Provider - Initiated Testing and Counseling in Kenya

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HIV/AIDS in Kenya

- First reported in 1984
- Rapid increase in the 1990s,
- Peak prevalence of 13% (ANC) in 2000
- Current prevalence 6.7% (female 5%, male 9%)
- 1.2 million living with HIV/AIDS
- Large unmet need for counseling and testing (CT)
  - 20% HIV positive know their status (KDHS, 2003)
  - 14% HIV negative know their status (KDHS, 2003)
- CT in health settings - knowledge of status, access to care
History of Counseling and Testing

- HIV testing for diagnosis since early 90s
- No consent, little information
- VCT started in 2000, grown rapidly
- Used for prevention and care
- Health workers “referred” patients to VCT
- PMCT started in 2002, also grown rapidly
New guidelines for HIV CT

- One year of discussions and consensus
- Officially launched in Nov 04 by the Minister for Health
- Set policies and standards for all CT in health care settings
- Provided for existing and new CT approaches e.g. DTC
Types of HIV CT in the new guidelines

- VCT (prevention, partners of patients)
- Routine TC (ANC, STI)
- Diagnostic TC (TB, medical/pediatric wards)
- Required TC (pre-employment, courts)
- Testing for blood and tissue donation
- Testing for research and surveillance
Standards for each approach

- Consent (written or verbal)
- Settings (provider’s options)
- Personnel who may perform the test
  - (lab only or other cadres)
- Lab standards (rapid tests, machine-read ELIZA)
- Communication of results
- Confidentiality and disclosure (role of provider)
Why this new guidelines?

- Beyond client initiated CT in health settings
- Increasing need for CT in health facilities
  - Knowledge for prevention
  - Access to care
- Harmonization and standardization of practice
- Stigma reduction among health workers
- HIV/AIDS as a general service (chronic illness)
Key actions after development of guidelines?

- Dissemination of the guidelines (launch)
- Printing more copies (personal copy for every health worker)
- Kenya Health Workers Survey
- Training materials and TOT
- Training of health workers in phases
- Implementation in few sites (pilot)
On going

- Data collection tools for DTC
- Roll out of training/orientation
- Review of the guidelines
  - Pediatric CT
  - Prevention information
- QA issues
- Linkage and referral
Kenya Health Workers Survey (May 2005)

- To assess the attitude and practice of health workers in CT

- Major findings include
  - Heavy burden of disease, including at personal level
  - Health workers not adequately facilitated or trained
  - CT among health workers themselves is very low
  - There are still elements of stigma among health workers
  - There is no specific program for health workers

- Program for health workers being worked out
Training in DTC

- Short (3 days)
- Generic training for all health workers
- Used for training TB providers, slight modification
- Discussion about one CT training
- Supporting pre-service CT training
Draft training curriculum

Day 1
- Basics of HIV/AIDS
- Opportunistic Illnesses

Day 2
- Principles of counseling
- Communication

Day 3
- Care options
- Issues affecting the provider (e.g. stress, legal issues, etc)
Where to provide DTC

- Point of care TC - bed-side or clinic (Machakos DH)
- TC in the next room (Kisumu PGH)
- T and C in separate rooms, with testing in lab (various)
- Currently, TC at the point of care is popular
- In clinical care, testing in the lab is more sustainable
March 2005, 6 clinical staff trained in Diagnostic HIV Testing and Counselling (DTC)

The 3 day training covered:

- National HIV testing guidelines
- Pre test counselling (opt out approach)
- Use of rapid HIV test kits
- Post test counselling including referral to care
Between March and October 2005

Mainly involved medical wards

- 1941 Patients offered DTC
- 1883 (97%) Accepted
- 1038 Tested HIV+ (55% of those tested)
- 905 Enrolled for care (87% of those HIV+)
- 469 Initiated ARVs (45% of those testing HIV+)
Enrolment for Care & Treatment

- Tested HIV +
- Enrolled For Care
- Initiated on ARVs
Provincial hospital Kisumu

- Started in TB clinic
- Counseling and testing done in adjacent room
- High level of acceptance
- Very high HIV prevalence among TB patients
- Patients referred to ARV clinic for ART
- High uptake of ART
Challenges for implementation

- Record keeping for CT in clinical settings
  - Confidential vs anonymous
  - Separate forms or part of the patients general record
  - Linking DTC data with other CT data
- Irregular test kit supply
- Inadequate dissemination of guidelines
- Training curriculum awaiting approval by MOH
Recommendations

- PITC guidelines short and simple
- Content broad and flexible
- Guideline dissemination - all levels
- Clinical settings – testing in lab
- No labs (rural areas) - TC at point of care
- Training generic and short
The Ministry of Health is committed to meeting the targets established for the national strategic plan, the UNGASS, the Abuja declaration and the WHO “3 by 5” Initiative.

This can only be achieved if there’s widespread uptake of HIV testing in health facilities and in clinical settings.

With the commitment and dedication of health professionals, the courage of our people, and the support of the community, we can win the war against HIV/AIDS.

Dr James Nyikal
Director of Medical Services
Thank you