The International AIDS Society
in partnership with
The National AIDS Control Council

Educational Fund meetings - Outcome report

28-30 May 2017, Nairobi, Kenya

“Translating the science to end new HIV infections in Kenya: perspectives, practices and lessons”
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This report was developed in collaboration with the National AIDS Control Council. The views expressed in the report do not necessarily reflect the views of the International AIDS Society.
### List of abbreviations and acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AYP</td>
<td>Adolescents and Young People</td>
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<td>AGYW</td>
<td>Adolescent Girls and Young Women</td>
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<td>ART</td>
<td>Anti Retro Viral Therapy</td>
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<td>CASP</td>
<td>County AIDS Strategic Plans</td>
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<td>CSO</td>
<td>Civil Society Organisations</td>
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<td>CDC</td>
<td>Centres for Disease Control</td>
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<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<td>IAS</td>
<td>International AIDS Society</td>
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<td>IS</td>
<td>Implementation science</td>
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<td>KASF</td>
<td>Kenya AIDS Strategic Framework</td>
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<td>KP</td>
<td>Key Populations</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>KAVI</td>
<td>Kenya AIDS Vaccine Initiative</td>
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<td>KEMRI</td>
<td>Kenya Medical Research Institute</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>NASCOP</td>
<td>National AIDS and STI Control Programme</td>
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<td>NGO</td>
<td>Non-Governmental Organisations</td>
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<td>NEPHAK</td>
<td>National Empowerment Network of People Living with HIV and AIDS</td>
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<td>PEPFAR</td>
<td>Presidential Emergency Plan for AIDS Relief</td>
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<td>PrEP</td>
<td>Pre-exposure prophylaxis</td>
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<tr>
<td>PEPFAR</td>
<td>Presidential Emergency Plan for AIDS Relief.</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<td>UON</td>
<td>University of Nairobi</td>
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<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
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Acknowledgments

The National AIDS Control Council (NACC) and the International AIDS Society (IAS) wish to acknowledge all stakeholders in the Kenyan HIV response for their contributions towards making the IAS Educational Fund meetings held during the 4th Maisha HIV and AIDS Conference at the Hilton Hotel, Nairobi such a huge success. In particular, they would like to recognize the commitment and participation of international, regional, national and local HIV scientists and researchers, policymakers, programme implementers, community representatives as well as relevant stakeholders in attendance. They would also like to extend their appreciation to Gilead and ViiV Healthcare for their financial support for the meetings.
Executive summary

Between 28 and 30 May 2017, the Kenyan NACC in partnership with the IAS, held pre-conference meetings and a symposium during the 4th Maisha HIV and AIDS Conference 2017 in Nairobi. The theme of the meetings was *Translating the science to end new HIV infections in Kenya: Perspectives, practices and lessons*. The breadth of research knowledge, experiences and best practices shared during these pre-conference meetings ranged from global, regional, national and county level. Day 1 focused on setting the stage, which saw key scientific content from the 21st International AIDS Conference (AIDS 2016) presented and discussions on how to effectively translate these into policy and practice in the Kenyan context. Day 2 revolved around building consensus, with the objective of creating a critical mass of HIV professionals, policy makers, government, public health specialists and programme managers who are empowered to implement HIV treatment and prevention strategies using the latest science. Day 3 concluded with the beginning of a process to develop consensus regarding a Call to Action between HIV researchers, programmers, implementers and policy makers towards effectively translating latest scientific findings into responsive HIV programmes in Kenya.

Summary of reflections and lessons learnt:

- **Treatment as Prevention:** Antiretroviral Therapy (ART) is currently the most powerful tool available in fighting HIV. As a result, there is a need to ensure improved access to treatment when necessary. Treatment works, but we will not treat our way out of the HIV epidemic. Girls and young women need psychosocial support so as to retain them in care and improve their quality of life.

- **On populations left behind in the HIV response:** Addressing structural barriers that limit access to effective health services by key populations, and integrating key populations’ service delivery in public health facilities provides an opportunity for affordable and sustainable interventions among key populations.

- **More investments on HIV prevention:** We must invest where we have the most impact at moderate cost. New HIV testing technologies to scale-up prevention efforts offer an opportunity to scale up testing that could be high impact, low cost, confidential, and empowering for adolescents and young users. Pre-exposure prophylaxis (PrEP) works, but community engagement, education and advocacy is vital.

- **We must close the research to policy and action gap:** Research continues to form an essential component and tool for the realization of the Kenya AIDS Strategic Framework (KASF) goals as we seek to achieve the vision of an HIV-free generation. All stakeholders must be engaged from the beginning and throughout the entire research process; from conception of the ideas to implementation, and dissemination.

- **HIV-related stigma and discrimination continues to slow down the gains made:** As a social issue, traditionally hard to measure and even harder to programme for, HIV-related stigma perpetuates discrimination and is most likely a key contributor to the high HIV-related mortality among adolescents and young people (AYP) possibly due to poor ART adherence and challenges in disclosure for adolescents born and living with HIV.

The convening of the IAS Educational Fund meetings alongside the Maisha HIV and AIDS Conference 2017 presented a unique opportunity for Kenya, being at the mid-term implementation of the KASF 2014/15-2018/19. The meetings provided a forum to assess the milestones achieved including the progress made in implementation of the Kenya HIV Research Agenda, KASF as well as Vision 2030 goals that seek to achieve a HIV-free generation. This report provides an overview of key findings and lessons learned from the IAS meetings as well as a critical analysis from the meeting outcomes.
1.0: Background

Kenya has demonstrated significant achievements in its HIV and AIDS response within two years of implementing the Kenya AIDS Strategic Framework (2014/2015-2018/2019). According to the Kenya AIDS Progress Report (2016), which provides an update of the AIDS response based on the estimate data for 2016, the country has made remarkable progress in the following outcomes in the HIV response during the period 2013-2015:

- 19% reduction in new adult HIV infections
- 49% reduction in new infections among children (<14 years)
- 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 with suppressed viral load
- 38% reduction in AIDS related deaths
- 8% increase in domestic financing for HIV

Notably, the country has recorded significant decline in the number of new HIV infections and AIDS-related deaths. Kenya has also gained positive scores on treatment coverage among people living with HIV (PLHIV), increased knowledge on HIV, as well as improved funding to support HIV and AIDS programmes at national and county levels. In addition, a strong commitment to addressing HIV and AIDS has been shown by the government with personal commitments made by His Excellency the President. The counties have also taken up ownership of HIV and AIDS programmes as reflected in the development of County-specific AIDS Strategic Plans (CASP) that are aligned to KASF.

While progress has been made, there still remains gaps and opportunities that the country needs to address in order to meet important strategic and global targets on sustainable development in health. According to the Kenya AIDS Progress Report 2016, Kenya needs to, amongst other things, fast-track implementation of the Declaration adopted by UNAIDS 90-90-90 treatment targets committing the world to almost doubling the number of people on HIV treatment by 2020 as well as ensuring 1.6 million people living with HIV are on treatment by 2018; enhance coordination efforts and build capacity on monitoring and reporting to track new HIV infections among adolescents and young people aged 15-24 years and prevention of mother-to-child transmission in order to contain the spread of HIV; enhance leadership and accountability to address stigma and discrimination towards PLHIV where their rights are violated and finally, bridge the resource gap by ensuring improved allocation of human and financial resources in order to achieve country and global targets.
2.0: Detailed meeting report

2.1: Setting the Stage

Day one: Sunday, 28 May 2017
Theme: Setting the Stage
Objective: To present key scientific content from the AIDS 2016 conference and discuss how to effectively translate this into local policy and practice in the Kenyan context
Chair: Nelson Otuoma (Director, NEPHAK)
Co-Chair: Alex Muganga Muganzi (IAS Governing Council, Africa)
Duration: 12pm - 6.30pm
Attendance: 44
Opening Remarks: Dr Nduku Kilonzo (CEO, NACC Kenya)
Plenary Presentations: Dr Elvin Geng, University of California, San Francisco
Prof Elizabeth Bukusi, Kenyan Medical Research Institute
Dr Kenneth Ngure, Jomo Kenyatta University of Agriculture and Technology (JKUAT) / IAS Governing Council, Africa
Group Work/ Feedback: Implications for local policy and practice

Dr Nduku Kilonzo, the Chief Executive Officer of the National AIDS Control Council (NACC), Kenya in her opening remarks noted that it was a great privilege to have the International AIDS Society (IAS) scientific symposium and meetings at the side-lines of the Maisha HIV and AIDS Conference 2017. The IAS events provided an opportunity to showcase the progress Kenya has made in implementing and funding evidence-based prevention and treatment interventions. She noted that Kenya offered an opportunity for conducting research the results of which may benefit other countries.

Although global commitment to control the HIV epidemic has increased significantly with concerted efforts to bring down affordability of HIV prevention interventions, there is a need to rethink HIV prevention agenda for long term impact. Dr Kilonzo highlighted some of the issues that remain. These include HIV-related stigma which still persists and traditionally, has been difficult to measure and even more difficult to programme for. Additionally, she pointed out that adolescents and young people, members of key populations, as well as men comprise populations that are still left behind. Dr Kilonzo further noted that increased and sustainable financing for HIV is critical as no results will be achieved if we do not put money where it is needed. She challenged the audience on what could be done differently in the HIV prevention agenda noting that if we address the issue of HIV-related stigma and discrimination, then we shall be able to address the issue of who has been left behind in the HIV prevention agenda. She concluded by noting that new HIV priorities have emerged, and there cannot be priorities without owners.

About the IAS
The mission of the International AIDS Society (IAS) is to lead collective action on every front of the global HIV response through its membership base, scientific authority, and convening power.
Founded in 1988, the IAS is the world’s largest association of HIV professionals, with members from more than 180 countries working on all fronts of the global AIDS response. The IAS advocates and drives urgent action to reduce the global impact of HIV.
The IAS is the steward of the world’s two most prestigious HIV conferences – the International AIDS Conference and the IAS Conference on HIV Science.
In 2016, the IAS launched the IAS Educational Fund to provide educational and training opportunities to frontline HIV professionals including organizing meetings around the world to provide access to the latest science.

http://www.iasociety.org/educationalfund
2.1.1: Implementation science approaches for catalysing translation of HIV research findings into policy and practice

“We have the tools to end the HIV epidemic but the implementation is ineffective. A systematic scientific investment in how to use these tools is needed to reach that goal and implementation science is most effective when it balances rigor and relevance.”

Dr Elvin Geng, UCSF

Dr Elvin Geng set the pace for the meeting with a plenary presentation titled “Implementation Science to End the HIV Epidemic in Kenya”. Dr Geng noted that while efficacious biomedical tools and investments in HIV programmes exist, a substantial gap remains between what we know that works and what we are actually achieving in HIV programmes.

Implementation science (IS), a multidisciplinary specialty that seeks generalizable knowledge about the behaviour of stakeholders, organizations, communities, and individuals in order to understand the scale of, reasons for, and strategies to close the gap between evidence and routine practice for health in real-world contexts¹, can help close this gap. Dr Geng echoed the need for adoption of an implementation science framework to improve the efficiency and effectiveness of HIV programmes². The major benefit of IS revolves around relevance and rigor; which is more effective when there is a balance between rigor and relevance. Relevance entails asking the right questions in order to achieve the right outcome. Rigour is driven by who is asking the questions and is realised by forming the right networks and collaborations (policy makers, researchers, community and stakeholders) and should be country and locally driven.

“Dissemination should not be confined to journal publications and conference presentations…. A dissemination strategy, defining your target audience, package the message as per the audience and working with stakeholders in dissemination is critical for translation of research findings into local HIV policy and practice.”

Prof Elizabeth Bukusi, KEMRI

Prof Elizabeth Bukusi summed up the “Critical catalysts for translation of research findings into local HIV policy and practice”. In her presentation, she noted the importance of developing policies that are evidence-based. All stakeholders must be engaged from the beginning of the research process; from the conception of the ideas to implementation and dissemination. Transition from evidence to policy is also affected by the scale at which the study was conducted and policy experts must be engaged in the process.

Prof Bukusi further stressed that available resources influence policy and research on cost-effectiveness is vital; once policy is set there is a need for on-going research or evaluation to ensure best quality practice. Armed with evidence and backing from global policy experts,

¹ Odeny et al., Definitions of implementation science in HIV/AIDS. LANCET HIV 2015
Voluntary Medical Male Circumcision (VMMC) in Kenya draws a classic example of how key policy changes are supported by robust evidence. In this example, government leadership was key in policy making where MoH and NASCOP began providing leadership on VMMC for HIV prevention before the conclusion of the randomized controlled trials. The Director of Medical Services established a national male circumcision task force to advise the government on how to proceed after trials were stopped in 2006. Once the government embraces the new findings and recommendations, policy must be drafted to enable mass scale up of an intervention. VMMC in Kenya, again provides a classic example where the national task force drafted the “National Guidance for Voluntary Male Circumcision in Kenya”, published in 2008, and is the first national male circumcision policy in sub-Saharan Africa. Success of a scale up programme depends on financing: Scale-up is influenced by financing, and resource mobilization strategy is key to sustainability. Estimates should be based on target numbers and on the planned components of the services and their costs. It is also important to be comprehensive and not to underestimate costs, particularly the start-up costs.

“Pre-exposure prophylaxis works and works very well, when taken well. Pre-exposure prophylaxis is a safe prevention option. The risks are small and the benefits are real.”

Dr Kenneth Ngure, JKUAT, IAS

Dr Kenneth Ngure, in his presentation: “Overview of key messages from the 21st International AIDS Conference (AIDS 2016) with implications for local policy and practice” emphasized that moving pre-exposure prophylaxis (PrEP) from efficacy to effectiveness requires not being paralyzed by inconsistent results, but an understanding of low adherence in some populations. It also requires demonstration projects of targeted PrEP as part of combination prevention to populations with high HIV incidence such as sex workers, fisherfolk, discordant couples and young women, men who have sex with men and people who inject drugs. This will help define who wants it, how long they use it, how they use it and how to discontinue PrEP³.

One of the main themes of AIDS 2016 was that urgent action is needed to reduce new HIV infections and AIDS deaths among adolescents, especially adolescent girls and young women in Africa, who remain disproportionately affected by HIV. While the pathway from clinical trials to programmatic roll-out is not fully defined for new prevention interventions, The Global Advocacy for HIV Prevention (AVAC) has developed a pathway that moves products from efficacy to open-label extensions, demonstration projects, product introduction, and scale-up⁴. Demonstration projects have been called for as part of the pathway to scale-up pre-exposure prophylaxis in Kenya and Uganda, which hosted one of the pivotal clinical trials of PrEP for HIV prevention among HIV sero-discordant couples⁵. This open-label demonstration project of integrated delivery of ART and PrEP for prevention in HIV sero-discordant couples is the first demonstration of the effectiveness of PrEP in Africa outside of clinical trials. Other multiple studies have demonstrated high incidence of HIV during pregnancy, and that PrEP can play a key role in protecting pregnant women, who are at higher risk of HIV. The Partners

³ Celum, AIDS 2016
⁴ Baeten, AIDS 2016
⁵ The Partners PrEP Study
Demonstration Project in which pregnant HIV negative women were given an option to continue using PrEP in pregnancy, where 88% of the women chose to use PrEP sheds some light on a key question that arises on the willingness to use PrEP. In other populations offered open label PrEP, uptake and effectiveness have been very high, and there is a need to evaluate whether young women in Africa are motivated and able to take PrEP.

**Pre-exposure prophylaxis products in the pipeline:** While choice matters, people’s preferences and needs are not all the same. People want options so they can make choices. “We are naive if we think one option will work for all, or that people will use something just because we made it available. Finding products that work is not enough. We need HIV prevention approaches that are less stigmatizing, can be incorporated into daily life, are desirable and provided in settings that are less medicalized.”8

**Group Work and Feedback: Implications for local policy and practice**
Participants formed two groups to discuss the presentations and implications for local policy and practice. One group looked at implications for HIV prevention and treatment while the second group discussed the role of supportive policies as well as civil society and communities.

**a) HIV prevention and treatment**

**Key challenges and issues in HIV prevention and treatment:**
- **Structural barriers:** Slow implementation of policies, inadequate multi-sectoral coordination, lack of tailor made or context specific interventions and policies, inhibitive legal framework especially for the key populations.
- **Service delivery barriers including:** Poor retention in services and adherence to treatment especially in the adolescent age group, poor disclosure of HIV status among children/adolescents, lack of appropriate regimens for the paediatric age group, limited access of treatment due to the operating hours of health facilities - affecting the working community and children attending school; and the need to identify silent barriers, for example gender-based violence (GBV) and integrate them into HIV services.

**What are some of the actions that we need to put in place?**
- What works for adolescent girls and young women (AGYW) is still unknown – there is a lot of evidence on different strategies that work. What should be adopted at the national level?
- Comprehensive sexual education issues – how can this be repackaged so that it is acceptable to the religious sector?
- Prevention services are not yet reaching men. There is limited provision and access to prevention services, for example in learning institutions, teachers training colleges and high schools.
- Lack of policies and processes for adapting new technologies
- Poor self-risk identification especially among adolescent girls and young women
- Lack of appropriate monitoring indicators and data collection tools
- Lack of a structured process to measure feedback on interventions and strategies among targeted populations

**Proposed solutions**
- Capacity development: Build the capacity of health providers, caregivers and children on the services and ART
- Service delivery: Develop child friendly ARV formulations, flexible clinic opening times, and strategies to attract and retain men into HIV services
- Further engagement with religious leaders
- More investment in psychosocial support

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6 Mugo, AIDS 2016
7 Celum, AIDS 2016
8 Baeten, AIDS 2016
- Invest in more awareness creation campaigns and ensure that the messages are population-specific
- Identify champions of change to lead awareness campaigns
- Develop appropriate monitoring indicators and data collection tools

b) Supportive policies and role of civil society and communities

**Key challenges:**
- Kenya is a prolific producer of policies, implementation is the challenge.
- Regional approaches to policy development are possible, but challenged by differing national positions on issues regarding key populations.
- Project financing: Donors have a major influence on sustainability of interventions mandated by policies. Sometimes this influence runs contrary to locally generated evidence in support of the policy.
- The Government seems amorphous and distant from the community. There is a fear that views once collected are not acted upon, resulting in wasted effort. One major concern is whether CSOs consistently voice the opinions of the people or advance a different agenda?
- County-level governments seem to view HIV as a donor driven activity and consequently do not factor it in budgetary allocations.
- Over dependence on donors for funding.
- Lack of accountability mechanisms at the county level.
- Need for continuum/seamless flow of information and knowledge from the community-county government-national government and vice versa. This is for planning, implementation and sustaining interventions. These interventions should be anchored in county-level strategic plans. County level governments do not know what partners are doing in their jurisdictions.
- How can men be more engaged in the HIV response?

**Proposed solutions**
- Firm implementation and sustainability of policies are needed. Kenya needs to start looking at creative ways of raising resources. An example was the Zimbabwe AIDS levy started in 1999. It was a flat rate 3% tax levied on all people and corporations and distributed right down to village level. It provided HIV-related care and support in the years before the entry of PEPFAR and other partners.
- A pragmatic approach is to start with engagement/dialogue and then have joint policies generated over time.
- Established structures and responsibilities. County-level strategic plans can and should be used as the framework within which HIV interventions are implemented.
- A community engagement revolution so that ‘citizens’ once more take ownership of HIV. Public forums within the counties can be held to develop citizen charters, which should have tailored requests so that counties direct spending to commodities and equipment rather than salaries and renovations.
- NACC over the last year has been working to support counties to develop medium-term expenditure programmes relating to HIV. So far, seven of the 16 counties engaged have defined budget lines for this. Legislators in each county can also be mobilized to pass legislation through parliament in private member's bills.
- Pairing donors to national level health priorities so that activities are aligned and mutually beneficial. Domestic financing can be aligned to the national priorities desired, that fall outside the core business of partners/donors.
- Researchers can play a greater role than only generation of evidence; their research infrastructure can be tapped into by policy makers to help with research demand creation at implementation stage.
- Strong leadership in implementation guided by the framework of county strategic plans will go a long way to streamline and harmonise activities.
Day Two: Monday, 29 May 2017

Theme: Building Consensus

Objective: To create a critical mass of HIV professionals, policy makers, government, public health specialists and programme managers who are empowered to implement HIV treatment and prevention strategies using the latest science.

Session aims:

a) To discuss lessons learnt and opportunities for HIV prevention interventions towards ending new HIV infections in Kenya with a focus on optimizing emerging prevention options (PrEP, condoms, multi-purpose technologies, microbicides and vaccines)

b) To highlight the lessons learnt and emerging perspectives towards achieving the 90-90-90 targets in Kenya

c) To discuss scientific timelines on HIV cure research and contextualize it in the current landscape of prevention options in Kenya

Chair: Dorothy Onyango (Women Fighting AIDS in Kenya)
Co-Chairs: Jane Nganga (KENERELA+)
            James Kamau (Kenya Treatment Access Movement)

Duration: 08.00am - 06.30pm
Attendance: 545

Opening remarks:
Dr Kenneth Ngure (JKUAT / IAS Governing Council, Africa)
Dr Nduku Kilonzo (CEO, NACC Kenya)
Dr Leonard Maboko (Director, NACC Tanzania)
Dr David Soti (Ministry of Health, Kenya)

Plenary Presentations:
- The status of the Kenya HIV response, Dr Nduku Kilonzo (NACC)
- Towards an HIV Cure: Is it worth thinking about? Prof Omu Anzala (KAVI)
- Implementing the new WHO ART guidelines in Kenya: Challenges and opportunities for achieving 90-90-90 targets, Dr Martin Sirengo (NASCOP)

Panel discussion: 1) HIV prevention into the future: Opportunities and lessons learnt
Chair: Jane Nganga, (KENERELA+)
Moderator: Ms Ruth Masha (UNAIDS)
Panelists: Prof Omu Anzala (KAVI)
          Dr Nelly Mugo (KEMRI)
          Dr Wanjiru Mukoma (LVCT Health)
          Dr Tamu Daniel (PEPFAR)
          Ms Brenda Bakobye (Sauti Sikika)

Panel discussion: 2) Achieving the 90-90-90 targets: Perspectives and lessons learnt
Chair: Mr James Kamau (Kenya Treatment Access Movement)
Moderator: Dr Marybeth Maritim (University of Nairobi, UON)
Panelists: Dr Abraham Katana (Center for Disease Control and Prevention)
          Dr Martin Sirengo (NASCOP)
          Dr Joseph Aluoch (Kenya HIV Clinicians Society)
          Mr Nelson Otwoma (NEPHAK)
          Dr Mutile Wanyee (Ministry of Health, Kiambu County)
2.2.1: HIV Prevention and HIV Cure

In Kenya, the HIV epidemic is heterogeneous, manifesting differently in different populations and geographic areas. To respond to the complex patterns of the HIV epidemic, the Kenya HIV Prevention Revolution Road Map has set the country on an ambitious path to end new HIV infections by 2030. Key intervention areas include: granulation of the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations, adaption and scaling up effective evidence-based combination prevention, maximizing efficiency in service delivery through integration, and leveraging opportunities through the creation of synergies with other sectors. The Kenya AIDS Strategic Framework (KASF) developed to guide the delivery of HIV services for the period 2015-2019 recognizes the nature of the epidemic by identifying priority populations and recommending actions tailored to address these differences.

"There has been significant progress in key outcomes, but gaps/challenges still remain, especially with new infections… We must hit a 75% reduction in new infections to avoid a reversal in gains made in the HIV response. Coordination, leadership and accountability remain key to maintaining gains. In-country processes are the key to sustainability."

Dr Nduku Kilonzo, NACC Kenya

Dr Nduku Kilonzo, (NACC Kenya) in her presentation: “Challenges, lessons learned and opportunities for the future in implementing a HIV prevention combination approach in Kenya” highlighted the significant progress in key outcomes in the Kenyan HIV response. She cited the gaps and challenges that remain to be addressed in reference to the KASF four objectives: Reduce new infections by 75%, Reduce AIDS-related mortality by 25%, Reduce HIV stigma discrimination by 50%, and Increase domestic financing of the HIV response to 50%. She noted that the country was “on the right trend, but not the right trajectory”. She attributed the commendable reduction of mother-to-child transmission (66% reduction by 2016) to political support, including the county investments; Beyond Zero Campaign, MTCT stock-taking meetings, high PMTCT coverage, and free maternity. While the annual new HIV infections in 2016 depicts a gradual decline, adults account for 92% of all new infections with adolescents accounting for 22% and about two in every five new HIV infections occurred among youth 15-24 years old (43%). Prevalence among 15-24 years old is largely attributed to new infections as opposed to the impact of the scale up of HIV treatment. Targeting the young is therefore a key priority for the Kenyan HIV response. HIV concentration is still high among key populations (Sex workers: 29.3%, MSM: 18.2%, Persons who use drugs: 18.3%), but combination prevention services for key populations are now available. HIV prevalence is highest among women and men aged 25 to 44 years demonstrating the increasing need of HIV treatment and care by age group. AIDS-related mortality data in 2016 showed a decrease (32,500 down from 37,000 in 2015), but mortality is still high (about 30%).

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9 The Kenya AIDS Strategic Framework (KASF)
among children and youth. Coverage of condoms and condom use remains a challenge. HIV awareness is high but comprehensive knowledge is lagging behind.

“HIV starts and stops with behaviour. We need to invest in behavioural interventions. Let us return to what works and implement consistently. We need a sustainable financing mechanism for prevention. We can leverage the infrastructure of microfinance institutions to roll out HIV services.”

Dr Nduku Kilonzo, NACC Kenya

HIV-related stigma and discrimination remains a key challenge and is the main barrier to young people’s testing, access to counselling, care and treatment, and could explain the youth and adolescents ‘left behind’. Spending on HIV has increased, with the highest investment on care and treatment. There is a need to focus more on prevention. It is notable that the County Governments have all developed County AIDS Plans to guide their response.

“Our best hope for eliminating HIV is combination approach of treatment and vaccines. It is just a matter of time, vaccine is possible. There is hope based on lessons learnt from basic science.”

Prof Omu Anzala, KAVI

Scientific research towards a cure for HIV and in advocating for increased investment in HIV cure was another key topic presented. Prof Omu Anzala provided a comprehensive overview on what it will take to cure HIV and AIDS and what it will take to eliminate HIV in his presentation, “Towards an HIV Cure: Is it worth thinking about?” While there is currently no cure for HIV, antiretroviral treatment can control it. Most research is towards a ‘functional cure’ where HIV is reduced to undetectable and harmless levels permanently, but some residual virus may still be present in the body. Some research is looking for a ‘sterilizing cure’ where all HIV virus is eradicated from the body, but this is more complex and risky. Trials of HIV vaccines are encouraging, but even once developed, they will only offer partial protection. Challenges of HIV cure include integration of HIV genome into long-lived resting cells (HIV latency) and understanding where and how HIV persists on antiretroviral therapy. While there have been promising advances of research, there is currently no cure. Our best hope for eliminating HIV is through a combination approach of treatment and vaccines. Cure options for eliminating HIV via a combination approach of treatment include starting antiretroviral therapy very early, within days or weeks of HIV infection and activating the expressions of HIV proteins in latently infected cells (shock and kill approaches) which aim to flush the virus out of its reservoirs and then kill the infected cells.
2.2.2: HIV prevention into the future: Opportunities and lessons learned

**Update on the current status on the search for an HIV vaccine**
- The current approach is the 3rd generation in the search for a candidate HIV vaccine. These are designed to enable the body to both recognize and kill infected cells (T-cell immune response) and stop infection (B cell antibody immune responses). First and second generation vaccines had focused on T-cell immune responses only.
- These candidate vaccines are all in the clinical trials phase.
- Participants in clinical trials are well educated on their participation in the trial and they are clearly able to make the distinction between vaccine and PrEP.
- Vaccines are being developed to target HIV negative individuals, and even then KAVI is carefully looking at who will be candidates for the vaccines, as well as issues of accessibility and affordability.

**Innovative technologies in HIV Prevention**
- After a lot of research, Truvada came through as an efficacious PrEP. This was a study conducted worldwide so the results are very credible.
- PrEP works if it is taken well. Interestingly, open-label trials showed knowledge on the medication being taken actually boosted the efficacy of prevention to as high as 96%. There is ongoing work on vaginal rings and injectable PrEP. Another frontier is combination treatments (contraception and PrEP).
- Perception of risk is important. Use of PrEP is influenced by whether or not a person feels they are at risk of infection.

**Lessons on implementing interventions that are affordable, sustainable and implemented at population level.**
- Behaviour is complex and is sanctioned by end users and other stakeholders. Community engagement is therefore very important in scale-up of interventions.
- Political goodwill has really supported the success of VMMC and PMTCT. It really helps to deploy interventions at scale. Further, the counties should be involved early on not after evidence has been generated and it is time for implementation.

**Perspective of youth**
- There have been good efforts to address the needs of youth, especially college-age women.
- School age youth feel they have been left behind.
- PrEP: there are barriers to access to the use. The youth suggest bringing in ‘sponsors’ on board.
- There is SRHR but what about career guidance? It is part of empowerment.
- The youth feel they are being heard but are their views being translated into action?
Kenya has tools to beat the HIV epidemic, why are we not there yet? 
- Kenya is the game changer: Kenyans know what they are doing and what the answers are
- A full services package is offered (safe spaces, innovations challenge activities and VMMC).
- PEPFAR is also engaged to link the partners of young women to treatment and care.
- Fine analysis of data collected is revealing interesting insights into a vicious cycle pattern of infection. Women are being infected at age 15-24 by men aged under 35 years who did not have knowledge on HIV and do not know their HIV status. The men in turn were infected by women of their peer group (under 35).
- PEPFAR objectives for their new funding cycle are to look into innovative HIV testing strategies and linkages to care.

Misconceptions that PrEP is a vaccine. How can we effectively communicate on the issue of a vaccine?
- Educating community advisory boards on the difference between the two.
- Preparing information and education materials to differentiate between PrEP and vaccine.
- Civil society needs to come into this process of educating the community to prepare them for the vaccine when it comes.

2.2.3: Implementing the new WHO ART guidelines in Kenya: Challenges and opportunities for achieving 90-90-90 targets

“UNAIDS is working closely with Kenya to prevent new HIV infections and to ensure that, by 2020, 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads. By achieving these targets, Kenya will be able to end its AIDS epidemic by 2030.”

Dr Martin Sirengo, NASCOP

Dr Martin Sirengo in his presentation “Implementing the new WHO ART guidelines in Kenya: Challenges and opportunities for achieving 90-90-90 targets”, made a case on how moving the HIV response towards the 90-90-90 targets poses some challenges to public health systems. Indeed, of the 1.5 million PLHIV, only 900,000 are on ART, and about 400,000 are unaware that they are HIV positive. Dr Sirengo highlighted the bold response the government has taken towards achieving the 90-90-90 targets, namely launching two innovative technologies that it hopes will bring the end of the AIDS epidemic one step closer: self-testing for HIV and pre-exposure prophylaxis (PrEP) to prevent HIV infection. As part of the strategy, the government is making HIV self-test kits available through public and private health facilities.

“The aim of providing ART is two pronged; first, it will enable us to reduce level of the virus circulating within the body to an undetectable level and as such reduce further damage to the immune system and improve the body’s ability to fight off infections averting unnecessary illnesses, disabilities and even deaths related to HIV.”

Dr Martin Sirengo, NASCOP

Compelling scientific evidence with significant benefits, challenges exist. Increasing workload among healthcare professionals, suboptimal identification of youth and men living with HIV, worry of acceptability among well looking PLHIV, suboptimal treatment adherence and
retention in children, adolescents and youth, low utilization of viral load results for decision making, and limited resources (financial and human resources for health).

The opportunities for achieving 90-90-90 targets were also highlighted:

- Experience in implementing Option B plus
- Test and start a catalyst for achieving the first and third 90
  - HIVST (Be self-sure campaign)
  - Point of care diagnostics (VL, EID)
  - Roll out of differentiated care models including community ART distribution
- Peer led support groups (ART, PMTCT, Young people)
- Clinical support center complete with customer support (telephone, email, teleconference and social media)
- Good media partnership: Print and electronic (including social media)

2.2.3.1: Achieving the 90-90-90 targets: Perspectives and lessons learnt

The 90-90-90 goals are an ambitious treatment target to help end the HIV epidemic: by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have achieved viral suppression.

What are the gaps and priorities for the future to end the HIV epidemic?
- Every Kenyan should know their HIV status. KAIS reports that two in three people do not know their status.
- Denial, stigma and discrimination accounts for 67% coverage for the second 90.
- Young people are not adhering to treatment and are the main contributors to the gap in the third 90. ARV medication is thrown away by teachers and they experience mockery by their peers that ARVs are “free peanuts from government”. School programmes need to be integrated with clinic dates (permission to leave school to attend appointments granted).
- Renal, liver problems and other health issues push people to stop adherence. There is a need to be realistic that adverse effects will be there for the first two months of ART. For the third 90 there is not enough laboratories and other infrastructure for viral load monitoring well distributed.
- WHO mandates that community networks must be strengthened so that they can encourage others to stay in care.
- There are currently no youth-friendly services available meaning the first 90 is not reached, which has a ripple effect on the second and third 90s.
- Multi-sectoral approach for the youth. Youth have been involved as key stakeholders to take ownership of their own health. Testing is being done in the context of sport and debates etc. School health programmes have been implemented. Personnel must be trained on youth-friendly services to boost the effect on the second and third 90s.

**Role of treatment in achieving the 90-90-90 targets and ensuring HIV is no longer a public health threat**
- Treated and virally suppressed individuals live long healthy lives and minimize transmission to their loved ones.
- The real gap at the moment is on HIV testing and differing statistics for some populations. Overall almost 70% are on treatment and 82% viral suppression. Women, men, adolescents are not doing as well.
- Quality: It is not just about numbers but about implementing a quality programme beyond just clinical measures. Quality treatment, quality care, psychosocial support.
- Asset–based approach: PLHIV are part of the solution, not part of the problem. Differentiated care and engaging the youth, for instance, will aid in responding to the needs of the target groups.

**Perspective and lessons learned from programme in HIV care and treatment for adults and children**
- There was no coordinated response to HIV in the early days.
- Devolution also means that county governments are another level of engagement in monitoring the HIV response.
- Decision-making at the policy level is now evidence-based.
- Health communication messages need to be simple and effective.
- Invest resources responsibly: money is not limitless so there is a need to look at scaling up evidence-based intervention in an efficient way to benefit maximally.
- Co-morbidities have to be factored in, otherwise you are fighting a lost battle.
- It is not just about money - there is a need to be strategic and to go back to the basics, remember men, youth and devise ways on how to reach them.

**Concerns on treatment options, treatment failure, TB and HIV**
- With improved treatment, HIV is now transitioning into the non-communicable diseases
- HIV is now becoming a disease of chronic immune system activation. PLHIV do tend to age faster so NCD do come up earlier. Immune system dysregulation may also occur.
- Latent TB is still a problem for PLHIV.
2.3: A CALL TO ACTION

Day Three: Tuesday, 30 May 2017
Theme: A Call to Action
Objective: To develop consensus regarding a Call to Action between HIV researchers, programers, implementers and policy makers towards effectively translating latest scientific findings into responsive HIV programmes in Kenya.

Expected outcomes: Overview of identified priorities
Call to Action: specific list of actions and actors to address key issues identified over day one and day two of the IAS meetings

Chair: Dr Emmy Chesire (NACC Kenya)
Co-Chairs: Dr Kenneth Ngure (JKUAT/IAS Governing Council, Africa) and Dr Nduku Kilonzo (NACC)
Duration: 2.30pm - 6.30pm
Attendance: 33

Opening remarks: Ms Angeline Siparo (Chair of the NACC Board)

Plenary Presentations: (a) Implementing a knowledge management framework for translation of HIV research into policy and practice in Kenya, Dr Vernon Mochache (NACC)

Group work: Developing a Call to Action for translation of HIV research into local policy and practice
Group 1: Call to Action at the national level
Group 2: Call to Action at the county level

Feedback and discussion: Developing consensus on the Call to Action

Closing remarks: Dr Nduku Kilonzo (Director, NACC Kenya)
Dr Kenneth Ngure (JKUAT / IAS Governing Council, Africa)

Ms Angeline Siparo, the Chair of NACC board opened the session with a note that the Call to Action shall form a critical pillar in guiding the HIV response. NACC and Kenya have the capacity to adopt lessons learned from the deliberations of the IAS meetings and the conference sessions. Financing HIV research remains a big challenge worldwide. While there is envisaged increased co-ordination of research activities in the HIV sphere, more is needed to mobilize governments to really move from policy documents to action.

2.3.1: Translating the science to end new HIV infections in Kenya: Perspectives, practices and lessons

“The knowledge management goals of NACC are rooted in its role in multisectoral coordination of the Kenyan HIV response and the Kenya AIDS strategic framework strategic directions specifically strengthening research and innovation and promoting use of strategic information.”

Dr Vernon Mochache, NACC Kenya
Dr Vernon Mochache, in his presentation “Implementing a knowledge management framework for translation of HIV research into local policy and practice”, gave an overview of NACCs coordination mandate of implementing a policy and strategic framework for mobilizing and coordinating resources for prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya, and the challenges and opportunities for translating the science to end new HIV infections in Kenya. The gaps between researchers and policy makers were highlighted: there is a lack of guidance and funding for national HIV priorities, an uncoordinated research environment with an unknown number and type of studies actors and resources, limited dissemination of local research by Kenya’s scientists, limited involvement/recognition of local HIV scientists, and delayed translation of findings into policy/practice.

**Bridging the gaps**

- Lack of guidance on national HIV research priorities can be addressed by focusing on the HIV and AIDS Research Agenda (2015). There is a need for a roadmap for investment in HIV and AIDS research based on Kenya’s needs with a focus on: local solutions, application of locally-generated evidence, investments in local research capacity, continued leadership in new knowledge, strengthening local advocacy for research uptake, and available research information to end-users.

- Lack of domestic funding for HIV research can be addressed through costing the HIV Research Agenda and local resource mobilization: A policy brief on domestic financing of HIV research had been developed. In 2017, US$21 million is needed to finance HIV-related research, with a US$8 million gap. Local resource opportunities to fill this gap may be explored: national research fund, philanthropy etc. (see the policy brief on [domestic financing of HIV research](#)).

- The Maisha Maarifa Research Hub, 2016 ([www.maishamaarifa.or.ke](http://www.maishamaarifa.or.ke)) offers the solution for uncoordinated research eco-system.

- Quarterly research update briefs disseminated in the Maisha Maarifa Hub and the Kenya AIDS Research Coordinating Mechanism (KARSCOM) Committee, which comprises local research stakeholders, track the delivery of the Kenya HIV Research Agenda. The briefs also act as an HIV information sharing platform which help to bridge the gap in delayed translation of findings into policy/practice and limited involvement/recognition of local scientists.

- Limited involvement/recognition of local HIV scientists and delayed translation of findings into policy and practice: the Maisha Conference is provides an opportunity for local researchers not in the big leagues.

**2.3.2: A Call to Action: Towards effectively translating scientific evidence into responsive HIV programmes in Kenya**

The main priorities included at the end of the three days provided a basis to develop a Call to Action amongst key stakeholders. A community of practice (CoP) was established by NACC within the Kenya AIDS Strategic Framework until 2019 to achieve the objectives of the Call to Action.
Situation analysis

<table>
<thead>
<tr>
<th>County level</th>
<th>National level</th>
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<tr>
<td>- Counties currently do not have the capacity to conduct research.</td>
<td>- Finances remain a challenge and there is a need to streamline accountability.</td>
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<td>- Counties adapt implementation of policies though subjectively, sometimes</td>
<td>- Research must be aligned to national priorities.</td>
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<td>depending on the leadership of the day.</td>
<td>- There is need for research on costing-cost-benefit, utility, and opportunity</td>
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<td>- A disconnect exists between researchers within the counties and the counties</td>
<td>analysis as well as to contribute to national development and economic</td>
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<td>themselves to the extent that the counties do not have any knowledge of</td>
<td>blueprints.</td>
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<tr>
<td>ongoing research within their jurisdiction.</td>
<td>- Meaningful stakeholder engagement is essential.</td>
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<td>- The role of the counties is both adoption of policy frameworks and also</td>
<td>- Capacity development in research is needed.</td>
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<td>taking a central role in policy development processes at the national</td>
<td>- Ethical considerations need to be aligned with international standards.</td>
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<tr>
<td>level.</td>
<td>Institutional Review Bodies need regulation, capacity building and support.</td>
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<td>- Poor mechanisms of disseminating results from research conducted within</td>
<td>- Recognition/reward system for Kenyan researchers is needed.</td>
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<td>the counties result in duplication of efforts.</td>
<td>- Implementation science is required to facilitate quality programming.</td>
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<td>- Public Private Partnerships in research are needed.</td>
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County call to action priorities

Further to the discussions held, priorities at county level were identified, including actions such as local resource mobilization to support translation of research into policy and practice implementation; development of innovative knowledge management structures to reduce duplication of research efforts; implementation of stronger monitoring and evaluation and information management systems; building upon county HIV plans by leveraging new evidence emergences; provision of incentives to researchers in undeserved (hard-to-reach) counties to ensure such areas are not left out; capacity development of counties on research as well as leveraging existing synergies between the national and county levels (for example the Maisha Maarifa Research Hub).

National call to action priorities

In addition, priorities were also established at the national level and included advocacy for new domestic financing mechanisms through the national treasury (from the local private sector and philanthropic organizations); alignment of national research priorities through regulatory agencies like the National Commission for Science, Technology and Innovation (NACOSTI) and the National Research Fund (NRF); data management; strengthening ethical review bodies as well as recognition and awarding of local investigators/institutions that contribute to knowledge generation and translation.
A Call to Action towards Effective Translation of HIV-related Research into Policy and Practice

To effectively translate scientific evidence into responsive HIV programmes in Kenya, the national government and counties will mobilize resources to support HIV interventions grounded upon locally available and emerging evidence, approaches that are all inclusive, rights based, culturally appropriate, scientifically accurate, seek to meaningfully involve people with HIV and other key stakeholders, and build on the unique strengths and capacities of all HIV response sectors.

Next steps

Experts and implementers who attended the meeting will continue the dialogue towards the Call to Action. This will be initiated through NACC forming a Community of Practice (CoP) through the Maisha Maarifa Research Hub. The CoP will operate within the life of the KASF (until 2019) to achieve the objectives of the Call to Action.
3.0: Conclusion

The IAS meetings provided a great opportunity for participants to benefit from updates from the AIDS 2016 conference that took place in Durban in July 2016. Participants were able to learn about the latest advances and recommendations on HIV prevention, treatment and care, and HIV cure. The meetings also provided opportunities to discuss challenges at the national and county levels and to define priorities towards achieving the 90-90-90 targets in view of those latest advances.

Kenya is on the right trend, with significant progress in key HIV outcomes. However, one cannot continue identifying with progress without addressing the rising new infections among the young people, stigma and discrimination, and the HIV concentration that remains high among key populations. Stigma and discrimination persist and are traditionally difficult to measure and increasingly recognized as a key factor impeding HIV identification, prevention, and treatment efforts. If we address stigma and discrimination, then we shall be able to address the issue of “populations left behind”. Increased and sustainable financing for HIV is critical as no results will be made if money is not invested where it is most needed. While spending on HIV has increased, with the highest investment on care and treatment, there is a need to focus more on a sustainable financing mechanism for prevention. Efficacious biomedical tools and investments in HIV programmes exist, but a substantial gap remains between what is known to work and what is actually achieved in HIV programmes.

The need to adopt an implementation science framework to improve the efficiency and effectiveness of HIV programmes is key. Stakeholder engagement, from the beginning of the research process, from the conception of ideas to implementation, and dissemination, which should not be confined to scientific journals and conference presentations is crucial to bridging the gap that exists in translation of research findings into local HIV policy and practice. Finding prevention products that work is not enough. The country needs HIV prevention approaches that are less stigmatizing, can be incorporated into daily life, are desirable, appropriate and are provided in settings that are less medicalised. Coordination, leadership and accountability is key to maintaining and scaling up gains made over the years.
Evaluation

Participants were asked to complete a survey to evaluate each of the meetings. Attendees on days I and III completed the survey onsite and received a response rate of respectively 71% and 42%. An electronic survey was emailed to delegates following the symposium session on day II (more than 500 participants), and received a response rate of 33%.

Overall, the feedback was very positive with much of the meeting aspects rated as “good” to “excellent”. The selection of topics was highly valued by participants, as well as the networking opportunities.

The majority of respondents reported that they had gained a better understanding of HIV science and new findings, opportunities for collaboration in order to improve HIV policies and programmes in Kenya and new ideas on how the latest findings in HIV can be applied to local issues.

Participants were also invited to share the two most important things they had learned during the meeting. The following responses were mentioned repeatedly:

- Key messages from AIDS 2016 and updates on the latest findings (PrEP, Test & Treat, ART, HIV Cure)
- Translation of research into policy and practice is needed
- The importance of including community, youth and key populations in the HIV/AIDS response
- Financing needs to be reflected on; there is a need to move away from donor dependence to domestic funding

Topics that participants indicated that they would have liked to see covered included (for the symposium only):

- More details about the latest HIV science advances specific to Kenya and details on implementation timelines
- HIV co-infections
- Domestic financing

Recommendations to improve future symposia included:

- Using a bigger venue
- Providing testing facilities on the day of the symposium
- Having a more balanced participation of invited speakers and panellists
- Having more time for discussions
- Having a stronger representation from key populations in the programme
- Involving more young researchers and including more social and/or behavioural scientists as opposed to clinicians in the programme
Appendices
Appendix 1: IAS Educational Fund meetings programmes

IAS EDUCATIONAL FUND MEETINGS,
Nairobi, KENYA

28-30 MAY 2017

‘Translating the Science to End New HIV Infections in Kenya
Perspectives, Practices and Lessons’

AIDS 2016 POST-CONFERENCE WORKSHOP PROGRAMME – 28 MAY 2017
SETTING THE STAGE

1.00pm - 1.15pm: Opening Remarks
1.15pm - 2.30pm: Plenary presentations
  - Implementation science approaches for catalyzing translation of HIV research findings into policy and practice. (Dr Elvin Geng, UCSF)
  - Critical catalysts for translation of research findings into local HIV policy and practice (Prof Elizabeth Bukusi)
2.30pm - 3.10pm: Presentation of key messages from AIDS 2016 conference (Dr Kenneth Ngure, IAS/JKUAT)
3.10pm - 4.30pm: Group Discussions on implications for local policy and practice
  - HIV prevention and treatment
  - Supportive policies and role of the civil society and communities
4.30pm - 6.00pm: Groups feedback
  Recommendations for prioritization and implementation
6.00pm - 6.30pm: Summary and Closing remarks

SCIENTIFIC SYMPOSIUM PROGRAMME – 29 MAY 2017
BUILDING CONSENSUS

9.00am - 9:30am: Welcome remarks
9:30am - 10.30am: HIV Prevention and HIV Cure
  - Challenges, lessons learnt and opportunities for the future in implementing a HIV prevention combination approach in Kenya (Dr Nduku Kilonzo)
  - Towards an HIV Cure: Is it worth thinking about? (Prof Omu Anzala)
10.30am - 11.00am: Tea Break
11.00am - 1.00pm: Moderated panel discussion:
  HIV Prevention into the Future: Opportunities and Lessons Learnt
1.00pm - 2.30pm: Lunch Break
2.30pm - 3.00pm: Implementing the new WHO ART guidelines in Kenya: Challenges and opportunities for achieving 90-90-90 targets (Dr Martin Sirengo)
3.00pm - 5.00pm: Moderated panel discussion: Achieving the 90-90-90 Targets: Perspectives and Lessons Learnt
5.00pm - 5.15pm: Summary and Closing remarks
5.15pm – 6.30pm Networking Cocktail

EXPERTS/IMPLEMENTERS MEETING PROGRAMME – 30 MAY 2017
A CALL TO ACTION

1.45pm – 2.00pm: Opening remarks
2:00pm – 2:15pm: Summary of Day 1 and 2: lessons learnt and recommendations
2.15pm - 2.45pm: Implementing a knowledge management framework for translation of HIV research into policy and practice in Kenya (Dr Vernon Mochache)

2.45pm - 4.30pm: Group work - Translating HIV research into local policy and practice: challenges, opportunities and lessons learnt
  • Opportunities for harnessing the translation of local research into policy and practice
  • Translating national strategies onto actionable local policies: experiences from development of county AIDS strategic plans (CASPS)

4:30pm – 5.45pm: Feedback and plenary discussion: Developing consensus on the Call to Action
5.45pm – 6.00pm Summary and Closing Remarks