innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Kenya's progress towards elimination of Mother to Child Transmission of HIV

Presenters:

Mildred Mudany[1],MBCHB, MMED-Paeds, PhD.

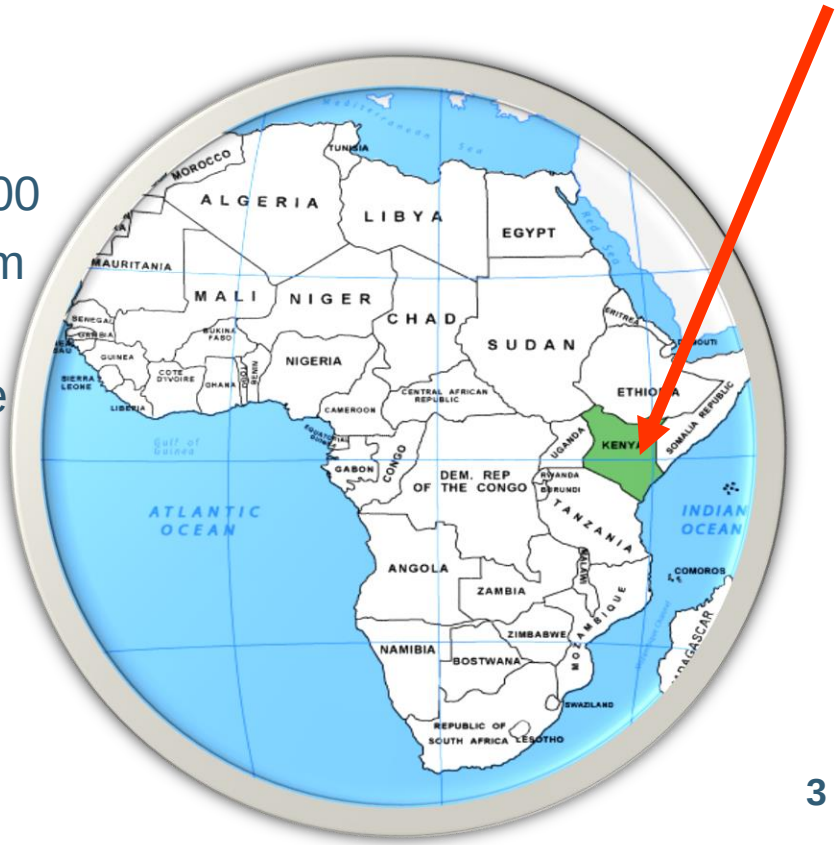
Anthony Gichangi,MSc, PhD

Isaac Malonza, MD



Kenya Background

- Total population is approx. 45M (was 38M at census 2009)
- Adult HIV prevalence 5.6% (KAIS 2012)
- Total number of people living with HIV 1,192,000 (KAIS 2012)
- Number of pregnancies per year: 1,500,000
- HIV prevalence among WRA dropped from 8.5% in 2007 to 6.9% (KAIS 2012)
- Est. HIV+ pregnant women as at 2015 are 79,475
- >800,000 people receiving ART (10% children)

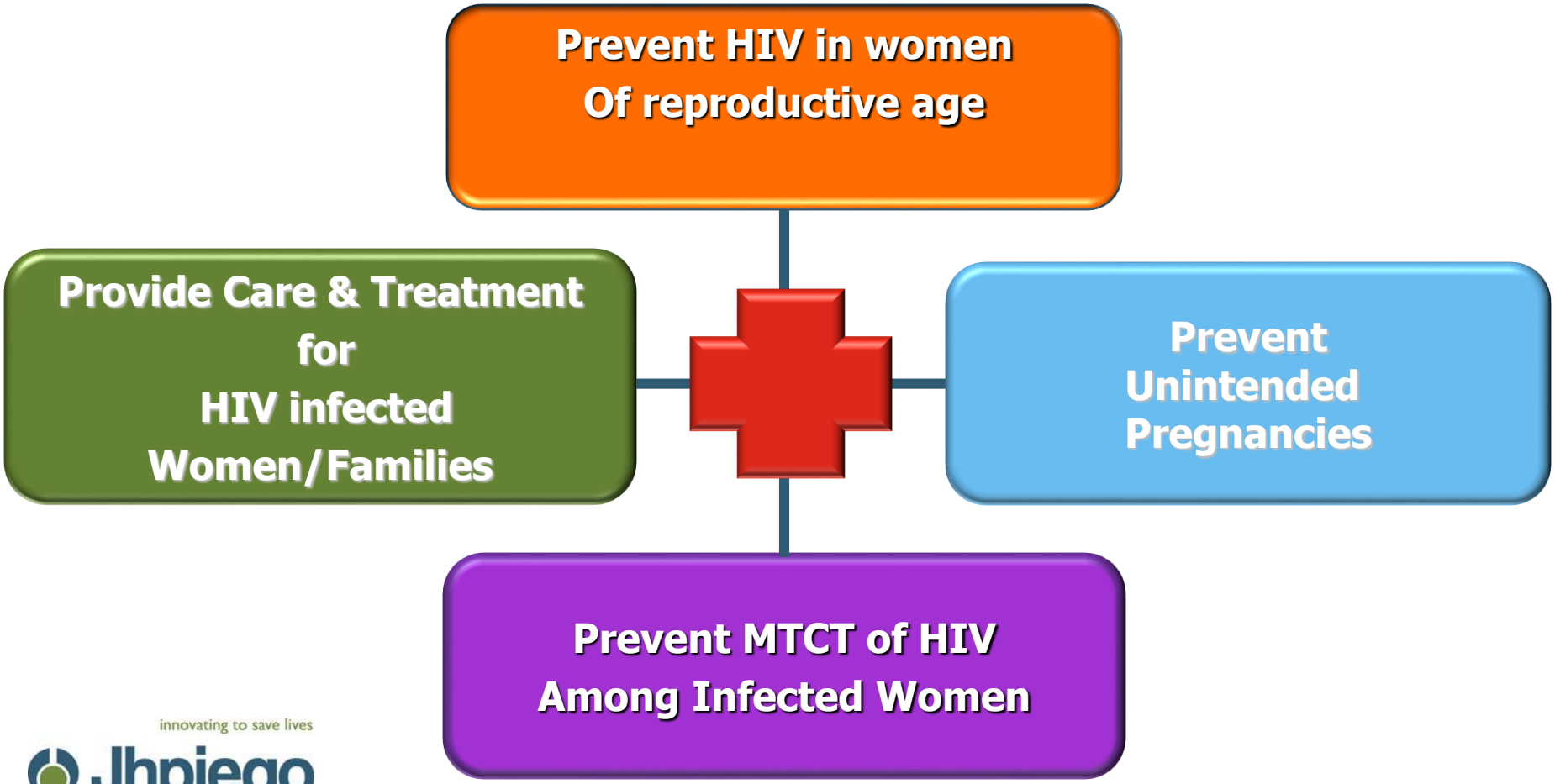


innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

PMTCT PROGRAM in Kenya

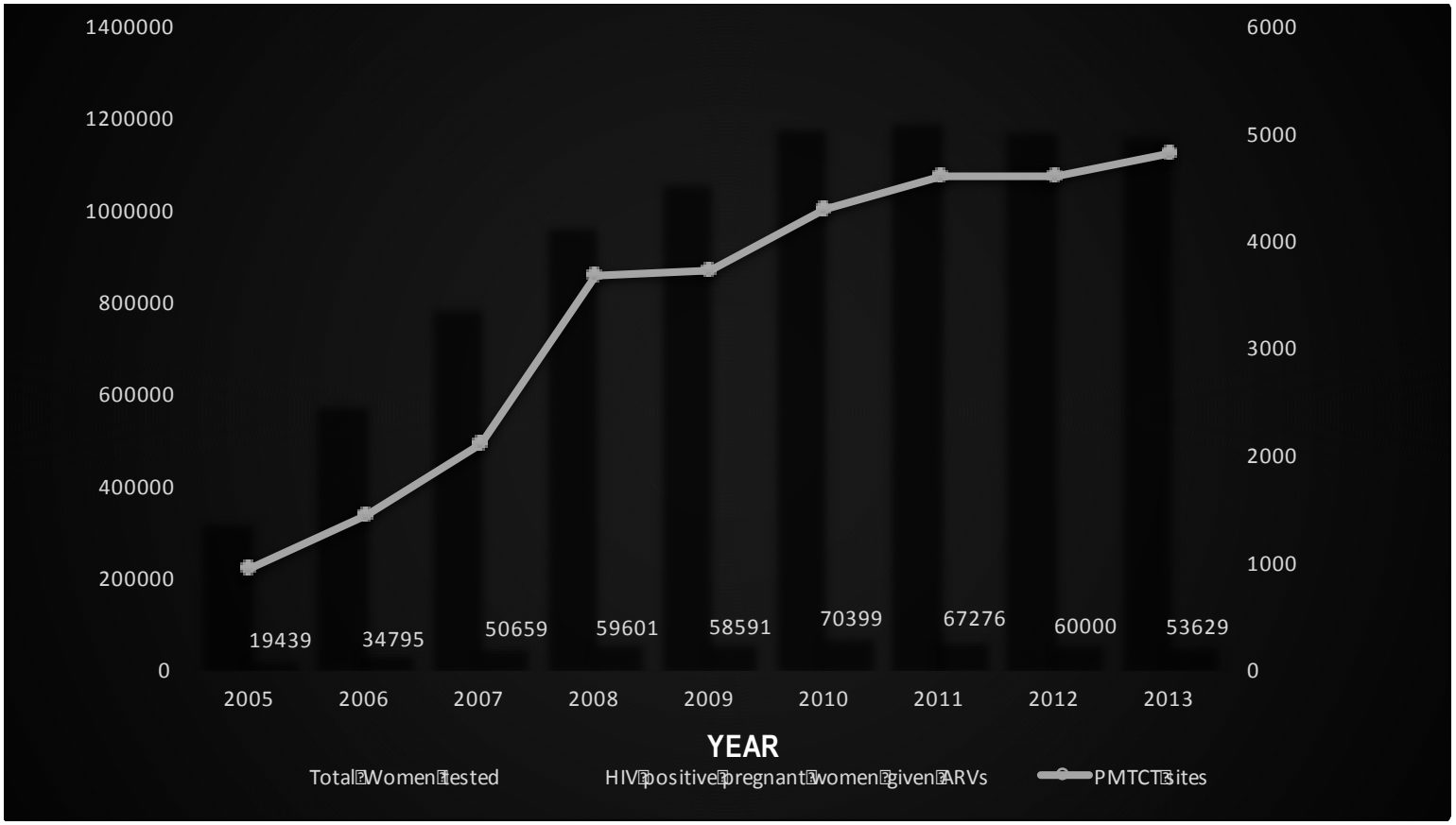
- PMTCT services started in a few pilot sites in the late 1990s and Currently, the services are provided in the whole country
  - Now estimated sites 4,500
- Evolution of regimen:
  - Started with single dose nevirapine till 2009 **(No longer recommended)**
  - Option A and B recommendation since 2010 **(No longer recommended)**
  - HAART for all pregnant and breastfeeding women July 2014 **(CURRENT RECOMMENDATION)**
- TWG meets on quarterly basis co chaired with DRH with representation from technical teams , partners, CSOs and PLHIV networks , Selected MOH from counties
- Hosts the eMTCT and Beyond Zero campaign agenda in NASCOP,

Four prongs of PMTCT



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Scale up of PMTCT Sites and Services in Kenya (2005-2013)

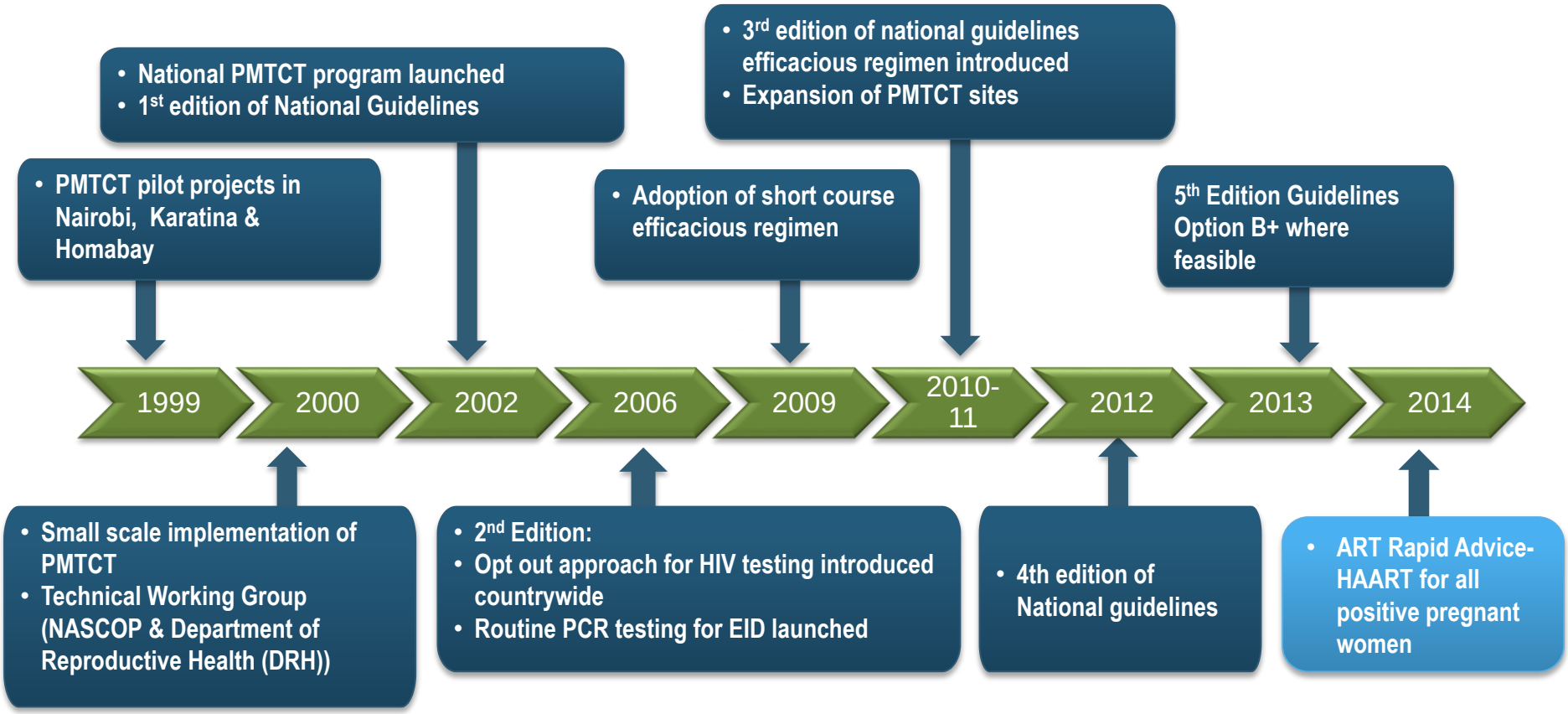


innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Milestones of PMTCT in Kenya



innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Evolution of PMTCT guidelines

	1st Edition 2002	2nd Edition 2005	3rd Edition 2009	4th Edition 2011 (WHO option A)*	5th Edition 2012 Triple ARVs
Mother	SD Nevirapine,	SD Nevirapine	AZT from 28 weeks, SD NVP AZT+3TC at labor, AZT, 3TC x7 days days postpartum	AZT from 14 weeks , SD NVP, AZT, 3TC at labor, AZT, 3TC x1 week postpartum, HAART for pregnant women who qualify	Triple ARVs AZT or TDF/3TC/NVP or EFV From 14 weeks to cover pregnancy, BF and for life
Baby	No drugs	AZT x6 weeks	NVP stat, 3TC x 7 days, AZT x 6weeks	AZT until 1 week after cessation of breast feeding, NVP for 6 wks if mum on HAART Children <18 months infected give ART	NVP or AZT for 6 weeks
Feeding Option	Exclusive b/feeding for 6 months or replacement feeding if meeting AFASS criteria			Exclusive breastfeeding for 6 months, introduce complementary foods and continue breast feeding for at least 1 year	Exclusive breastfeeding for 6 months, introduce complementary foods but continue breastfeeding for 1 year

Evolution of our efforts in EMTCT

Where have we been?

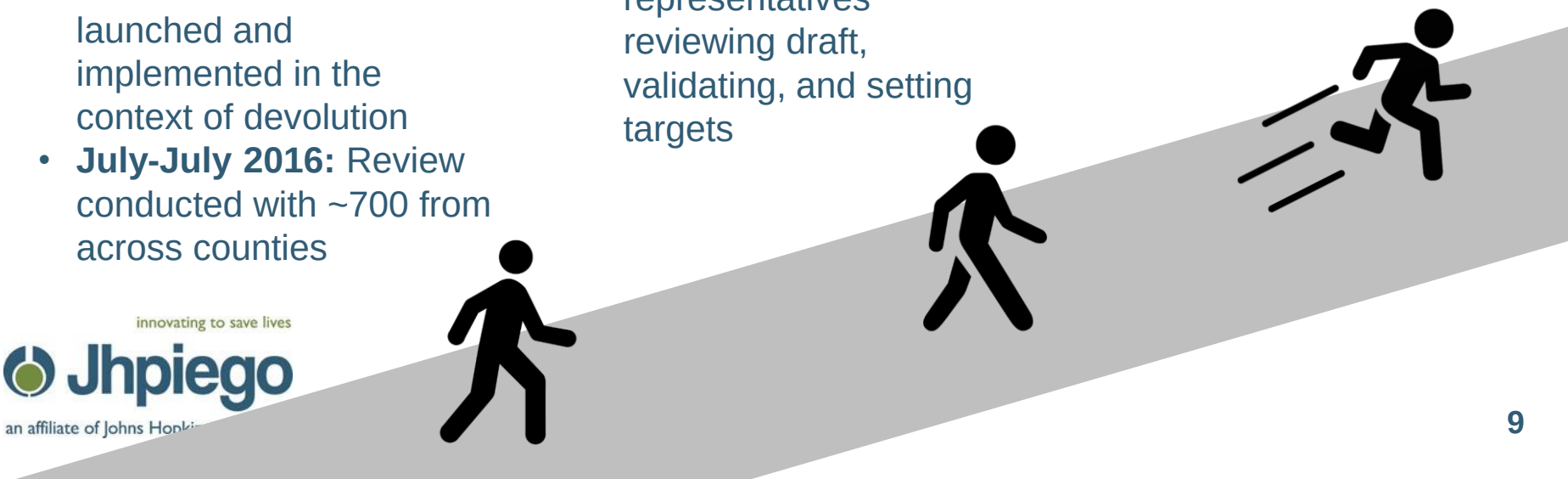
- **2012:** EMTCT Framework for 2012-2015 formed based on global consensus that world can eliminate MTCT HIV infections by 2015
- **2012-2015:** Framework launched and implemented in the context of devolution
- **July-July 2016:** Review conducted with ~700 from across counties

Where are we now?

- **2016**: Based on recommendations, DRAFT Strategic Framework for 2016-2021 drawn
- **September 2016**: >1000 county representatives reviewing draft, validating, and setting targets

Where are we going?

- **2019**: Pre-exlimination targets met
- **2021**: Elimination targets met

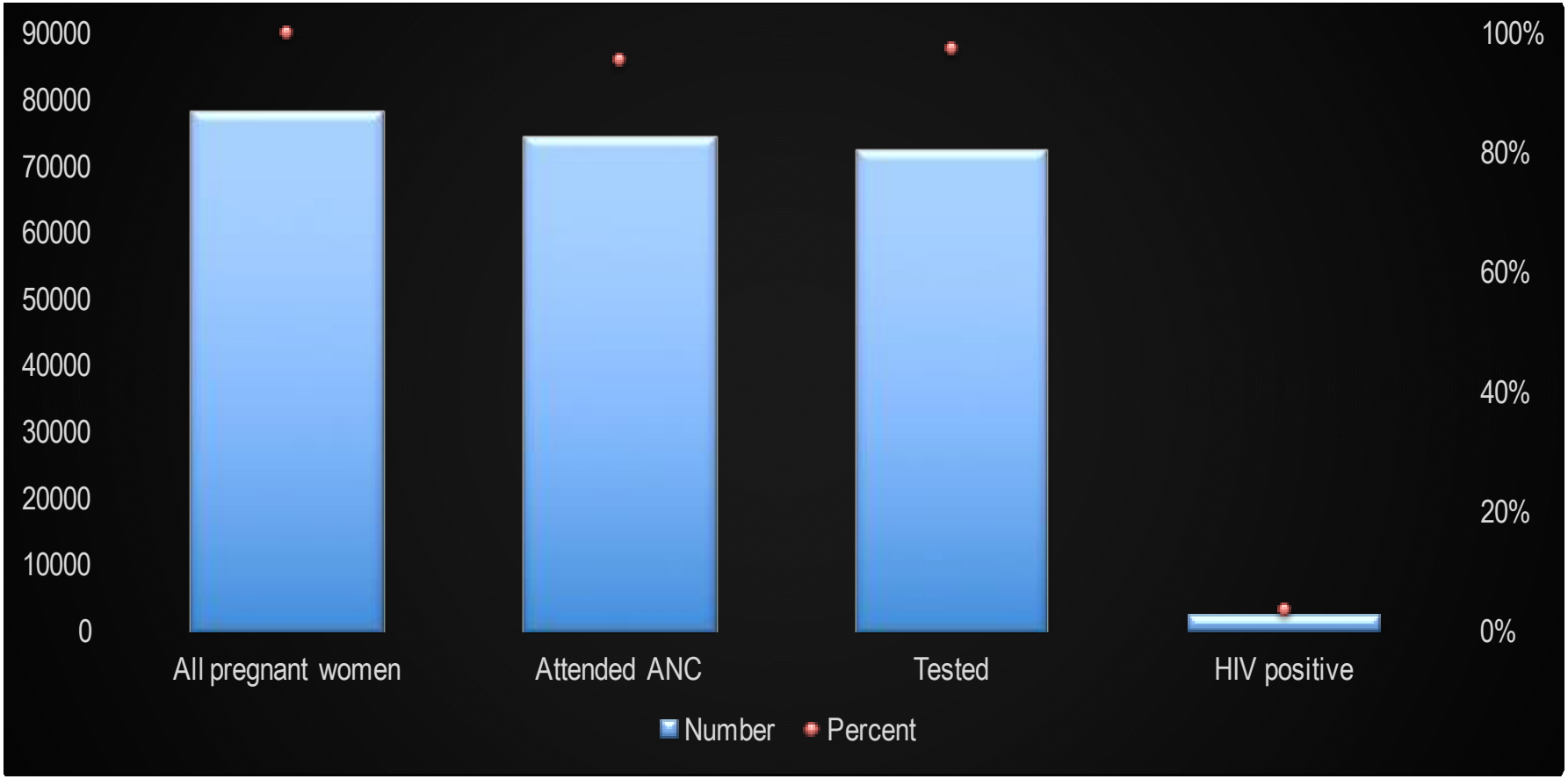


innovating to save lives

Jhpiego

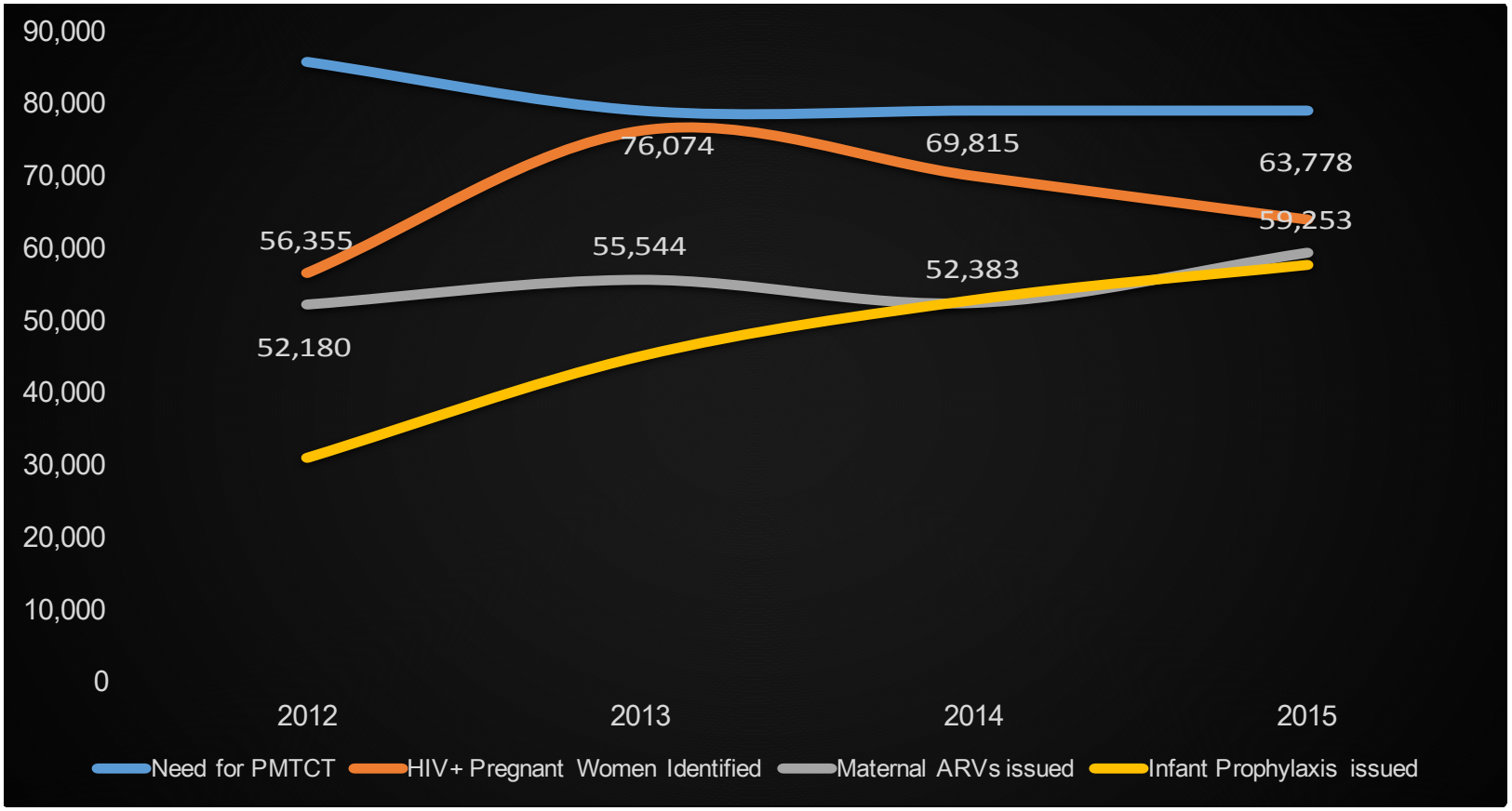
an affiliate of Johns Hopki

Entry into PMTCT



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Maternal and infant prophylaxis coverage: 2012-2015 (Prong III)

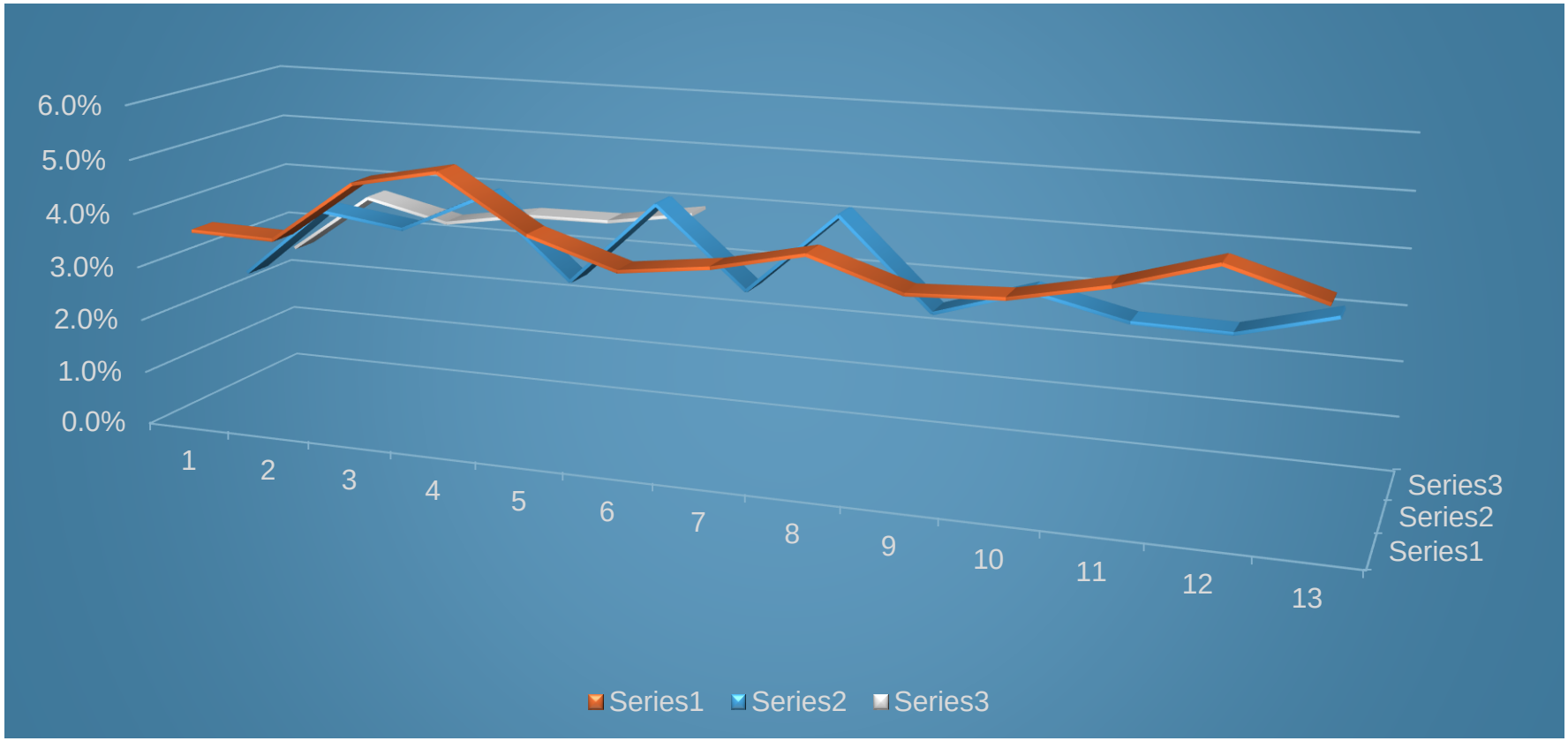


innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

MCH follow up of Mother-baby pair



Positivity of EID within 2 months over the years

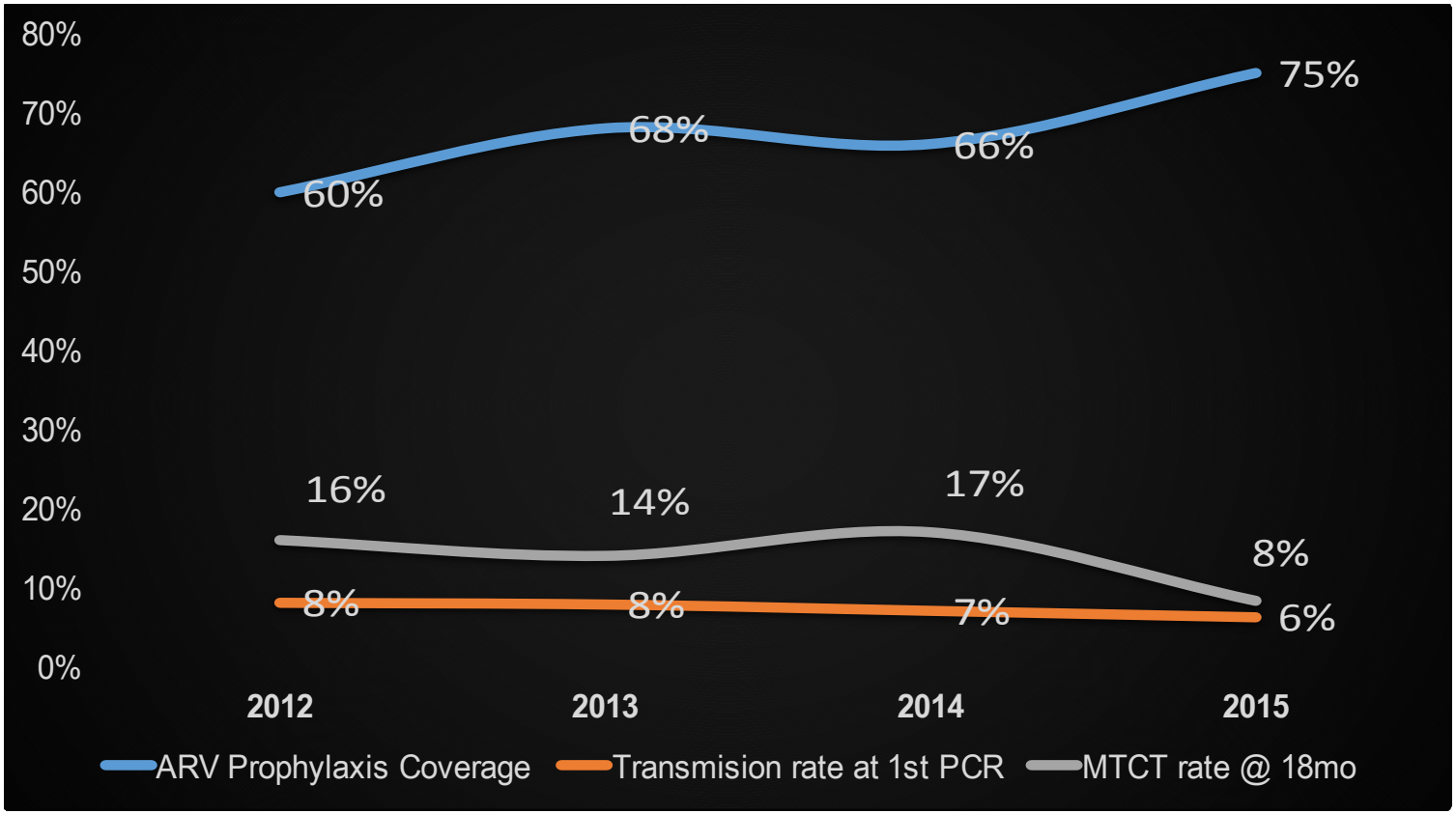


innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Lesson 1) PMTCT ART coverage scale up is key in reducing MTCT rates

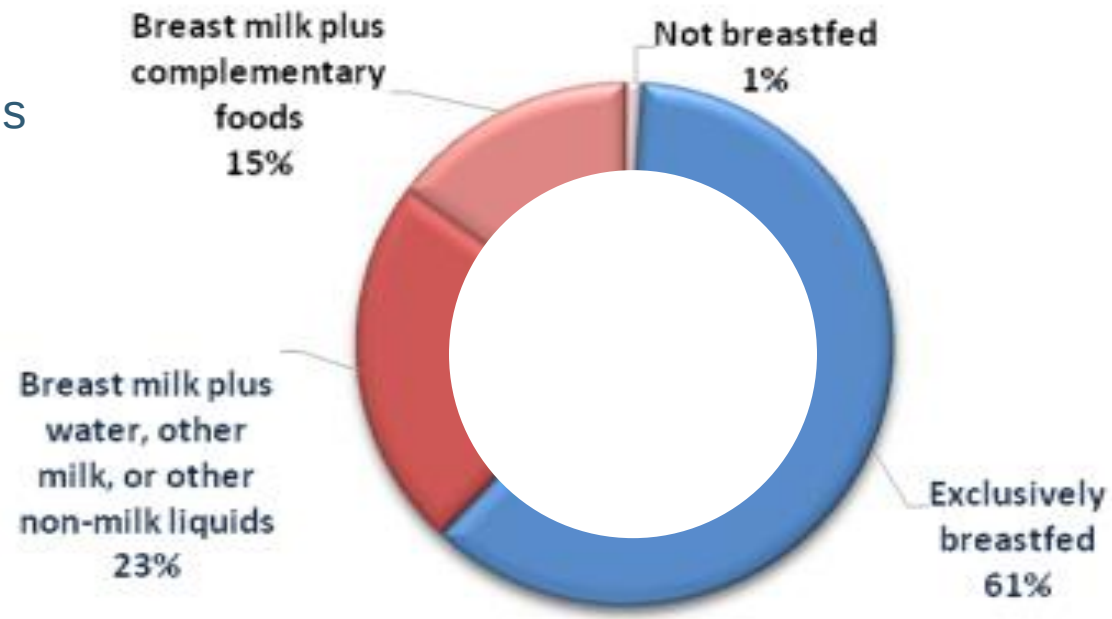


innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Infant and Young Child Feeding

- Exclusive breastfeeding & continued breastfeeding until 2 years reduces infant and child mortality
- ART protects breastfeeding for the HIV-exposed infant
- Majority of HIV-exposed infant deaths occur due to poor adherence to exclusive breastfeeding guidelines

Breastfeeding status among children <6 months



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Challenges to Infant and Young Child Feeding

- Poor dissemination following change in policies and guidelines, fueling myths and misinformation
- Monitoring infant feeding practices
- Patient support system
- Weak knowledge & attitude of healthcare workers
- Aggressive marketing of breast milk replacements
- Stigma in communities

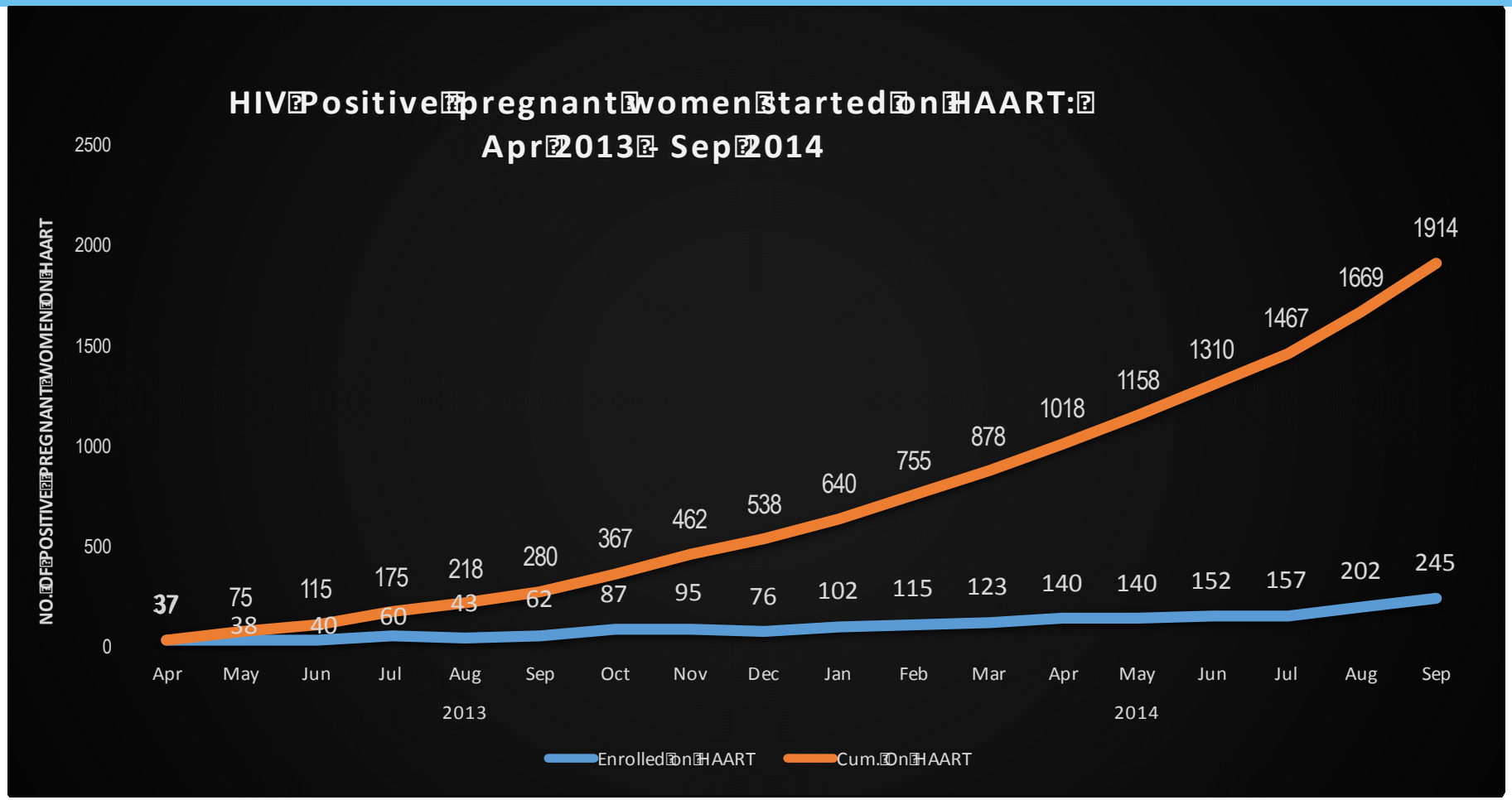
1st Framework outcomes at a glance 2012-2015

Indicator	2012	2013	2014	2015	2015 Target
Unmet FP	27%	27%	17.5 %	17.5 %	0%
Need for PMTCT	85,714	79,475	79,475	79,475	43,500
HIV+ pregnant women identified	56,355	76,074 (96%)	69,815 (88%)	63,778 (81%)	90% of need
#/% HIV+ pregnant women receiving ARVs**	52,180 (59.9%)	55,544 (68%)	52,383 (66%)	59,253 (75%)	90% of need
ART to Children	38%	43%	39%	54%	90%
MTCT Rates trend (18 months)	16%	14%	17%*	8.3%**	<5%
Early Infant Diagnosis <2months	57,961	51,758	54,154	54,242	No target

*2013 Estimates **2015 Estimates currently under validation

innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

APHIA*PLUS* KAMILI's Accelerated Response on HAART for HIV Positive Pregnant Women



innovating to save lives

Jhpiego

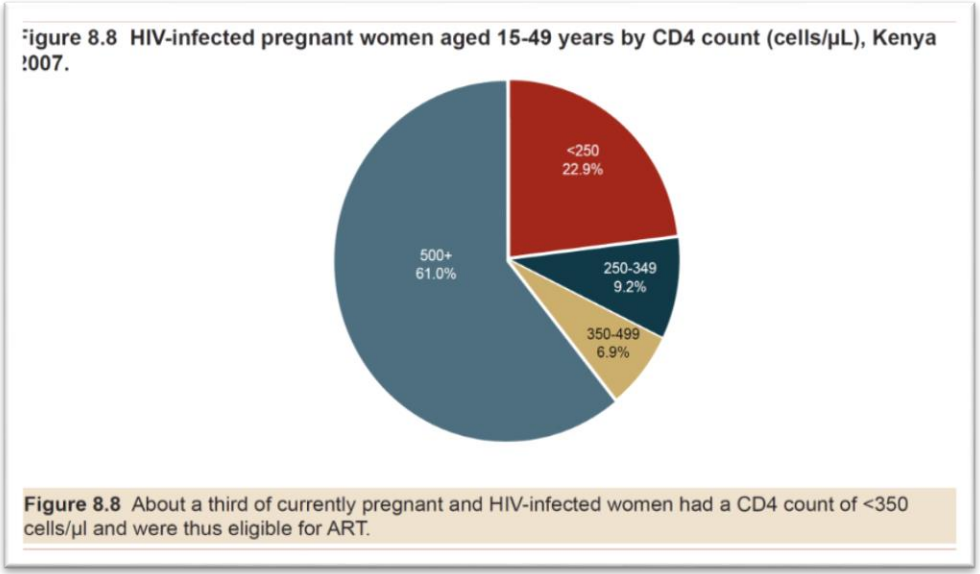
an affiliate of Johns Hopkins University

Increasing Access to PMTCT

- Decentralization of PMTCT services
  - 75% of public health facilities offer PMTCT
- Integration of PMTCT into MCH
- Various models
- Fully integrating ART into MCH
- Effective referral from MCH to ART clinics
- ART days in MCH

- Improved lab coverage

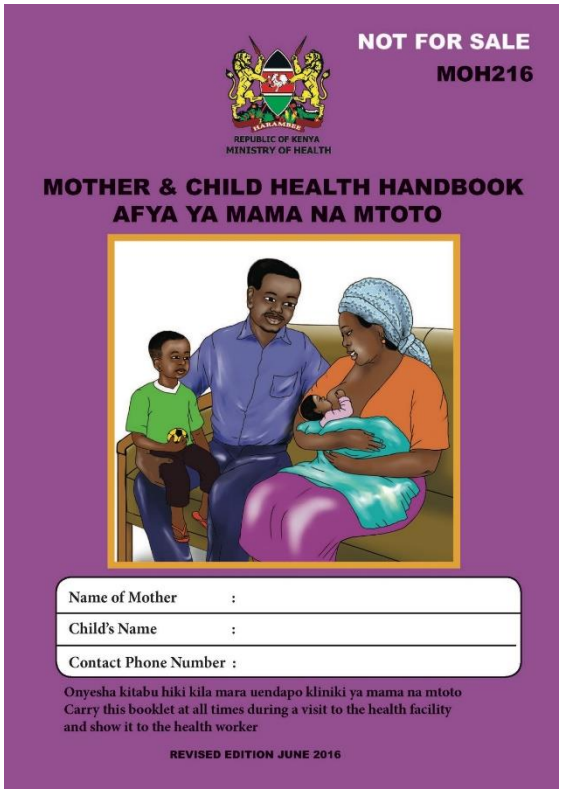
  72% of HIV+ pregnant women have CD4 test at 1st ANC (Impact evaluation study, 2010)



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Increasing Access to PMTCT Services

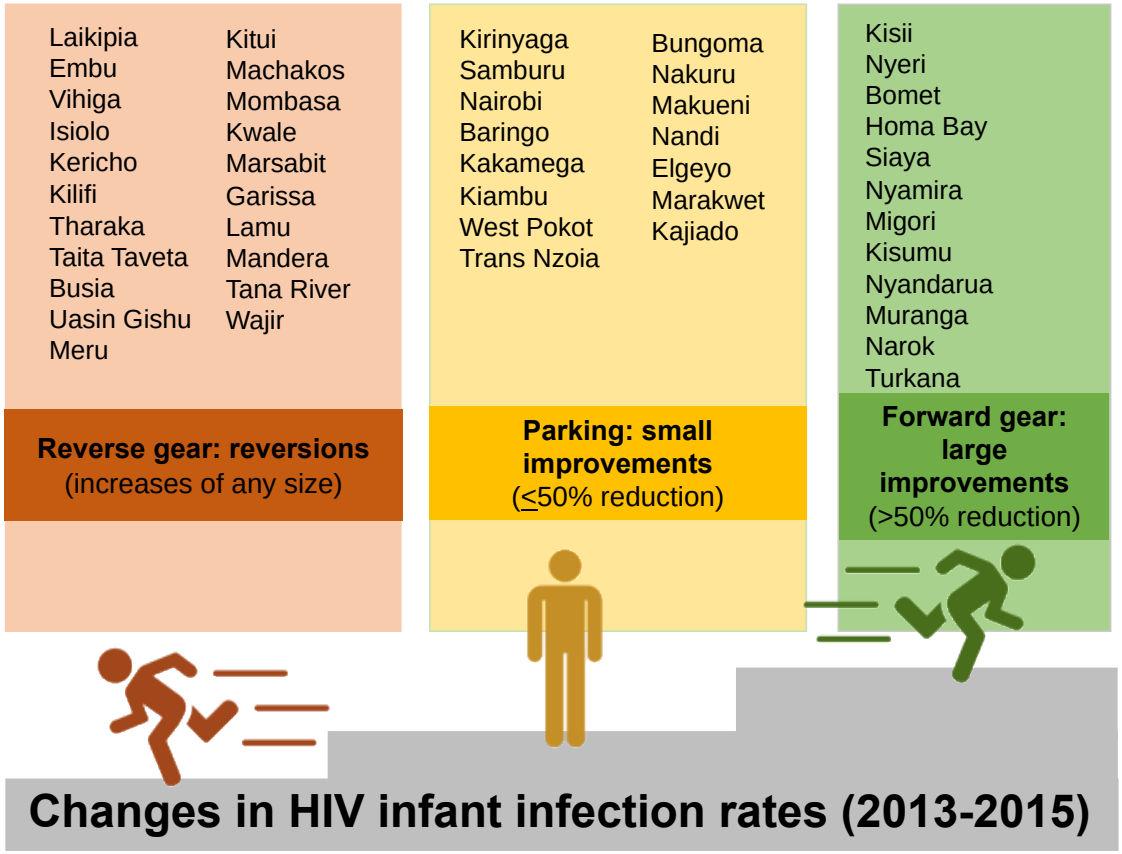
- Scale up of PMTCT sites to >80% of Public Health Facilities and FBOs
- Reaching high volume private facilities
- Using Community Health Strategy
- Roll out of Kenya Mentor Mothers Program
- Follow up of mother and baby using Mother Baby Health Booklet
- HEI Cohort Register
- Revision of Data collection tools



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University


familiaamontuur
NOT FOR
MOTHER & CHILD HEALTH BOOKLET

Are we on course towards elimination of MTCT of HIV and syphilis?



We must all shift to green!

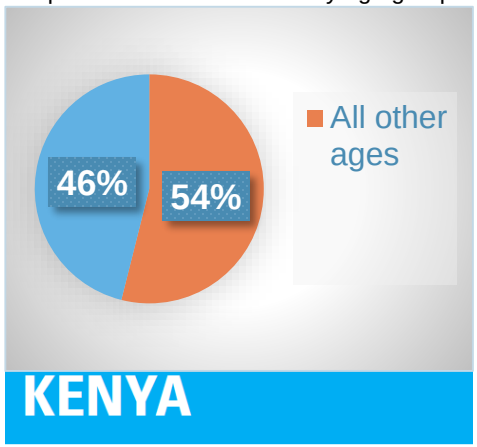
innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

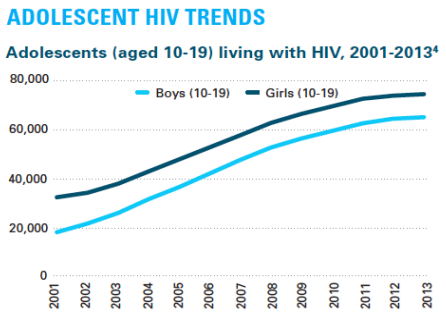
HAART uptake by County : July 2015

County	NVP only	AZT+SdNVP	Interrupted HAART	HAART	Total	% HAART
Homa Bay	0	0	4	73	77	95%
Kisii	0	0	0	7	7	100%
Kisumu	0	0	0	52	52	100%
Migori	0	0	0	67	67	100%
Nyamira	0	0	0	47	47	100%
Nyanza	0	0	4	**246**	**250**	98%
Bungoma	0	0	0	96	96	100%
Busia	0	0	0	24	24	100%
Kakamega	0	0	0	154	154	100%
Vihiga	0	0	0	48	48	100%
Western	0	0	0	**322**	**322**	100%
Overall	0	0	4	**568**	**572**	99%

HIV among Adolescents & Youth

Proportion of new infections by age group

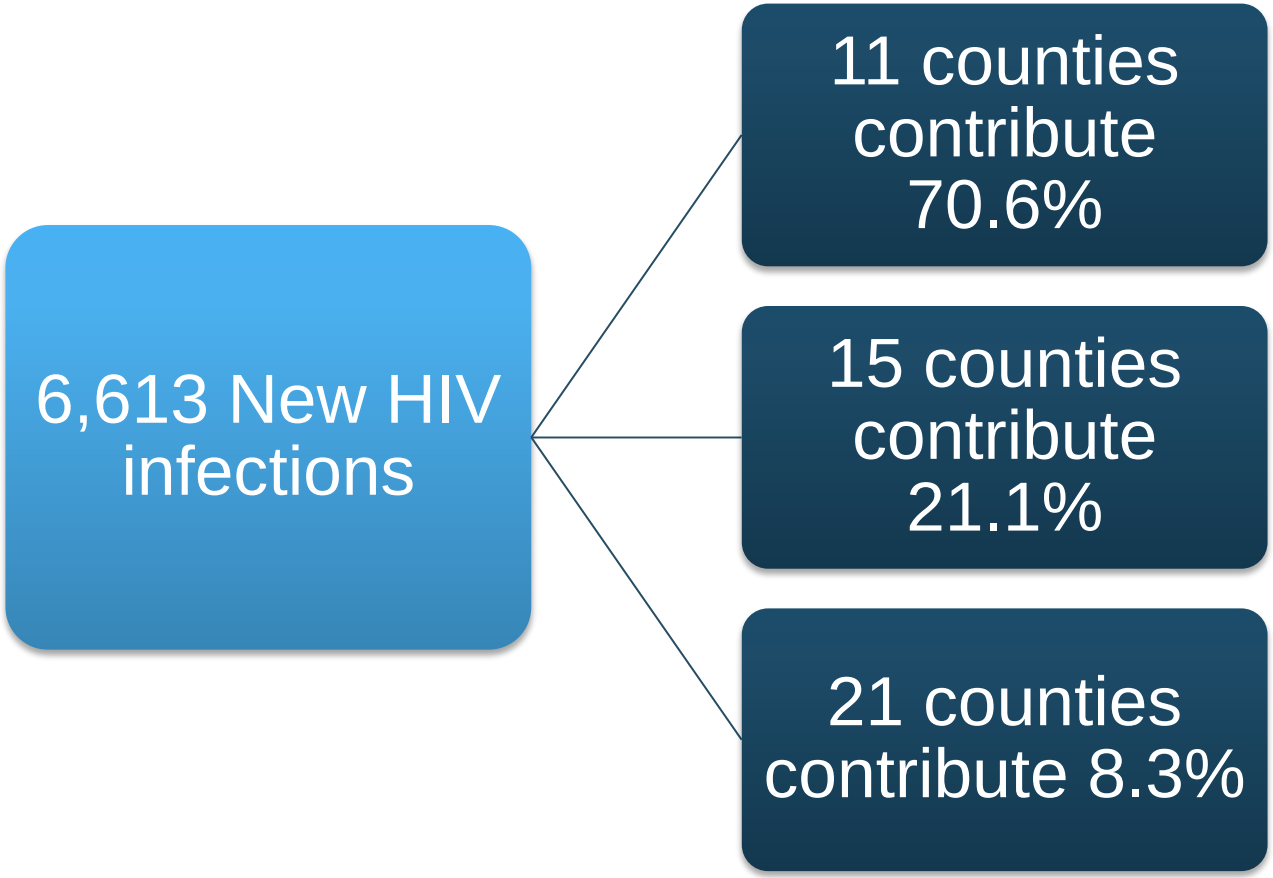




- Total new HIV infections in 2015: 77,647
- Adolescents & youth: 35,776 (**46%**)
- **13%** of PMTCT pregnancies among adolescents and youth
- Adolescents and youth are especially vulnerable
  - **Increasing** incidence of HIV acquisition
  - **Lower** likelihood of PMTCT completion
  - Only age demographic with **increasing** risk of HIV-associated mortality

innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Children new HIV infections 2015 status



innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Changes in HIV infant infection rates (2013-2015)

Reverse gear: reversions (increases of any size)	Parking: small improvements (≤50% reduction)	Forward gear: large improvements (>50% reduction)
Laikipia	Kirinyaga	Kisii
Embu	Samburu	Nyeri
Vihiga	Nairobi	Bomet
Isiolo	Baringo	Homa Bay
Kericho	Kakamega	Siaya
Kilifi	Kiambu	Nyamira
Tharaka	West Pokot	Migori
Taita Taveta	Trans Nzoia	Kisumu
Busia		Nyandarua
Uasin Gishu		Muranga
Meru		Narok
Kitui	Bungoma	Turkana
Machakos	Nakuru	
Mombasa	Makueni	
Kwale	Nandi	
Marsabit	Elgeyo	
Garissa	Marakwet	
Lamu	Kajiado	
Mandera		
Tana River		
Wajir		



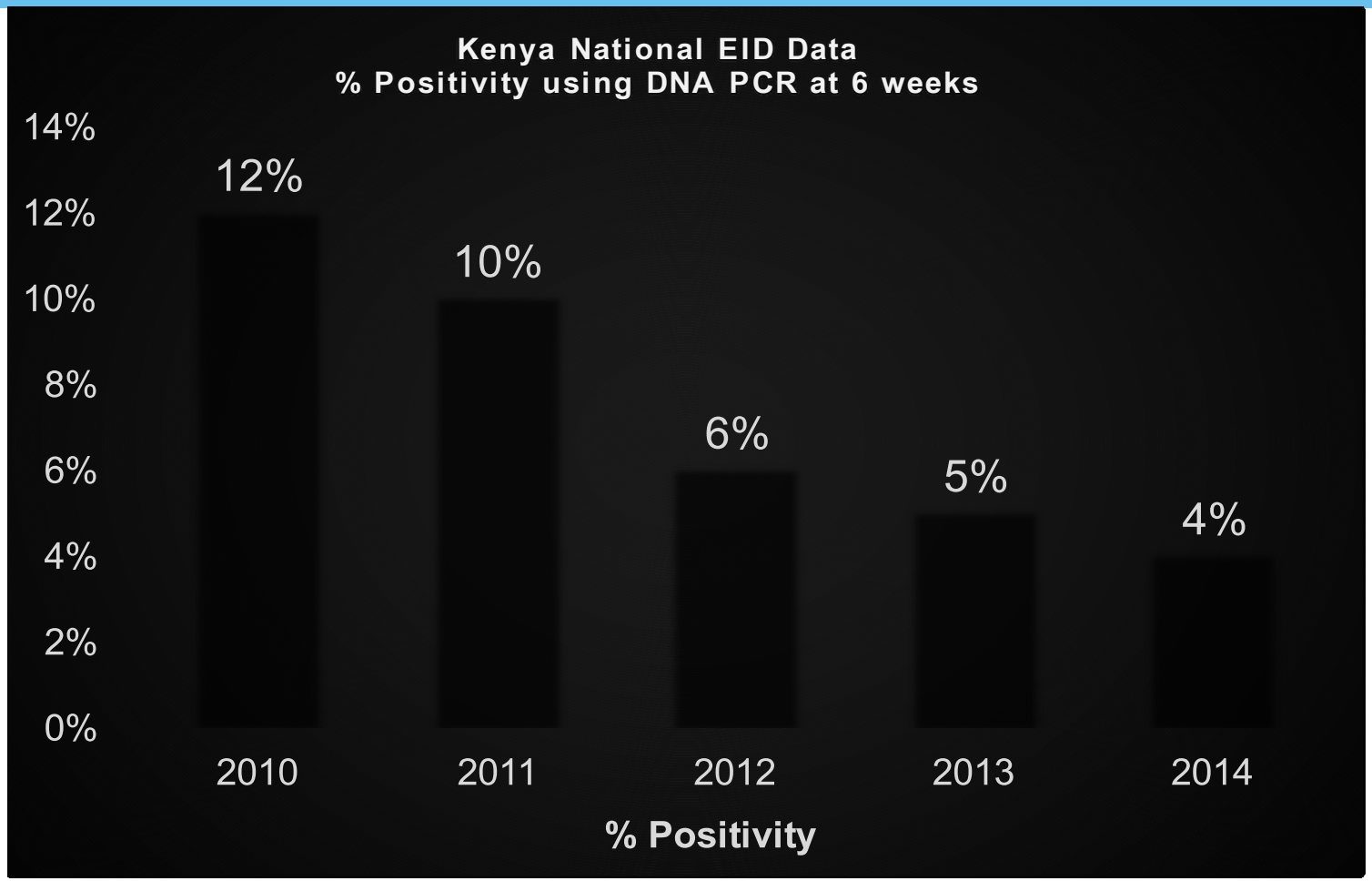




innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University



innovating to save lives

Jhpiego

an affiliate of Johns Hopkins University

Challenges

- Service delivery
  - New PEPFAR Direction of going where virus is…many facilities left unsupported, new rise in infections
  - Late ANC attendance
  - Retention on HAART
  - Low male involvement
- Poor record keeping

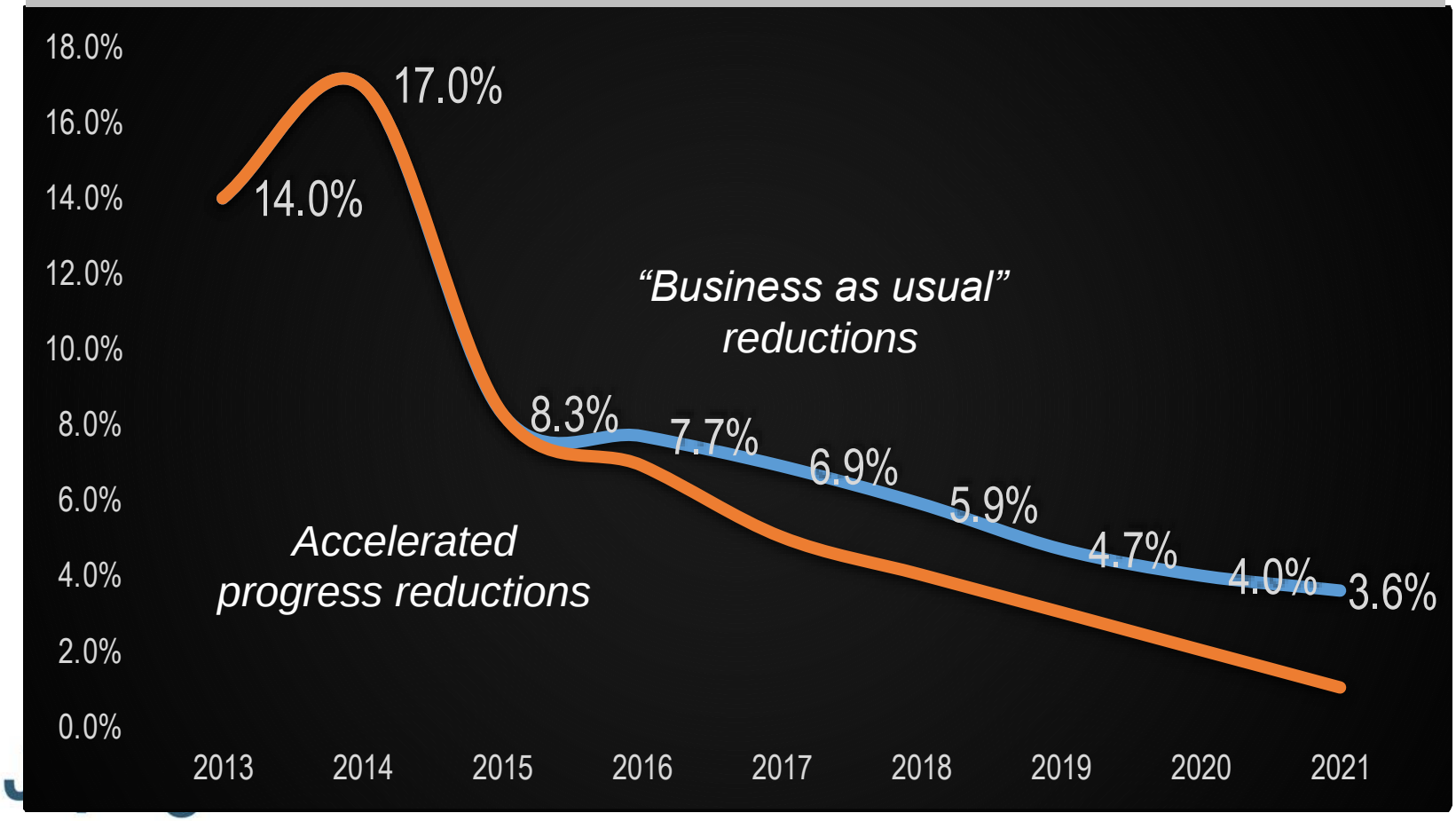




innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

Projected MTCT rate

Can you explain what happened in 2014 and 2015? What drove the increase and the decrease?



an affiliate of Johns Hopkins University

Conclusion

- Kenya has made significant progress in PMTCT
  - MTCT rate now <5% at 6 weeks, 8.3% at 18mo
- Need to increase review effect of new PEPFAR direction on coverage
- Strengthen strategies retention on HAART
- Focus on the achievement of 90:90:90 UNAIDS goals
- Ultimate goal is to reduce MTCT to <5% and keep mothers alive.