



- ❑ 1.6 MILLION KENYAN PEOPLE LIVING WITH HIV
 - ❑ 4.8% Adults HIV prevalence (age 15-49)
 - ❑ 53,000 New HIV infections yearly
 - ❑ 28,000 related deaths yearly
 - ❑ 75% Adults on Antiretroviral treatment
 - ❑ 82% children are on antiretroviral treatment
- ❑ 80% of Kenyan PLHIV on ART are virally suppressed
- ❑ 910,000 of the 1.6 million people living with HIV in Kenya are women.

Source data UNAIDS 2018

KEY POINTS

- Kenya has the joint fourth largest epidemic in the world, alongside Mozambique and Uganda.
- Kenya's HIV epidemic affects most of its general population, but groups of men who have sex with men, women, sex workers and people who inject drugs are still more vulnerable to infection.
- In recent decades Kenya has been a huge prevention success story in the region. It was one of the first to approve the use of PrEP and has led the way in providing VMMC. As a result new infections have fallen dramatically in recent years.
- In 2016, 64% of people living with HIV in Kenya were accessing treatment. However treatment coverage among adolescents is much lower at approximately 24%.
- Although awareness of HIV and AIDS is high in Kenya, many people living with HIV face high levels of stigma and discrimination which prevent people accessing HIV services.

Preferred and Alternative 1st line ART for children, adolescents and adults

Age	Preferred 1 st line Regimen	Alternative 1 st line Regimen
4weeks	AZT+3TC+NVP	-NVP (develop hypersensitivity) use RAL -AZT:infants Hb<9.5g/dl ,defer ART until 4 weeks of age then start ABC+3TC+LPV/r
4weeks-3yrs	ABC+3TC+LPV/r	-ABC, develop hypersensitivity ,use AZT -LPV/r unable to tolerate LPV/r use RAL x2 standard based BD until 2weeks LPV/r currently on anti TB (For children >2yrs cannot tolerate LPV/r+RTV –Use RAL x2 standard based BD until 2wks after TB treatment then continue with RAL
3-14yrs<35kg	ABC+3TC+EFV	-ABC develop hypersensitivity, use AZT -EFV unable to tolerate use LPV/r
>15yrs>35kgs	-TDF+3TC+DTG -TDF+3TC+EFV	DTG: unable to tolerate DTG use EFV(PLWID cannot tolerate DTG use ATV/r) -DTG: Currently on anti TB medication give TDF/3TC/DTG FDC am +DTG 50gm pm for duration of Rifampicin for addition

Recommendation on 2nd line ART regimen for infants, children, adolescents and adults

Age/Scenario	1 st line ART	2 nd line ART
< 3 years	-ABC (or AZT) + 3TC + LPV/r -ABC + 3TC + NVP (or RAL) -AZT + 3TC + NVP (or RAL)	-DRT-based 2 nd line -AZT + 3TC + LPV/r -ABC + 3TC + LPV/r
3-14yrs and <35kgs body weight.	ABC + 3TC + EFV (or RAL) AZT + 3TC + EFV (or RAL) ABC (or AZT) + 3TC + LPV/r	AZT+3TC+LPV/r ABC+3TC+LPV/r DRT-based 2 nd line
15yrs or >35kgs	TDF (or ABC) + 3TC + DTG (or EFV) AZT + 3TC + DTG (or EFV) TDF (or ABC or AZT) + 3TC + ATV/r (or LPV/r)	AZT+3TC+ATV/r TDF+3TC+ATV/r DRT-based 2 nd line

Possible 3rd line ART for children, adolescents and adults

Group	Possible 3 rd line regimen
Children	<ul style="list-style-type: none">-RAL(or DTG)+3TC+DRV/r-AZT+RAL(or DTG)+3TC+DRV/r-ABC(or TDF)RAL(or DTG)+3TC+DRV/r-ETV+3TC+DRV/r
Adults	<ul style="list-style-type: none">-DTG+3TC+DRV/r-DTG+AZT+3TC+DRV/r-DTG+TDF+3TC+DRV/r-DTG+TDF(or AZT)+3TC-ETV+3TC+DRV/r

#DTG can be substituted for RAL in children once pediatric formulations of DTG are available and weight-based dosing bands are defined

DOLUTEGRAVIR IN KENYA

- In 2015, the World Health Organization (WHO) recommended DTG as an alternative first-line regimen for adults and adolescents. But until 2017, people living with HIV in countries like Kenya were not able to access DTG.
- MOH Kenya with support from UNITAIDS/CHAI had a one year catalytic pilot roll out of DTG to 27,000 people living with HIV who were unable to tolerate the side effects of efavirenz, the first-line HIV drug currently in use in Kenya In three sites (AMPATH clinics, Jaramogi Hospital and Kenyatta National Hospital).Before the full roll out country wide.

DTG in Kenya

- Approximately 13,000 are receiving DTG in combination with 3TC/DTF in Kenya
- In 2017 Among people on DTG regimen 88% were virally suppressed.
- In 2018 among people on DTG 90% were virally suppression

Dosing and administration of DTG

- DTG is preferred in first line ART in combination with two other ARVs for adolescents and adults. DTG is not recommended for women and adolescent girls of childbearing potential. Women and adolescent girls who are on effective contraception may opt to use DTG and should be supported in their decision. DTG is well tolerated, has a high genetic barrier to resistance and fewer drug-drug interactions.

Dosing and administration of DTG

Recommended Dosing of DTG

≥ 15 years (or ≥ 35 kg body weight): DTG 50 mg once daily, preferably as a morning dose

- For patients taking rifampicin: increase dose to DTG 50 mg twice daily until 2 weeks after completion of TB treatment, then reduce to DTG 50 mg once daily again (the additional 2 weeks of higher-dose DTG is to counter the ongoing liver enzyme induction effect of rifampicin, which continues for a short period after TB treatment is completed)
- For patients with suspected or confirmed INSTI resistance (e.g. patients with prior history of failing a RAL-based regimen): use DTG 50 mg twice daily
- DTG can be taken with or without food
- Dosing guidance for children and adolescents < 35 kg will be provided once appropriate formulations are available

Common Side Effects of DTG

The most common side effects of DTG are headache, nausea and diarrhea. These side

Important Drug Interactions with DTG

Rifampicin o Rifampicin lowers DTG levels: increase DTG to 50 mg twice daily for patients on rifampicin

o There are no significant drug interactions between DTG and other currently used anti-TB medications (including for MDR-TB)

- Mineral supplements, including: antacids containing calcium, zinc, magnesium or aluminum; iron supplements; prenatal vitamins (which contain iron and calcium) o These supplements decrease the absorption of DTG: administer DTG at least 2 hours before or 6 hours after taking any of these supplements
- o Dose separation is not required for calcium and iron supplements (including prenatal vitamins) if DTG is taken with a meal
- o **It is critical to educate patients about this important drug interaction because many patients get these supplements and antacids over-the-counter without informing their healthcare provider**

• Carbamazepine, phenobarbital, phenytoin o These anticonvulsants decrease DTG

Optimizing ART Regimen for adults virally suppressed on 1st line.

Current ART being changed	Preferred to switch	Alternative contra indication or tolerable to preferred ART
EFV	DTG(If currently on rifapicin containing TB treatment then EFV TB treatment is completely before switching to DTG	Continue EFV
NVP	DTG	Switch to ATV/r
LPV/r	DTG	Switch to ATV/r
ATV/r	DTG	Continue on ATV/r
DTG(among women and adolescent girls of child bearing potential	TDF	If pre-existing renal disease(with eGFR<50ml/min switch to ABC instead of TDF

Kenya CAB role in DTG roll out

- We monitored roll out progress including current recommendations
- Host and conducted consultative/Treatment literacy forums meeting with key Stakeholder
- We are the voice of the voiceless at the community by defining appropriate demand activities.

Progress made

- Conducted 10 consultative /Treatment literacy workshops and reached more than 600 Key stake holder –Leaders in the fight against in Kenya
- Nearly 13,000 people living with HIV have been switched to DTG based regimen in Kenya according to the 2018 WHO Data but we are waiting for the final country data from NASCOP this August)
- We have seen increased Demand for DTG across country due to knowledge and information we have disseminated to our target audience-This includes more groups picketing and demanding for DTG especially for women living with HIV and of child bearing potential)

END

AHSANTENI SANA

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