



IMPROVING TREATMENT OUTCOMES FOR YOUNG KENYANS LIVING WITH HIV

BACKGROUND

ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV

Adolescents and young people (AYP), aged 10 to 24, bear a disproportionate burden of HIV in Kenya. Those aged 15 to 24 are especially vulnerable, accounting for a third of all new HIV infections and 15% of all HIV-related deaths. Patients diagnosed with HIV in adolescence appear to have worse outcomes than children transitioning from prevention of mother-to-child transmission to HIV care and anti-retroviral treatment (ART). As children and adolescents age, disclosure remains a challenge, with associated fear and concerns on the part of parents and guardians and limited capacity in counseling skills among health care workers (HCWs). There continues to be a great need to better characterize the challenges of these patient groups and respond better to their situations. Nationally, of those who are on treatment, only 74% of adolescents and young people living with HIV (AYPLHIV) achieve viral suppression. AYPLHIV tend to have lower suppression rates compared to adults often due to lower treatment adherence and other factors such as lack of access to age-appropriate care, provider bias, insufficient information about HIV and the importance of treatment adherence, and social factors such as self-stigma.

HIV CARE AND TREATMENT IN WESTERN KENYA

As a PEPFAR-funded USAID implementing partner in western Kenya, PATH is a leading HIV services provider engaged with key government stakeholders, local implementing partners, and community-based

organizations and structures. Since 2011, PATH's work has included strengthening health structures across eight counties of western Kenya, some of which present some of the highest HIV prevalence and incidence rates in the country.

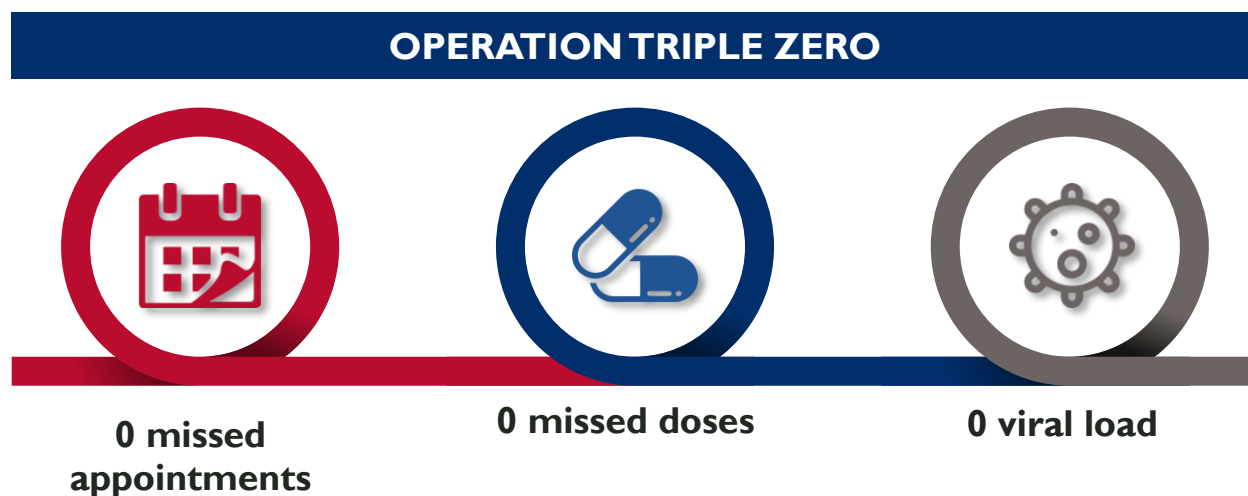
PATH's implementation has included the PEPFAR-funded USAID AIDS, Population and Health Integrated Assistance (APHIA) *plus* project, from 2011 to 2019, and currently the PEPFAR-funded USAID Afya Ziwani project, beginning in 2017 through 2022. From 2011 through mid-2019, the two projects have provided HIV testing services to more than 7 million individuals, identified more than 100,000 new HIV-positive individuals, supported more than 120,000 PLHIV on ART, and achieved a current 89% viral suppression rate. PATH has built the capacity of HCWs and structures to deliver high-quality HIV, TB, and other services; strengthened linkages between health facilities and communities to facilitate access to HIV care and treatment; and established community support systems for PLHIV and their families.

Current activities to support HIV care and treatment under Afya Ziwani include supporting health facilities to implement differentiated care for eligible stable clients on ART. In differentiated care models, clients are given longer intervals between clinic appointments, either through health facility-based fast-tracking or through community ARV refill groups (CARGs). These are interventions intended to better meet client needs while decongesting overburdened ART sites.

To support retention on ART, Afya Ziwani engages peer educators, adherence support counselors, mentor mothers (HIV-positive mothers who mentor HIV-positive pregnant women newly enrolled in treatment), and other community members. Facility-based retention efforts include calling clients to remind them of their upcoming appointments, daily monitoring of clients who miss their appointments, and calling and/or visiting those who miss their appointments or default.

OPERATION TRIPLE ZERO

In 2016, Kenya's National AIDS and STIs Control Programme launched Operation Triple Zero (OTZ), which focuses on empowering both male and female AYP to commit to the "triple zero outcomes," defined as AYPLHIV with zero missed appointments, zero missed doses, and zero viral load to deliver optimal clinical outcomes.



OTZ is implemented through an asset-based programming approach (Figure 1) that engages AYP as integral agents in the management of their health and identifies and amplifies their strengths so they are part of the solution.

Figure 1. Operation Triple Zero asset-based approach

Adolescent	Health care worker	Caregiver
<ul style="list-style-type: none"> • Tailored HIV services such as weekend hours • Comprehensive HIV treatment literacy • Knowledge and skills building to increase involvement in their own care and treatment • Life skills and social network building • Interactive educational activities to improve self-esteem and reduce stigma 	<ul style="list-style-type: none"> • Training on the adolescent package of care and toolkit • Training to provide motivational counseling • Training on AYPLHIV case management • Information to implement asset-based model in AYP HIV clinics 	<ul style="list-style-type: none"> • Knowledge and skills building to support AYPLHIV • Comprehensive caregiver treatment literacy training to support AYPLHIV treatment adherence

OTZ focuses on providing treatment literacy sessions at the health facilities during OTZ club meetings on HIV self-management to AYPLHIV to motivate them to adhere to their scheduled clinic appointments and take their drugs consistently to achieve viral suppression.

Adolescents are also empowered with life skills. For example, the OTZ clubs help build talent by facilitating adolescents to entertain themselves through skits, drama, dances, making handicrafts, and planting kitchen gardens. These activities integrate educational information and are intended to build self-esteem, develop critical thinking skills, and reduce stigma. The program has also supported inter-club visits for experience sharing and knowledge exchange, as well as football matches played between the OTZ club members of Migosi and Nyalenda health facilities. Plans are in place to hold an inter-county fun-day in August 2019 where OTZ clubs can showcase their talent, foster a sense of community, and where clubs that have retained members for the longest period in care are rewarded.

Afya Ziwani also supports HCWs, including training on the adolescent package of care that includes building skills to provide motivational counseling for both adolescents and caregivers, HIV case management of AYPLHIV, and how to implement an asset-based model for AYP in their HIV clinics. HCWs are also provided on-the-job training and mentorship to identify adolescent needs and provide adolescent-friendly services. Other activities include weekend clinic days targeting adolescents aged 10 to 14 and their caregivers to accommodate school calendars to minimize missed appointments.

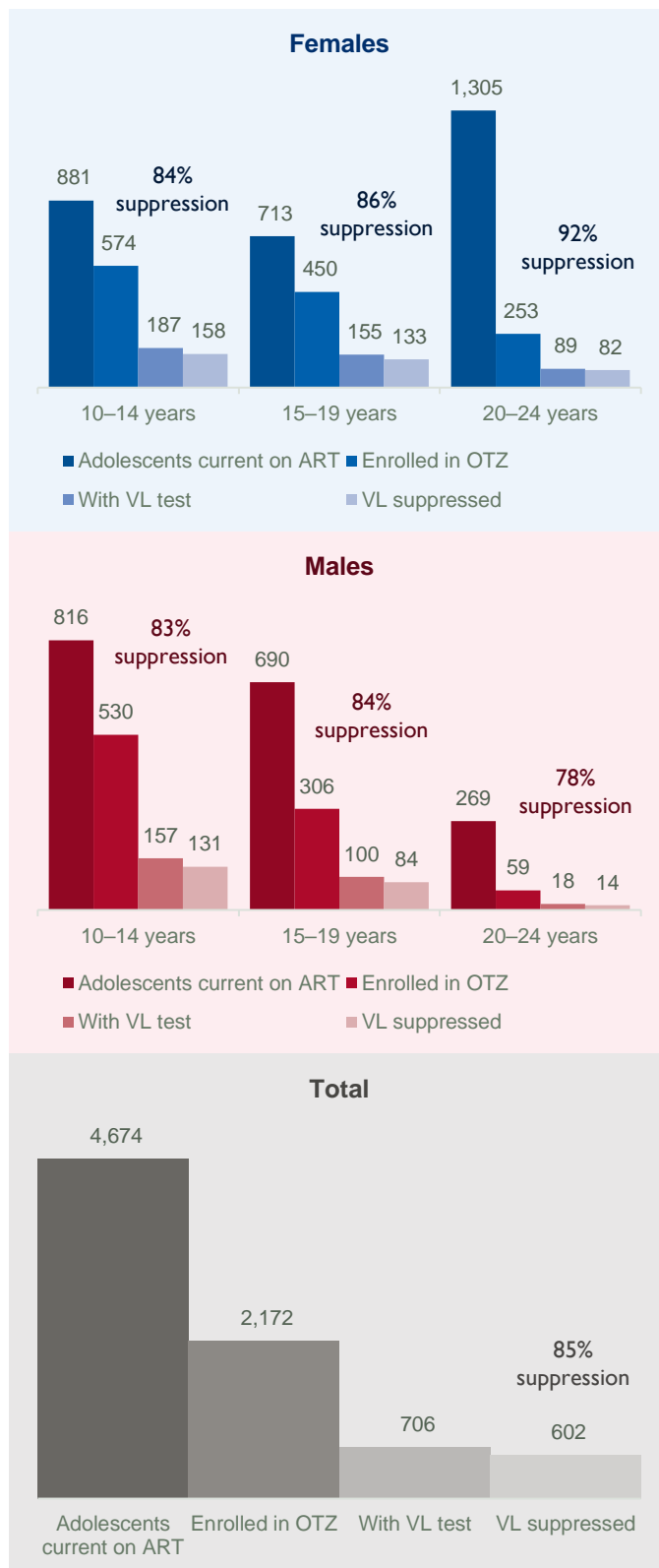
HCWs are also trained on how to build the capacity of caregivers to increase knowledge and build skills to take a leadership role to empower adolescents under their care. Enhancing caregiver literacy on HIV is also a key focus, with emphasis on improved adherence and viral load suppression. HCWs are also trained to enhance caregivers' knowledge and skill to work with their adolescents on disclosure, nutrition, adolescent sexual and reproductive health, loss and grief, gender-based violence, and how to handle stigma and discrimination.

KEY RESULTS TO DATE

Afya Ziwani introduced OTZ in 78 facilities across five counties of western Kenya in November 2017, and currently there are active OTZ clubs at 102 health facilities.

As of March 2019, a total of 2,172 AYPLHIV are enrolled in OTZ, with members presenting an 85% viral load suppression rate, as shown in the figure to the right. This suppression rate is higher than the national rate of 74%, indicating OTZ's success in improving treatment adherence.

Operation Triple Zero (OTZ) FY19 semiannual progress



OTZ, Operation Triple Zero; VL, viral load.