Moving from Policy to Practice: How Kenya's HIV/SRH Integration Sub-committee is Shaping a National Process on Integration

October 2021 updates
NASCOP & Family Health

HIV Prevention Market Manager
Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact

AVAC Global Advocacy for HIV Prevention
CLINTON HEALTH ACCESS INITIATIVE

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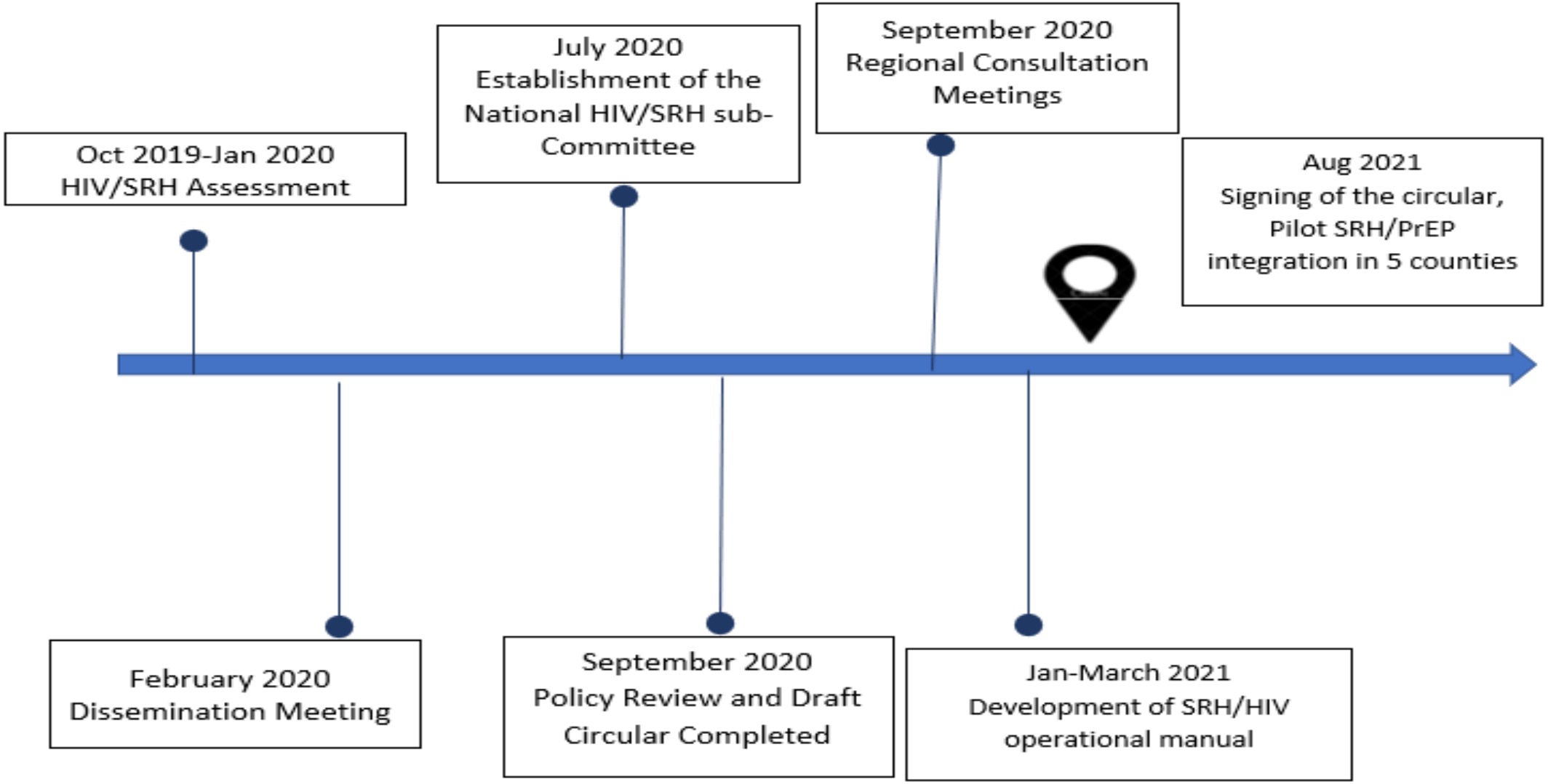
Background

- Kenya has a rich policy environment that support implementation of services.
- Due to Siloed nature of programing and ring-fencing of resources, most policies are also program-specific.
- Women of reproductive age in Kenya experience high rates of both HIV infection and unintended pregnancy.
- Overview
  - National HIV prevalence of 4.5% (2020 HIV Estimates) disproportionately higher in females at 5.8% (3.1% Male).
  - 23.6% (KENPHIA 2018) of all new infections occur in AGYW.
  - 22% uptake of PrEP among HIV-negative women accessing routine FP services (Programmatic evaluation Report).
  - 54% unmet need for contraception among sexually AGYW who do not want to become pregnant.

Journey of Integration Work in Kenya



Step 1: Facility Assessment

- The Ministry of Health (MOH) partnered with AVAC (HIV Prevention Market Manager Project (PMM)) conducted a rapid assessment which was part of a larger body of work focused on exploring expanded and alternative delivery mechanisms to promote uptake of HIV prevention services.
- **Objectives**
  - Gain better understanding of the potential for integration of PrEP and other biomedical HIV prevention and FP products at facilities serving AGYW as one approach to improving access to and uptake of these methods; and
  - To identify pathways for engagement and implementation at different levels of the health system to inform integration policies and programs.
- **Assessment Areas** : 10 primary public sector facilities; 40 key informant interviews with MOH officials, frontline providers and implementing partners; and two dialogues with AGYW groups.
- **Key findings**
  - There is a policy environment that supports integration; however, policies need updating to address the inclusion of PrEP within FP and SRH services, and to include operational guidelines on how to do it.
  - There is a need to strengthen and expand youth friendly service delivery along with PrEP to ensure access to comprehensive SRH and HIV prevention services for AGYW.
  - There is a need to raise PrEP awareness among HCWs and communities, and to create demand among AGYW.
  - HCW capacity building is critical for ensuring expanded access to PrEP and YF HIV/SRH services for AGYW.

Step 2: Dissemination of Key Findings

- Convened jointly by NASCOP & DFH to share assessment findings and solicit feedback on the findings of the HIV/SRH integration assessment
- **Participants:** National & County Level MOH officials, frontline service providers, researchers, implementers and donors; and representatives of civil society organizations (CSOs) and adolescents and young people (AYP) (Total 76Pax)
- **Key deliverable :** To develop action-oriented, practical, and locally driven recommendations to catalyse HIV prevention and SRH integration and discuss the critical "next steps" and confirm commitments for implementing recommendations
- **Key recommendation:**
  - Formation of the TWG (Integration Sub Committee) then, working through the sub committee;
    - Map, compile, review and update policy documents and guidance that are already adopted within the MOH structure
    - Develop a circular and accompanying tools to promote and guide integration
    - Conduct utilization data analysis and commodities quantification
    - QI pilot project of integration approaches in Nairobi county facilities
    - Mobilize resources to invest in pilot and implementation of national circular and tools in additional counties and facilities

Step 3: Formation of Integration Sub committee

Proposed Membership

Ministry of health officials

- National AIDS & STI Control Program & Division of Family Health
  - Division Heads, Program managers and program officers
- Counties – Chairs; council of RH & CASCOs
- Health Promotion unit focal person
- Community Health Strategy unit focal person, s
- Head NACC
- Head NCPD

- Implementing partners
- Private sector representatives
- Donors- WHO, CDC, USAID
- Civil society representatives /Advocates
- AGYW representatives

Terms of Reference

- Function under MOH reporting to Nation HTS/PrEP COE
  - Co-chaired heads NASCOP and DFH,
  - supported by a consultant supporting the "secretariat," to convene and offer TA
  - Sub-committee members to support the work through their technical expertise
  - Other partners to offer financial and/or technical support for other specific activities
- Conduct systematic policy review of existing national policy documents on HIV, SRH and Adolescent Health from 2009 onward. The purpose is to document and analyze:
  - What is addressed in these policies?
  - What is missing from these policies?
  - Provide recommendations for policies/guidance to be updated or created
- Develop an integration circular to guide operationalization of the national policy
- Develop accompanying rollout documents (e.g. job aids, training manuals, guidance for coordination at county level for integrated supervision), implementation framework, M&E tools

Step 4: Dissemination to County Stakeholders (County Cluster Meetings)

Engagement for all 47 counties

Objectives:

- Disseminate the facility assessment & National dissemination meetings reports
- Solicit inputs into the draft circular and all key integration documents developed

Participants: County Managers, Front line service providers, implementing partners

Step 5: Data Utilization analysis

Objectives:

- Understand service utilization patterns;
  - To identify where and how individuals are accessing services now,
  - preferred access points for HIV and FP services to guide implementation of county and facility level implementation of HIV/SRH integration circular and pilot
- Inform county and facility level demand creation targeting of oral PrEP and FP products
- Recommend additional indictors to measure integration, and inform development of integrated and harmonized M&E tools and systems
- Help in pilot county selection
- Scenarios considerations : HIV incidence& Maternal Mortality

Scenario		Counties
1.	High incidence and High maternal mortality	Homabay, Migori, Busia, and Mombasa
2.	High incidence and Low maternal mortality	Siaya, Uasin Gishu, Nairobi, and Kisii
3.	low incidence and High maternal mortality	Garissa, Samburu, Marsabit, Isiolo, Baringo, Laikipia, Tana River and West Pokot
4.	medium incidence and medium maternal mortality	Nyeri, Kitui, Kakamega, Kilifi, Machakos, and Turkana

What has been successful.

Key Sub Committee Action Point	Milestones
Develop key rollout documents	Integration Circular, Implementation framework Training package, Monitoring & Evaluation tools & Integrated demand generation Package
Disseminate integration policy & integration manual	Done across 47 counties
Conduct Provider training at all levels	Provider trainings conducted for 5 pilot counties. Scale up after the pilot
Conduct outreaches services for community for integrated services	Pending , priority given to health care workers & demand creation within health facilities
Strengthen post partum & post abortion family planning	Through Department of family health, updated training package
Identify & include measurable metrics for integration & include in KHIS	Developed measurable metrics, pilot data collection tools & an ODK for support pilot phase – later the indicators will be added to KHIS
Improving quality & expanding to private sector	Quality standards developed for FP – dissemination ongoing

Key Short-term Plans

- Implementation of the pilot – in 5 Pilot counties
- Supervision to the counties and mentorship on delivery of integrated services
- Mid term data review
- Support for coordination – National HIV Prevention & RH Sub Committee
- Dissemination of policy documents
- Documentation integration work in the country – Scheduled to start in December 2021
- Review & update National FP policy & review of Sexual Reproductive health and rights, HIV, Sexual and Gender-based Violence, and Tuberculosis integration framework 2018- 2022

Key Longer-term Plans

- National Scale up – set to begin Feb 2022
  - Training of service providers
  - Support counties to establish coordination mechanism and conduct regular meetings
  - Commodity security
  - Printing of M&E tools, IEC materials
- Demand creation - Conduct outreaches services for community for integrated services & printing IEC materials
- Review of EMR to include integration of services
- National Best practice sharing forums
- Data & Service Quality Audits

What can be applied in other countries/settings

As a country we didn't start from Zero – WHO had given guidance as early as 2009 (that integration can improve uptake of services) – we took this guidance seriously

Kenya picked it up and developed frameworks/policies s as a fall back to guide the process. It didn't work at the start.

In 2019, When we went and saw there was work done before therefore we didn't reinvent the wheel. Key lessons

1. Look around first (to find relevant documents as a bench mark) to what work has been done so you don't reinvent the wheel. What was done was a bit broader but we had to narrow it down first (16 policies, we picked about 3 that are close to what we have today)

2. Borrowing lessons learnt from other programs where integration has worked e.g. PMTCT – from 2003 integration had worked very well as a country (reduced cases of HEI transmission)

3. Involvement/participation of all key stakeholders – an all inclusive process – to create buy in and enthusiasm

4. Pilot (5) county selection – selection criteria is key (deeper than broader). From facility assessment , one key recommendation was to put in capacity building and M&E tool development (Develop key guidance) documents

Thank You