

HIV Treatment Optimization in Kenya

Olive Gardens Hotel

13 July 2016



Participants and facilitators during Treatment Optimization meeting in Kenya

Meeting report

The first Treatment Optimization (TO) in Kenya was held on 13th July, 2016 courtesy of AFROCAB and NEPHAK. This brought together HIV activists and civil society whose aim is seeing the best HIV treatment offered in Kenya at affordable costs. This comes a few days before New HIV guidelines are launched in Kenya by NASCOP.

The key issues that the participants expected to have acquired clarification

- Obtaining a clear understanding on the entire concept of treatment optimization
- Role of civil society in enhancing treatment optimization
- How the Community can be synchronized within the emerging issues on treatment optimization
- The areas to advocate for on treatment optimization
- How the key population is going to come in on the entire issue of treatment optimization
- The Rights to health and treatment optimization

The key objectives of the meeting were:

- Provide basic informative guidance on HIV/AIDS Science and treatment guidelines
- Apprehending of the UNAIDS 90 90 90 strategy
- Stipulate clearly the concept behind treatment optimization and offer ways of advocating in Kenya
- Identify gaps in knowledge and implementation and come up with an action plan to address these gaps

Basics of TO in Kenya

HIV treatment optimization is a process intended to enhance the long-term efficacy, adherence, tolerability, safety, convenience, access and affordability of combination ART (*Conference on Antiretroviral Drug Optimization - CADO*)

The primary ultimate goal of TO is to expand access to well tolerated and effective lifetime treatment to all those in need. This also call for approaches which include the 90-90-90 HIV Global target, an ambitious treatment target to help end the AIDS epidemic.

The action points that were agreed upon during the treatment optimization include:

1. Drugs chosen for Treatment Optimisation
 - Efavirenz 400mg** instead of Efavirenz 600mg- lesser side effects but same efficacy

- **Dolutegravir 50mg** for first line ARV Regimen- A low 50 mg once daily dose that does not require boosting, Very high barrier to resistance, Good efficacy, minimal toxicity, Can be co-formulated with other regimens and a Predicted to cost about US\$30 per patient per year (pppy) to manufacture
- **Darunavir** for second line treatment -the most robust PI, most potent and tolerable protease inhibitor

2. NEPHAK in taking lead towards Treatment Optimization. Other partners to move the agenda include KANCO, KELIN, HENNET, AFROCAB and Sauti skika (under NEPHAK).

Some strategies for moving TO agenda forward Raise awareness about TO to PLHIV, Caregivers and policy makers.

Follow up treatment optimization is to be held soon (tentatively early September, 2016). AFROCAB is requested to do resource mobilization for the second meeting while subsequent meetings to be country based. Friends/partners to NEPHAK are therefore urged to support the process of Treatment Optimization through fund raising and taking the lead in moving the agenda.

Meeting Participants

| NO | NAME | GENDER | ORGANIZATION |
|-----|-------------------|--------|--------------|
| 1. | Jane Wambui | F | WOFAC |
| 2. | Reuben Musundi | M | NACC |
| 3. | Peter Odenyo | M | NEPOTEHC |
| 4. | Alice Wambugu | F | ICWK |
| 5. | Beatrice Oruko | F | OPHO |
| 6. | Philip Nyakwana | M | PM |
| 7. | Judy Amina | F | SAUTI SKIKA |
| 8. | Lucy Ghati | F | KELIN |
| 9. | Sean Odero | M | ITPC-EA |
| 10. | Rahab Mwaniki | F | KANCO |
| 11. | Joyce Malongo | F | KANCO |
| 12. | Rose Kaberia | F | ITPC-EA |
| 13. | Johnpaul Omolo | M | HENNET |
| 14. | Anne Musyoki | F | NEPHAK |
| 15. | Grace Muthoni | F | MAXFACTA |
| 16. | Brian Chirombo | M | WHO |
| 17. | Phelisters Abdala | F | KESWA |
| 18. | Paul Moses | M | AFROCAB |
| 19. | Salim Kibet | M | AFROCAB |
| 20. | Loice Mukenyang | F | AFROCAB |
| 21. | Shobha n. Vakil | F | NASCOP |
| 22. | Nelson Otwoma | M | NC-NEPHAK |
| 23. | Brenda Bakoye | F | SAUTI SKIKA |
| 24. | Dr. Tabifor | M | UNAIDS |