



Joint ART /PMTCT Guideline Review Process in Kenya

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Presentation Outline

- Introduction/Background
- Guidelines Revision Process
- Current Status of Guideline Revision
- Challenges/Experiences/Lessons Learned
- Next Steps



Introduction/Background

- Estimated population 2010: 38 million
- Estimated births per year: 1.5-1.7M million
- Estimated HIV prevalence: **6.7%** (program data)
- Estimated HIV exposed births per year:
100,500-113,900
- MTCT with no interventions: **40% or 40,200-45,560**



Guidelines Review Process

- Consultative and Collaborative process
- Involved Government, Donors, implementing Partners, Academic Institutions and Policy Makers
- All sets of guidelines reviewed in the same meeting
- Aim to have a unified position for the country



Current Status of Guideline Revision

- All the recommendations have been reviewed and adapted as appropriate:
 - Option A for PMTCT adopted
 - Cd4 cut off of ≤ 350 to start ART for adults, adolescents and pregnant women
 - Phase out d4T and phase in AZT/TDF
 - Initiate ART in all HIV+ children ≤ 18 months, 18mo-59mo start ART at CD4 ≤ 1000 and 5yrs-12yrs at CD4 ≤ 500





Infant and young child feeding

- Exclusive breastfeeding for all infants for 6mo, introduce complementally feeds at 6mo, continue BF for 12mo while covering with NVP

Challenges/Experiences/Lessons Learned

- Initial communication to the HCW and the public was not well managed- leading to panic over use of d4T
- Uncoordinated switch from **d4T** to **AZT** resulted in a country wide shortage affecting both PMTCT and ART sites



Challenges/Experiences/Lessons Learned

- Debate continues over infant and young child feeding
- Some partners have continue to advocate for Option B causing confusion among Health care workers

Challenges/Experiences/Lessons Learned

- Varied understanding and interpretation of available literature that informed WHO recommendations on IYCF
- **Third factor** – possible influence of the private sector on some stakeholders to push for certain positions

Challenges in the implementation of new guidelines

- Lack of resources to buy ARV drugs
- Limited capacity of health care workers
- Weak supply chain systems
- Availability of CD4 machines
- Accurate forecasting and quantification



Current Status of Guideline Revision

- The relevant data collection tools are being revised currently
- Government policy statement and circular has been released
- Revision of our **quantification** and **Forecasting** of commodities (ARVs) plan





Next steps

- Build health care workers capacity to provide services and manage commodities
- Look for alternative sources of funds to fill gaps in financing
- Undertake a national campaign to promote PMTCT
- Revise all tools and start implementation by September 201

Next Steps

- Harmonize data collection tools
- Procure enough ARV drugs to deal with increased demand
- Send communication to health workers
- Avail data collection tools in all health facilities



Our vision....

A Future free of HIV

