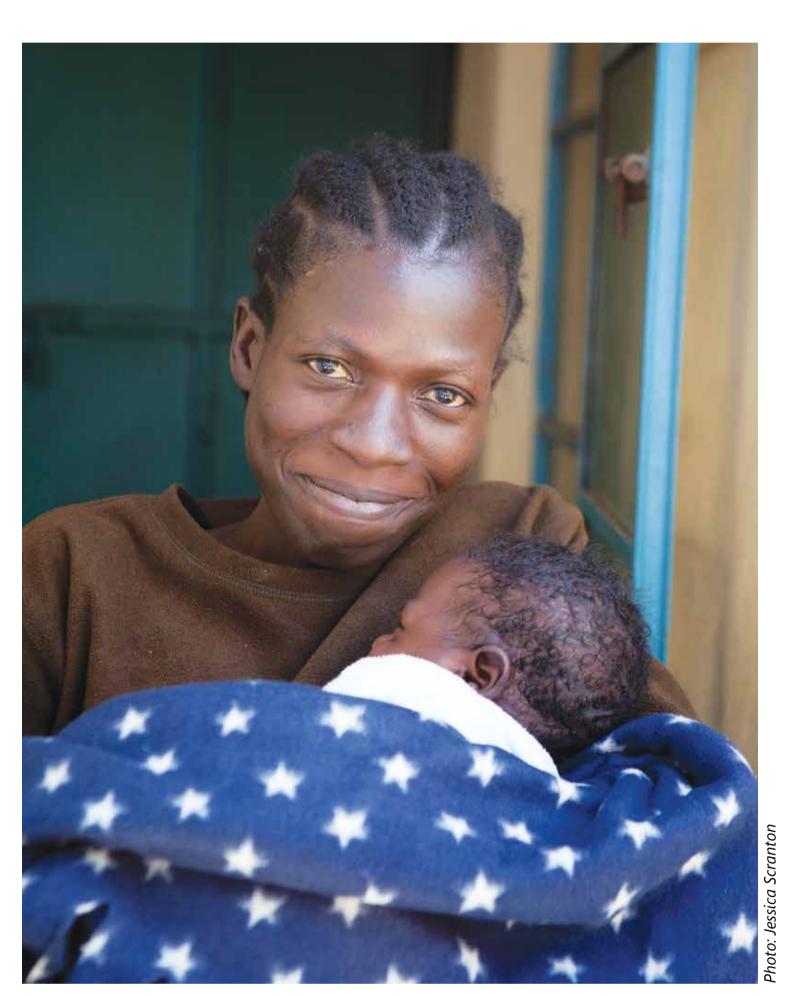


Closing the gap: increasing the availability of child- and youth-focused antiretroviral therapy (ART) at non-state health facilities in Nairobi, Kenya

J. White¹, M. Bunyi¹, L. Kagasi², D. Kinuthia³, E. Oywer⁴, N. Gitonga⁵, P. Mutua⁶, D. Nyaboke⁷, C. Karanja⁸, S. Eagan⁹, J. Pearson⁹, D. Sullivan¹⁰, J. Tayag¹⁰, L. Weir¹¹ ¹⁰United States Agency for International Development, Washington, United States, ¹¹AIDSFree, Abt Associates Inc., Rockville, United States

Background

Over the past decade, despite significant national and international investment in the Kenyan HIV and AIDS response, the number of new HIV infections and treatment needs among children, adolescents, and young people (CAYP) continues to increase—and treatment coverage continues to lag behind that of adults. In Kenya and numerous other high-HIV prevalence settings it has been demonstrated that non-state (private) health providers have significant human, logistic, and financial capacities to contribute toward national HIV gains. In terms of both identifying children and families who would otherwise not seek HIV testing in traditional public sector settings, and initiating therapy among children of parents attending private health sector sources of care, engaging non-state health providers to deliver HIV testing services (HTS) and antiretroviral therapy (ART) targeted to CAYP could be an effective strategy to augment government efforts to reach this population.



Program Description

From 2016 to 2018, the Strengthening High Impact Interventions for

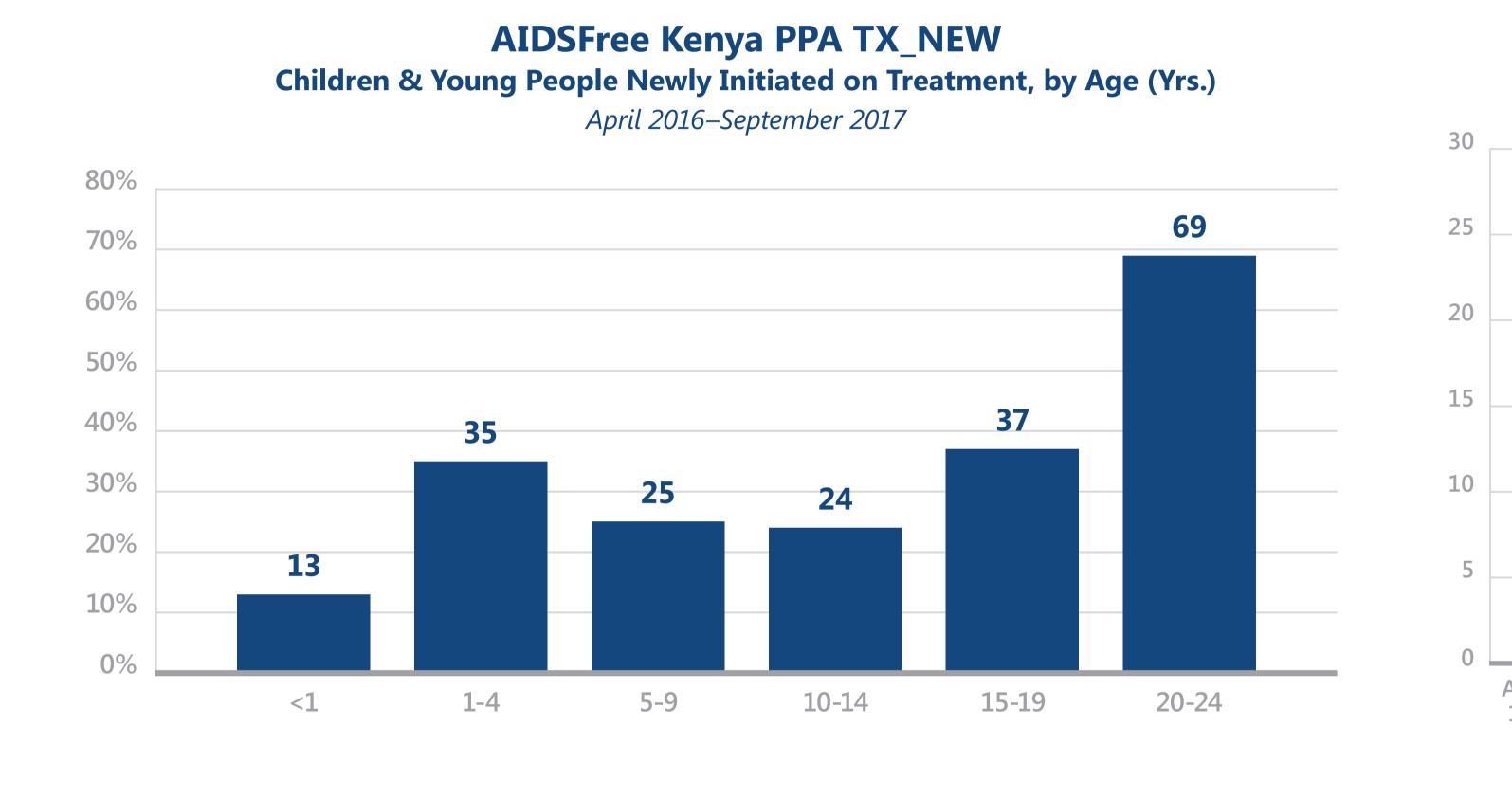
an AIDS-free Generation (AIDSFree) Project, funded by PEPFAR through USAID, assisted a broad consortium of Kenyabased partners to create a public-private alliance (PPA) aimed at increasing the availability of high quality CAYP-focused ART services among private providers in Nairobi county. The Public-Private Alliance included a wide variety of partners, including the National AIDS and STI Control Programme, the Kenya Pediatrics Association, the Kenya Healthcare Federation, the Nursing Association of Kenya (Private Sector Chapter), the Clinical Officers Council, the Gertrude's Hospital Network, 31 separate private health facilities, and 4 well developed community mobilization partners in the Men's Movement Against AIDS in Kenya, the Women Fighting AIDS in Kenya, the Bar Hostess Empowerment and Support Programme, and the Christian Health Association of Kenya (CHAK). The Alliance conducted needs assessments at the 31 private facilities, trained human resources to deliver pediatric ART, secured ART commodities through the government's approved district-level procurement channels, and trained personnel to report HTS and ART statistics into the government health information management systems.

The program also trained over 130 existing community health volunteers to specifically target CAYP in their outreach. This included home visits for HTS referral of children and adolescents, targeted messaging to men as part of familyfocused outreach, mobilizing bar hostess outreach workers for peer-to-peer outreach, providing HIV prevention messages, encouraging HIV testing, treatment and adherence, and referring clients to clinical and support services. Community mobilization efforts were directly linked to the supply-side facility service delivery components of the program in an effort to increase CAYP attendance at the new sources of private HTS and ART care.

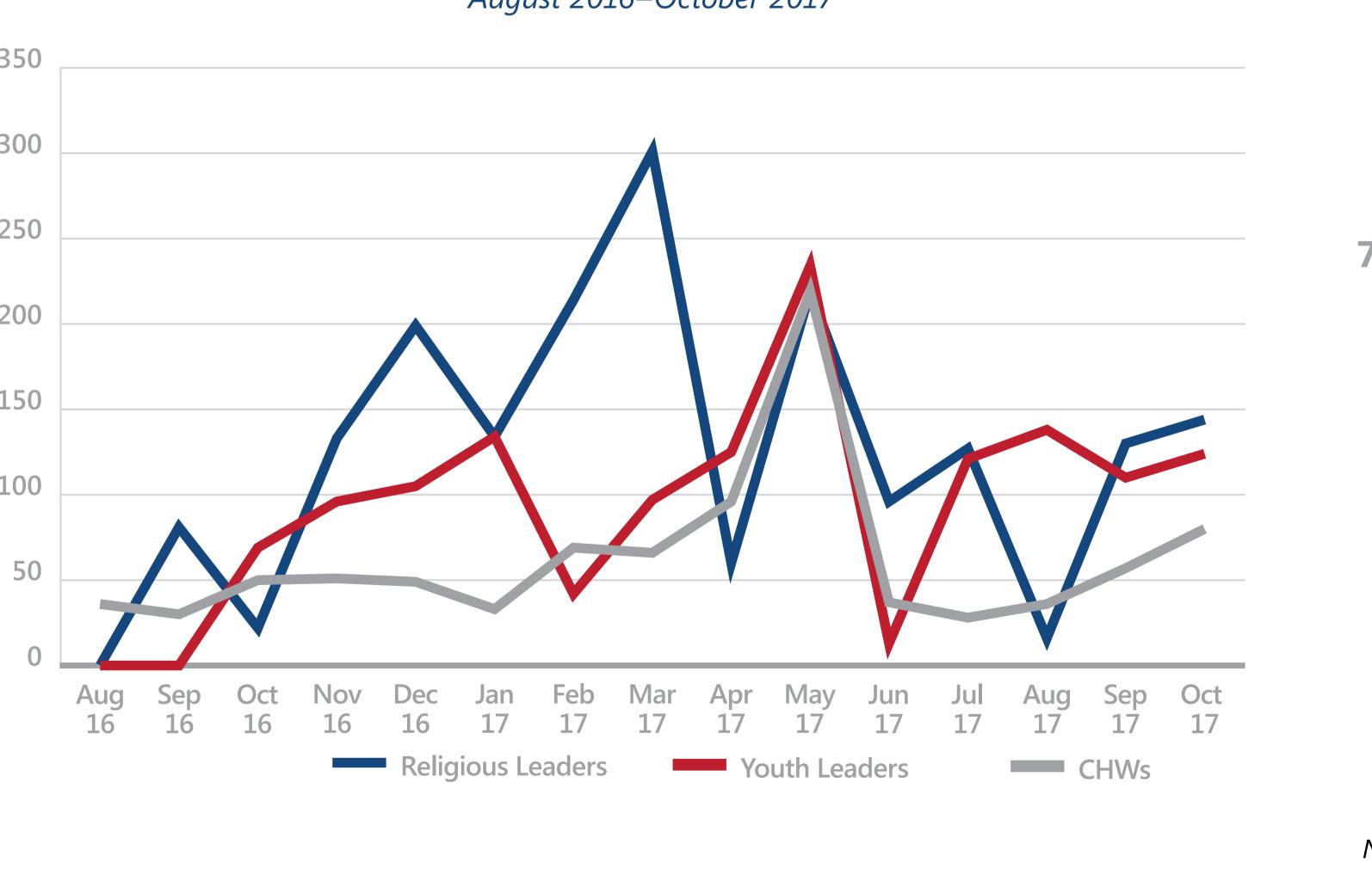




22nd International AIDS Conference • Amsterdam, The Netherlands • 23-27 July, 2018 Poster #PED430



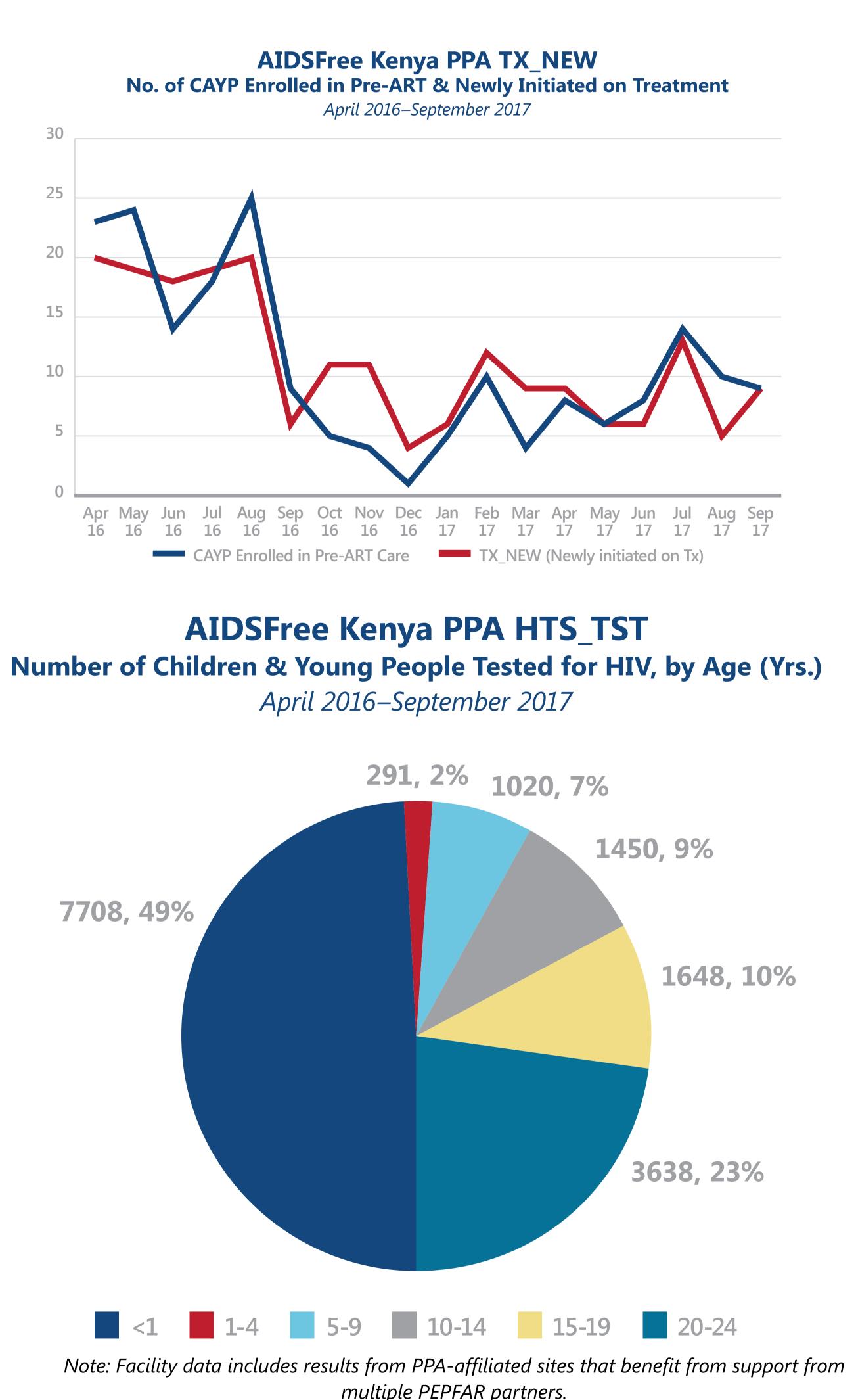
PP_PREV: Number Referred for HIV Services (N=4201) By Religious Leaders, Youth Leaders & CHWs August 2016–October 2017



This poster is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the U.S. Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.



PEPFAR



Lessons Learned

The project demonstrated that private providers in Kenya do indeed share a strong commitment to addressing HIV among CAYP. The Public-Private Alliance format allowed multisectoral stakeholders to address multiple issues of concern in an open forum, including concerns over private provider access to national training for pediatric HTS and ART, challenges related to private facility access to HTS and ART commodities, private reporting into government data management systems, and supervision related to quality control and clinical outcomes among newly trained private providers.

By linking the facilities to district-level health management, and facilitating ongoing dialogue between public and private partners at the district level, the PPA format was successful in addressing these shared concerns and in facilitating private sector access to national training and commodity access. By ensuring that all the facilities were included in the Kenya Pediatric Associations' routine district level supportive supervision processes, the project was able to provide ongoing mentorship and support to newly trained private clinicians, ensuring that they were not left to independently provide pediatric and HTS and ART services without support post-training.

From January to April 2016, the alliance of supply and demand side partners was able to quickly scale up government-supported pediatric ART services to more than 26 private facilities (5 more were added in October 2017). From April 2016 to September 2017, PPA-affiliated clinics tested 15,755 CAYP (59% female) for HIV and initiated 203 (64% female) CAYP on treatment. The clinics also enrolled 197 CAYP in pre-ART care, indicating that continued efforts are needed to operationalize test-and-treat protocols at the facility level.

Conclusions

Reaching the 90-90-90 global targets will require that all health stakeholders in high-HIV prevalence countries work together to achieve national testing and treatment goals. In Kenya, where coverage of HIV services for CAYP lags behind that of adults, it is critical that non-state providers who act as key sources of primary healthcare services are brought into the national response. The AIDSFree PPA created a collaborative forum in which public-private joint action could be taken. The model underscored the need for donors to broker interaction between the public sector and private health providers typically disconnected from national health efforts, such as HIV responses. Breaking down communication and collaboration barriers between public and private actors is possible through alliance building, but alliances are perhaps even more critical in ensuring that private providers can continually build confidence and quality while implementing key services such as pediatric and adolescent HTS and ART in partnership with government. Following the AIDSFree donor investments in 2016 and 2017, the alliance was transitioned to the leadership of the Kenya Healthcare Federation and the Kenya Pediatrics Association who now spearhead the partnership.

15 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS





#PEPFAR15