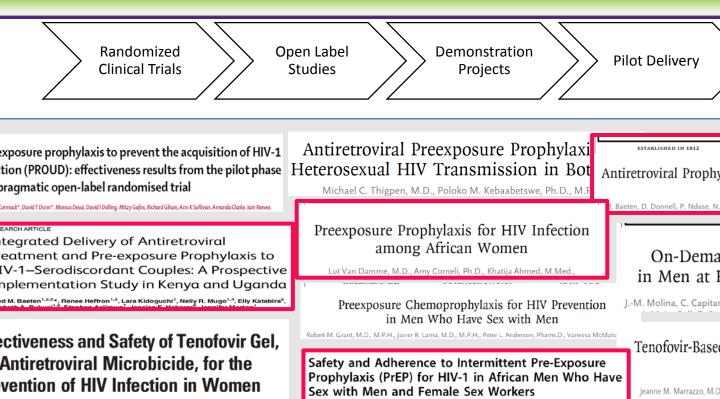
Outline

National program brief
PrEP projects with young women
Early lessons



This has been a journey

tha Abdool Karim, 1,2*† Salim S. Abdool Karim, 1,2,3* Janet A. Frohlich, 1 Anneke C. Grobler, 1



Gaudensia Mutua¹⁹, Eduard Sanders^{2,39}, Peter Mugo², Omu Anzala¹, Jessica E. Haberer⁴

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Wide scale

implementation

Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women

. Baeten, D. Donnell, P. Ndase, N.R. Mugo, J.D. Campbell, J. Wangisi, J.W. Tappero, E.A. Bukusi, C.R. Cohen,

On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection

J.-M. Molina, C. Capitant, B. Spire, G. Pialoux, L. Cotte, I. Charreau, C. Tremblay,

Tenofovir-Based Preexposure Prophylaxis for HIV Infectio among African Women

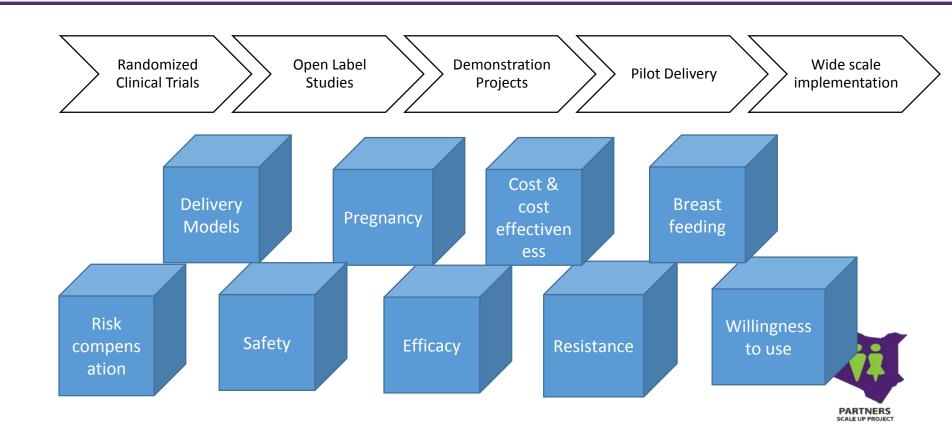
Jeanne M. Marrazzo, M.D., Gita Ramjee, Ph.D., Barbra A. Richardson, Ph.D., Kailazarid Gomez, M.P.A. Jeanne M. Marrazzo, M.D., Gita Ramjee, Ph.D., Barbra A. Richardson, Ph.D., Kailazarid Gomez, M.P.A.

National Launch

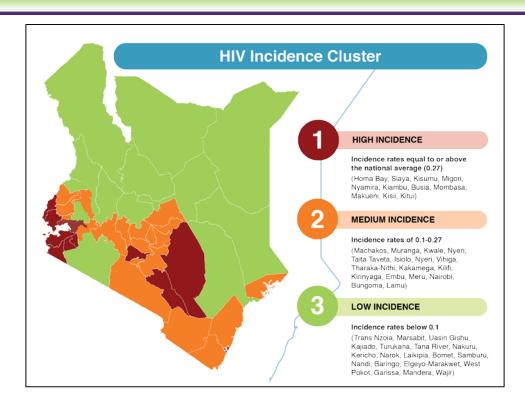




This has been a journey



Prioritization



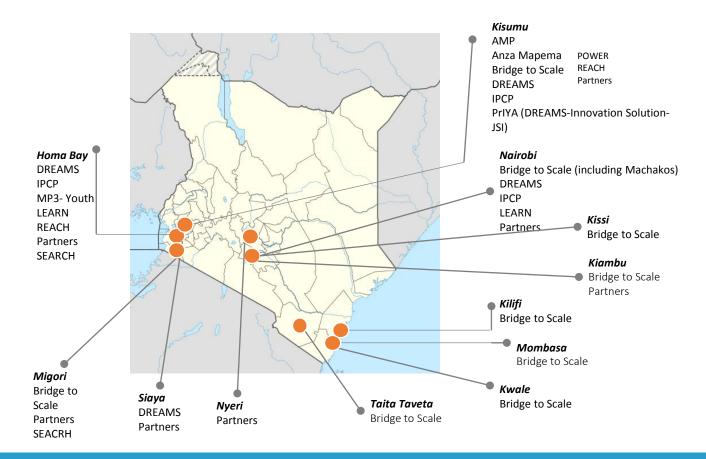
Kenya's epidemic is concentrated in several counties and the PrEP program has placed efforts in those counties

PrEP is an intervention for all persons at risk of acquiring HIV

 for multiple populations – couples, AGYW, MSM, FSW, fisherfolk, etc.

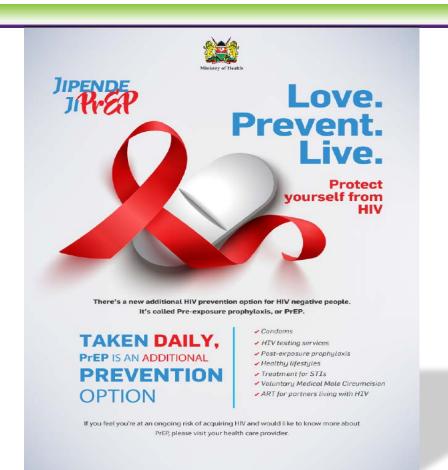
> PARTNERS SCALE UP PROJECT

Initial projects are in high and medium incidence counties



IUNE 201

JiPende JiPrEP! - the campaign identity





Social Media Campaign

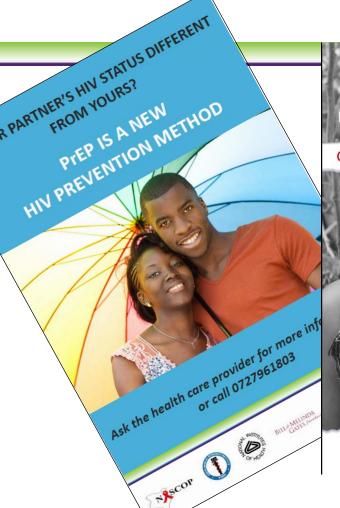






PrEP your love









Email: prep@lvcthealth.org, Website: www.lvcthealth.org/ipcp-project
Phone number: 0722203610, 0733 333268

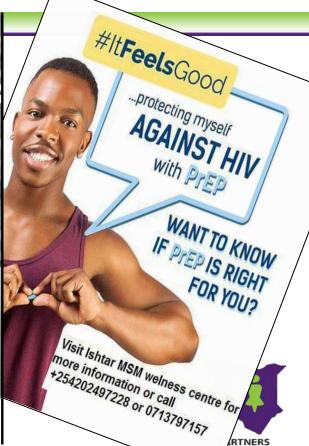






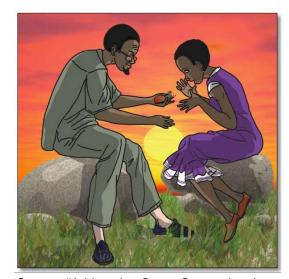






PrEP Eligibility

- HIV-negative individuals at high risk of getting HIV infection, including:
 - HIV+ not on effective treatment
 - Sexual partner of unknown status and at risk for HIV
 - Individuals engaging in transactional sex
 - Individuals with recent history of STIs
 - Clients with recurrent use of PEP
 - Habit of having sex under influence of drugs/alcohol
 - Inconsistent or no condom use
 - Injection drug use



Source: "Addressing Cross-Generational Sex." Population Reference Bureau.

Status of PrEP Implementation

- 376 facilities providing PrEP in 35 counties (ongoing mapping)
- Target population
 - 317 HIV discordant couples
 - 108 AGYW
 - 98 Sex workers
 - 70 MSM
 - 208 General population
 - 6 PWID
- Mix of service points: approx. 90% at CCC, OPD, DICE



Implementation



















Monitoring Pre-exposure Prophylaxis in Young Adult Women

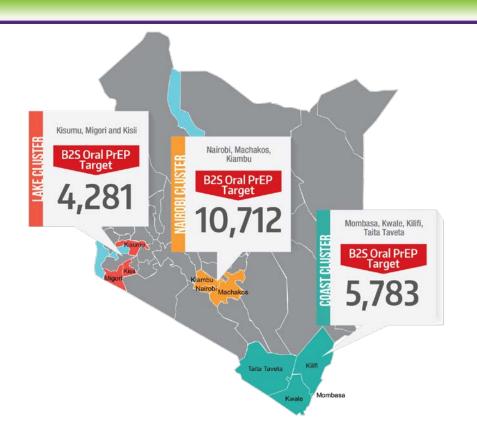
Bridge to Scale Project

To demonstrate and document an effective model for scaling up oral pre-exposure prophylaxis (PrEP) as an HIV-prevention intervention in low-resource settings





Bridge to Scale Project



Deliver PrEP in

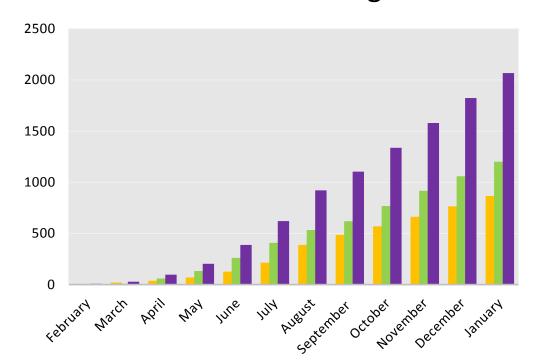
- Drop-in centers
- Public health facilities
- Private health facilities

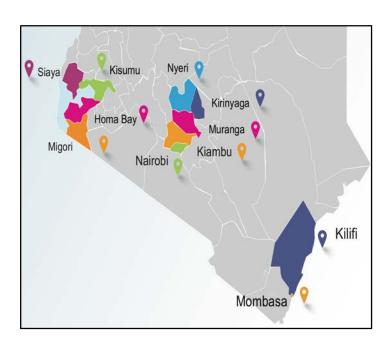
Begun in February 2017



Partners Scale Up Project

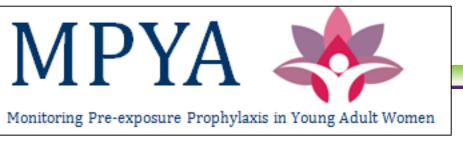
An implementation project to scale-up integrated delivery of PrEP and ART among HIV-1 serodiscordant couples





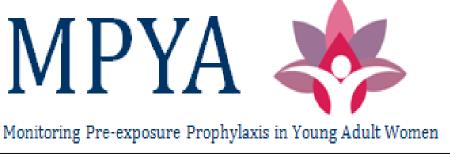
On-going projects among young women





- In Kisumu and Thika
- Measuring real time adherence with Wisepill device and providing SMS feedback on adherence
- Fully enrolled







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- Measuring real time adherence with Wisepill device and providing SMS feedback on adherence
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- In Kisumu and South Africa
- Exploring uptake in various delivery models – FP clinics in Kisumu





 An implementation program delivering PrEP within routine MCH and family planning clinics in Kisumu, Kenya





Correlates of PrEP initiation (n=9704)

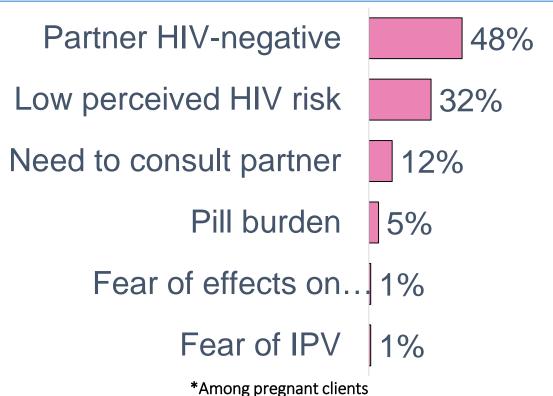
Crude Odds Ratio (95% CI)	
Transactional sex ¹	1.1 (0.5-2.6)
Diagnosed with STI ¹	2.7 (1.5-4.8)*
Forced to have sex ¹	3.7 (1.7-8.1)*
Experienced IPV ¹	2.1 (0.6-8.0)
Partner HIV status unknown	8.4 (4.8-14.7)**
Age <24 years	1.2 (1.1-1.3)**
Postpartum (vs pregnant)	2.3 (1.0-5.2)*

^{*}p<0.05; **p<0.001; 1 In the last 6 months

Determined



Reasons for declining PrEP (n=7848)



Determined Resilient

En

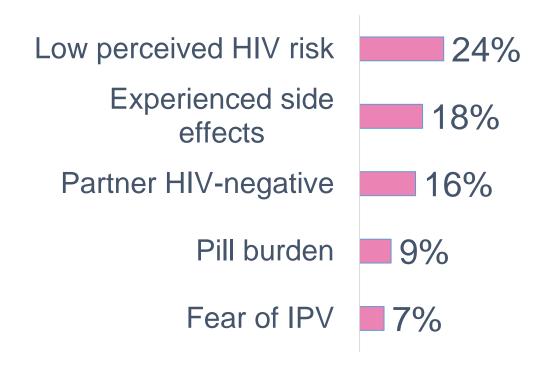
Empowered

AIDS-Free

Mentored



Reasons for discontinuing PrEP (n=337)





Resilient

Empowered

AIDS-Free

Mentored

Safe

Early lessons

- National and county government involvement and buyin is key
 - Creates harmony and guidance for all players
- Community education and demand creation
 - Will influence decision making on uptake and effective use
- Education for health providers
 - Willingness to recommend/prescribe PrEP influenced by personal values and level of knowledge



Unanswered questions

- How to motivate at-risk girls to initiate and continue PrEP
 - Initiation rates are low
 - Drop off rates are high novelty, review risk, no support
 - Daily pill? Ring?
- How to position PrEP
 - What delivery models will work for young women CCC,
 MCH, away from facilities



Acknowledgements

- NASCOP PrEP Technical Working Group
- Ministry of Health and county governments in Kenya
- Partners, Jilinde, LVCT, Power, PrIYA, MPYA teams
- PrEP users in Kenya





Jilinde -AGYW

- Not comfortable with HF delivery
- -may be seen by people they know as they queue in pharmacy, OPD
- Able to identify them through community outreaches usually event-based.
- Results in impulse enrollment because peers are enrolling, novelty have not had time for introspection --- impacts continuation rate
- HIV is not top priority for them
- Community support -
- Working to find out what the best way of positioning is

