EXPANDING ACCESS TO HIV SERVICES, EMPOWERING HEALTH WORKERS, AND STRENGTHENING HEALTH SYSTEMS IN KENYA

PEPFAR

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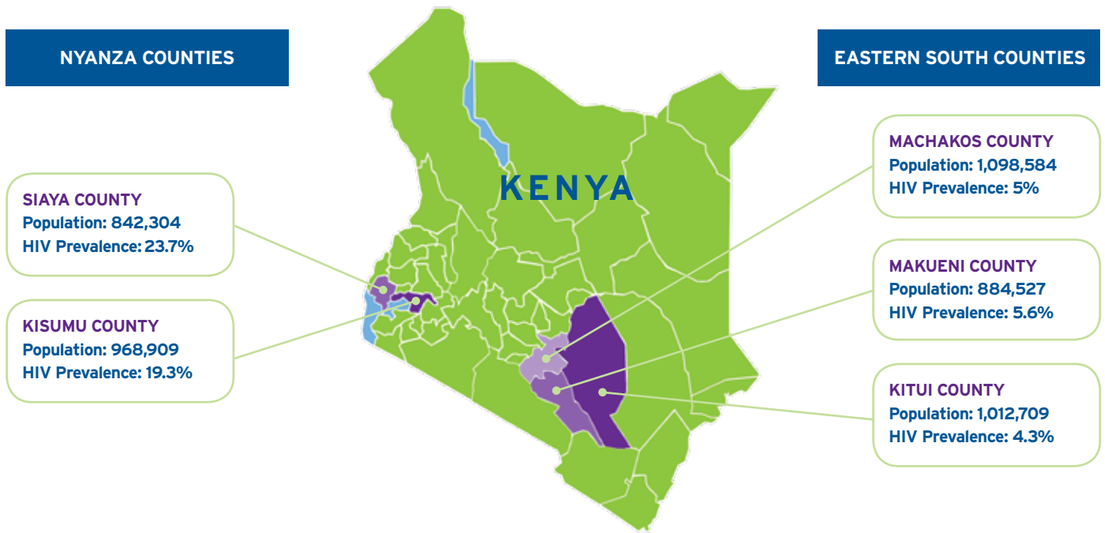
Background

In late 2010, when ICAP launched its support for HIV prevention, care, and treatment in Kenya's Eastern South region, the adult HIV prevalence rate was estimated at 7.1 percent and only 25 percent (350,000) of the estimated 1.4 million Kenyans living with HIV were receiving antiretroviral therapy (ART).[1] Particularly high rates of HIV infection had been documented among older adults, rural populations, and women and girls; for example, HIV prevalence was four times higher among young women between the ages of 15 and 24 than among young men of the same age.[2, 3] This high prevalence impacted mother-to-child transmission of the virus, with researchers estimating a 15 percent vertical transmission rate between 2007 and 2012.[4] Study findings also indicated that over 30 percent of new HIV infections in Kenya were associated with key populations, including mobile fisher folk around Lake Victoria, female sex workers, men who have sex with men, people who inject drugs, and HIV-negative partners in serodiscordant relationships.[5]

To begin to control the epidemic, which varies significantly by county (see Figure 1), intensive support was needed at all levels of the health system to further expand HIV care and treatment, with an emphasis on evidence-based interventions along the full HIV care continuum.

Figure 1. ICAP-supported Counties in Kenya's Eastern South and Nyanza Regions[6]



Project Overview

From October 2010 to September 2016, ICAP partnered with Kenya's Ministry of Health (MOH) at the national, regional, and county level to support and improve the response to the HIV epidemic in Kenya's Eastern South and Nyanza regions. With funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), ICAP enhanced HIV prevention, care, and treatment efforts in Kenya by expanding access to HIV services, including HIV testing, prevention of mother-to-child transmission (PMTCT), and voluntary medical male circumcision (VMMC). ICAP initiatives increased access to ART considerably for both adults and children living with HIV, in part by expanding the capacity of Kenya's health workers to initiate and manage HIV treatment. ICAP also strengthened the ability of Kenya's MOH and county health management teams (CHMT) to collect accurate, consistent data, improve program monitoring and evaluation, and use high-quality data for continuous quality improvement. These combined efforts helped lay the foundation for reaching today's goal of achieving epidemic control.

[1] Operational Plan Report 2010. PEPFAR; 2010.
[2] Ibid.
[3] United Nations General Assembly Special Session on HIV and AIDS: Country Report – Kenya. National AIDS Control Council; 2010.
[4] Sirengo, M, Muthoni, L, Kellogg, TA, et al. Mother-to-child transmission of HIV in Kenya: Results from a nationally representative study. *J Acquir Immune Defic Syndr*. 2014;66(Suppl 1):S66-74.
[5] Operational Plan Report 2010. PEPFAR; 2010.
[6] The prevalence data in this figure reflects the 2014 adult HIV prevalence in each county.

Key Achievements

As a result of the support ICAP provided in Kenya's Eastern South and Nyanza regions between 2010 and 2016:

- Nearly **three million** adults and children were tested for HIV (see Table 1).
- The percentage of HIV-positive adults in care and on ART increased from **45 to 98 percent**.
- Pediatric treatment access increased dramatically, with the percentage of HIV-positive children on ART increasing from **48 to 99 percent**.
- HIV-positive mothers were supported to deliver over **21,000** HIV-negative infants.
- The number of health facilities providing HIV care and treatment and PMTCT care in the target counties increased from **268** facilities in 2010 to **755** facilities in 2014.
- County governments were supported to recruit and hire over **500** health workers, creating multidisciplinary teams of clinicians, nurses, laboratory technologists, pharmacists, social workers, and counselors.
- A total of **530** nurses and **60** trainers were trained on nurse-initiated and managed antiretroviral therapy (NIMART), ultimately reaching over **4,000** patients with HIV services.
- Two NIMART Centers were created to train nurses and act as mentorship centers of best practice.
- Over **75,000** men in Nyanza region accessed VMMC and, by the project's end, **95 percent** of men circumcised were also being tested for HIV.
- A range of new data tools were created and subsequently adopted by the MOH and CHMT, including:
  - An HIV testing and counseling linkage register
  - An HIV-exposed infant register
  - A TB intensified case finding tool
  - An Isoniazid preventive therapy register
  - A viral load register

Table 1. Increase in Children and Adults Tested for HIV, Linked to Care, and on ART at ICAP-supported Facilities in Eastern South and Nyanza Regions

	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	TOTAL
Number of children tested for HIV	-	-	-	-	249,371	466,605	**715,976**
Number of adults tested for HIV	-	73,422	224,295	238,502	674,896	1,059,472	**2,270,627**
Number of children in HIV care	15,693	18,008	19,168	13,473	13,882	14,414	**94,638**
Number of adults in HIV care	124,183	142,338	154,285	112,007	125,474	138,561	**796,848**
Number of children on ART	7,503	9,820	11,537	11,818	13,220	14,349	**68,247**
Number of adults on ART	55,834	71,455	82,772	94,958	114,369	136,957	**556,345**

Core Project Approaches

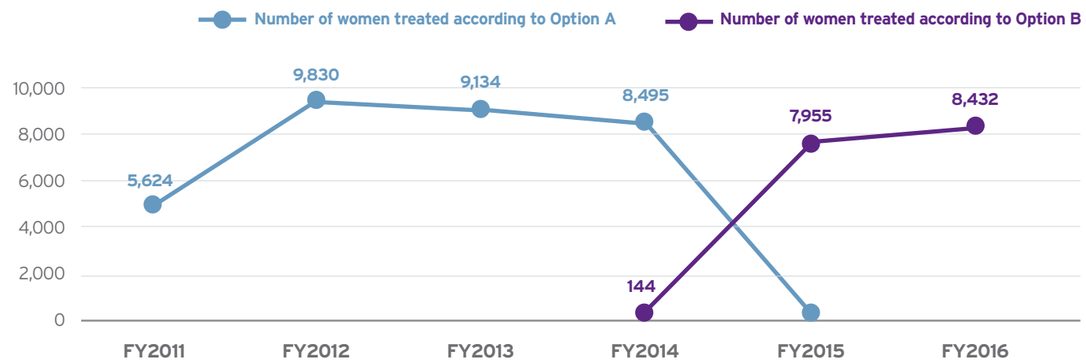
Implementing New Guidelines and Developing Tools for the Prevention of Mother-to-Child Transmission of HIV

ICAP began supporting comprehensive PMTCT services at 268 facilities in October 2010 and, by 2013, was supporting PMTCT at 758 facilities across the Eastern South and Nyanza regions. In 2014, ICAP became one of the first organizations in Kenya to implement the World Health Organization's new guidelines on providing comprehensive ART to HIV-infected pregnant women regardless of CD4 count (Option B+).[6] ICAP rapidly took the new regimen to scale: In 2014, only 144 women enrolled in PMTCT services were treated according to the Option B+ approach, while the following year over 7,900 pregnant women were started on lifelong ART (see Figure 2).

During the project period, ICAP also:

- Achieved universal PMTCT coverage in the health facilities ICAP supported
- Integrated ART and family planning services (including routine review of pregnancy intention) in maternal and child health clinics (see Box 1)

Figure 2. Number of HIV-positive Pregnant Women Treated According to Option B+ vs. Option A



BOX 1. Assessing Pregnancy Intention to Reduce Maternal Transmission

One way of preventing mother-to-child transmission of HIV is to help women living with the virus avoid unintended pregnancies. And yet, ICAP staff found that many HIV care and treatment programs in Kenya had not integrated family planning support into HIV care for women. To meet that need, ICAP developed a **safe conception package**, which includes a tool to help health providers gauge whether a woman intends to get pregnant in the next three months. ICAP also trained health workers to offer pregnancy intention screening to all HIV-infected women and girls of reproductive age.

Women **indicating an intention to conceive** were given preconception care and counseling and, if not already on ART, were offered treatment. Care providers also treated any existing opportunistic infections. Further, women who had completed less than six months of ART were encouraged to delay conception until they established viral suppression. Once pregnancy was confirmed, women were linked to early antenatal care and, following delivery, staff made sure to address family planning issues with HIV-positive women prior to discharge from the maternity unit.

Sexually active women and girls **wanting to avoid pregnancy** received confidential family planning support and contraceptives.

ICAP's multidimensional and integrated implementation approach to PMTCT and family planning was ultimately adopted by CDC and incorporated as part of PEPFAR's Site Improvement through Monitoring System (SIMS) tool.

[6] Under Option A, pregnant women with a CD4 cell count of 350 cells/μL or less were started on ART, while women with a CD4 cell count higher than 350 cells/μL were treated with time-limited antiretroviral prophylaxis.

- Established an effective laboratory-sample transport network to link PMTCT sites to 10 central laboratories, which ensured access to PCR testing for all infants born to HIV-positive mothers and reduced the turn-around time for early infant diagnosis to less than three weeks. The transport network also enabled viral load testing to be offered in all regions, and ICAP collaborated with Kenya's National AIDS and STI Control Program (NASCOP) to ensure that all HIV patients received at least one viral load test per year
- Developed a register to track HIV-exposed infants and ensure follow-up care, which was subsequently adopted by Kenya's MOH and rolled out nationally.
- Implemented TB screening for pregnant women in antenatal care clinics
- Introduced GeneXpert testing for improved detection of TB and testing for drug resistance
- Provided monthly mentorship to health facility staff to help them establish and refine a patient-tracking system for HIV-infected women and other patients lost to follow-up
- Supported "Mentor Mothers" who provide peer support to HIV-positive pregnant women during pregnancy and the postpartum period, and introduced a program to increase male partner involvement in women's antenatal and postnatal care (see Box 2)

BOX 2. *Egemesha Wanawake Wetu*: Educating Fathers to Improve Pregnancy Outcomes

Decreasing maternal mortality and improving maternal and child health—key goals of the project—required a multi-pronged approach that included testing pregnant women for HIV, providing ART to those who tested positive, and expanding men's support of women before and after birth. To increase men's involvement in antenatal and postnatal care, ICAP developed *Egemesha Wanawake Wetu* ("Support Our Women"), a program offering education about pregnancy, childbirth planning, and breastfeeding to male partners of pregnant women. Participating men were also encouraged to get tested for HIV and share their status with their partners.

As a result of *Egemesha Wanawake Wetu*, more men accompanied their partners to antenatal visits, more women delivered their babies in health facilities, and more men attended the births of their children. HIV testing among male participants also increased. Opiyo, a father of five and a peer educator at the Ambira Sub-District Hospital in Kenya's Nyanza Region, summed up his positive experiences with *Egemesha Wanawake Wetu* by saying, "Tell them we are very grateful. We are supporting our women in the right way."

Creating Buy-In and Demand for Voluntary Medical Male Circumcision

VMMC is a proven HIV prevention intervention that reduces the risk of heterosexual HIV transmission by 60 percent. In November 2012, ICAP began supporting free VMMC services in Kenya's Nyanza Region. Since communities in this region do not traditionally circumcise males, ICAP worked with the MOH and local health officials to first obtain community buy-in and increase awareness of the health benefits of circumcision. Over the next four years, ICAP teams supported circumcision services for nearly 76,000 men, with a complication rate of less than one percent. All men accessing VMMC services were also offered HIV testing and, by the end of the project, 95 percent of men accessing VMMC services were also being tested for HIV (see Figure 3, noting that the dip in FY2014 resulted from a shortage of HIV rapid test kits). These achievements were made possible because ICAP:

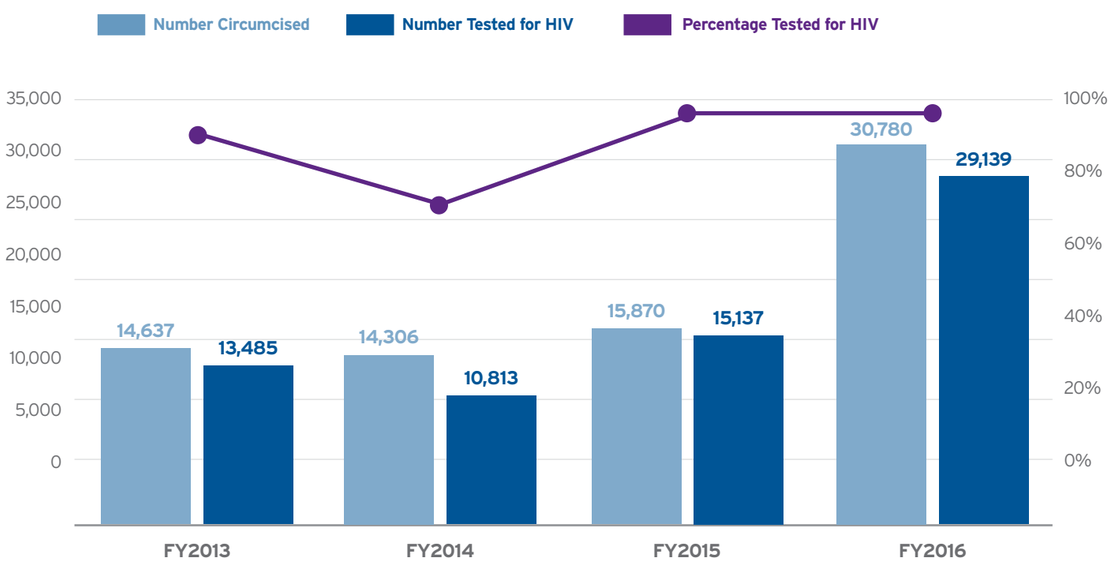
- Utilized **demand creation teams**: ICAP staff identified community influencers who had a strong interest in VMMC and trained them to lead local mobilization efforts. These volunteers included older males who were satisfied with their VMMC experience and were willing to travel to outreach sites to talk about their positive experiences (also known as VMMC champions). ICAP also recruited peer mobilizers who used innovative approaches to reach men and boys, such as showing educational videos on VMMC in venues where men gather to watch soccer matches and engaging youth during school holidays.

> *"Before I got circumcised, I had trouble putting on a condom...but now, it's much easier. Getting circumcised hasn't reduced my strength, I still have all of my strength."*
>
> VMMC Champion in Nyanza Region

> *"The word 'voluntary' was key. The early response [to VMMC] was very low, until a respected political leader—the former prime minister of Kenya from a non-circumcising community—promoted it at a national conference. We saw a massive spike in men seeking the procedure. Our surgeons were overwhelmed."*
>
> Dr. Nandi Owuor, ICAP VMMC Advisor

- Recruited and trained **VMMC service delivery teams** capable of performing eight to 10 VMMC procedures per day. The teams rotated between six fixed sites (health centers or county hospitals) and 18 outreach sites in rural areas. To make the procedure convenient for men who worked during the day, some service delivery teams offered "moonlight VMMC" during the evening hours of 6:00 – 8:00 p.m.

Figure 3. Increase in Voluntary Medical Male Circumcision and HIV Testing in Nyanza Region



Expanding HIV Counseling and Testing

In 2010, ICAP began applying its extensive experience expanding HIV testing services to increase testing rates in Eastern South Region and expanded those efforts to Nyanza Region in 2013. To support and expand HIV testing efforts, ICAP:

- Designed and supported mentorship and training programs to build the capacity of health providers and lay counselors to provide HIV testing services in both inpatient and outpatient settings
- Instituted opt-out policies to ensure that all eligible patients receiving care in ICAP-supported health facilities were offered HIV testing. Health workers were trained to screen patients for eligibility and everyone deemed eligible was offered an HIV test. Children and partners of patients already receiving care in ICAP-supported health facilities were also tested. These interventions significantly increased access to HIV testing services, particularly among children.
- Provided technical assistance to NASCOP to develop new "test and start" guidelines for adults, adolescents, and children
- Instituted "hot spot testing" for vulnerable populations (see Box 3)

BOX 3. Hot Spot Testing to Reach Highly Mobile Populations

ICAP expanded HIV testing for vulnerable populations by instituting hot spot testing in locations where those at risk for or living with HIV congregate, including sex workers along major truck routes in the Eastern South Region and fisher folk in Nyanza Region. Hot Spot Teams consisted of a leader/mobilizer, two HIV testing counselors, and a driver, who were stationed in the field to offer HIV testing. Teams worked eight-hour shifts, mostly in the evenings and over weekends to accommodate client needs. The initiative involved multiple testing strategies, including late-night, early-morning, and door-to-door testing to achieve maximum impact.

The team working with fisher folk in Nyanza developed a set of standard operating procedures for performing HIV tests on community beaches on the shore of Lake Victoria. Beaches were mapped to identify where potential clients might congregate and households of all registered, migratory fisher folk were also mapped to identify their homes and nearest health facilities.

ICAP staff also worked with local community leaders, health promotion officers, and government officials to promote buy-in of the testing program and formed a linkage and retention committee to link HIV-positive clients to the nearest health facility for care within 48 hours.

Improving Linkage to HIV Care and Expanding Access to ART for All

ICAP began its work in Kenya with a focus on HIV care and treatment and has made considerable progress improving linkage to care and expanding access to treatment. Over the course of this project, ICAP:

- Improved the linkage of clients between HIV testing and HIV care services in Eastern South and Nyzanza regions. After noting that patients who tested positive were not always enrolling in HIV care, HIV test counselors began escorting newly diagnosed clients to the clinic to ensure same-day enrollment in care and early treatment initiation. In addition, a linkage directory was introduced and staff began tracing clients who had not been linked to care within two weeks of diagnosis. As a result, 98 percent of clients were enrolled in care in 2016 (see Figure 4) and over 99 percent began ART within two weeks of diagnosis.
- Worked with the MOH to implement the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative, which was announced in 2014. With funding from the Children's Investment Fund Foundation, the initiative aimed to double the number of HIV-positive children on ART within two years. ICAP-supported health facilities in Eastern South and Nyanza regions were already treating almost 85 percent of children in care at the end of FY2014, but succeeded in increasing this proportion to nearly 100 percent by the end of the project (see Figure 5).
- Worked with the MOH to develop adolescent HIV care guidelines and instituted 76 adolescent-friendly clinics providing a comprehensive care package to patients aged 10–19 years. The package included: HIV and sexual and reproductive health care; psychosocial support provided by trained adolescent peers; positive health, dignity, and prevention interventions; and referral and linkage services, including support for the transition to adult care. ICAP also trained and deployed adolescent peers in these clinics.
- Differentiated care for adherent and virologically suppressed, stable patients. Recognizing that frequent visits to a health facility were unnecessary for patients already successfully following their treatment plans, ICAP began scheduling three- to six-month intervals between clinician visits for virally suppressed patients with a history of keeping their appointments.

Figure 4. Increase in Proportion of HIV Patients on ART at ICAP-supported Health Facilities in Eastern South and Nyanza Regions

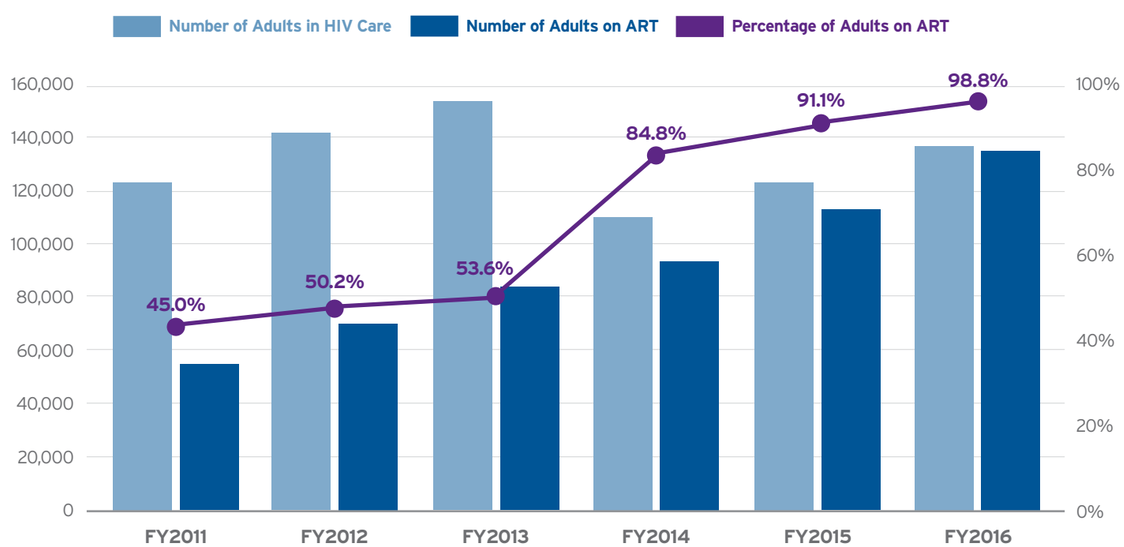
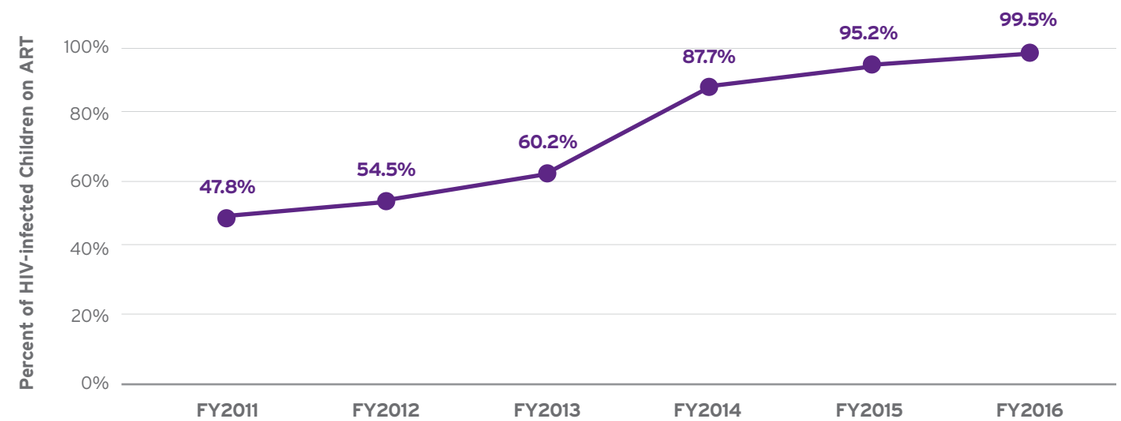


Figure 5. Increase in Proportion of HIV-infected Children Receiving ART at ICAP-supported Health Facilities in Eastern South and Nyanza Regions



BOX 4. Increasing Patient Access to Care Through NIMART

A shortage of clinicians in Kenya meant existing clinicians were over-worked and the quality of health services was often sub-optimal. To respond to this human resource challenge, ICAP worked with the MOH and the Nursing Council of Kenya to advocate for NIMART, an approach that has since enabled nurses to prescribe medications for HIV and support high-quality HIV care services. After an ICAP assessment showed that nurses were performing a wide range of tasks in HIV care and treatment, but many had not been adequately trained and did not feel fully competent to perform these tasks, ICAP developed a mentorship guide to train nurses on comprehensive ART initiation and management and collaborated with NASCOP to train over 500 nurses. In addition, ICAP supported the creation of a cadre of mentors to train and mentor fellow nurses. These mentors established learning groups with their mentees using WhatsApp, a messenger application for smartphones, to enable novice NIMART nurses to submit questions and receive prompt answers from their mentors. WhatsApp groups were used by mentors to address challenges, turning them into teachable moments for the entire group.

BOX 5. Taking Care of the Caregivers

In Kenya, many grandmothers have become primary caregivers after their children died of AIDS. For 15 grandmothers caring for their HIV-positive grandchildren, ICAP's Mtito Andei Health Centre in Kenya's Eastern South region provided much-needed support to such caregivers. Each month, the women brought their grandchildren to the clinic for routine check-ups, during which they too received care, including treatment for chronic conditions like diabetes and hypertension. Grandmothers also benefitted from a support group the Centre developed for them.

As one participant caregiver explained, "The group has given us a forum to share our experiences and encourage one another. When we bring our grandchildren to the clinic, we feel that we are also taken care of, so we are a group of healthy grandmothers bringing up healthy HIV-infected children. Really the clinic has brought to us what we never thought was possible."

Strengthening Systems to Improve Health and Build Capacity

ICAP's work to strengthen health systems supported and improved the Kenyan government's ability to deliver high-quality health services. As part of this work, ICAP:

- Supported county governments to recruit and hire over 500 health workers, creating multidisciplinary teams of clinicians, nurses, laboratory technologists, pharmacists, social workers, and counselors
- Increased the capacity of health workers at the national, regional, and county level through on-the-job training and mentorship. Clinical officers, nurses, pharmacy and laboratory technicians, HIV testing and counseling staff, and many others benefitted from ICAP's support.
- Employed roving health records and information officers in the Eastern South Region, who mentored local records officers, reviewed facility-level data, and helped ensure that inaccurate data were corrected
- Held meetings with the members of county assemblies, county health committees, and county executive teams in Nyanza Region to discuss health indicators and advocate for additional health funding. This effort led to strengthened domestic public health funding in the region and an increase in important consumables, such as HIV test kits, which amounted to an important step toward sustainability of the HIV response in the region.
- Subcontracted with local partners—the Ogra Foundation and Matibabu Foundation—to manage HIV care at 33 health facilities in Nyanza Region. In the process, ICAP provided these organizations with capacity building and leadership development support, including providing training to their CEOs, board members, and senior management in the areas of governance, resource mobilization, budgeting, finance, and grants and human resources management. ICAP also helped both foundations develop financial manuals, policies, and procedures that increased their ability to compete for funding in the nonprofit sector.
- Improved the capacity of the MOH and CHMT in the areas of leadership, governance, resource mobilization, and managing human resources. This included developing human resource management software and providing training for counties on methods for comprehensive health systems strengthening.
- Developed several tools that were adopted by the MOH and designated for national use (see Box 6)
- Conducted multiple renovations of health care facilities, including hospitals and pharmacies (see Box 7)
- Supported sound waste disposal by building secured incinerators and fenced waste pits at all ICAP-supported health facilities and procured essential health care commodities and equipment, including laboratory furnishings

BOX 6. Clinical Tools Developed and Implemented by ICAP in Kenya

- HIV testing and counseling linkage register, which tracks all clients tested for HIV and enrolled in care
- HIV-exposed infant register, a longitudinal register that enables staff to follow HIV-exposed infants and document their health outcomes
- TB intensified case finding tool, which standardizes the regular TB screening of patients attending the HIV clinic
- Isoniazid preventive therapy register, which tracks all clients starting isoniazid preventive therapy
- Viral load register, which facilitates the tracking of all viral load tests conducted, as well as viral load test results and subsequent actions taken

BOX 7. The Renovation of Bondo District Hospital

Bondo District Hospital did not originally have adequate room for a maternal and child health clinic, a situation that contributed to high infant mortality rates in the surrounding area. Women were reluctant to give birth at the facility due to overcrowding and because existing rooms lacked necessary equipment and furniture. In 2013, ICAP helped address this need by renovating the existing building and converting old cargo containers on the facility grounds into a new, fully furnished and equipped maternal and child health clinic. The renovations had a rapid impact on the community: Women found the rooms attractive and well-equipped and, as a result, hospital deliveries increased.

BEFORE

AFTER

Improving Health Outcomes by Investing in Monitoring, Evaluation, and Quality Improvement

Having access to accurate data is critical to targeting resources appropriately and ensuring that activities are having the desired impact. To increase the ability of health facilities, CHMT, and the MOH to collect, monitor, and evaluate quality data, ICAP:

- Invested in the MOH District Health Information System (DHIS) to ensure that data were reliable. Historically, many PEPFAR implementers had collected their own data, which led to incompatible reporting. ICAP staff worked with the MOH to develop a robust, credible DHIS; trained MOH staff on collecting, reviewing, and verifying data; and used the DHIS platform to report data to PEPFAR.
- Introduced continuous quality improvement processes to identify solutions to program challenges and improving program quality
- Used routinely collected aggregate data to identify facilities with sub-optimal performance and address those challenges through mentorship
- Built one of the first databases for electronic medical records, the Continuous Care Clinics Patient Application Data Base (C-PAD). The MOH chose ICAP's database as one of four national models and approved it for further development, rollout, and scale-up. The database made it possible to inform clinicians that a patient needed specific follow-up tests and improved accuracy of reporting to the MOH. As of October 2016, 65 facilities were using C-PAD.
- Established quarterly meetings to review HIV counseling and testing service data
- Held data review meetings to review the quality of data with county data management teams and formulate program improvement plans

"An important legacy of this project is ICAP support of the Ministry of Health's national system for data reporting. We stopped collecting parallel data where national sources were available and started using DHIS for our reporting. Now the data that the Ministry has in the regions we support is as good as any we had before. We are the only implementing partner to achieve that and, because of our efforts, the Ministry is now better informed than when we all had our own data systems."

Duncan Chege
Director of Monitoring and Evaluation
ICAP in Kenya

Lessons Learned

- From a clinical perspective, offering existing and potential patients expanded and/or non-traditional options for HIV prevention, testing, care, and treatment services increased utilization of those services. For example:
  - Implementing opt-out HIV testing policies, in which individuals are automatically tested unless they specifically decline, increased HIV testing rates.
  - Offering services in communities, including doing hot-spot testing and going door-to-door before and after conventional work hours, led to increased numbers of people being tested.
  - After HIV test counselors began escorting newly-diagnosed clients to the clinic to ensure same-day linkage to care and rapid treatment, ICAP saw improved levels of engagement in care. In addition, maintaining linkage directories and tracing clients who had not enrolled in care within two weeks of diagnosis led to improved client linkage.
  - Recruiting men and boys for VMMC at sporting events and offering moonlight procedures in the evening were effective ways of promoting and increasing access to VMMC services.
  - Shifting routine tasks associated with HIV testing and linkage to care to lay health workers was a way to rapidly increase the size of the health workforce and improve patient access to care.
- Developing strong partnerships with staff of the MOH, NASCOP, county governments, CHMT, and other implementing agencies was crucial to ICAP's success. Building those relationships made it possible to extend the project's work and improve patient outcomes.
- Cultivating and obtaining buy-in from elected officials proved critical. In 2010, Kenya ratified a new national constitution that decentralized government functions to new county governments. After the MOH handed much of the responsibility for public health down to the counties, ICAP succeeded in strengthening domestic public health funding by holding meetings with elected officials to acquaint them with information about health indicators and demonstrate the need for additional health-related funding.
- Partnering with civil society organizations and building the capacity of nongovernmental organizations, such as the Ogra and Matibabu Foundations, was an effective way to expand HIV care. In addition, by supporting these local partners, ICAP worked to ensure that its efforts would be sustainable over the long term.

"As I look back over the last six years of this project, I marvel at the tremendous team effort from a group of dynamic committed people—not only at ICAP, but also those within the national and county programs and those at CDC. Through a concerted team effort, we have impacted the lives of thousands of Kenyans, allowing them to stay well, be productive, and look after their families and children."

Dr. Mark Hawken
ICAP Country Director

The Way Forward

In December 2014, PEPFAR released *PEPFAR 3.0: Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation*, a report that documents plans for PEPFAR's third phase of work: sustainable control of the HIV epidemic. PEPFAR and its partners are now striving to reach UNAIDS' ambitious 90-90-90 targets: that 90 percent of HIV-positive people have been diagnosed, 90 percent of those who know their status are on ART, and 90 percent of those on ART attain viral suppression by 2020.

Even before the release of PEPFAR 3.0, ICAP's activities were laying the foundations for the future of the HIV/AIDS response in Kenya. From 2010 to 2016, ICAP and its partners made significant progress expanding access to HIV testing, care, and treatment in the Eastern South and Nyanza regions of the country. The project also made major strides in building the capacity of the MOH to improve its data collection, monitoring, and evaluation efforts. The project's focus on transparency, particularly around budgeting, strengthened ICAP's relationship with the MOH and other partners and will provide a model of cooperation for the future.

A number of challenges still need to be addressed, however, before Kenya will be able to achieve epidemic control. To lower HIV incidence, Kenya will need to find new and innovative ways to address the main drivers of sexual transmission: unprotected paid sex, multiple and concurrent sexual partners, and low and inconsistent condom use. In addition, Kenya's health workforce must concentrate on developing patient-centered approaches to ART uptake, viral suppression, and retention in care. As HIV increasingly becomes a manageable, chronic disease in Kenya, health workers must also focus on identifying and managing co-morbidities, such as hypertension, dyslipidemia, and cancers. The capacity of CHMT and health workers must be built further to meet the needs of people at risk for or living with HIV, especially populations that have difficulty accessing services due to stigma or geographic location. That will require more opportunities for on-the-job training, accurate data, and collaboration with other partners to extend and improve services and outcomes.

As a result of this project, ICAP leaves behind a record of effective HIV prevention, testing, and treatment programs and almost universal uptake of ART among adults and children at health facilities in Eastern South and Nyanza regions. The long-term impact of its work to train health workers and improve the national HIV surveillance system will undoubtedly contribute to Kenya's efforts to achieve sustainable control of the HIV epidemic.

ABOUT ICAP

ICAP was founded in 2003 at Columbia University's Mailman School of Public Health. A global leader in HIV and health systems strengthening, ICAP provides technical assistance and implementation support to governments and non-governmental organizations in more than 21 countries. ICAP has supported work at more than 5,200 health facilities around the world. More than 2.2 million people have received HIV care through ICAP-supported programs and over 1.3 million have begun antiretroviral therapy (ART).

Online at icap.columbia.edu

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