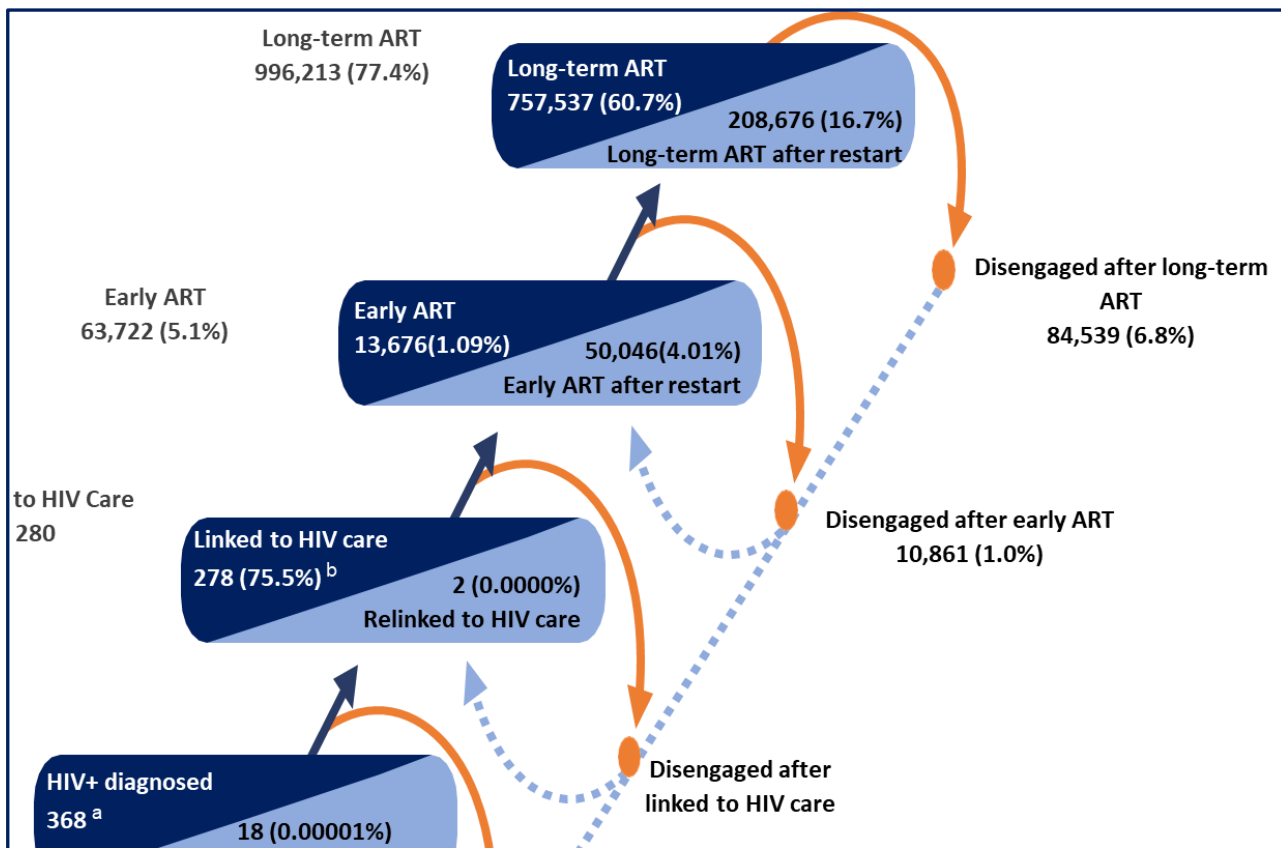


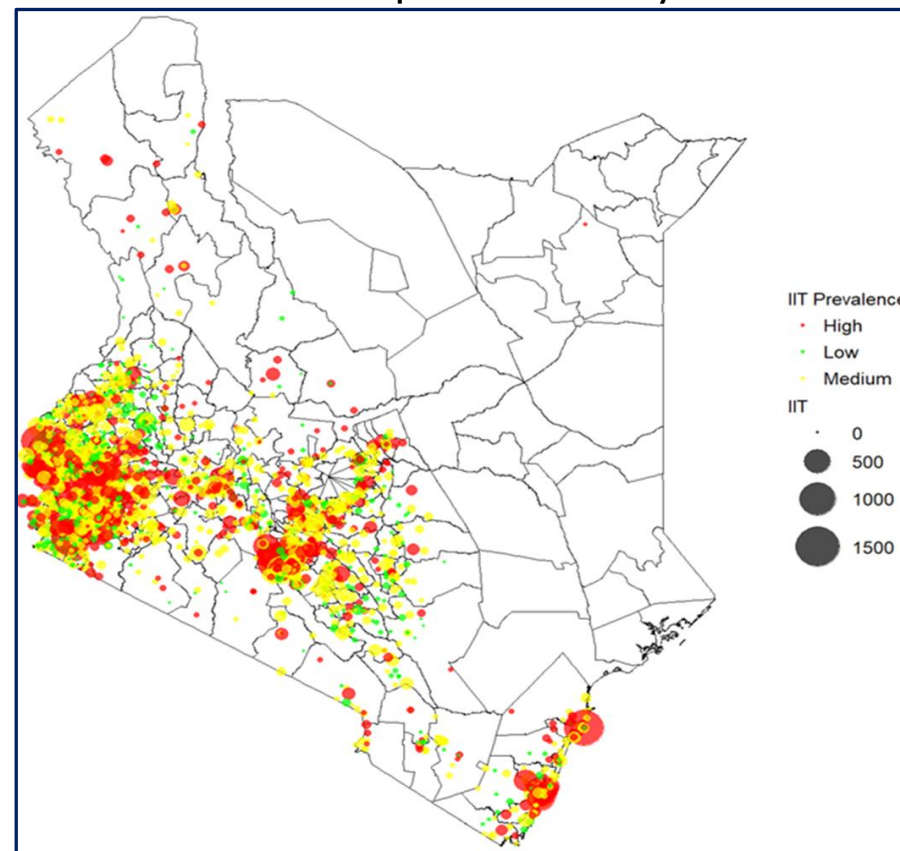
# **Key Considerations in the Design of National Differentiated Re- engagement Pathways: The Kenya Experience**

# Kenyan cyclical cascade patterns

Cyclical Cascade  
N=1,247,160 (Source - Kenya NDWH)

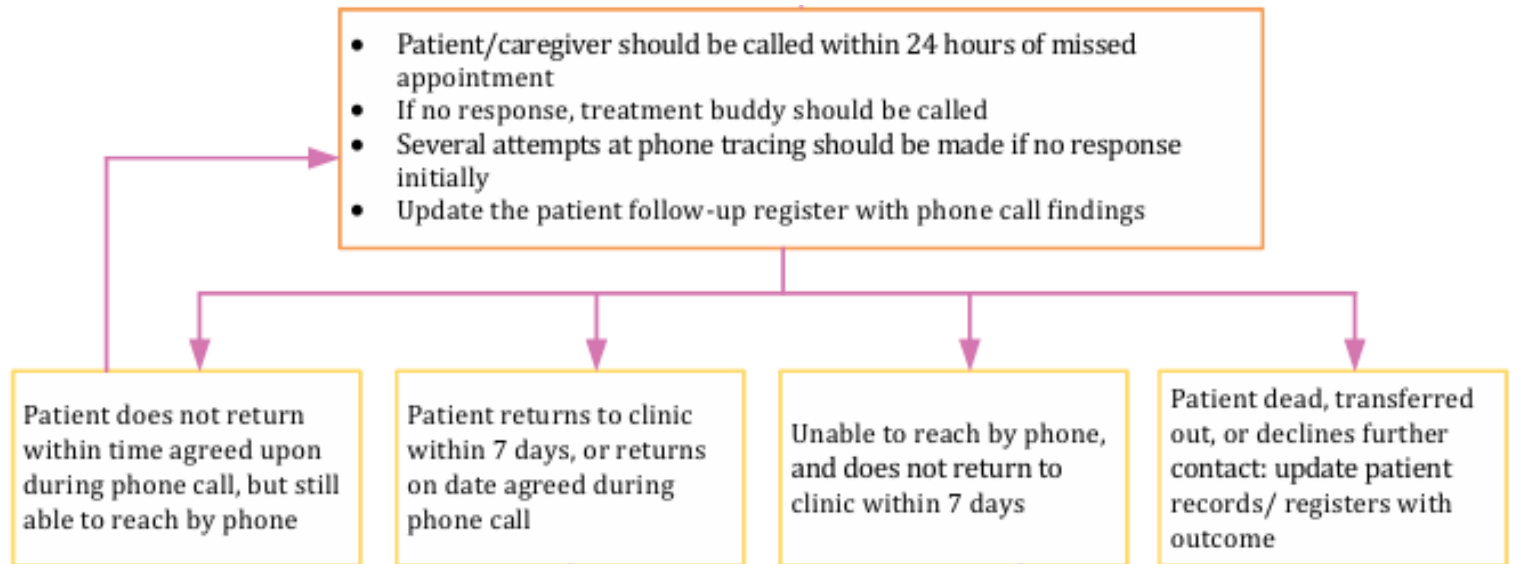


Geo-spatial mapping of Treatment Interruptions - Kenya



- Di-engagement and re-engagement at different levels along cascade (highest disengagement amongst clients on long-term ART). AYP (15-24 yrs) demonstrated highest rates of interruptions.
- Geo-spatial mapping demonstrates treatment interruptions 'hotspots' in specific regions

# Current tracing approach in Kenya



*Kenya HIV Prevention and Treatment Guidelines, 2022*

- Call within 24 hrs of missed appointment
- Clients who cannot be reached/do not return with 7 days - a prioritised home visit made based on:
  - Patient type (pregnant and breastfeeding, child, co-morbidity)
  - Proximity to clinic

# Key consideration to changing Kenya's tracing guidance

## Tracing process

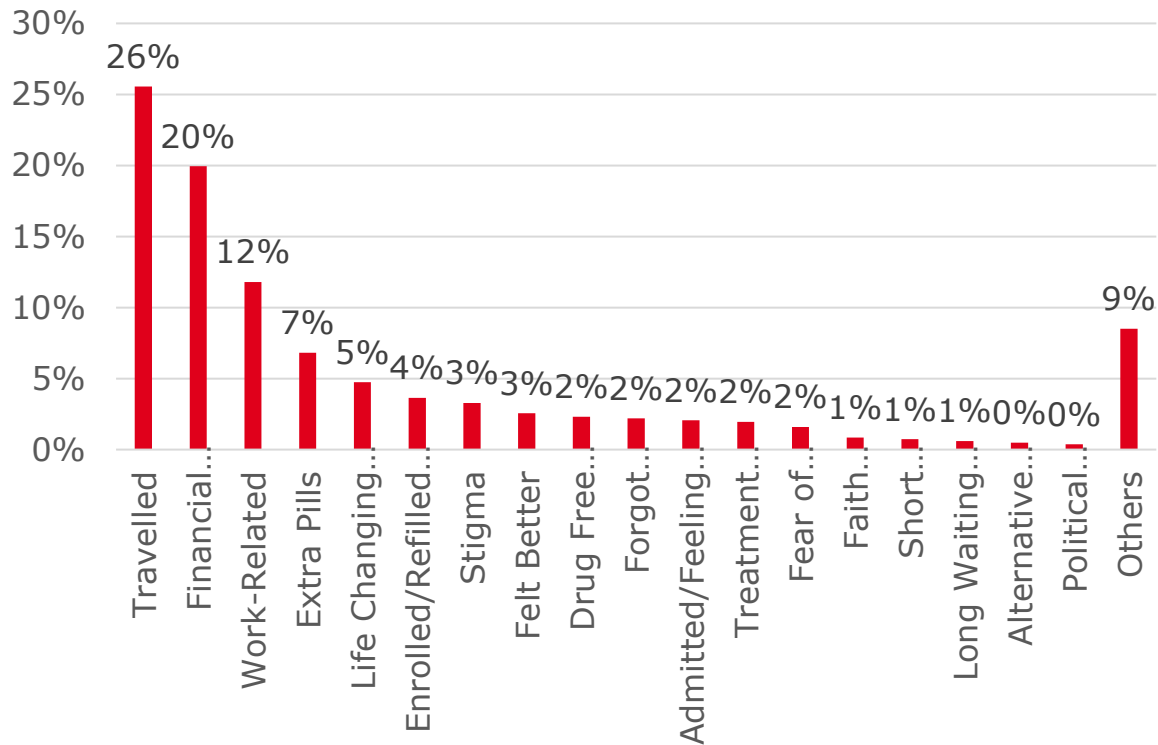
- Tracing to start after Day 7
- Day 7 to 14: attempt to reach the client/transporter by phone
- After Day 14: attempt to reach the client through home visits

## Priority populations for tracing

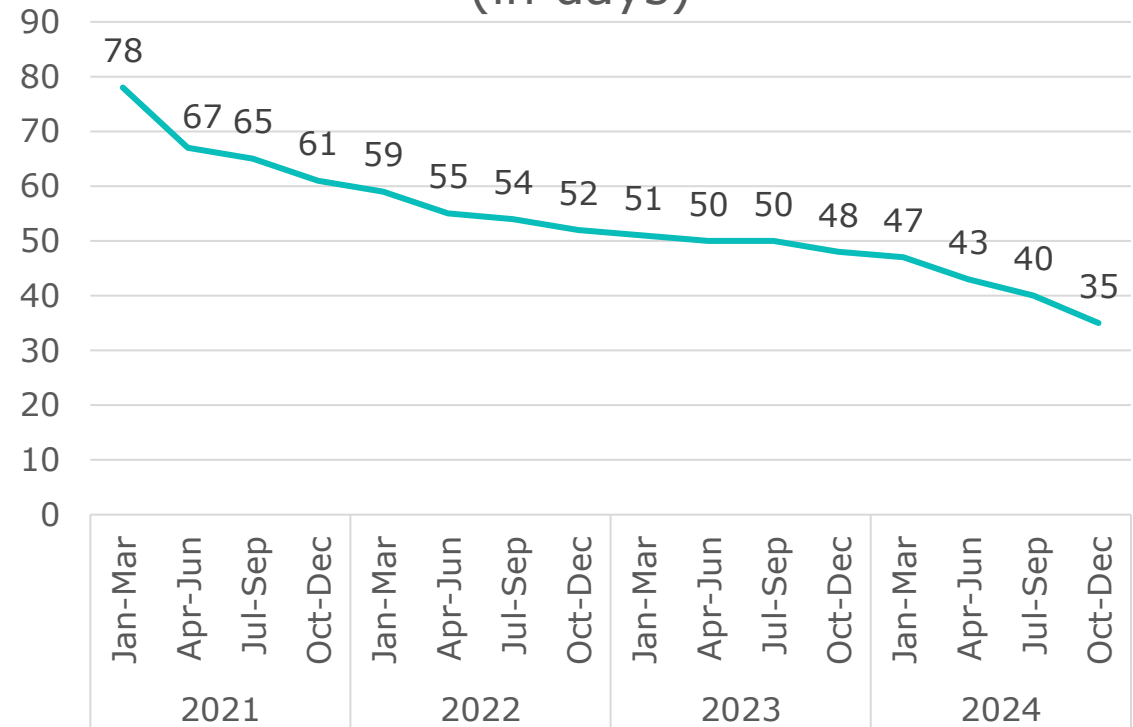
- Specific populations
  - Pregnant and breastfeeding women
  - Children and adolescents 0-19 years of age
- People with advanced HIV disease (AHD)
- People in the first 6-months on ART (including those who have re-initiated in the past 6 months)
- People with abnormal lab results (e.g. high viral load)
- People who tested positive and did not initiate treatment

# What do we know about clients re-engaging in Kenya?

Reasons for treatment interruption  
Kenya EMR P-Survey  
N=822 (Nov 2023)



Median time to re-engagement  
(in days)



# Why Kenya has designed a re-engagement pathway

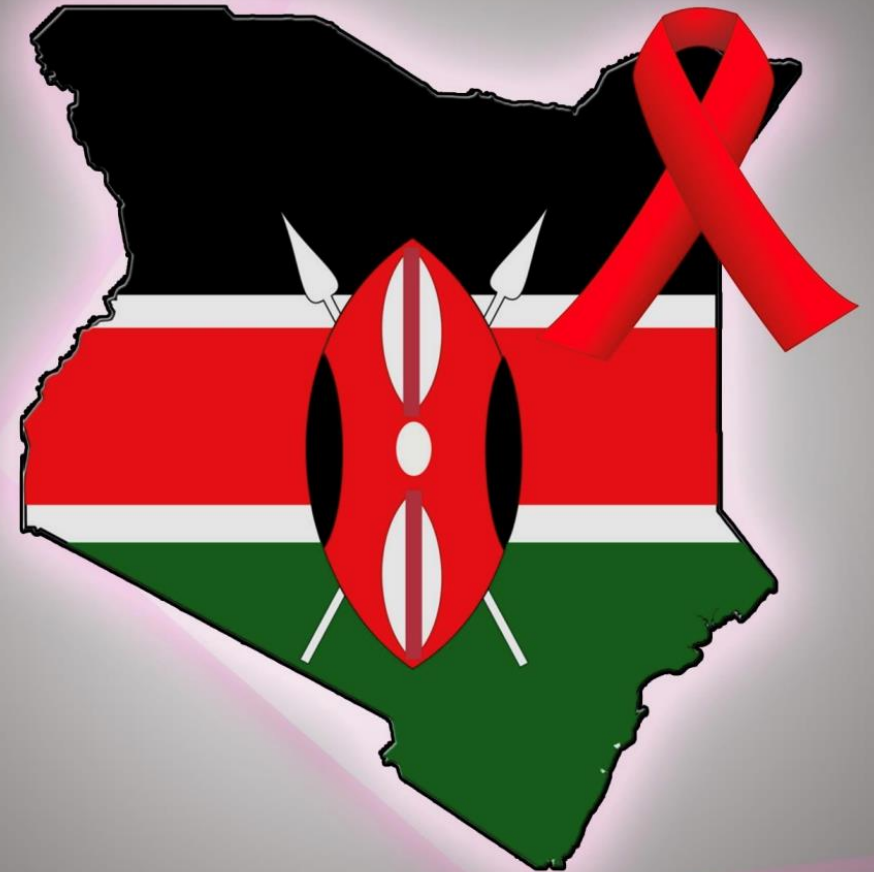


**TO IDENTIFY WHO  
CAN RETURN  
DIRECTLY TO A DSD  
MODEL**

**TO IDENTIFY WHO  
NEEDS SOME  
ADDITIONAL SUPPORT**

# How Kenya designed a re-engagement pathway

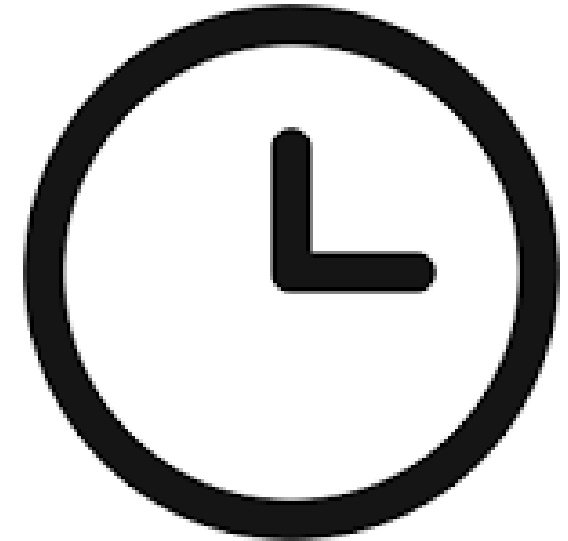
- The process was anchored in the revision of the *Kenya HIV Prevention and Treatment Guidelines, 2022*
- Technical review team collated evidence > summarized recommendations > review and adoption by Treatment TWG > Adoption in updated Guidelines
- Considerations for designing the pathway
  - Time since last appointment (i.e., "duration of disengagement")
  - Clinical Needs
  - Psychosocial Needs



**Kenya HIV Prevention and Treatment  
Guidelines, 2022**

# Time since last appointment

- **Return in < 1 month:** allowed to go back to DSD
- **Return within 30 - 90 Days:** clinical assessment, continue treatment, offered DSD
- **More than >90 days:** additional assessment/support for AHD



# Clinical needs

- Those presenting unwell; additional clinical consultation/assessment then ART re-initiate CD4 for clients re-engaging >90 days: AHD package of care as appropriate
- Last viral load: if un-suppressed, additional assessment, support
- Additional considerations: demonstration of adherence
- Conduct VL 3 months after ART re-initiation

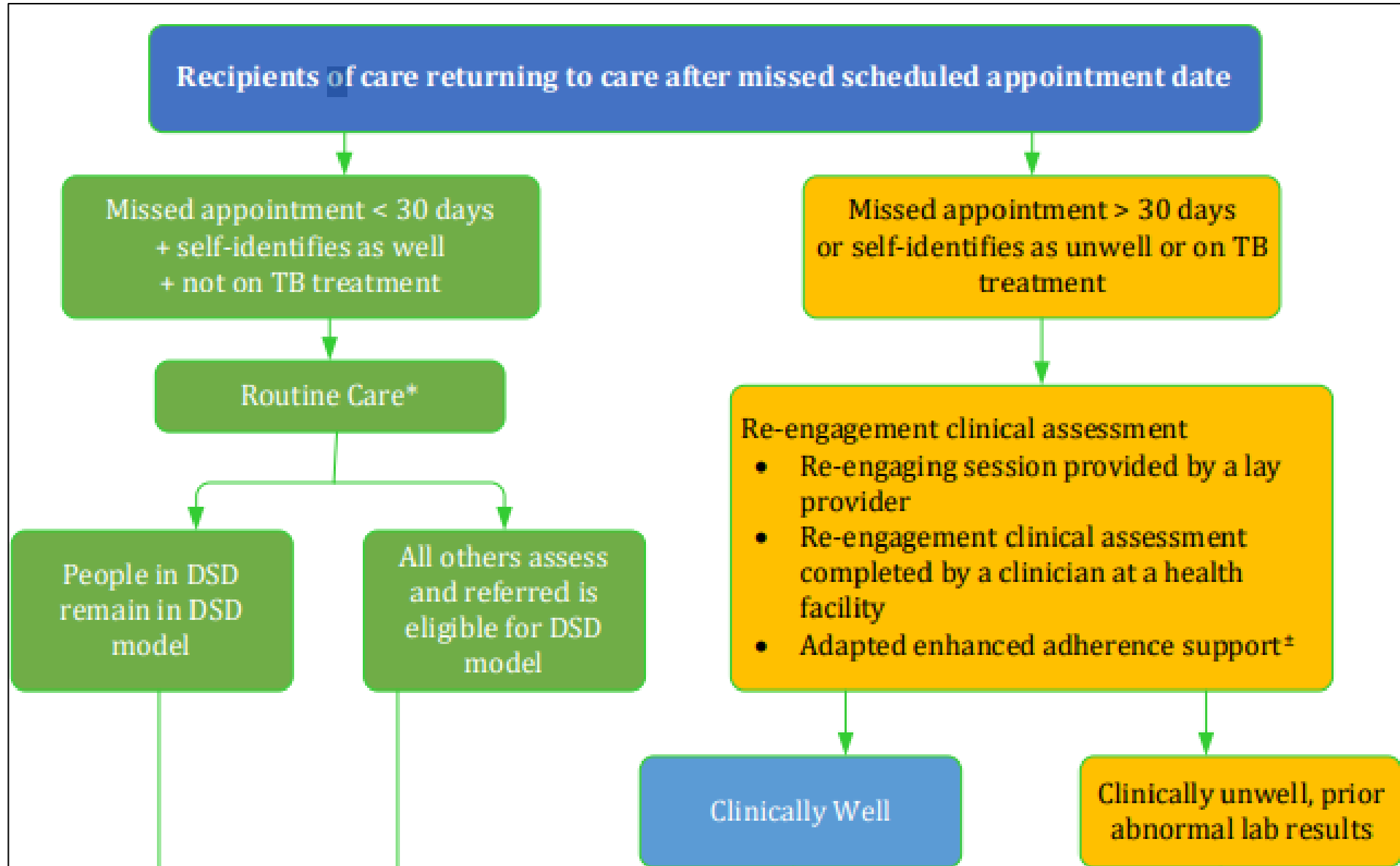


# Psychosocial support

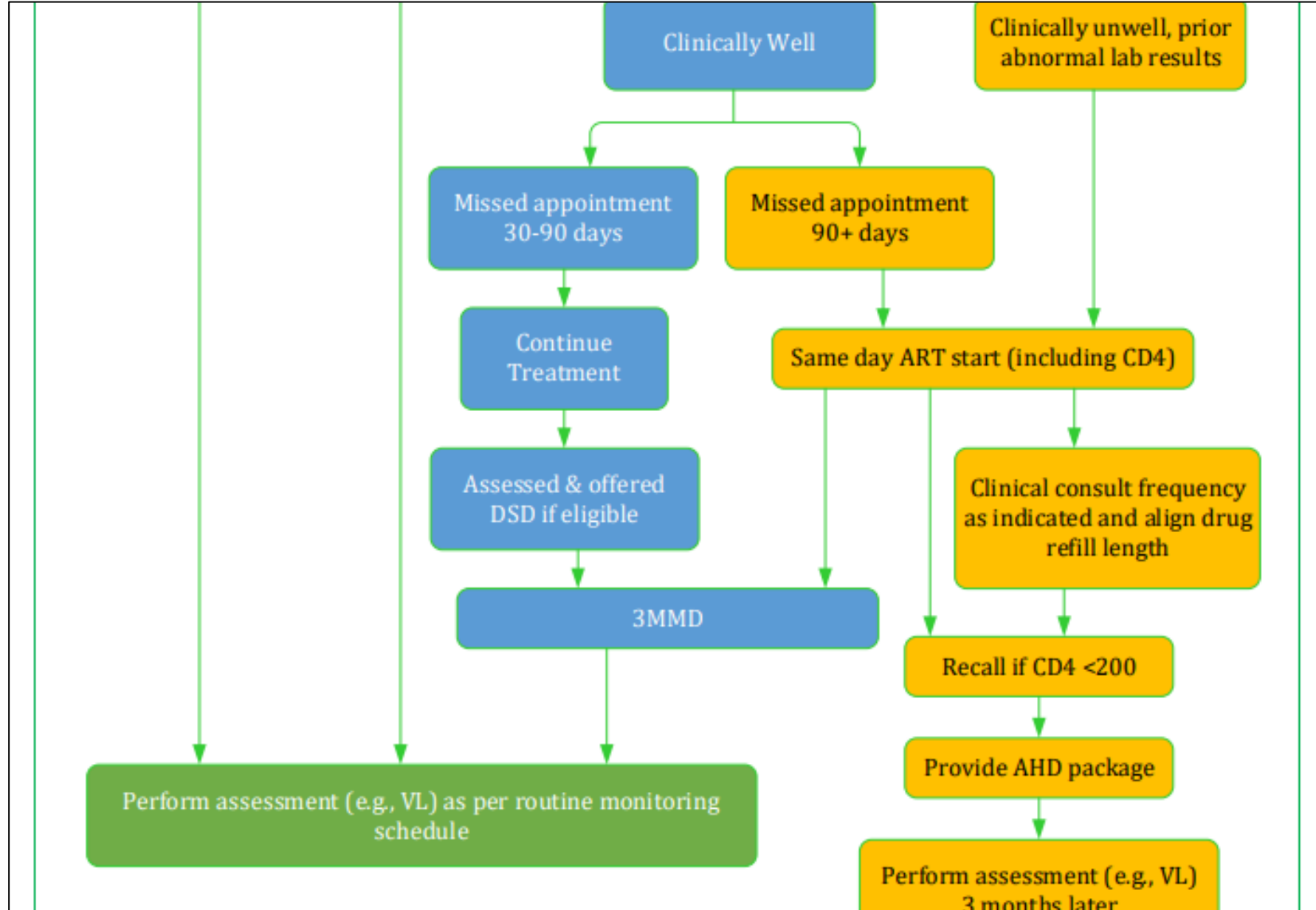
- Additional assessment at re-engagement for those presenting with/known history of severe psychiatric disorder, alcohol, or substance misuse
- Appropriate tools to used for screening – appropriate referrals



# Kenya re-engagement pathway (1/2)



# Kenya re-engagement pathway (2/2)



# Next steps

- Finalization/dissemination of Kenya integrated guidelines for HIV/STI/Viral Hepatitis – incorporating updated guidance's/pathways (June 2025)
- Development of simplified job aids/SOPs to support processes
- Incorporation of clinician support prompts in the EMR /further improvement of existing machine learning modules for treatment interruption risk assessment
- Further refined analysis of re-engagement using patient level data in EMR/national data warehouse, further improving of dashboards
- Data use including triangulation with CLM to inform targeted interventions

# Acknowledgements

- Kenya MOH
- PEPFAR
- Palladium Kenya
- NEPHAK
- Gates Foundation
- WHO
- IAS