



‘The future VCT: opportunities for HIV prevention and treatment in self-testing’

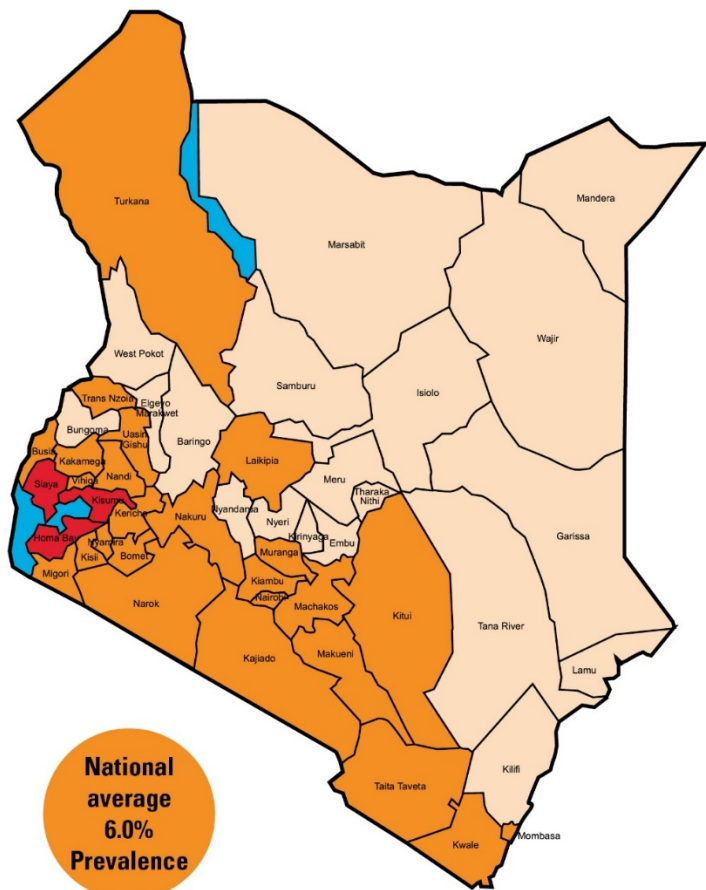
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Director National AIDS Control Council
HIVST International Workshop
Nairobi
29th March 2017

WHERE ARE WE? 2016

Source: Kenya AIDS Progress Report – www.nacc.or.ke



HIV PREVALENCE IN THE COUNTIES



Total PLHIV	1,517,705
- # of children living with HIV	98,169
- # of AYPs [15 – 24 years)	91,350
- # of adults living with HIV	1,419,536

HIV prevalence

- Sex workers: 29.3%
- Men who have sex with men: 18.2%
- Persons who use drugs: 18.3%

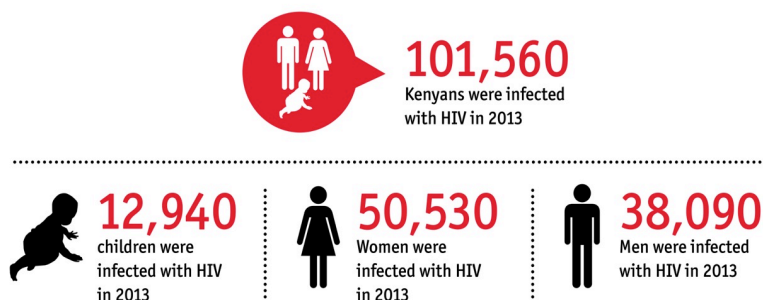


Kenya reduced her numbers of new HIV infections by 19% nationally between 2013 and 2015



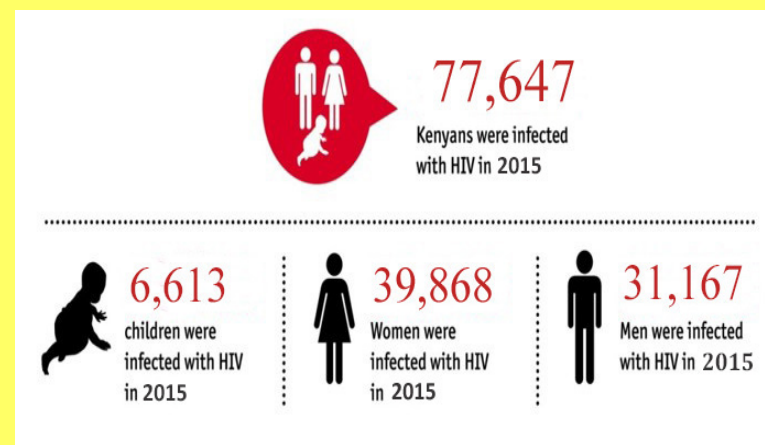
2013

2015



260,000 sero-discordant couples
(one partner HIV+) in 2012

Sources: Kenya HIV Estimates Report 2014
Modes of Transmission 2008

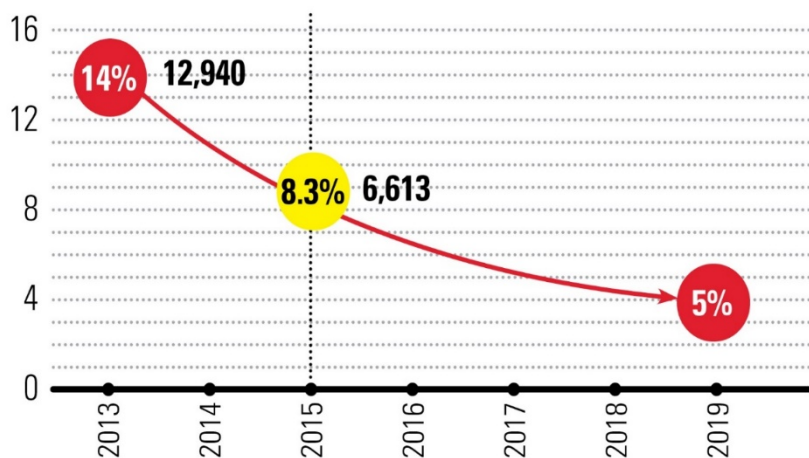




The greatest impact was felt in reduction of mother to child transmission



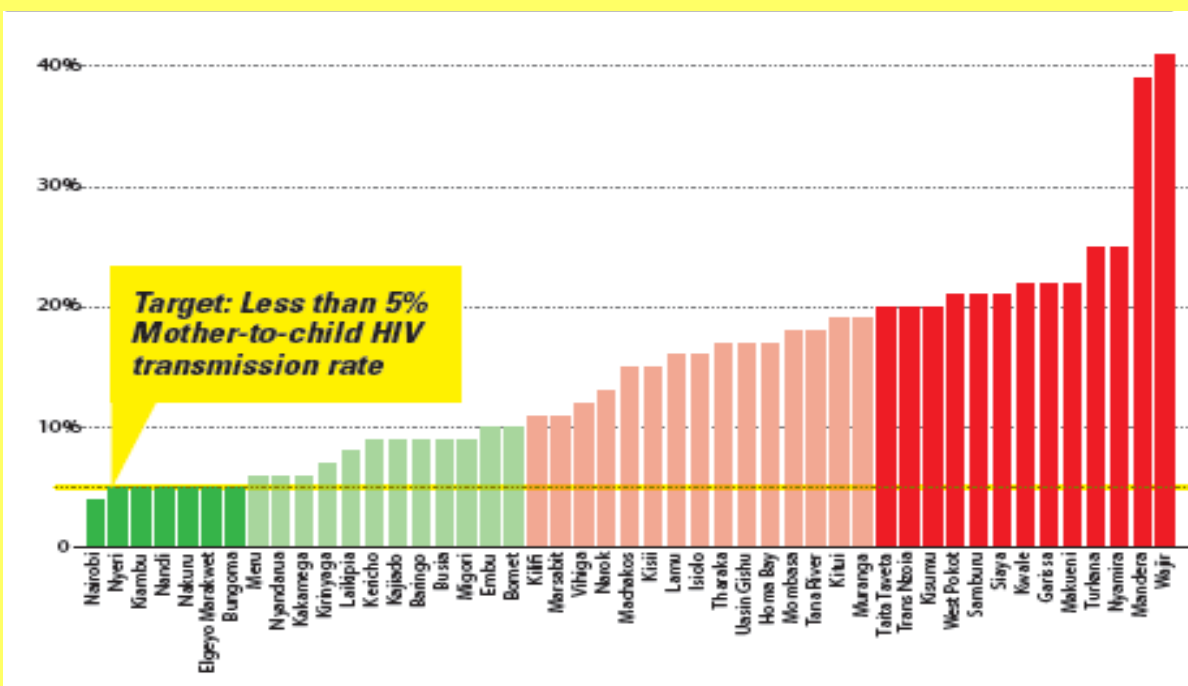
PROGRESS ON REDUCING HIV TRANSMISSION RATES FROM MOTHER TO CHILD



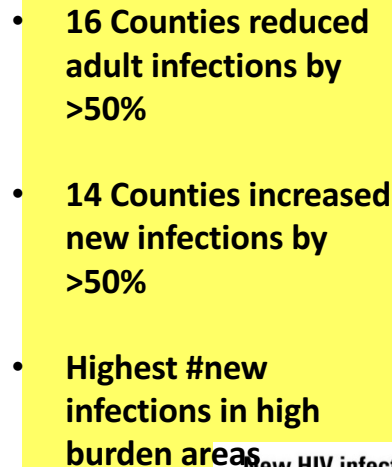
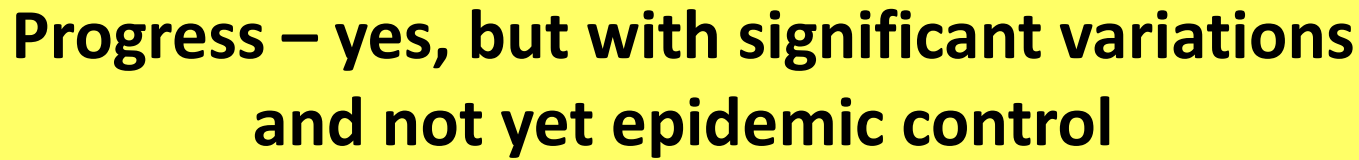
- Of 79,000 pregnant women, 6,613 HIV infections among children recorded
- 49% reduction in mother to child transmission of HIV
 - Technical action: Option B+; free maternity; Bring back mothers initiative
 - Political support: County investments; Beyond Zero Campaign



There was mixed progress in elimination of mother to child HIV across Counties between 2013 and 2015



- 7 counties have achieved <5% MTCT target (Nairobi, Nyeri, Kiambu, Nandi, Elgeyo Marakwet, Nakuru, Bungoma)
- 12 Counties achieved >50% reductions in eMTCT between 2013 and 2015 –
- 21 Counties increased MTCT rates compared to 2013



- Reduced new infections by more than 50%
- Reduced new infections by 1-49%
- Increased new infections by 1-49%
- Increased new infections by more than 50%

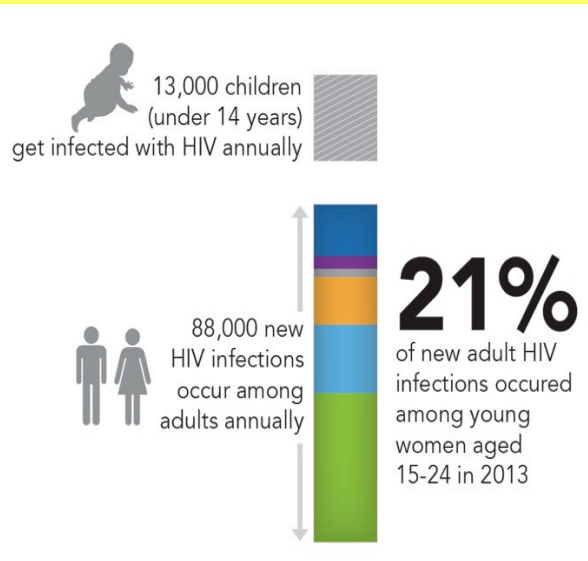
New infections among adolescents and young people increased



2013

100 young people get infected daily

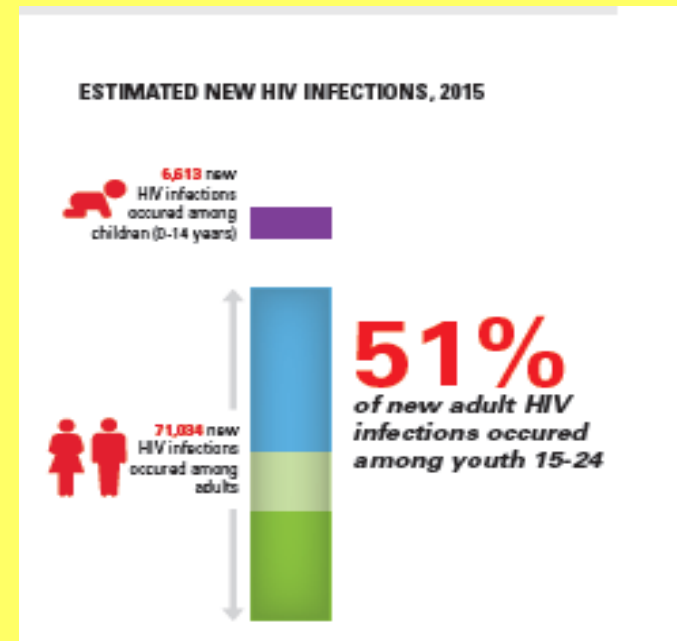
2015



Two Thirds of these are among girls and young women

262,403 (16%) of Kenyans living with HIV are AYPs

AIDS leading cause of mortality





The HIV treatment indicators increased across board



90% of those who are HIV positive identified

90% of those identified are on ART

90% of those on ART are virally suppressed

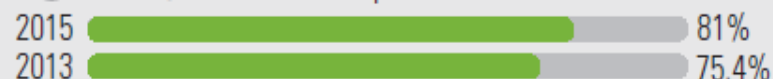
↑ 37% Increase in number of people who received ART



↑ 11% Increase in retention on ART for adults at 60 months



↑ 11% Increase in number of people who have suppressed viral load



Should we still
have sex if my
partner has HIV?

Discuss this question at a VCT centre near you.



MAGNATE VENTURES
Tel: 248387/8

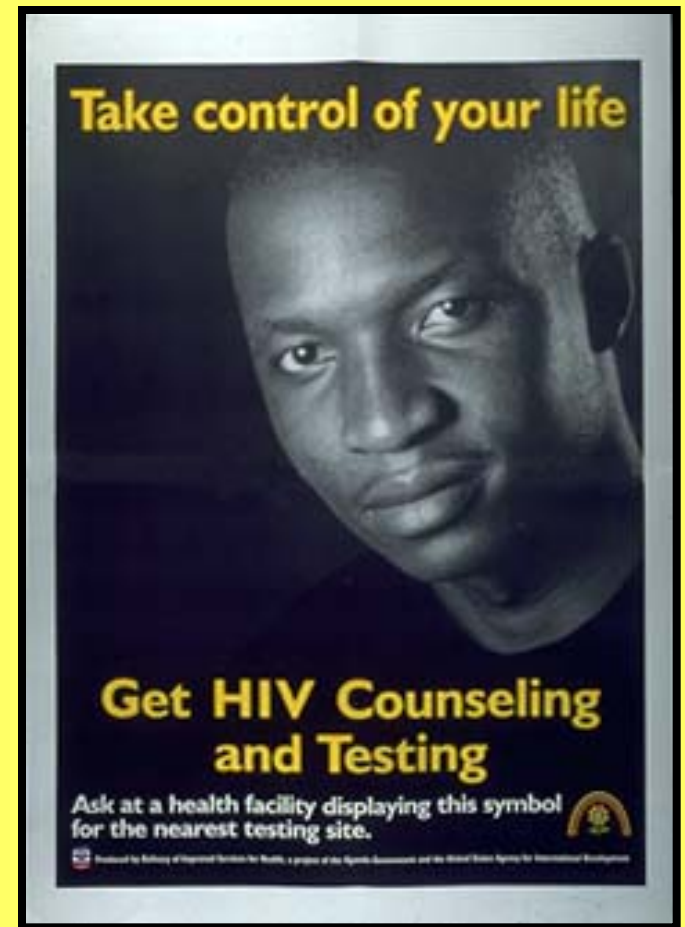


So, where are we coming from?
A reflection on VCT

What is VCT?

VCT stands for voluntary counselling and testing for HIV. It is aimed at people who are well and want to find out their HIV status. No written results are provided in VCT sites.

- It is a confidential test.
- It involves pre-test and post-test counselling.
- It encourages people to come as a couple.



VCT uses rapid tests

- Accurate tests
- Individual in nature
- Performed by counsellors
 - Vs trained lab technologists
- Quality assurance
 - Standards, counselor supervision, sites registration
- Quality control
 - EQA, DBS
- mass media
 - Branding
- Anonymity
 - ‘mothers maiden name’..





Lessons for self-testing

- Lesson 1: We have to start and learn as we go along
 - Fears of testing, fears of knowledge of status & fears of social harm
- Lesson 2: The most invested are sometimes the barriers
 - Anonymymous testing
- Lesson 3: We have to trust that people will do whats best for them when motivated to
- Lesson 4: We must actively focus on couples/partners



What are the challenges &
opportunities?

Kenya's HIV prevention revolution roadmap

Who needs HIV Prevention?
(populations)



What do they need?
(risk, perceptions)



What is available?
(evidence based interventions)



How will it be delivered?
(packaging, settings, delivery)



What will it cost?
(cost, effectiveness)

From national to County clusters

From interventions to populations

From biomedical only to combination prevention

From health to HIV prevention as everyone's business

High, Medium, Low incidence cluster

By age group

targeted packages at scale

Leverage political leadership

Timely data on granularity of epidemics

By priority populations

faster research to policy translation

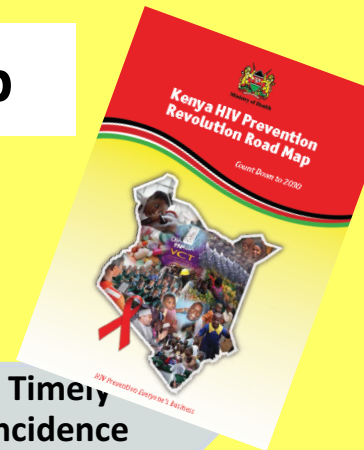
Leverage social movements

Timely incidence surveillance

By bridging populations

coordinated R&D for HIV prevention

Legal and structural reforms



'The Achilles heel of HIV prevention and access to treatment'



Of the 7.6 million young people in Kenya, who were the 35,000 that got newly infected in 2015?

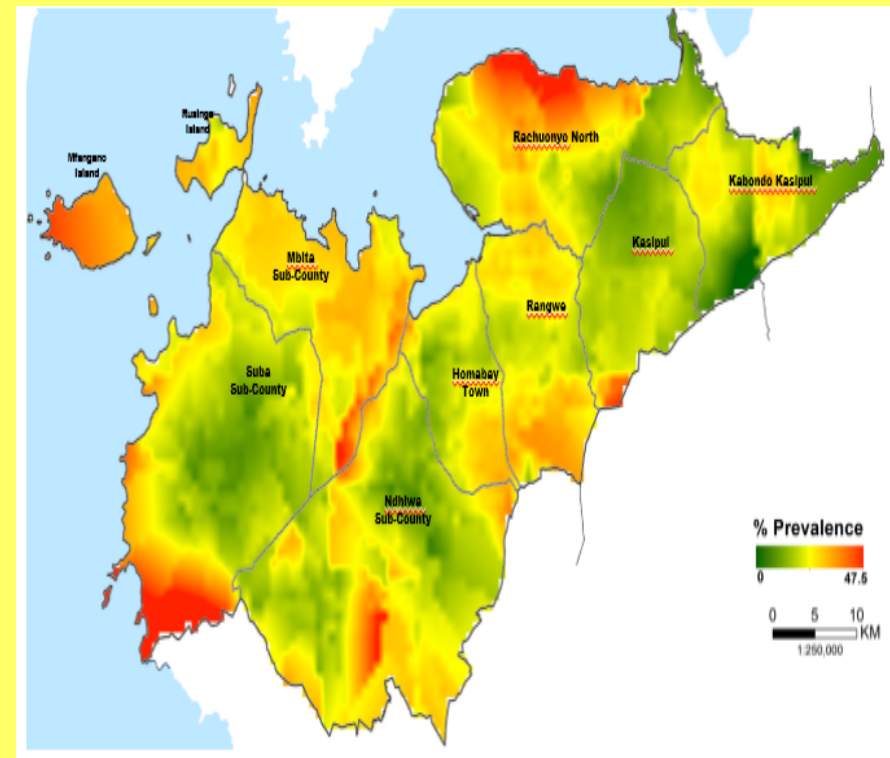
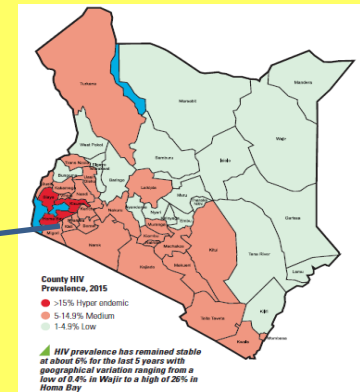
- Finding the recently infected?
- Operationalizing re-testing for those at high risk
- Self testing for MARPS
- Partner notification
 - Gender considerations of sex and sexuality

Assumptions..

Indicators

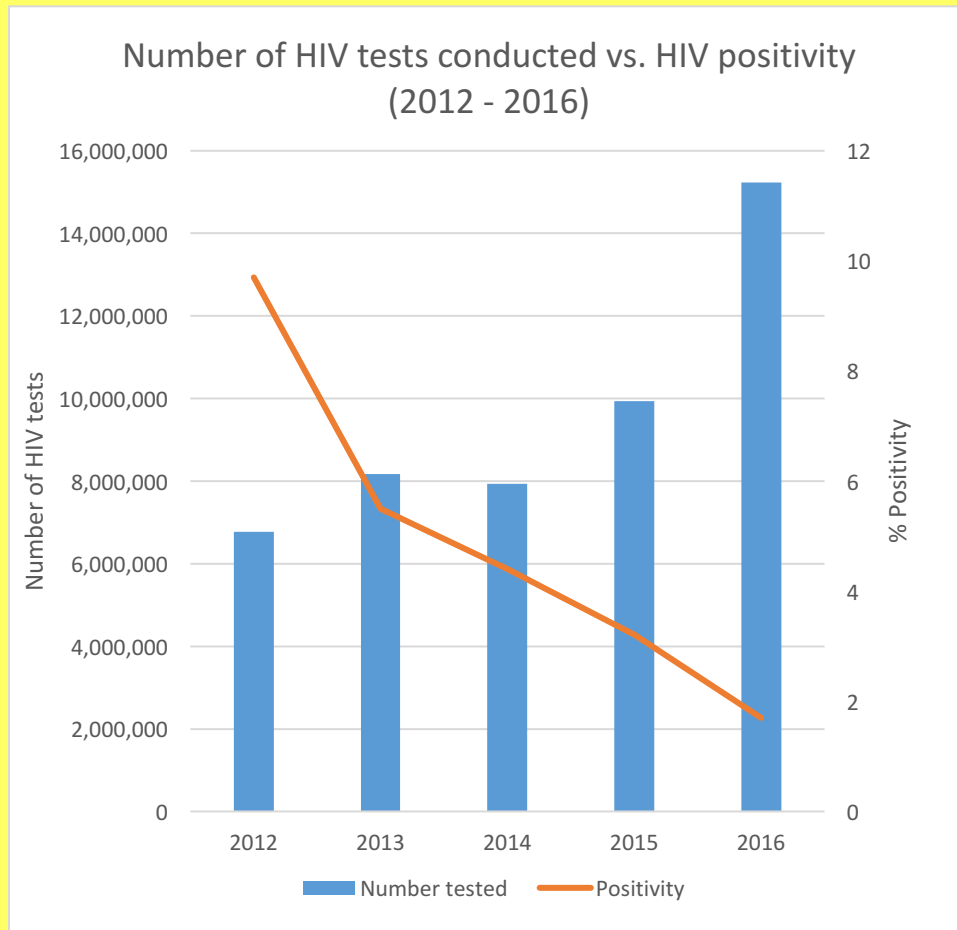
- 1.1 million people; 25% prevalence and 2% incidence rate; 10,625 new infections in 2015 (an overall 29% reduction); High MTCT – 17%
- Never tested – 15% (KAIS 2014)
- Awareness of HIV – 99%, but Comprehensive knowledge – 65% and 58% among adolescents and young people (KDHS 2015)
- Condom use – 40%

Homa Bay County





Tests vs. Yield



Considerations:

- Bi/annual 100% coverage testing regardless of yield e.g. for Homa Bay
- Considerations for information & potential myths on self testing?

Current Yield -1.9%

Why have we not scaled up HIV prevention? Condoms, PrEP & bio-medical products...



- Marketing HIV Prevention (Private Sector)

‘Every young person, old person literate or now knows where to get a ‘bamba 20’ in Kenya. Why do they not know where to get a condom?’ [and will they know where to get a test kit?] (Mukoma 2016)

- *Consideration: PRICE MATTERS.. Global negotiations for pricing*

- Investments in sustained uptake for saturation (CSO)

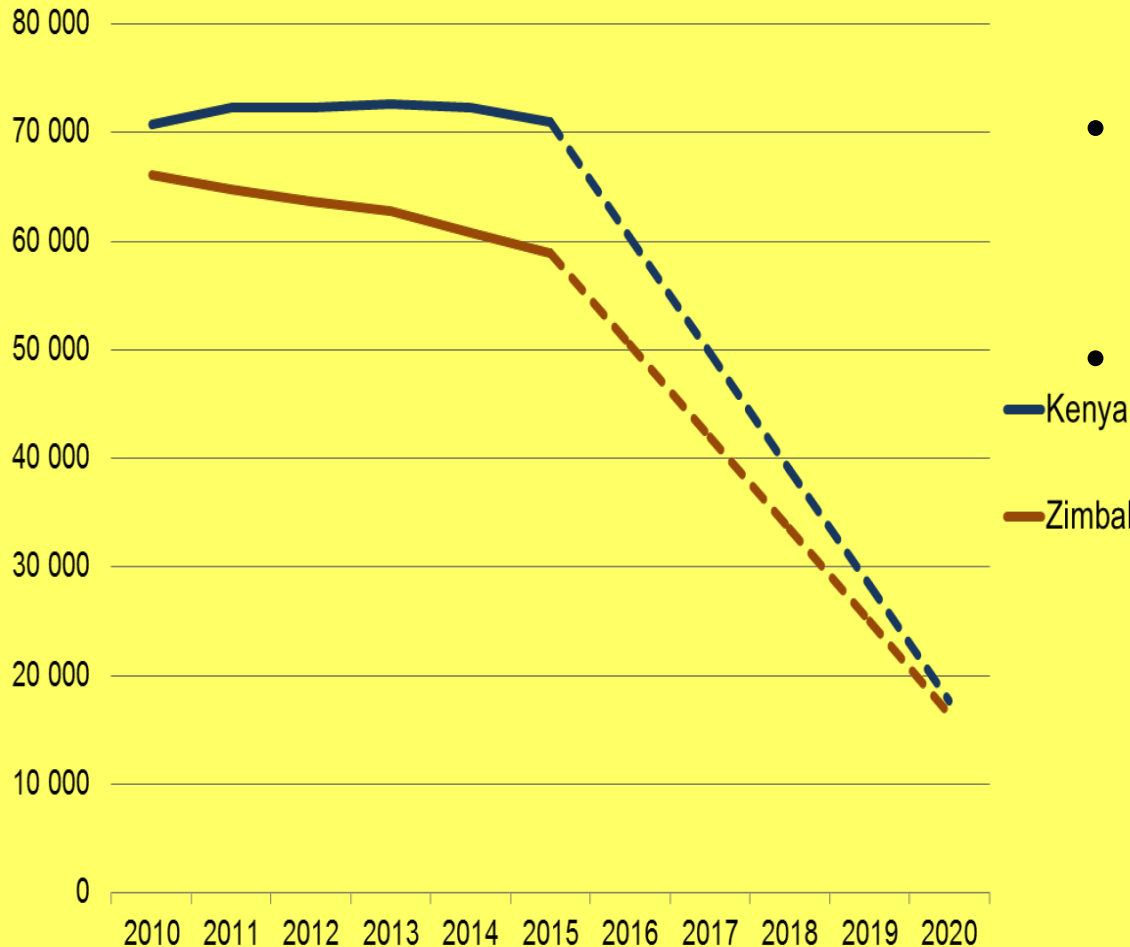
- *investments in product literacy; Innovative ideas on reach*

- *Leveraging technology?*

- *Should the health sector be the medium for marketing? Or should we utilize other people? Sectors?*

Opportunities

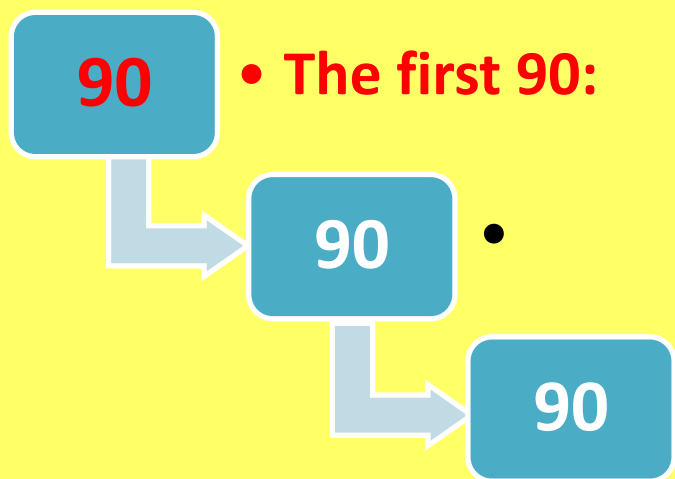
75% reduction from 2010 levels, Kenya and Zimbabwe



- Reaching men
- Reaching young people
- Our policy environment
 - Regulation for kits
 - MARPS policy
 - Fast-track for adolescents



Thoughts.. HIVST?



- Be willing to learn as we go along
- Trust that people will make the best decisions for them
- Saturate the market
- Relinquish control of distribution models and points to leverage other sectors
- Investments in systems
- *- Forecasting and quantification systems and expertise - What product is required, where? How many products (by count), Commodity supply and management systems*
- Data collection/collation

NACC support: The Maisha Maarifa Hub in 2016



www.maishamaarifa.or.ke

Maisha = Life

Maarifa = Knowledge

Maisha Maarifa = Knowledge for Life

- A Knowledge repository
 - Ongoing, ERC-approved research work
 - Published research findings (open publications)
 - Unpublished research and programmatic reports
- A platform for interaction
- Extends beyond HIV and AIDS to include SRH and co-morbidities (TB)

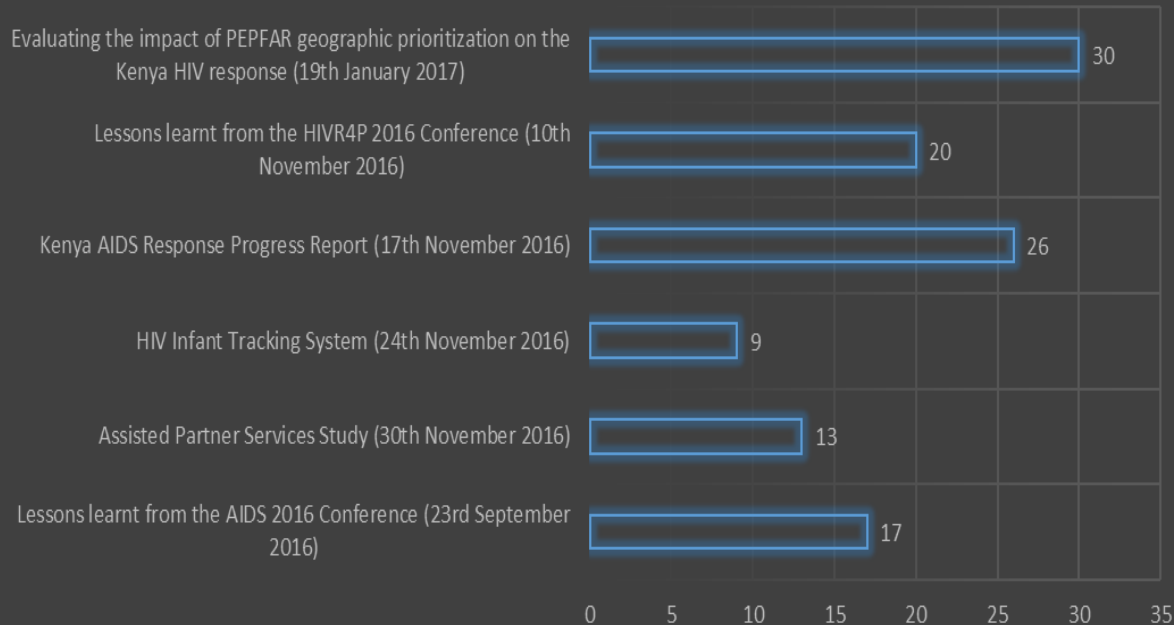


The Maisha Maarifa Hub: the interactive forum



PAST WEBINARS

Maisha Maarifa Research Hub Webinar Attendance



UPCOMING WEBINARS

- Self testing
- Host a community of practice



Thank you

Thank my team for their inputs
into this presentation &
information from partners,
colleagues