RETENTION IN CARE – PrEP – TUBERCULOSIS SCIENCE AND COMMUNITY IN THE HIV RESPONSE IN THE CARIBBEAN

AIDS 2018 POST-CONFERENCE WORKSHOP

Haiti, 28-29 November 2018
RETENTION IN CARE – PrEP – TUBERCULOSIS
DAY ONE

RETENTION IN ART – KENYA EXPERIENCE

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CHAIR – NYAWEST REGIONAL HIV CLINICAL TWG
Overview

1. Introduction
2. Data on retention in ART
3. Factors affecting retention in ART
4. Interventions and outcomes
   - Differentiated service delivery (DSD)
   - Integrated HIV care for pregnant and post-partum women
   - Adolescent “responsive” services
   - Social protection for promoting retention
   - Optimizing ART regimens through Fixed-Dose Combinations
5. Summary
Introduction

• Poor patient retention undermines patient and program outcomes, including achieving sustained viral suppression and reducing HIV transmission\(^1\).

• Evidence based interventions are important in reducing morbidity, mortality and loss to follow up (LTU) for People living with HIV (PLHIV).

1. WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – 2nd ed 2016
Introduction

Kenya HIV Estimates 2017

- Adult HIV prevalence 4.9%
  - Women 5.2%
  - Men 4.5%
- 1.5 million people living with HIV (PLHIV)
- 52,800 new HIV infections (44,800 < 14 years)
- PMTCT coverage 77%
- 28,200 died of AIDS related causes (53,900 in 2010)

Factors Affecting Retention

• All HIV patient population groups are at high risk for poor retention.¹

¹ WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – 2nd ed 2016.
Data on ART and Retention

Global 90-90-90 Targets¹

Retention and mortality for 505,634 PLHIV on ART in sub-Saharan Africa²

1. UNAIDS 2017 Global HIV Statistics Fact Sheet – July 2018
Kenya Data on ART and Retention

2016 ART Cohort 12 month outcomes

N = 61,662

*Coverage is based on 2018 HIV estimates.
#Data on programme achievement from DHIS2.

Courtesy of National AIDS & STI Control Programme, Kenya
Kenya Data on ART and Retention

12 month retention by age – EMR 2016 Cohort

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Retention Rate</th>
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<tbody>
<tr>
<td>&lt;1 yr.</td>
<td>71.30%</td>
</tr>
<tr>
<td>1-9 yr.</td>
<td>80.00%</td>
</tr>
<tr>
<td>10-14 yr.</td>
<td>83.50%</td>
</tr>
<tr>
<td>15-19 yr.</td>
<td>75.20%</td>
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<tr>
<td>20-24 yr.</td>
<td>74.00%</td>
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<tr>
<td>25-29 yr.</td>
<td>75.50%</td>
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<tr>
<td>30-34 yr.</td>
<td>77.10%</td>
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<tr>
<td>35-39 yr.</td>
<td>78.00%</td>
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<tr>
<td>40-49 yr.</td>
<td>80.50%</td>
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<tr>
<td>50+ yr.</td>
<td>80.30%</td>
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</tbody>
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Courtesy of National AIDS & STI Control Programme, Kenya – 2018
Development of Differentiated Service Delivery (DSD) Policies and Guidance

July 2016

Launch of National Guidelines:
- Kenya ART guidelines 2016
- Practical handbook on DC

Introduction of DC for:
- Newly initiating ART (Well and Advanced PLHIV)
- ART for ≥ 1 year (Stable and Unstable PLHIV)

January 2017

Finalization of DC Toolkit:
- Differentiated Care Operational Guide
- HCW training Materials
- Lay health worker training materials

August 2018

Launch of Kenya ART guidelines 2018

Revision of DC criteria for:
- Advanced PLHIV
- Stable and Unstable PLHIV

Courtesy of National AIDS & STI Control Programme, Kenya – July 2018
DSD Implementation in Siaya County

- Demonstration project in Siaya County ongoing since February 2017
- Based on the 2016 Kenya ART Guidelines and the 2017 Differentiated Care Operational Guide
- Guidance on management of advanced HIV disease provided in the 2016 guidelines and in the 2017 DC operational guide

February 2017:
- Sensitization of CHMT on Differentiated Service Delivery
- Agreed on a phased approach to implementation

February 2017:
- Selection of 25 health facilities for the demonstration project:
  - High volume (≥500 PLHIV)
  - Presence of EMR system

February 2017:
- Identification and training of HCW on differentiated care – 1 day training

March 2017:
- Implementation: Rapid scale up of patient categorization at enrollment with identification and management of PLHIV with advanced HIV disease

Courtesy Syowai M, ICAP Columbia University, Kenya – October 2018
Facility processes in identifying and managing advanced HIV disease

<table>
<thead>
<tr>
<th>Services Offered</th>
<th>Enrollment of newly diagnosed PLHIV</th>
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<tbody>
<tr>
<td></td>
<td>1. Clinical assessment including:</td>
</tr>
<tr>
<td></td>
<td>• TB screening</td>
</tr>
<tr>
<td></td>
<td>• WHO staging</td>
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<tr>
<td></td>
<td>2. Clinical assessment with special</td>
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<tr>
<td></td>
<td>attention to detecting Opportunistic</td>
</tr>
<tr>
<td></td>
<td>infections</td>
</tr>
<tr>
<td></td>
<td>3. Initial patient categorization</td>
</tr>
<tr>
<td></td>
<td>based on WHO clinical staging</td>
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<tr>
<td></td>
<td>4. Screening and management for non</td>
</tr>
<tr>
<td></td>
<td>communicable diseases and mental</td>
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<tr>
<td></td>
<td>disorders</td>
</tr>
<tr>
<td></td>
<td>• CD4 testing</td>
</tr>
<tr>
<td></td>
<td>• Xpert MTB/Rif assay testing</td>
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<tr>
<td></td>
<td>• Cryptococcal antigen (CrAg)</td>
</tr>
<tr>
<td></td>
<td>screening</td>
</tr>
<tr>
<td></td>
<td>• TB LAM (New)</td>
</tr>
<tr>
<td></td>
<td>• Other investigations as deemed</td>
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<td></td>
<td>necessary</td>
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</table>

Clinical care
- Confirm patient categorization into well / advanced
- Cotrimoxazole Preventive Therapy
- Initiation of ART
- Treatment of OI
- IPT after ruling out TB
- Assessment for IRIS at each clinic visit

Nutritional care
- Nutritional assessment, counseling and supplementation

Counselling
- Counselling on ART importance, how it works and expected S/E
- Adherence assessment and counseling at each clinic visit
- Linkage to peer educator with weekly phone call to assess progress

PATIENT CATEGORIZATION AT ENROLMENT
APRIL 2017 – JULY 2018

Enrolled Well: 478, 11%
Enrolled Advanced: 3999, 89%

N = 4,477

Courtesy Syowai M, ICAP Columbia University, Kenya – October 2018
Retention 12 Months after Enrollment at 25 Health Facilities in Siaya County

**12 MONTHS RETENTION FOR WELL PLHIV (COHORT JULY 2017)**
- Active 12m well: 77%
- Not active well: 23%

**12 MONTHS RETENTION FOR ADVANCED PLHIV (COHORT JULY 2017)**
- Active 12m adv: 83%
- Not active adv: 17%

Courtesy Syowai M, ICAP Columbia University, Kenya – October 2018
Retention in Pregnant and Post-natal Women

2016 PMTCT Cohort – 12 month outcomes

- 76% Retained (Alive on ART)
- 13% LTFU
- 10% Defaulters
- 1% Dead

Strategies for addressing LTFU in PMTCT Cohort

- Home visits and community sensitization to encourage delivery at health facilities
- Increasing male involvement through self testing at ANC and assisted partner notification/disclosure
- Peer support through mentor mothers who provide education and psychosocial support
- Integrated Mother-Baby pair clinics in antenatal clinic
- Tracking and tracing standard operating procedures (SOPs) for defaulter tracing

Courtesy of National AIDS & STI Control Programme, Kenya – 2018
Mentor mothers – Mother-Infant Retention for Health (MIR4 Health) Trial

- 340 HIV-positive pregnant women starting antenatal care at 10 facilities in western Kenya enrolled & randomized
- Mentor mothers (trained lay workers) gave individualized health education, psychosocial support, phone / SMS reminders and follow ups
- Control arm put on PMTCT/HIV care per national guidelines [Standard of Care]

![MIR4Health 6 mo post-partum results](image)

- 33% reduction in attrition risk \( p = 0.04 \)

Retention in Pregnant and Post-natal Women

Integration of HIV care and treatment into ANC clinics

- ANC providers integrate ANC, PMTCT, and HIV care including:
  - enrollment and management of HIV disease
  - management of opportunistic infections and provision of HAART
- The same provider gives all antenatal and postpartum services including EID until a definitive pediatric HIV diagnosis obtained then refers to HIV clinic

Retention After Integration of HIV in ANC in Western Kenya¹

Adolescent HIV Treatment Strategies for Retention

• Leadership support
• Conducive policies and treatment guidelines
• Training manuals
  – Adolescent Package of Care for health staff
  – Caregiver training manual
• Gap identified:
  – Active involvement of adolescents

Courtesy Nyabiage LO, CDC – DGHT, Western Kenya, July 2018
Adolescent “Responsive” Services

Operation Triple Zero (OTZ)

- OTZ Heroes:
  - Improve self ownership of HIV care
  - Miss zero appointments, skip zero drug doses, and maintain a zero viral load
  - Motto: “Heroes for Zeros and Zeros for Heroes, It takes a Hero to be a Zero and a Zero to be a Hero”

OTZ Scale Up in Kenya

<table>
<thead>
<tr>
<th>Year</th>
<th>Counties</th>
<th>High Volume Sites</th>
<th>AYP’s in OTZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1</td>
<td>1 facility</td>
<td>AYP’s in OTZ: 11,000 of 58,000 (19%)</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>200 of 557</td>
<td>AYP’s in OTZ: 47,401 of 58,000 (81%) Mar 2018</td>
</tr>
<tr>
<td>2018</td>
<td>27</td>
<td>465 of 557 high volume sites (83%)</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>27 counties</td>
<td>527 of 557 high volume sites (95%) sites</td>
<td></td>
</tr>
</tbody>
</table>

1. Courtesy Ministry of Health, National AIDS & STI Control Program, July 2018
OTZ Results – Clinic Appointments & Adherence

Keeping Clinic Appointments for Adolescents in OTZ, Western Kenya Counties

- >93% kept clinic appointments

Self Reported Adherence for Adolescents in OTZ, Western Kenya Counties

- Increase in self-reported adherence from 88% to 96%

Courtesy Nyabiage LO, CDC – DGHT, Western Kenya, July 2018
Measures to Improve Retention in Turkana County¹

- Identified and line-listed all failing PLHIV
- Multi-disciplinary team meetings to review failing PLHIV
- Mentorship of HCWs one-on-one while reviewing cases
- Established special adolescent and pediatric clinic days
- Transitioned children and adolescents to correct ART regimens
- Hunger score / vulnerability assessments for clients
- Initiated care giver literacy sessions
- Social support (wet feeding, economic empowerment – bakery and mat making)

¹ Courtesy of Matu L, Elizabeth Glaser Pediatric AIDS Foundation, June 2018
Enhancing Retention amongst the pediatric population through social protection

- Initiated on 8th June 2017 in Turkana County in collaboration with World Food Programme and Nutrition and Health Program

Wet feeding at LCRH

Courtesy of Matu L, Elizabeth Glaser Pediatric AIDS Foundation, June 2018
Eligibility Criteria

- Adolescents and adult ≥15 years or ≥35 kg on first line ART regimen
- Current VL should be LDL
- Currently on:
  - TDF+3TC+EFV-600
  - TDF+3TC+NVP
  - AZT+3TC+NVP
  - AZT+3TC+EFV
  - LPV/r or ATV/r in first line

Regimen for transition

- Eligible PLHIV will be optimized over next few months to the following first line regimens:
  - TDF+3TC+DTG
  - TDF/3TC/EVF-400

Summary

- Retention strategies work but need to be tailored to the region/country and be cost-effective
- Improving retention has a positive impact on improving survival of PLHIV and viral suppression
- Meaningful engagement with PLHIV to identify priorities that will help ameliorate barriers to retention
- Multi stakeholder participation and sharing of best practices from different region key.

The End